AUSTRALIAN AND NEW ZEALAND
COLLEGE OF ANAESTHETISTS
ABN 82 055 042 852

Joint Faculty of Intensive Care Medicine
Faculty of Pain Medicine

PRESIDENT
Dr Leona Wilson
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1 June 2009

Mr Elton Humphery
Committee Secretary
Senate Standing Committee on Community Affairs
PO Box 6100
Parliament House
Canberra ACT 2600

Email: community.affairs.sen@aph.gov.au

Dear Mr Humphery

Australian and New Zealand College of Anaesthetists Submission

Community Affairs Legislation Committee - Health Workforce Australia Bill 2009

The Australian and New Zealand College of Anaesthetists (ANZCA) is pleased to provide a submission in relation to the Health Workforce Australia Bill 2009.

ANZCA is the professional medical body in Australia and New Zealand that conducts the education, training, and continuing professional development of anaesthetists, intensive care medicine, and pain medicine specialists. ANZCA represents more than 3,500 Fellows across Australia and serves the community by ensuring the highest standards of clinical practice and patient safety.

ANZCA is committed to a safe, accessible health care system that delivers improved health outcomes for the Australian community. High quality health services are dependant on health system quality and safety, the development and maintenance of clinical standards, adequate resources, including appropriate medical, nursing, and allied health workforce training.

Over the years Australia has built up a world class health system – delivered by a highly trained workforce. Whilst there is always room for improvement, the existing evolved structures in place for medical education and training, including vocational training of medical specialists, should not be compromised. As a postgraduate medical college responsible for training and certifying anaesthetists, intensive care and pain medicine specialists we uphold the highest clinical standards in order to ensure high quality health care.

Any reform of health workforce registration and accreditation procedures must be accompanied by adequate and active key stakeholder consultation. ANZCA has been highly committed to the consultation process undertaken by the National Health Workforce Taskforce (NHWT) on the proposed new National Registration and Accreditation Scheme (the "Scheme") for health professionals. We have responded to almost every single discussion paper released on the subject – this document represents the eighth submission. You are referred to our last submission dated 30 April 2009 in relation to the current Inquiry into the Scheme by the Senate Standing Committee on Community Affairs.

Given the importance of the proposed Scheme and its potential impact on patient safety we ask that the proposed "Bill B" draft legislation which establishes the detailed operational workings of the Scheme and which is due to be introduced into the Queensland Parliament in the second half of this year, be circulated in advance to all key stakeholders to allow adequate consultation and scrutiny. We believe there should be a minimum of three months consultation prior to the Bill being formally introduced. This will ensure that all the matters which have been raised by key stakeholders involved in the various consultation processes have been considered and adequately addressed in the legislation.

As one of 12 specialist medical colleges in Australia, ANZCA has a long history of specialist medical education and training together with the development of professional standards; therefore we want to ensure that any new system will not erode the high standard of medical care in Australia which has been built up by these processes. For this reason, together with the Committee of Presidents of Medical Colleges (CPMC), the coordinating body of the medical specialist colleges, we have a responsibility to provide our comments in the interests of patient safety and community well being.

Health Workforce Australia Bill 2009

Our understanding is that the Health Workforce Australia Bill 2009 (the Bill) establishes the new Health Workforce Australia (HWA) agency, a new national health workforce authority responsible for managing a number of the Council of Australian Governments (COAG) workforce reform initiatives. The Bill provides the legislative framework for the new agency and does not elaborate much on the proposed functions; hence it is difficult to provide detailed comment. However, we would like to offer some general comments about the Bill and more specific comments regarding the key initiatives as proposed by COAG.

In general, ANZCA welcomes the introduction of more consistent streamlined national arrangements in relation to the health workforce. We agree with the proposed new national arrangements for the registration of health practitioners under the National Registration and Accreditation Scheme (NRAS) and the benefits it will bring to the Australian public. We have, however, some concerns with the accreditation arrangements as initially proposed, and the role of the ministerial council in the setting of professional standards. The recent changes to the Scheme by the Ministerial Council, as outlined in their communiqué,[1] have addressed some of our concerns in relation to independent accreditation and specialist recognition, but we have remaining concerns about the Council's proposed powers.

Medical specialist colleges play an important prevocational and specialist training role, including accreditation of training, assessing competencies and awarding qualifications, ensuring the highest clinical standards to protect patient safety. In order to preserve the current high medical standards we believe the following principles apply:

- The role of regulation is to protect the public; therefore any new processes should be determined with this in mind.
- Government's role should be to set legislation and independent statutory bodies should be responsible for its implementation.
- The proposed powers of the Ministerial Council are wide-ranging (in their current form) and have the potential to impact on patient safety. Appropriate separation of powers needs further consideration to ensure the independence of health profession standards.
- Proposed accreditation processes should continue to be independent of government to ensure patient safety and equity of access, as recommended by the World Health Organisation (WHO) and World Federation for Medical Education (WFME)[2].
- Recognition of the AMC, medical colleges and other relevant bodies for their specialist expertise in setting professional standards.

We welcome the national focus on health workforce and the need for improved consistency between the states/territories and better planning and co-ordination systems. We also welcome the increased funding for health workforce that will provide much needed investment in the area of clinical training, workforce

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[1] Australian Health Workforce Ministerial Council, Communique 8 May 2009, Design of new National Registration and Accreditation Scheme, Melbourne 2009

[2] World Health Organisation/World Federation for Medical Education (WHO/WFME) 2005, *Guidelines for Accreditation of Basic Medical Education* Geneva/Copenhagen 2005

planning, and enhanced training infrastructure particularly in rural and regional areas.

Separation of powers

From the information supplied there is limited detail on the proposed functions and powers of the agency – other than broad over-arching statements, including a high level of ministerial control. We accept the need for ministerial accountability and public transparency, particularly in relation to the use of taxpayer funds, but remain cautious about the broad powers where they have the potential to interfere with public safety. Our position has always been that ***there needs to be adequate separation of powers, with politicians setting the broad policy framework, and health professionals being responsible for setting professional standards***, within the framework parameters.

Stakeholder input

As highlighted throughout this submission ***it is critical that medical colleges, as well as other key stakeholders such as the AMC, universities, and other relevant groups are actively engaged and involved in any new initiatives proposed by the HWA***. We recommend that this is specifically stipulated within the Bill and that stakeholder engagement be made a "key performance indicator" with mandatory annual reporting to Parliament by the HWA, in the interest of full public disclosure and transparency.

Clinical training

Whilst the initial focus of HWA appears to be on under-graduate training, this will, no doubt, affect medical specialist vocational training in due course. We ask that there is adequate consultation and engagement with medical specialist colleges and the profession. This needs to be a major priority to ensure there are no unintended consequences on the current specialist training processes.

ANZCA makes the following key points:

- Medical colleges are key post graduate specialist education providers that already provide national training and accreditation.
- Medical colleges are key stakeholders with accumulated knowledge in medical specialist training and clinical placements.
- Clinical training must be responsive to the needs of trainees, institutions, and the diversity of training placements.

ANZCA has made two submissions to the National Health Workforce Taskforce on the issue of clinical placements – they are attached for your reference.

Workforce reform

It is clear from papers published by the National Health Workforce Taskforce[3] that HWA will be implementing a national strategy for workforce reform that will look at new workforce models to improve the effectiveness and efficiency of service delivery. There is a need to ***ensure consultation occurs between the various professional boards prior to any proposals to expand another profession's scope of practice, or the introduction of any new classes of health profession***. The legislation needs to ensure that appropriate consultation occurs between the relevant professional groups prior to any scope of practice changes, to protect patient safety.

Simulated learning environments

ANZCA supports the expanded use of simulation training and the need for a national strategy. The development of a more co-ordinated national approach with consistent standards is required. As part of its training program, ANZCA offers a simulation course to its trainees - the Effective Management of Anaesthetic Crises (EMAC) course, to provide education in the immediate management of life-threatening anaesthetic emergencies.

The EMAC course uses high fidelity mannequins with computer simulation of real life crises which have to be responded to effectively by the trainee. Designed within the Australasian context to specifically address the needs of our trainees, the course emphasizes teamwork, leadership and communication, and was developed from pilot cockpit training models used internationally. The course could be readily modified for broader use and ANZCA is willing to share its expertise in this area.

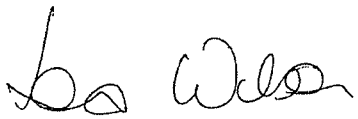
ANZCA has also designed and is rolling out a sedation simulation course for non-anaesthetists which will impact greatly on the safety of patient sedation in many areas of medicine such as gastroenterology, cardiology, radiology, paediatrics, dentistry and surgery.

We remain committed to working with Government to ensure that the new health workforce arrangements maintain the current high standards of clinical practice and protect patient safety.

[3] National Health Workforce Taskforce, 2009, Health Workforce Australia News, 3 May 2009, Melbourne

Thank you for the opportunity to provide our views on this important initiative. We welcome further ongoing consultation and would be happy to discuss any of the issues outlined in this submission.

Yours sincerely



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20 March 2009

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Australian and New Zealand College of Anaesthetists Submission

Health Education and Training
Clinical training – governance and organisation

The Australian and New Zealand College of Anaesthetists (ANZCA), together with the Faculty of Pain Medicine (ANZCA), is pleased to provide the attached submission in relation to the consultation on "Clinical training – governance and organization". This follows a previous submission in relation to Clinical Placements across Australia (February 2009).

As outlined in our previous submission, ANZCAs primary objective is the education, training and continuing professional development of anaesthetists, intensive care and pain medicine specialists. ANZCA operates a bi-national scheme with coordination at a state and national level, and regional coordination at a local level into rotational training programs. Jurisdictions select and employ our trainees (which also have a service load) and thus determine their numbers. We set the training requirements and have input into placement arrangements. The training occurs in both public and private sectors and those units are accredited. The ANZCA training scheme and, indeed other college schemes could be looked at as potential models for national undergraduate education.

ANZCA makes the following key points:

- Colleges are key post graduate specialist education providers that already provide national training and accreditation.
- Colleges are key stakeholders with accumulated knowledge in medical specialist training and clinical placements.
- A move to a centralised approach to clinical training agency is not supported.
- Clinical training must be responsive to the needs of trainees, institutions, and the diversity of training placements.

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In order to meet health workforce needs and improve the efficiency of clinical placements ANZCA is undertaking a comprehensive curriculum review. The review will include better defining the outcomes of training and associated competencies, and investigate teacher support mechanisms. ANZCA also has been at the forefront in the use of simulated learning environments. We therefore welcome the comments on page 10 of the discussion paper in relation to building up 'a framework of capability in clinical training, to improve supervision capacity and competence in clinicians and to build up numbers in the workforce who are prepared to take on this role.'

Any move to a national system needs to consider all current training arrangements which include the training programs of specialist medical colleges. The discussion paper does not explicitly mention college training, which is of great concern. Colleges undertake nearly all medical specialist training in Australia, and therefore there is a vast amount of valuable experience and knowledge gained over many years.

We recommend that in order to understand the range of clinical training that occurs in health services it would be useful for each specialty area of the College or other appropriate body to describe the "continuum of education" for their specialty. This would cover all training from medical student to prevocational doctor to specialist trainee and could be broken up into modules which define competencies and the average duration required. Such a framework, would assist hospitals and other health care organisations to more objectively assess their capacity to provide good clinical placements

The establishment of a National Clinical Education and Training Agency, whilst it may appear enticing on theoretical grounds, is not proven in practice. A key consideration is that the separation of the costs of training from service provision is not an exact science. There are major methodological difficulties in unbundling clinical teaching from clinical care delivery as described by Blewett, Smith & Caldis.[1]

Also, another layer of bureaucracy would need to be funded, at taxpayer's expense. In New Zealand (NZ), where ANZCA has direct experience with the centralized approach, the NZ Clinical Training Agency has failed on a number of counts. The actual numbers of trainee placements consistently fall short of the required amount, requiring top-up funding from the District Health Boards. In addition, the methodology used to determine places and funding is not made transparent, and there is competition between the health professions for funding.

[1] Blewett L, Smith M, Caldis T, 2001, Measuring the Direct Costs of Graduate Medical Education Training in Minnesota, Academic medicine, Vol. 76, No 5, May 2001

Any clinical training scheme must have regard to the following key elements:

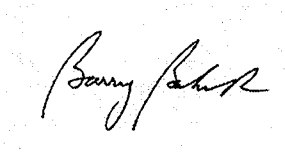
- flexibility and responsiveness to the needs of trainees and institutions that form part of the training scheme; and
- the diversity of training arrangements among the colleges, in addition to other medical, nursing and allied health placements.

ANZCA currently has 870 trainees in Australia, all carefully co-ordinated in rotational schemes. This number needs to be multiplied several times over given there are 14 specialist medical colleges which puts the total number of vocational trainees at 10,000 as at the end of 2007[2]. This is an important consideration when trying to design a one-size fits all approach for all clinical placements which, we would argue, may not be appropriate and not in the interests of high quality training.

An all-encompassing approach will not work if all key stakeholders are not properly considered. The facilitative model that advocates collaboration among key stakeholders, as proposed on page 11 of the discussion paper, is therefore supported. ANZCA, as a key stakeholder, is most willing to share its expertise in this area.

I hope the above information is helpful. We would be pleased to further elaborate on the above points and other initiatives contained in our original submission.

Yours sincerely



Professor A B Baker
Director of Professional Affairs

[2] Medical Training Review Panel, 2007, Eleventh Report, Commonwealth of Australia, Canberra, Available: http://aodgp.gov.au/internet/main/publishing.nsf/Content/EE0C89E5EA6C1DA8CA2573F70002AD70/$File/mtrp11.pdf

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9 February 2009

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Australian and New Zealand College of Anaesthetists Submission

Health Education and Training
Clinical placements across Australia: capturing data and understanding demand and capacity

The Australian and New Zealand College of Anaesthetists (ANZCA) is pleased to provide the attached submission in relation to the consultation on "Clinical placements across Australia: capturing data and understanding demand and capacity".

We welcome further ongoing consultation and would be happy to discuss any of the issues outlined in this submission. For further information please contact John Biviano, Director Policy, Quality and Accreditation (jbiviano@anzca.edu.au).

Yours sincerely

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Director of Professional Affairs

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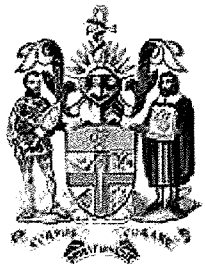

ANZCA

Australian and New Zealand College of Anaesthetists

ABN 82 055 042 852

Submission

NHWT
NATIONAL HEALTH
WORKFORCE TASKFORCE

Health Education and Training

Clinical placements across Australia: capturing data and understanding demand and capacity

February 2009

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Section 1 - Demographics

Introduction

The Australian and New Zealand College of Anaesthetists (ANZCA) is committed to a safe, accessible and equitable public health system that delivers improved health outcomes for the Australian community. High quality health services are dependant on health system quality and safety, the development and maintenance of clinical standards, adequate resources, including appropriate medical, nursing, and allied health workforce training plus the supervision of those trainees.

Any reform of health workforce education and training is dependant on a wide array of stakeholders who are intimately involved in existing processes. We welcome the opportunity to provide input into the consultation process on clinical placements.

Some general comments are provided in Section 2, followed by more specific comments to relevant questions in Section 3.

ANZCA

The Australian and New Zealand College of Anaesthetists (ANZCA) is the professional medical body in Australia and New Zealand that conducts the education, training, and continuing professional development of anaesthetists, intensivists (intensive care medicine specialists); and pain medicine specialists.

ANZCA, which meets the requirements set by the Australian Medical Council (AMC, 2002), has two Faculties, the Joint Faculty of Intensive Care Medicine (JFICM), jointly with the Royal Australasian College of Physicians (RACP), and the Faculty of Pain Medicine (FPM) which liaises with and has input from five Specialist Colleges. The training and education programs of both Faculties have been accredited by the AMC. ANZCA sets the standards of clinical practice in Australia and New Zealand.

ANZCA has contributed to the work of the Australian Medical Workforce Advisory Committee (AMWAC, 1996, 2001), and reports annually to the Medical Training Review Panel (MTRP,2007). ANZCA is accredited by the AMC until 2012. Details of the ANZCA education, training and continuing professional development programs are available on the College website at www.anzca.edu.au.

Education and Training of Anaesthetists

Over the years ANZCA ("the College") has developed a comprehensive and high quality training and education program, administered by the College, with supervision and governance arrangements. ANZCA supports on-going learning by all health professionals through its Continuing Professional Development (CPD) program, recently updated and made available on-line.

Medical colleges make effective use of a highly dispersed workplace-based network of clinical teachers. ANZCA currently relies heavily on its membership, the Fellows, as well as the public hospital system in each state, and some private hospitals, to provide the basic infrastructure necessary to enable the training of specialists in anaesthesia, intensive care, and pain medicine. Most ANZCA Fellows participating in specialist training (in anaesthesia, intensive care and pain medicine) provide their services to the College on a pro-bono basis. The supervision and monitoring of trainees is critical to their development as professional specialists.

The ANZCA model of training relies on trainees moving through the module-based training program, with a gradual reduction in the requirement for close supervision, combined with competency based workplace assessments and formal examinations. Supervision is provided by specialist anaesthetists, as part of their normal duties.

ANZCA Training Program

ANZCA operates its Training Program bi-nationally, through its regional offices in the Australian states/territories as well as the national office of New Zealand. ANZCA conducts training and examinations in South East Asia, via Hong Kong, Malaysia and Singapore. The College also has a well developed series of clinical standards in anaesthesia which should apply across all hospitals seeking accreditation. ANZCA maintains international best practice and stays abreast of all international trends (Thompson, Phillips, & Cousins, 2007).

The ANZCA Training Program requirements include completion of Basic and Advanced Training; Curriculum Modules; In-training assessment and Primary and Final Examinations over five years. It was redeveloped for implementation in 2004 using CanMEDS (RCPSC, 2001) principles and addresses key components of modern professional practice with knowledge, skills and professional behaviour integrated into the framework. The College is seeking to further improve training by reviewing and redesigning components of its:

- *teaching and learning activities based on current best practice;*
- *match between learning activities and assessment;*
- *course evaluation and continuous quality improvement / monitoring activities; and*
- *teacher training and development to support the curriculum delivery.*

A series of innovative teaching strategies are currently being funded, developed and systematically trialled.

A comprehensive curriculum review has been initiated which will include large scale participation and wide ranging stakeholder involvement. The curriculum review is being designed to ensure that the curriculum is contemporary and prepares trainees to be competent and well prepared to deliver safe and effective clinical practice for the Australian population into the future. Improved systems for quality assurance of educational experience will be developed during this process.

Together with the curriculum review activity, the assessments of the trainee program will be reviewed. With advances in assessment methods internationally, it has been established that the College will shift the emphasis of testing to use methods that can measure performance by using new workplace-based assessment (WBA) methodologies. ANZCA is currently trialling three WBAs for their suitability and feasibility as assessment tools, short clinical encounters (Mini-CEX), Directly Observed Procedural Skills (DOPS), and Anaesthesia Non-Technical Skills (ANTS).

Training occurs within an Approved (ANZCA accredited) Hospital Department or Approved Training Site as defined in the College Regulations. Trainees are assigned a Supervisor of Training who oversees their training and the trainees begin their training as an anaesthetist under direct supervision by Fellows of the College. The approved hospital department must be part of a rotation that provides the breadth of clinical experience required of a specialist anaesthetist.

ANZCA also offers a simulation course to its trainees - the Effective Management of Anaesthetic Crises (EMAC) course, to provide education in the immediate management of life-threatening anaesthetic emergencies. This course uses high fidelity mannequins with computer simulation of real life crises which have to be responded to effectively by the trainee. The course, designed within the Australasian context to specifically address the needs of our trainees, emphasizes teamwork, leadership and communication, and was developed from pilot cockpit training models used internationally.

ANZCA currently provides teacher training and support for Supervisors of Training through access to the Clinical Teaching Course. This is a modular program dealing with a variety of key aspects of teaching and learning in anaesthetic practice. Over the next two years, this course will be reviewed and redeveloped. One major consideration is developing a method of delivery which is both effective and widely available to all clinical teachers in diverse geographical locations.

Whilst this information focuses mainly on anaesthesia, the FPM and JFICM run their own training programs and conduct their own hospital accreditation. Co-operation and sharing of resources exists where there is overlap of information.

Section 2 - General Comments

A national consistent approach is required

There is a **continuum of medical education** from undergraduate level (delivered by the Universities) through pre-vocational training (co-ordinated by the postgraduate medical councils in every state and the Institute of Medical Education and Training in NSW) through to postgraduate medical/vocational training and then continuing professional education provided by the medical colleges. Clinical placement learning is an essential component at each level of training. The complexity of providing this in an effective and coordinated fashion is enormous. After medical school, the contribution of pre-vocational and vocational doctors to the workforce adds to the complexity of planning. The situation for medicine in this sense is fairly unique however we recognize there are also important challenges for the nursing and allied health professions.

To address the issues of planning needs and complexity of training requires careful planned collaboration between State and Federally funded areas for health and education. State/Regional jurisdictions largely control the number of training posts in public hospitals as they are responsible for the salaries. Also, currently, they pay for the supervisors' time in relation to the education and training requirements of trainee specialists.

A co-ordinated federal approach is necessary. The medical colleges all work together as part of the College of Presidents of Medical Colleges (CPMC) and are all accredited by the AMC. ANZCA and other colleges also work with the various State jurisdictions, so that the colleges can understand the community's expectations of health care, and so that the government can understand what the colleges have to offer. There is a link between CPMC, Medical Deans Australia and New Zealand and the Confederation of Post Graduate Medical Education Councils (CPMEC),

An example of this collaboration is the involvement of one of ANZCAs Director of Professional Affairs with the CPMEC on the Australian Curriculum Framework Competencies, and with the Education Subcommittee of the CPMC on Recognition of Prior Learning (RPL).

ANZCA Training Program and Curriculum Review

ANZCAs Training Program currently requires 24 months of Prevocational Medical Education and Training (PMET) which includes at least 12 months of general medical training and no more than 12 months experience in any combination of anaesthesia, intensive care and/or pain medicine. It is worth highlighting that prevocational doctors also can complete anaesthetic rotations as part of their clinical experience leading to other specialties.

As part of its training program ANZCA operates innovative rotational practices - our trainees are required to work in at least two ANZCA-accredited training hospitals in the rotation prior to obtaining Fellowship. This provides the broad clinical experience required of a specialist anaesthetist.

It is important to highlight the fact that ***ANZCA accredits institutions for specialist training but does not control the number of trainee placements in public hospitals*** – that is a matter for the state/territory jurisdictions and the health services. ***ANZCA has supported the increase in the number of specialists being trained*** over the last ten years and the College is prepared and willing to train more specialists providing adequate resources are available. As part of the comprehensive curriculum review currently underway at ANZCA we will be giving detailed consideration to the implications of an increased pool of applicants applying for training as a result of the increase in medical school places. Equally, we will be developing educational tools to ensure that clinical placements are being used in the most efficient and effective way to train future consultants.

The ANZCA Curriculum Review will also be examining prevocational training as well as the nature and structure of the ANZCA training program, including overall length of training. This review will facilitate the detailed planning work required to map the workforce requirements in anaesthesia to the volume of practice required as part of the training program. The question of subspecialisation within the profession will come under scrutiny. Various assessment procedures will be examined (including competency based and performance assessment regimes) to ensure that we have an assessment regime that is well balanced in testing both the sophisticated knowledge base, professional behaviour and advanced skills required for safe and effective contemporary anaesthetic practice.

The College is deeply committed to the training of teachers, equipping them with the necessary skills through the provision of training workshops and other supports. ANZCA has established a Clinical Teacher's Development Working Group (CTDWG) that is reviewing and revising all teacher training and support activities provided by the College. ANZCA has, most recently, upgraded its Education Development Unit to provide the necessary support for the review, development and evaluation of new education and training initiatives. Whilst maintaining the delivery of courses in each ANZCA region every year, the team will also develop new modules for on-line delivery to address issues of access (particularly for rural and outer-metropolitan supervisors) and aim to pilot an on-line module for basic teacher training available to all ANZCA Fellows and trainees by the end of 2009.

ANZCA Curriculum Review Update

The review has been designed to ensure that the ANZCA curriculum remains contemporary in terms of both content and educational process, and that ANZCA trainees are experiencing the highest quality teaching and learning opportunities and achieving optimal clinical competence. The current review was initiated by the ANZCA Education Development Unit (EDU) in 2008, as a two-year project. Submissions were invited from a wide array of key stakeholders as a first stage in the review process.

The ANZCA Curriculum Review Working Group (CRWG) was very pleased to receive in excess of 100 submissions from a range of stakeholders, including: ANZCA Fellows, Trainees, Staff, Committees and Working Groups. A diverse range of external stakeholders also made submissions, including: other Colleges (both Australasian and International); anaesthetic associations; various government/regulatory bodies (in both Australia and New Zealand); as well as other affiliated professional groups (such as midwives and operating room nurses); and a number of international experts in medical education.

The Education and Training Committee of the College also oversees the work of two other working groups in educational development these being the Clinical Teacher Development Group (CTDWG) and the Distance Education Working Group (DEWG) both of which are working to develop on-line and distributed learning tools to support both our trainees and our fellows.

Clinical Placements

The supervision and monitoring of trainees is critical to their development as professional specialists, and therefore to the quality of care they deliver, requiring adequate resources and sufficient allocation of time to ensure optimal training.

Whilst we understand that the discussion paper is geared towards undergraduate placements for the wider health workforce, this also has implications for postgraduate and vocational training. The three are intimately and critically linked around the provision of safe, effective and high quality patient care and should therefore be considered as a whole. Essentially, the patients that are available and the teachers available are all substantially the same people, who will need to be rationed appropriately, if all of the three groups are to get adequate experience, monitoring and teaching. Coordination is essential as is appropriate teacher training, support and development for the role.

It is important that all three training groups be considered when planning for the clinical practice requirements of undergraduate students. There is the potential for conflict if the appropriate resources are not provided, and some groups may miss out or be disadvantaged if their needs are not considered. ANZCA has a strong interest in this issue as, inevitably, our Fellows will be involved in teaching medical students and this teaching may compromise our ability to teach the PGYs and our own trainees because of competing time for teaching as well as competing access to patient material.

In preparation for the increased numbers of medical students that will soon enter the system it is important that ANZCA be involved in any discussions concerning placement changes so that we can plan well in advance.

Section 3 - Responses to Discussion Questions

Responses have been provided to questions 1 - 6, 12 – 14, and 16.

1. *Are there other data elements needing to be captured to map demand?*

It is not clear to what extent the data collection will include data from the specialist medical colleges; a national data collection agency should be set up to comprehensively collect data from all education providers across the full continuum of health education.

2. *Can education providers provide the necessary data elements?*

ANZCA has limited resources and any request for data needs to be accompanied by the appropriate funding to allow this to occur. A national agency would be placed to coordinate the data collection.

3. *Would existing data collections provide this information and enable comparisons across the sector?*

No, existing data collections are inadequate. Since the abolition of AMWAC by the previous Commonwealth Government, the Medical Training Review Panel's annual reports (since 1995) are the only source of data on medical training.

4. *How can additional capacity be quantified and what specific metrics could be applied?*

ANZCAs accreditation process for specialist training can indicate the potential for extra training and could encompass training requirements for PGYs and medical students, however there are resource requirements and the College is not set up to do this. Also our hospital inspections are on a five year cycle so they would need to be up-dated more regularly.

5. *Who can provide this level of data?*

It can be provided by a properly funded national agency that has appropriate links to education providers, service providers and other key stakeholders.

6. *What are the strategies for identifying potential capacity?*

Strategies include consideration of patient numbers and type (ie amount of required clinical material), clinical workload of staff, overall clinical staff numbers and ability to allocate teaching time. You would need to look at the number, experience needed, and type of students/PGYs/Trainees.

7. *What is the capability of health service providers to provide data that might be necessary?*
8. *How would data integrity and quality be assured?*
9. *How would capacity be benchmarked?*
10. *What are the potential benefits and challenges of identifying benchmark measures?*

11. *What is the most feasible, relevant and beneficial approach for each stakeholder?*
12. *Is there interest in developing a national approach and could this be achieved through capturing data from existing systems and collections or would new systems need to be developed?*

A national approach is ideal – requiring a new system with adequate resources

13. *Would a preferred model be one that progresses an active clinical placement management systems that provide planning data as a by product or should it be one that focuses' on only collecting data?*

An active system would need to be mindful of the legitimate needs of education providers, health services as well as students, teachers and other key groups. As a starting point, in collaboration with all stakeholders, it would be useful to sort out the data collection and reporting issues.

14. *What incentive would ensure a high level of compliance?*

A properly resourced, high quality, world class data collection system, with regular analysis and reporting requirements (with excellent communication), to key stakeholders.

15. *What might be barriers to achieving a high level of compliance?*
16. *What is non negotiable at the local, jurisdictional and national levels to ensure improved data for planning placements and identifying capacity?*

The need to address adequately the educational issues for all training groups – students, PGYs, and trainees as well as teachers and mentors.

Section 4 - Further Comments

Anaesthesia Training – Key issues

Paediatric and rural training positions have repeatedly been identified as crucial to the training of sufficient numbers of anaesthetists. All trainees need good paediatric anaesthesia experience for their training, and ideally rural experience. To achieve this, the expansion of training positions, both paediatric and rural, is dependent on adequate numbers of funded positions to enable balanced training rotations to exist.

ANZCA is supportive of medical specialist training in expanded environments such as private hospitals and has been pro-active in seeking further placements under the Commonwealth Government's "Expanded Specialist Training Program". This program should continue and be expanded to enable a wider range of training opportunities.

We know that the workload of all specialists, as well as other health professionals, who train and teach will increase with the predicted doubling in numbers of medical graduates by 2012. The increased number of Overseas Trained Specialists on conditional registration also increases demands on the same supervisors who are supervising Trainees. Effective and long term solutions will be required to address the increasing need for trainee supervision, let alone the current unmet need. Providing dedicated resources for training as well as new workplace-based assessment (WBA) tools will assist future supervisory requirements as well as enhancing the quality assurance mechanisms to monitor the educational experience of trainees.

There is a need to critically examine clinical supervisor-to-trainee ratios, the evidence on which these ratios are based, and the consequent effect of these ratios on numbers of possible trainee positions. Other challenges include those of generational change and the attitudes to the role of teacher/mentor/role model as part of professional behaviour – and how future clinicians measure the "value" of their teaching work. A further challenge is the change in patient's views on being used for teaching, and an increasing expectation that participating in teaching will increase, not decrease, the safety and quality of their care. The use of simulation training in association with clinical placements should be considered

Possible solutions include: creating specific paid teaching positions (FTE specified) with formal job descriptions/ selection criteria related to appropriate knowledge and skills. There is a need to develop key performance indicators (KPIs) for the education and training of health professionals to firmly embed this as a legitimate and important component of the health service system. Again, a co-ordinated approach across all levels of training is both a highly desirable and also cost-effective approach. The College recognises that there are new models by which this can be achieved and is prepared to consider other potential solutions such as ward-based specialist teachers who have been successfully implemented in other areas of medical education.

The promotion of **rural placements** in anaesthesia and other specialities to ensure a steady supply of senior trainees and junior specialists may be assisted by encouraging and providing incentives for them to work 3 months in rural areas. Ultimately, this may result in a more permanent rural workforce. In addition, enhancement of collegial relationships between rural hospitals and metropolitan teaching hospitals including regular on-site visits and teleconferences will provide additional support of the rural hospital, such as advice and support for quality assurance programs, an opportunity for the rural hospital specialists to have a short attachment at the teaching hospital for revision, and visits by the tertiary hospital specialists to the rural hospitals.

Community-based health services will continue to expand as the expectation from the public increases and the public hospital system becomes increasingly overloaded. This will require appropriate education, training and ongoing support by specialist groups for interested general practitioners. Appropriate funding will be needed for specialists to allow dedicated time for this training to occur.

Section 5 - References

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