COUNCIL OF PRESIDENTS OF MEDICAL COLLEGES

EFFECTING REFORMS TO AUSTRALIA'S SPECIALIST MEDICAL TRAINING AND ACCREDITATION SYSTEM POST COVID-19

REPORT 2: DETERMINATION OF TRAINING PLACES

MAY 2021

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1. BACKGROUND

This provisional report on training places forms part of the *Effecting Reforms to Australia's Specialist Medical Training and Accreditation System Post COVID-19* project (the Project).

The Project was established by the Council of Presidents of Medical Colleges (CPMC) and the Australian Medical Council (AMC) to capture learnings from the COVID-19 pandemic to inform enduring reform to specialist medical education and accreditation in Australia. Previous outputs from the CPMC are:

- Literature Review: Impacts of COVID-19 on postgraduate medical education
- Report 1: Training impacts, responses and opportunities

This report outlines the stakeholders and processes for determining which training places are available, in which locations, for which medical specialties.

The determination of training places relates to many issues that were created or exacerbated by the COVID-19 pandemic. Intersections with these major project themes are summarised in *Figure 1.* This report will inform actions to minimise similar impacts on the training system from future crises, for example by addressing fragmented planning.

Figure 1*: Connections between training places and major project themes.*

The determination of training places for specialist medical colleges (colleges) is highly complex and influenced at many levels, including:

- Australian Government
- State and territory governments
- Jurisdictions within states and territories (e.g., Local Health Districts)
- Workplaces (e.g., hospitals, private practice)
- Colleges
- Trainees

Based on this report's stakeholder consultations and previous publications, there is little uniformity across locations and specialties (1–3). This is also noted in the draft (December, 2020) National Medical Workforce Strategy from the Australian Government Medical Workforce Reform Advisory Committee (MWRAC), which states that the "medical training career pathway is long and complex, involving multiple decision-making entities that are not always aligned or coordinated" (4, p.15).

There has been some previous commentary and investigation of the determination of training places, particularly in reports by the Australian Government on broader health workforce and funding matters (1,5). However, there appear to have been few comprehensive reviews. This report provides a broad overview, informed by consultative stakeholder interviews and a short qualitative survey, detailed in Section 2.

2. METHOD AND RESULTS

This report presents findings on three key issues:

- How are training places funded?
- How are training places determined (location, number)?
- How do colleges consider future workforce need?

Initial guiding information was gathered through videoconference discussions with the CPMC Education and Medical Workforce Subcommittee (EMWS) as a whole, as well as with individual members.

This was followed by emailing a short, informal survey to the 15 colleges, seeking to understand their different approaches to the determination of training places. The survey is included in Appendix A.

Responses were received from all 15 colleges. Follow-up discussions were conducted with 6 respondents as the Project Team needed clarification on the information provided or the respondents wanted to expand on their answers.

Further material was gathered by searching the literature for information about specialist medical training places in Australia. The majority of published information found was in commentaries and editorials, as opposed to formal research. A search of grey literature produced a higher volume of results, particularly the reports of the Commonwealth's Medical Training Review Panel (6). Additionally, the colleges' accreditation standards, available through their websites, were reviewed.

3. FINDINGS

3.1 HEALTH EXPENDITURE AND COST OF TRAINING

The high cost of healthcare, combined with the considerable financial and time investments made to train doctors, emphasises the importance of Australia making evidence-based plans for the future specialist medical workforce.

Funding allocation is a driving factor for the number and location of specialist medical training places. There are multiple sources including:

- Australian government
- State and territory governments
- Private practice

Australia ranked 12th highest out of the 36 OECD countries assessed on total health expenditure, at 9.3 per cent (6). In the 2018-19 period, total health spending was $195.7 billion, equating to $7,772 per person. This was a 3.1% increase, with the spend on hospitals (40.4%) and primary health care (33.5%). Health spending accounted for 10% of overall economic activity (7).

At the federal level, total health spending in 2019-20 was approximately $81.8 billion, or 16.3% of the Australian Government's total expenditure (8). By 2022-23, this is projected to increase by 2% in real terms. The Health and Hospitals Agreement 2020-21-2024-25 commits the Australian Government to 45% of the efficient growth of activity-based services, capped at 6.5% per annum (10).

State and territory governments spent $30 billion on public hospitals, $1 billion on private hospitals and $10 billion on primary care (9). In 2018–19, average per capita health spending was $7,772 and similar across states and territories, except for the Northern Territory where the average was $10,483 (11).

The cost of training a health professional in Australia is high. Medical graduates are the highest of all, at $451,000 per completing student up to internship (12). There are significant additional costs beyond this, including 3 – 8 FTE years of specialist training.

3.2 HOW ARE TRAINING PLACES FUNDED?

Survey results indicated that the balance of funding sources varies across the colleges, with training places for most colleges being funded by a combination of the Australian government, state and territory governments, and private practice. Training places at the Australian College of Sports and Exercise Physicians are almost exclusively privately funded apart from three Specialist Training Program (STP) and four Integrated Rural Training Pipeline (IRTP) places.

The Australian Government funds the STP. In 2021-22 the total budget is $187.4 million (13). The STP has three complementary streams:

- Core funding of 7% of places in settings other than public hospitals
- The IRTP which supports 100 training posts in rural settings
- The Tasmanian Project which supports the employment of supervisors and trainees in the Tasmanian public health system.

The Australian Government also funds general practice specific initiatives, for example the Australian General Practice Training (AGPT) program. The total funding appropriated for the AGPT in 2020–21 is $215.2m. This incorporates funding for the nine Regional Training Organisations (RTOs) which deliver the AGPT program and funding for support functions performed by colleges or other providers. The transition to a college-led training model means that this arrangement will soon change (14).

State and territory governments are a key player, as they manage and fund health service delivery and employ a large proportion of non-general practice (GP) doctors in training (1). Yet, according to the survey responses, it is largely workplaces and local jurisdictions (such as Local Hospital Networks) who determine how this funding is used.

This disjunct between funding provision and allocation means that funding levels and training posts are not directly linked. For example, organisations with similar funding levels may employ different numbers and types of trainees. This is dependent on an organisation's:

- local needs,
- model(s) of care, and
- departmental preferences for training numbers

There is no guarantee that every training place a workplace has funded will be accredited by the relevant college or Regional Training Organisation. Accreditation is discussed further in Section 3.3.

3.3 HOW ARE TRAINING PLACES DETERMINED?

The following discussion primarily reflects the experience of non-GP colleges as the four GP training pathways are governed and operated differently, as summarised in *Table 1*. Funding for training posts is currently mainly determined on a national level. Accreditation is done by the primary care colleges, Regional Training Organisations, and the Remote Vocational Training Scheme. As noted above, this will change with the upcoming transition to a college-led training model.

Pathway	College(s)	Funding	Location	Accreditation
Australian General Practice Training (AGPT) Program	ACRRM, RACGP	Commonwealth contracted to Regional Training Organisations (RTOs)	RTOs manage placement based on Dept of Health training obligations policy and local RTO placement policies	RTOs manage practice accreditation based on college standards
Remote Vocational Training Scheme (RVTS)	ACRRM, RACGP	Commonwealth	Trainees must have a job working in a rural/ remote location or an Aboriginal Community Controlled Health Service	RVTS and colleges jointly manage practice and post accreditation
Independent Pathway (IP)	ACRRM	Commonwealth and/or private	Trainees must work in rural/remote location	ACRRM manages post accreditation
Practice Experience Program (PEP)	RACGP	Commonwealth and/or private	Trainees must have a job working as a GP in a rural/remote location	No accreditation requirement of practices/posts

Table 1: *Summary of general practice training pathways (14-16).*

Responses from our informal survey indicated that while workplaces and colleges both have influence over training places, this influence is skewed towards workplaces, as shown in *Figure 2*.

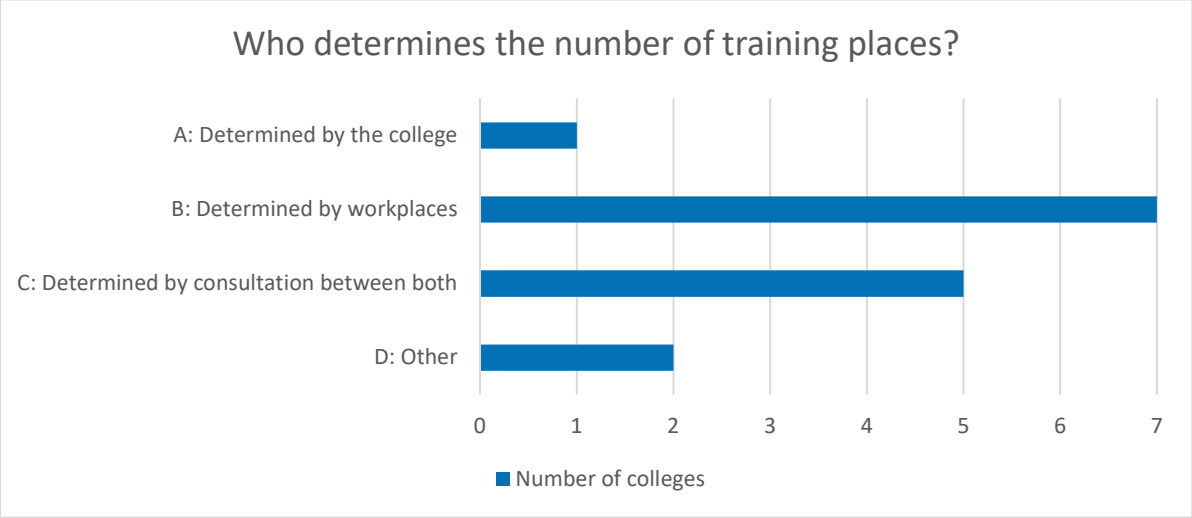

Figure 2*: Responsibility for determining the number of training places, as reported by colleges*.

Workplaces' influence over training places is attributed to their control over how funding is spent (see Section 3.1). However, some colleges discussed lobbying government about funding and training posts when they felt it was necessary:

"Training place numbers are determined by state departments of health. The college basically has no say, although we lobby if we need more or things are going to be cut." [SMC6]

For those colleges that reported 'other', training places were primarily determined by health departments through dedicated programs.

When training places are determined by consultation between colleges and workplaces, it is often Fellows of the colleges who connect the two:

"Selection interviews include Fellows who have been involved in determining ongoing training posts and/or new training posts and they act on behalf of the local Training Accreditation Committee (TAC) … So the process is directed by [the college] but consultative with TAC members who act on behalf of workplaces." [SMC1]

Survey respondents also reported that college accreditation processes can impact training numbers and location. As summarised in *Figure 3*, colleges can accredit workplaces (sites) or individual training posts. A workplace may fund training positions that are not ultimately accredited, meaning some registrars do similar work to a specialist medical trainee but this does not contribute to their completion of a training program.

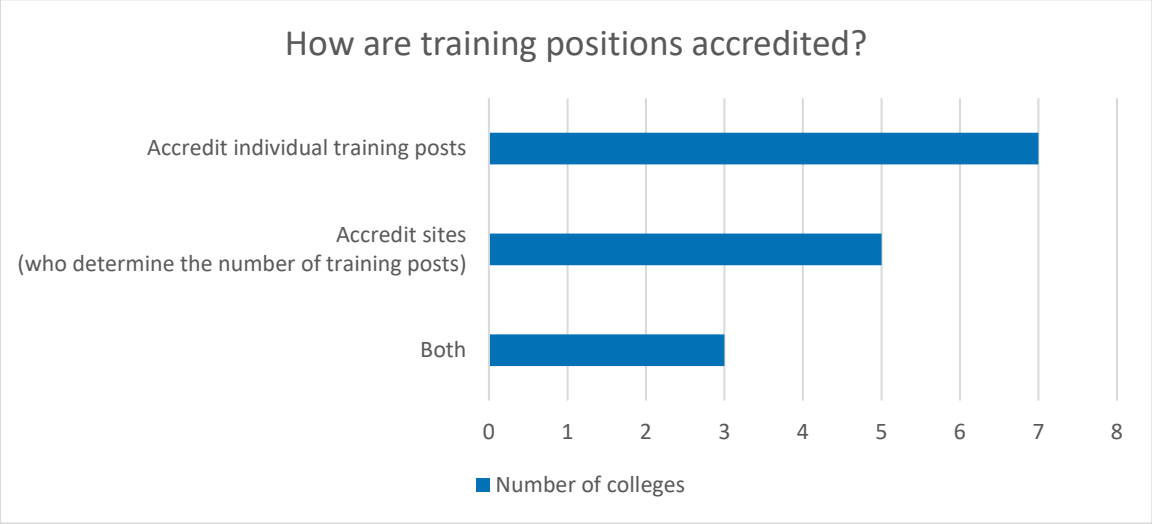

Figure 3: *How colleges accredit training places, as reported by colleges and taken from information on college websites.*

When accreditation is at the workplace level, the workplace determines how many training posts they offer. College accreditation standards can impact this, for example by limiting the ratio of supervisors to trainees:

"… [the number of training places] is monitored by the College in terms of adequate training supervisions." [SMC2]

"Trainees are selected by employers… This is carried out with support and monitoring from [the college], in accordance with [college] guidelines." [SMC3]

When accreditation is at the training post level, this is usually within one workplace. In a small number of cases, posts span multiple workplaces. Again, there are only posts to accredit if funding is available.

"The accreditation process of each practice determines the year level and FTE for a trainee… The accreditation process is essential to determining what each practice can realistically undertake with regards to training." [SMC15]

Some colleges mentioned accreditation processes being somewhat flexible, for example allowing for consideration of areas of need and bottle necks:

"…there are regular discussions between our supervisors and our training boards so that opportunities, especially in rural and regional areas, are not lost." [SMC2]

It is also worth noting that accreditation timeframes differ between colleges. Most will accredit posts and/or sites for a maximum of three to five years, as shown in *Figure 4*. However, accreditation may be also provisional or given for a shorter duration.

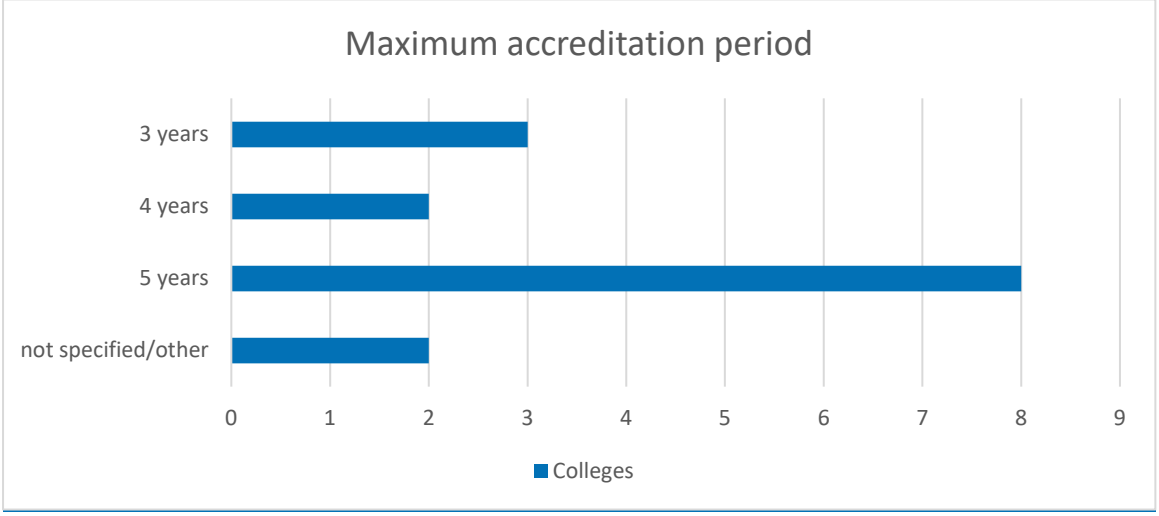

***Figure 4**: Duration of training post or site accreditation, taken from information on college websites.*

One additional factor to consider, which was not actively investigated in this report, is trainee demand to enter particular specialist training programs in particular locations. Most doctors choose their specialty by the end of the third year after their graduation. However, capacity for training places does not necessarily match demand, meaning some programs are oversubscribed while others are undersubscribed (17-19).

3.4 HOW DO SPECIALIST MEDICAL COLLEGES CONSIDER FUTURE WORKFORCE NEED?

Six colleges reported that they had had ongoing processes to ascertain future workforce needs. A further 5 were conducting one off or ad hoc projects in this area. Methods to investigate workforce need included:

- Conducting annual workplace surveys on the number of vacancies for Fellows and trainees
- Combining data from all levels of government with internally generated information, such as member surveys and informal member/stakeholder feedback
- Undertaking modelling based on population projections and internal college data about new Fellows, retiring Fellows and available training posts
- Commissioning comprehensive workforce reviews
- Collating training logbook data on procedures

How this data was used differed between colleges. Some mentioned having limited ways to use the information, as they had limited control over training places:

> *"We have done a lot of workforce modelling based on population and likely retiring of Fellows, but ultimately we don't determine [training] places so it depends on whether governments agree."* [SMC6]

Others discussed using the data specifically to lobby government about funding and training posts, or feed into government research on workforce:

> *"We use that information to advocate to the Federal Government (on STP funding) and the state governments to increase training positions."* [SMC4]

> *"[The college] has an advocacy function to assist jurisdictional governments determine health workforce needs."* [SMC1]

It was also reported that information about workforce need informed accreditation processes, although accreditation itself was not seen to strongly influence training numbers.

> *"The College is currently conducting a significant piece of work involving a wide range of stakeholders to determine what the [specialty] workforce will look like into the future, and this work may have significant impact on the manner in which training numbers are determined."* [SMC8]

> *"[the college] will undertake a review of selection processes…This will take into account…our own process for selection but also workforce needs and distribution of positions. We currently do not have control over trainee numbers as this is a hospital issue based on their perceived workforce / service need."* [SMC5]

It should be noted that those colleges who are not actively investigating future workforce at this time still consider it to be an important issue. One such college mentioned actively considering workforce maldistribution and adding flexibility to accreditation criteria in response.

Overall, there were limited reports of systematic coordination and information sharing between colleges, workplaces and government, either to determine future workforce need or act on this information.

4. FUTURE CONSIDERATIONS

Based on the investigation of this report, there appears to be no coordinated decision making about the number and distribution of training places, nor a mechanism to achieve this. Instead, multiple stakeholders influence training places directly and indirectly, through decisions on factors including funding, accreditation and models of care, as shown in *Figure 5.*

Reflecting the complexities of the Australian health system, training places are funded through multiple levels of government as well as privately. Sources of funding differ across specialties and jurisdictions. Apart from GP training, most of this funding flows through workplaces who have significant control over the number and type of training places they offer.

Specialist medical colleges can influence training numbers and distribution through their accreditation standards and processes, but still rely on funding being available for training places. Depending on the

college, accreditation can be at the workplace or individual training post level, and for anywhere between one and five years.

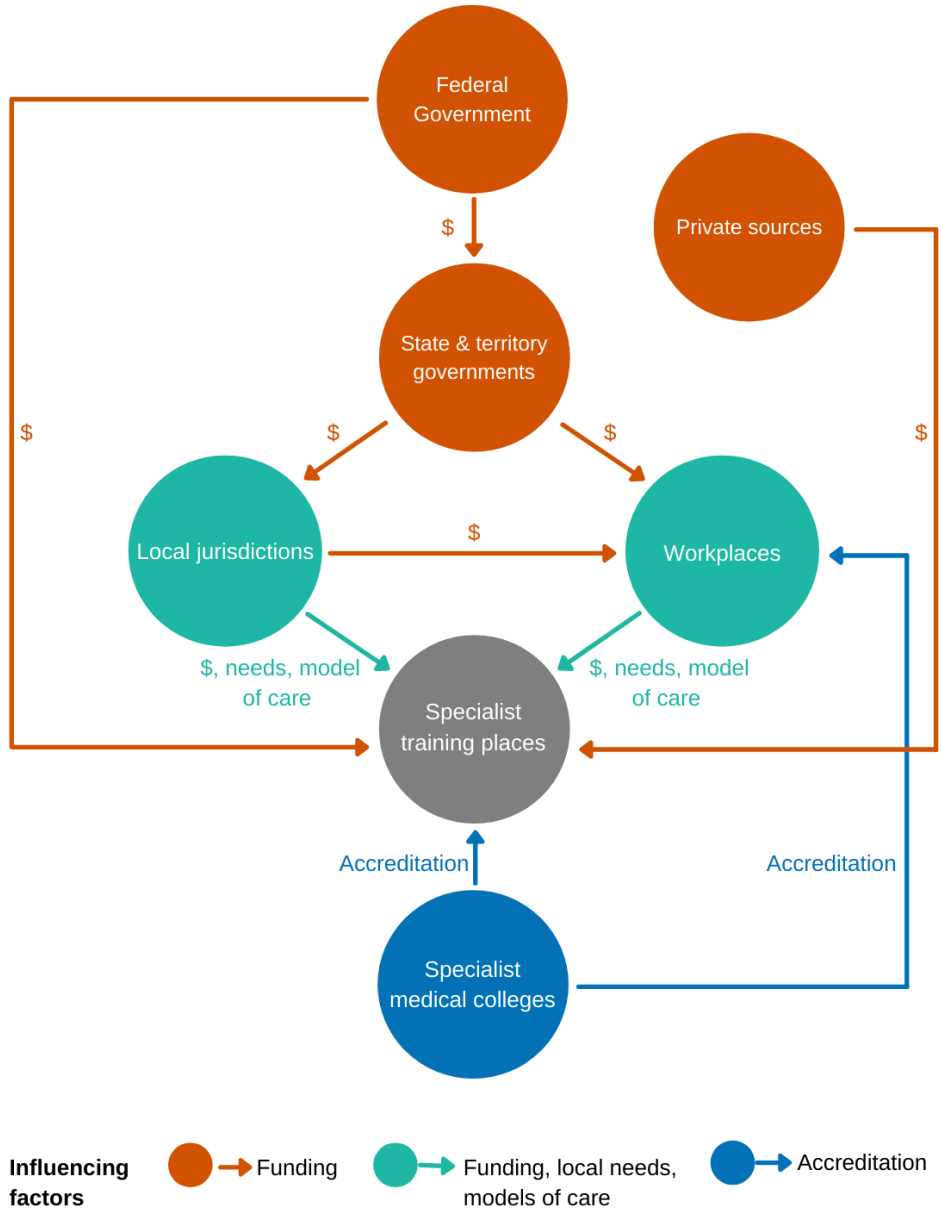

Figure 5: Influences on the number and location of specialist medical training places.

The majority of colleges investigate future workforce needs for their specialty. Some use their findings to influence training places through accreditation and lobbying government. However, others feel they have no meaningful way to action the information they gather.

There is no clear mechanism for combining and acting on workforce information from colleges, workplace and government that involves all these stakeholders.

Furthermore, the needs and incentives of different stakeholders may not align. For example, a long-term decrease in need for a particular speciality would necessitate a reduction in training places now (due to the long lead times of specialist training). This may not be welcomed by workplaces who have a short-term need for those trainees, or by trainees who want to enter that specialty and face a reduction in places.

The CPMC recommends that under the guidance of the National Medical Workforce Strategy the first step to addressing these issues is undertaking more comprehensive research into how training places are determined. There is little published information and most knowledge is held within institutions. As such, this research should be focused on comprehensive consultation with government, workplaces, colleges, trainees and other stakeholders on:

- Their roles in determining training places
- Their incentives / driving factors
- Their restrictions / roadblocks they face

The aim of this research would be to inform adjustments to the training system to allow for greater coordination, information sharing and alignment of incentives. This would aim to ensure Australia's specialist medical workforce is planned to best meet the needs of the Australian community, and that these plans are acted upon.

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APPENDIX A: COLLEGE SURVEY

1. Are training places for your college determined by:

a) The college

b) Workplaces

c) Consultation between the college and workplaces

d) Other process (please specify):

2. How does your college consider future workforce need in determining training places (a short summary is fine, e.g., 'based on projected population growth at current service levels using Dept of Health data')

APPENDIX B: ACRONYMS

ACRRM	Australian College of Rural and Remote Medicine
ACD	Australasian College of Dermatologists
ACEM	Australasian College for Emergency Medicine
ACSEP	Australasian College of Sport and Exercise Physicians
AMC	Australian Medical Council
ANZCA	Australian and New Zealand College of Anaesthetists
CICM	College of Intensive Care Medicine of Australia and New Zealand
CPMC	Council of Presidents of Medical Colleges
EMWS	CPMC Education and Medical Workforce Subcommittee
MWRAC	Medical Workforce Reform Advisory Committee
RACGP	Royal Australian College of General Practitioners
RACMA	Royal Australasian College of Medical Administrators
RACP	Royal Australasian College of Physicians
RACS	Royal Australasian College of Surgeons
RANZCO	Royal Australian and New Zealand College of Ophthalmologists
RANZCOG	Royal Australian and New Zealand College of Obstetricians and Gynaecologists
RANZCP	Royal Australian and New Zealand College of Psychiatrists
RANZCR	Royal Australian and New Zealand College of Radiologists
RCPA	Royal College of Pathologists of Australasia