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Dr Jonathan Christiansen

Chair, College Education Committee

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Dear Dr Christiansen

Thank you for inviting the AMA to comment on the Royal Australasian College of Physicians (RACP) Capacity to train Consultation Paper (the Paper). The AMA congratulates the RACP in proactively looking at the issues that will affect the medical profession, and in particular the physician workforce into the future.

The Paper effectively canvasses a number of current and future drivers of medical education and training. The work that the National Medical Training Advisory Committee (NMTAN) plans to undertake in relation to medical workforce capacity and distribution is also relevant and intersects with the work the College is doing in this area. In particular, NMTAN is tasked with producing five year rolling medical training plans; this will be highly relevant to the College's planning processes moving forward.

The impact of any changes to Government policy in the medical training environment will also relevant. These include the uncertainty surrounding the continuation of funding for the Specialist Training Program as noted in the Paper and identified in the Action plan. Another is the Review of intern training, and the impact that any recommended changes to the current model may have on physician training capacity.

At the AMA Trainee Forum held in February this year, trainee chairs and representatives identified three priorities for advocacy and further action in relation to their training. These were:

1. Securing jobs for new fellows, particularly in the public sector, and addressing the maldistribution of trainees and fellows.
2. Providing access to wellbeing and support services, and safe working environments.
3. Maintaining work-life balance and having access to flexible, part-time work arrangements.

The Action plan in the Paper identifies a number of specific and positive steps that the College can take to address the first of these issues by:

1. Balancing quality with volume of trainee output.
2. Expanding the number of training positions available.
3. Engaging and supporting sufficient supervisors.
4. Gaining health service support for training and education.
5. Train appropriate numbers of physicians in specialist areas aligned with population needs.

The AMA is supportive of the strategies outlined in the Action plan, and has the following suggestions to offer to strengthen the Colleges response across the domains listed above. This is based on existing AMA policy, current advocacy, and feedback garnered from the 2014 AMA Specialist Trainee Survey and 2015 AMA Trainee Forum.

Implementing regional training networks. Link with 1.4, 2.2, 2.3

The AMA has developed a policy on Regional Training Networks (https://ama.com.au/position-statement/regional-training-networks-2014) which encourages the development of viable, supported and attractive generalist and specialist training options for doctors in training wanting to live, train and practise in rural and regional locations to improve recruitment and retention of doctors in regional centres. Central to this is the premise that trainees will work in regional centres and rotate in to the metropolitan centres to gain sub-specialty experience.

Implementing RTNs would promote generalism and provide the required rotational experiences for trainees, not just the traditional 'rural' experience but would use metropolitan hospitals to provide subspecialty experience. RTNs could build upon the already successful dual training pathways established by RACP. It is would also mitigate the access block associated with a rotational based system for trainees in rural settings where adequate subspecialty rotations cannot be provided.

Supporting a National Training Survey: Link with 1.10

As the Paper make reference to, there are increasing pressures and demands on medical education and training from growing numbers of medical graduates. It is important that practical systems are in place to measure the quality of training and inform workforce planning across the continuum of medical training at a national level.

The AMA is calling for a national training survey (NTS) to replace the multiple and often fragmented survey processes that are currently in place to measure the quality of medical education and training. In the UK, the General Medical Council (GMC) conducts a similar survey of trainees and doctors to monitor the quality of medical education and training. Colleges are involved in the design of survey questions relevant to their specialty and receive speciality specific feedback from the NTS.

A NTS would also improve the breadth of data captured on medical training and inform workforce planning. A single, targeted survey done at the time of medical registration has the potential to provide timely information on the quality of training whilst minimising survey fatigue. The AMA considers this is a pertinent strategy to include in the RACP action plan to inform decisions regarding capacity to training in the future.

Ensuring trainee wellbeing and access to safe working environments. Link with 1.7, 1.9

This is a core issue for doctors in training coming off the back of the beyond blue Mental Health survey of doctors and medical students, and more recently, reports of increasing levels of violence in the workplace, and allegations of sexual harassment of doctors in training.

The 2014 Specialist Trainee Survey(STS) (https://ama.com.au/article/2014-ama-specialist-trainee-survey-report-findings-february-2015) revealed that while half of all trainees who responded thought their college supported trainee health and wellbeing (51 per cent), just over one-quarter (28 per cent) were 'not sure'. Up to half of all trainees who responded felt 'unsupported' or were unaware of how to access professional support, debriefing, or mentoring services. Only a third of trainees reported they were aware of college policies on bullying and

harassment. Even fewer (12 per cent) said that their college responded appropriately to cases of bullying and harassment, and a staggering 79 per cent of trainees reported they were 'not sure'.

A focus on reviewing college policies in this area, and promoting a culture, policy and services that support trainee wellbeing and a safe and healthy workplace would enhance capacity to train in the long term.

This includes a review of policies that outline processes to deter instances of bullying and harassment, clarify the responsibilities of staff/supervisors and employees, outline grievance, investigation of disciplinary procedures, and provide training for staff in recognising and dealing with instances of bullying and harassment. It also includes processes to provide trainees with access to confidential and professional debriefing, support, and mentoring services.

The report of the outcomes of the AMA/beyondblue roundtable on the mental health of doctors and medical students held in June last year may also be instructive in terms of strategies to facilitate a healthier workplace (https://ama.com.au/sites/default/files/The_Mental_Health_of_Doctors_and_Medical_Students_Roundtable_Summary_and_Outcomes_Statement.pdf).

The AMA recently held a roundtable on sexual harassment which drew together leaders from the medical colleges, medical organisations and medical college trainee groups. This meeting discussed the complexities surrounding the occurrence and management of sexual harassment, and the actions the profession could take to change its culture and response to it occurring in the workplace. A formal report will be released soon and will be provided to the College, however an important theme from the day was the need to better communicate zero tolerance to this behaviour and to educate trainees and Fellows about what is sexual harassment, how to report it and how to appropriately manage reported instances.

Maintaining work-life balance and getting access to flexible, part-time work arrangements.

Again this is a strategy that links with not only trainee wellbeing but also capacity to train. Pleasingly, trainees who responded to the 2014 STS were more positive about access to flexible training options in 2014 than in 2010, with 61 per cent of trainees reporting that their college offered appropriate flexible training options. However reports suggest that it is still difficult for trainees in some specialties to access flexible training options. This is particularly the case when trainees fall pregnant, while on maternity leave and upon returning from leave. Suggestions to improve capacity to train in this regard include making it clear upon entry into the training program what flexible training options are available as well as access to fractional appointments. This may already be happening within the College and could be highlighted in the Action plan.

Providing careers advice and mentoring: Link with 5

Access to careers advice, guidance and mentoring are important ways of supporting trainees as they make decisions about their future careers and preferences for practice. The medical profession has an obligation to not only train an appropriate number of doctors to meet service delivery requirements but simultaneously maintain quality and ensure that fellows are able to find work upon graduation.

Providing access to careers advice for trainees will help to facilitate the College's goal of training appropriate numbers of physicians in specialist areas aligned with population needs, as well as ensuring that junior doctors enter training pathways and specialities in which they are likely to

find employment after graduating. This may already be happening within the College and could be highlighted in the Action plan.

The AMA has developed on line Careers Advisory Service (https://ama.com.au/careers-advisory-service) and is looking to partner with Colleges where possible to provide relevant and timely advice to doctors in training and vocational trainees on career options available to them. We would be very happy to discuss what information would be of most use to trainees with the College as we seek to further develop the information available to vocational trainees via this site.

AMA position on clinical support time: Link to 3, 4.2

The AMA has a position statement on Clinical Support Time for Public Hospital Doctors – 2009 (https://ama.com.au/position-statement/clinical-support-time-public-hospital-doctors-2009). It specifies a minimum benchmark of remunerated time for clinical support duties for senior and junior clinicians. It includes a comprehensive list of the roles and responsibilities that constitute clinical support time to assist with developing job descriptions and work schedules, and may be s use to the College as it considers strategies in support of its supervisors.

Linking with other work underway to develop funding models for teaching and training

The Independent Hospital Pricing Authority (IHPA) is conducting a Teaching, Training and Research (TTR) costing study to inform the development of a TTR classification (http://ihpa.gov.au/internet/ihpa/publishing.nsf/Content/consult-ttr-costing-study-2014) . The project involves a cost and activity data collection across a representative sample of Australian hospitals, with the aim of developing a costed data file to inform the development of a TTR classification.

If not already involved, this work would be useful to the College as it seeks to quantify how much good education costs. The AMA sits on the working group that informs this project and has made a number of submissions throughout the project in regard to defining teaching and training and how to unbundle the costs of teaching and training from service delivery. These are at https://ama.com.au/submission/teaching-training-and-research-ttr-costing-study-consultation-paper .

Please contact Sally Cross, Senior Policy Adviser, Workplace Policy on 02 6270 5400 or scross@ama.com.au if you have any questions relating to this response.

Yours sincerely

A/Prof Brian Owler

President

Dr Danika Thiemt

Chair, Council of Doctors in Training

15 April 2015

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