Joan Sheales Education Award Report

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Membership Manager, ANZCA
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Introduction

The Joan Sheales Staff Education Award grant is intended to assist a staff member to attend an appropriate local or international educational meeting, conference, seminar, course or similar educational event. Professor Barry Baker made a generous donation in 2014 in honour of past ANZCA Chief Executive Officer Ms Joan Sheales, which provides for a small grant to be available every second year to help an ANZCA staff member to develop their professional capacity to support the College’s delivery of high-quality training and education in the specialties.

In 2018, Hannah Sinclair, ANZCA membership manager, was the recipient of the award. Her project was to undertake a study tour to visit the Royal College of Physicians and Surgeons of Canada (RCPSC). RCPSC is a pre-eminent leader in the non-for profit medical sector with regards to membership services offering world class membership services to support their 50,000 members.

The aims of the study tour were to:
- Learn and better understand the services that RCPSC offer to members and what engagement methods they use.
- Learn how RCPSC integrate their strategic plan with the delivery of better service to members.
- Study technology and online services used by RCPSC to better engage with members and improve member access.
- Learn more about how RCPSC is addressing bullying, discrimination and the health, and wellbeing of doctors.
- Understand evaluation methods to better measure member satisfaction.

Due to not being able to travel an alternative plan was developed for the study tour. A virtual tour was planned and Hannah worked closely with the RCPSC to organise a series of video conferences with RCPSC senior staff. Not only proving a sustainable and cost effective option for working with our international partners, the virtual study tour has created a new way of working.

The vision for the virtual project focussed on the following shared practices of ANZCA and RCPSC.
1. Value and perception of membership
2. Continuing Professional Development (CPD)
3. Presidents and CEOs vision
4. Strategic planning around doctors health and wellbeing including gender equity
5. Tri-nation alliance and international relations – the future

The following report outlines the key observations and learnings in each of the five focus areas. Much has been learnt outside of what was originally planned through ongoing discussions and communications, and the sharing of resources. This report outlines the outcomes from what was originally intended, and informs future objectives and projects for ANZCA in the membership area as well as for interactions between other ANZCA departments and the RCPSC.
Member satisfaction and services

Fellows’ perception of value for membership continues to be the highest priority for membership units at both the Royal College of Physicians and Surgeons of Canada (RCPSC) and the Australian and New Zealand College of Anaesthetists (ANZCA). There is a dedicated focus on understanding how to best enhance the services delivered to members, whilst also looking to support the ever changing needs and expectations of fellows. Regular surveys aid in measuring member satisfaction and college success, with both organisations striving to deliver the highest quality service and support to the fellowship.

ANZCA and the RCPSC share many commonalities in service delivery, however it is important to note that the RCPSC supports significantly more fellows covering a broader range of specialities. The overall service areas however remain aligned.

<table>
<thead>
<tr>
<th>ANZCA and FPM</th>
<th>RCPSC</th>
</tr>
</thead>
<tbody>
<tr>
<td>ANZCA fellows: 6000</td>
<td>Total Fellows: 52,000</td>
</tr>
<tr>
<td>Trainees: 1500</td>
<td>Active Fellows: 44,000</td>
</tr>
<tr>
<td>FPM fellows: 400</td>
<td>Resident Affiliates (Trainees):</td>
</tr>
<tr>
<td>FPM Trainees: 100</td>
<td>2,000</td>
</tr>
<tr>
<td>Fellows gender: 67% Male, 33% Female</td>
<td>Active Fellows gender: 62% male; 38% female</td>
</tr>
<tr>
<td>Membership team: 2.5 full time</td>
<td>Membership team: 12 FTE</td>
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</tbody>
</table>

Fellowship of ANZCA, FPM and the RCPSC is a hallmark of the highest standing, with fellows regarded internationally as leaders in the delivery of the safest and highest quality of patient care throughout the world.
Key observations for ANZCA

ANZCA supports trainees and fellows

ANZCA is responsible for the training, examination and specialist accreditation of anaesthetists and specialist pain medicine physicians and for the standards of clinical practice in Australia and New Zealand. The notable point of difference is that the RCPSC directly supports only fellows while ANZCA trains and manages both fellows and trainees. For ANZCA, this presents a unique opportunity to provide a service to ANZCA’s members end-to-end.

Our fellows are responsible for the training and supervision of trainees within accredited hospital departments. In addition to developing standards and the program curriculum, ANZCA supports fellows to become proficient teachers through our array of educational courses and events, and supervisors of the future generation of specialists.

Supporting trainees is entirely different to supporting fellows, as they have vastly differing needs. The ANZCA membership unit works towards understanding these differences, and ensuring value can be delivered on services tailored to the member’s career stage.

Supporting new fellows

ANZCA recognises the importance of a trainee's transition to fellowship. It is at this essential point in time, that the relationship with the member changes. In 2019, the ANZCA membership team developed updated collateral for “new fellows” upon receiving fellowship, which includes a “benefits of membership booklet”. To ensure continual engagement, ongoing communication with all new fellows is maintained within their first year, providing them further and up-to-date information on college services and benefits.

Looking to the future, opportunities for new fellows will be expanded within the Emerging Leader’s Conference, as well as on committees and in other formal roles within the college. ANZCA recognises that new fellows want to be communicated with and network in a different way than fellows. In 2019, a closed new fellow Facebook group was established. Communication has been expanded to include Facebook and Twitter alerts, ensuring information is shared in real time.

Survey data highlights

The college’s fellowship survey provides vital feedback on perceptions of the services the college delivers, and aids in the direction of future initiatives. It also forms part of the ongoing engagement process, whereby fellows can contribute to the future direction of the college. Some important observations from the recent survey results include:

- Fellows believe that ANZCA should play an important role in advocating for the speciality, raising the profile of the profession and supporting initiatives that deal with doctors’ wellbeing and bullying, discrimination and sexual harassment.
- Fellows indicated a strong preference for the expansion of online learning.
- 50% of the survey respondents want to undertake a voluntary role with the college.
- Improvements need to be made on the “perception of” workforce advocacy, raising the public profile of profession, health and wellbeing and addressing BDSH.
- The college rated highly on the delivery of educational events.
- Value perception for membership by overseas members is far lower than for fellows in Australia & New Zealand.
- The CPD program, Library and online portfolio continues to be rated as one of the most valued member services.

An action plan to address issues identified in the survey results was delivered in 2018, and published on the website.
Gender Equity and doctors health and wellbeing initiatives

Supporting the workforce and wellbeing forms one of the four pillars of the ANZCA 2018 – 2022 strategic plan. Many of the initiatives undertaken by the college are structured in support of this initiative. For example, in 2019 the college delivered a gender equity position statement, resource toolkit and action plan, which outlines the college’s commitment to advocate for gender equity. Recognising the diversity of practice within careers in anaesthesia and pain medicine, ANZCA’s objective is to achieve visible gender equity across the following five broad areas:

- Entry to – and completion of – training in anaesthesia and pain medicine.
- Access to clinical anaesthesia and pain medicine practice across public and private healthcare sectors, that is:
  - Safe.
  - Rewarding.
  - Appropriately remunerated.
  - Compatible with work life balance and wellbeing.
- Recognition and advancement in research and education.
- Leadership, management and health advocacy.
- Participation in high quality continuing professional development that supports clinical and nonclinical support roles.

Key observations for the RCPSC

Recognising volunteers

The RCPSC has a strong volunteer workforce of approximately 3000, currently contributing to college roles, with many more fellows expressing an interest to participate than the available volunteer positions. The RCPSC has recently developed a volunteer framework together with a recognition program that is supported and implemented by RCPSC staff, and valued by volunteers, leading to increased engagement. A broad range of activities are undertaken in National Volunteer Week, and include the profiling of committees and key volunteers on the website and social media. Part of the framework is to develop a recognition program, which may look to consider years of service, or level of service.

Plans are underway to tie volunteer participation more closely with the awarding of Maintenance of Certification credits. For example, a fellow’s participation in a committee yields a certain amount of credits which can be recognised within their continuing professional development program. Therefore the work they are undertaken is contributing to their annual quota for ongoing learning in their area of interest.

Member value imbedded in strategic plan

One of the four priorities within the RCPSC’s 2018- 2020 strategic plan is “value to fellows and professional practice”. The RCPSC will “remain responsive to changing professional requirements by fostering dialogue and engagement, and by providing them with relevant tools and supports to practise lifelong learning. We will continue to reinforce Fellowship as a valued designation — one that signifies excellence to the public and the profession.”

The inclusion of membership value within the strategic plan signifies the importance of the role the membership unit, and the services delivered, to the organisation. Recognition of a fellow’s value and satisfaction with college services has aided the RCPSC in ensuring adequate resources and support are provided to areas where fellows value and use the college most. The recent appointment of the Executive Director of Professional Practice and Membership (a physician and fellow of the RCPSC) signifies the senior management team highly value the views of fellows, and wish to ensure their views are heard, and advocated for, at the highest level.
Communications

The RCPSC has an in-house communications team with one dedicated staff member supporting the work of the membership unit. This ensures the communications remains clear and consistent, and in-line with the overall communications strategy. The associate director engages the communications representative on all future projects, which enables broad oversight to all items being sent to members. Email communications are tracked for open-rates, and the recent addition of a “newsroom” allows more segmented information to be presented to fellows and other target audiences such as residents. The “newsroom” is an online area with content tailored specifically to sub-sections of members. The communication strategy support members with a focus on:

- Value to fellows.
- Engagement with interactive content.
- Empowering staff.
- Providing functional excellence.

This well-developed strategy ensures the greatest tool the college has to engage with members, is delivered in a clear and consistent way.

Key learning

Volunteer recognition

The RCPSC exhibit a well-developed and robust plan to support volunteer interest, participation and recognition. When looking at all the volunteer roles within ANZCA, it remains unclear how many exist, and the extent to which fellows participate in more than one role. ANZCA recognises achievement by way of medals (to a small number of fellows) awarded at the Annual Scientific Meeting through the ANZCA Council and FPM Board, however there is scope to expand this recognition program more broadly, to fellows contributing in areas outside of what is defined within the current awards.

Next steps: ANZCA will develop a formal volunteer recognition framework to better support and recognise volunteer participation and interest. The college depends upon the volunteers to drive the development of the curriculum, the continuing professional development program as well as deliver the highest quality educational events. Further support systems for volunteers will be established, along with expanded opportunities to recognise excellence.

Opportunities to work together

Workforce issues

Both organisations identified “workforce” issues within the results of recent fellowship surveys. Shortages in rural and remote areas continues to be of concern, with some members indicating a shortage of job availability in metropolitan hospitals. These issues are closely aligned, and much can be learnt by sharing initiatives undertaken in this space.

Recognising various career stages, and differing needs

As illustrated above, ANZCA continues to seek to better understand the varied needs of fellows, based on their current career stage, with a focus in 2019 on “new fellows”. The RCPSC are now looking to better support fellows in all career stages, including “early”, “mid” and “transition to retirement”. For both colleges, fellows continue to work longer and retire later, and the implications of this still remain unknown. As part of work undertaken in the doctor’s health and wellbeing initiative, career stages will be further explored. A broader expansion of communications via social media will also be explored, with the understanding that usage is often dependent on career stage.
Mentoring

Mentoring remains a pivotal component of a physician’s development, both at a professional and personal level. Both colleges recognise the importance of mentoring, however have not yet achieved the delivery of a successful standard approach. ANZCA has recently developed a mentoring module, which consists of a series of videos to support both mentors and mentees in developing a mentoring relationship. The RCPSC are currently investigating a more formal online mentoring program for use by fellows. Challenges exist in the delivery of a mentoring program, including the physical location of the participants, and the difficulties in accessing a mentor in busy times. Both colleges acknowledge the importance of developing a formal mentoring program, further exploration needs to take place as to the best mechanism to deliver this.

Summary

A key theme as evident in both the RCPSC and ANZCA’s fellow survey results, is the indication by members on the importance of “being heard”. For a non-for profit organisation, adequate member engagement and support should always be a factor in guiding the delivery of services. Whilst ANZCA may be far smaller in scale (membership numbers), this has allowed us to press ahead in delivering change in a dynamic and immediate way. For example, the delivery of the doctor’s health and wellbeing framework, the review and report on bullying discrimination and sexual harassment, as well as make changes to the continuing professional development program around cultural competency.

Much can be learnt by continuing to collaborate and engage with the RCPSC on understanding what a member values most, and how to best deliver these services. Both organisations seek to improve the overall services delivered to members, in the most efficient and effective way possible.
Continuing professional development

For fellows, compliance in a continuing professional development program is an essential component of life-long learning, and forms part of the requirements of a maintaining medical registration. Whilst there are variances between the ways in which the RCPSC and ANZCA CPD programs are structured, the standards of which the programs are framed, are strikingly similar. Historically, it can be seen that the ANZCA CPD Program was in fact inspired by the original RCPSC Maintenance of Certification Program. As fellows’ learning needs have evolved, so too have the CPD programs. Much can be learnt from reviewing both programs, and identifying areas of crossover, difference, and where the sharing of information can aid in driving future improvements.

The ANZCA and FPM continuing professional development program is abbreviated to the “ANZCA CPD Program”. The RCPSC maintenance of certification program is abbreviated to the “MOC Program”.

**A snapshot of both programs**

<table>
<thead>
<tr>
<th>ANZCA CPD</th>
<th>RCPSC MOC</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Participants (approx.)</strong></td>
<td>6,000</td>
</tr>
<tr>
<td><strong>Regulatory of program</strong></td>
<td>National level – Medical Board of Australia &amp; Medical Council of New Zealand</td>
</tr>
<tr>
<td><strong>CPD cycle</strong></td>
<td>Three years, triennium (Largest cohort approx. 3,000)</td>
</tr>
<tr>
<td><strong>Both follow calendar year and have a time based credits (1 hour = 1 credit) and weighted activities approach for certain activities (1 hour = 3 credits) &amp; 20 credits.</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Framework of program (credits)</strong></td>
<td>180 credits plus two Emergency Response (for clinical practice type). Minimum 30 credits annually (mixture Knowledge Skills and Practice Evaluation).</td>
</tr>
<tr>
<td><strong>Categories</strong></td>
<td>Practice Evaluation Knowledge and Skills Emergency response</td>
</tr>
<tr>
<td><strong>Accreditation of CPD</strong></td>
<td>Recognition of suitability process for Emergency Response activities (no accreditation for other categories).</td>
</tr>
<tr>
<td><strong>Online platform established</strong></td>
<td>2014</td>
</tr>
<tr>
<td><strong>Process for participants unable to meet requirements</strong></td>
<td>Special consideration process (i.e. assessment to fill the gap of credits not obtained)</td>
</tr>
</tbody>
</table>
Key observations for ANZCA

Emergency response activities

ANZCA sets the standards for each type of CPD activity under the three categories, one of which being “emergency response (ER)”. It is expected participants complete the activities under knowledge and skills, and practice evaluation as per the standards in the guidelines, and provide evidence of this in the online CPD portfolio.

Only providers who have been recognised by ANZCA as suitable may deliver ER workshops. A formal process exists to accredit these activities. The delivery of course content has not been endorsed or assessed, but rather the recognition is based on the provider confirming that the content meets the requirements outlined in the CPD program.

In addition, ANZCA has produced the “perioperative anaphylaxis response” online course to aid participants in completing this activity. Fellows can rest assured that this course content, has been developed by experts in this field and is endorsed by the college.

Auto-population of CPD credits to the online portfolio

ANZCA produced a vast array of educational content though it’s courses and events. For any CPD activities undertaken at an ANZCA event, participants can expect to see their CPD credits automatically updated within their CPD online portfolio. The systems are linked, making it easier and more efficient for fellows to record their participation.

Gender participation observations

In an annual review of the types of completed CPD activities, it has been observed that patterns exist in relation to participation by gender. Whilst variances are slight, they are noteworthy. It can be seen that females are completing more workplace-based-assessments on trainees than males, as well as completing more online activities. Males are recording far more journal reading than females. It is intended that these observations will be tracked over the coming years, to inform new strategies to better support fellows, and create learning opportunities.
Key observations for the RCPSC

Accreditation of educational providers

The RCPSC has a robust process by which to accredit providers of educational activities. This involves review of the provider’s mission statement, operation plan, and ability to develop and review content. At present, the accreditation period is for five years, although this will shortly be extended to eight. The RCPSC does not produce a significant number of educational events; this is largely managed by the accredited providers. It was noted, that they may look into the development of increasing numbers of educational activities in the future, to meet the demands of the fellowship.

The RCPSC have observed that difficulties exist in recognising international CPD programs for suitability due to the variance in the way such programs undergo the accreditation of activities. They recognise the importance of being able to partner with other international programs to better support their members.

Given the volume of RCPSC fellows who currently practice overseas, the college will look to better understand how external programs are recognised, and whether they can be assessed for recognition into the future, thus opening more opportunities for fellows to participate in alternate CPD programs.

Communication with participants

The RCPSC MOC program team is substantially larger than that of ANZCA which is needed to support their 45,000 members. A well-developed communication strategy exists to support participants in the completion of their activities. For example, targeted emails are sent to fellows at key points throughout the five year cycle, providing information on what activities remain to be completed, and providing resource for how to go about completing the program. Information varies depending on the sub-group of participants, those who appear close to compliance, low-level and mid-level range. A “tip of the month” is also included on the website, along with contact information for participants who may require support from an educator. By providing a value-add service to fellows, RCPSC MOC are ensuring there is ongoing and practical support to complete the program throughout the entire cycle.

Different activities for different needs

The RCPSC have observed a difference in needs for fellows of different generations. Work will be undertaken to understand these variances, and how they can be reflected within the MOC program. In addition, fellow’s participation in activities that relate to supporting indigenous health will be expanded within the program.

Key learning

Leave periods during the triennium

The MOC program dictates a “minimum completion” of 40 credits per year, which allows for any fellow who may undertake a leave of absence during the five year cycle. This may be due to parental leave, illness or other, and takes into account the many circumstances in a fellow’s life, where their situation may change. The program is dynamic enough to support a baseline of participation, and yet versatile enough to ensure a minimum standard to which a regulator would expect of a medical professional.

ANZCA indicates a minimum of 30 credits per year, a combination from within the knowledge skills and practice evaluation categories. Should a fellow require a leave of absence (for any reason), or an exemption from completing the minimum requirements, this request must be submitted in writing to the CPD team.

Given the changing nature of a fellows work practices, in that many fellow undertake part time work, take leave to raise a family or pursue further education or interests, is it time to consider how this can be reflected in our CPD program? Understanding there are minimum standards and requirements essential to ensure the maintenance of safe and skilled practitioners, consideration might be given to how best to support fellows who are outside of full time work. This may include non-clinical standards, or formally acknowledged leave periods during the CPD cycle.
Opportunities to work together

There are a number of commonalities in issues shared between the two organisations, and thus a number of areas of crossover and focuses for the future. An area of growing interest is the development of non-clinical standards within the CPD/MOC programs. There does not exist any standards or consensus throughout Australia, New Zealand and Canada on what might constitute a “non-clinical standard”, as this is a growing and continuously evolving space.

For example, consideration is being given to whether activities that support a doctor’s overall health and wellbeing should be included within the program. ANZCA is currently looking to include the question “Do you have your own GP?” within the program. The medical regulator has yet to provide advice in this area, and will defer to medical colleges for best practice at this time. It will ultimately be at the discretion of the colleges to determine what is most appropriate as part of a fellows maintenance of practice.

Summary

It continues to be seen that the CPD program and MOC program remain closely aligned. Both programs are recognised internationally as delivering to the highest standing.

The MBA is preparing to introduce a professional performance framework. It is expected that ANZCA CPD will prove adequate and require no change. ANZCA will also continue to work with the Medical Council of New Zealand. It will be at this time, that reflections will be made on the current format and standards within the program, and looking ahead, to what may need to change. To ensure mutual success, both colleges have committed to continue to share information and resources on new and emerging areas within the CPD program and standards.
International relations

Historically the Royal College of Physicians and Surgeons Canada (RCPSC) and the Australian and New Zealand College of Anaesthetists (ANZCA) have shared many similarities, with both college’s setting the highest standards for training, clinical standards and the safest delivery of patient care.

Through the partnership within the tri-nation alliance, together with the Royal Australasian College of Surgeons, the Royal Australian and New Zealand College of Psychiatrists and the Royal Australasian College of Physicians, both RCPSC and ANZCA have worked collaboratively on advancing standards and programs in postgraduate medical education, specialty vocational training, continuing professional development and lifelong learning. With the overall aim of improving global health and healthcare for patients and populations, we have shared information, experience and expertise among the member colleges and organisations.

This project sought to better understand the alliance and its achievements, as well as look to the future and whether this type of model of collaboration (between RCPSC and ANZCA) can lend itself to expanding into key areas of commonality such as doctor’s health and wellbeing, and the growth of international partnerships. Work in this space will hopefully lead to the strengthening of our value and benefits to our members, and the communities we serve.

The success of the collaboration

Each year, the members of the tri-nation alliance come together to discuss advances in postgraduate medical education, and look to new and innovative ways of advancing standards of practice and overall clinical care. It is through the sharing of each organisation’s experience, that the collective colleges can drive change and improvement within their own organisations. The success of the alliance is evident in the work on improving Indigenous health, competency-based medical education, leadership, the development of education frameworks, as well as standards for continuing professional development. Fellows of the tri-nation alliance colleges benefit from the development of work in these areas, as it is constructed over many years, and in collaboration and learning from others. This ensures that the tri-nations alliance is not resolving issues as faced by only one college, but through the learnings from all five, in and across Australia, New Zealand and Canada. A focus for for the 2019 tri-nations alliance meeting was artificial intelligence and its place in medicine in the future.

The RCPSC is currently looking ahead with a focus on cultural competency and Indigenous health, as well as global surgery. For example, global surgical issues faced in vulnerable populations. Indigenous health continues to be of concern for the college, in the delivery of services to this group. ANZCA shares this focus, with Indigenous groups in both Australia and New Zealand. A recent change to the CPD program saw the recording of cultural competency activities moved from the “knowledge and skills” section to "practice evaluation", reinforcing the significance of this type of activity as a core component of a clinicians continuing professional development.

International partnerships

Both ANZCA and the RCPSC engage in international partnerships to leverage best practice and advance the activities of the colleges on an international level. ANZCA views its commitment to global health through forging collaborative working relationships critical to contributing to safe, stable and healthy communities.
ANZCA

ANZCA has memorandum of understandings with the Hong Kong College of Anaesthesiologists (HKCA), the Chinese Society of Anesthesiology (CSA) and the European Society of Anaesthesiology (ESA), all of which are focused on furthering education, advancing research and collaboration. Partnerships exist with the Royal College of Anaesthetists (RCoA) in the United Kingdom and the College of Anaesthesiologists of Ireland (CAI), as well as colleges and societies in Asia such as Hong Kong, Malaysia and Singapore. The 2019 ANZCA Annual Scientific Meeting was developed in collaboration with many of these international partners, and world-class educational content was provided to fellows in the Asia-pacific region where it had not been previously. Internationally renowned keynote speakers visited major teaching hospitals to present to local anaesthetists and pain medicine physicians who were unable to attend the ASM. In addition, the aforementioned international colleges had new fellow representatives and their respective presidents attend the Emerging Leaders Conference which has seen continued engagement amongst the attendees. This type of joint initiative provides opportunity for fellows in smaller medical colleges to hear from international speakers, network and actively participate in workshops and discussions.

RCPSC

The tri-nations alliance remains the most important international partnership for the RCPSC, as it is noted that the standards of postgraduate medical education more closely align with Australia and New Zealand, rather than the United States. With relationships existing between organisations such as the Council of Deans of Medical Schools working in French countries, the RCPSC has partnerships with 120 medical schools in 40 countries. A partnership with the College of Family Physicians Canada remains strong, as well as relationships with European Medical Schools in relation to shared interest in accreditation and continuing professional development activities.

Strategic focus for the future – do we align?

For the RCPSC, the strategic focus for the coming years includes;
• The implementation of the “competence by design” program, which to date includes 20 of the 68 programs (full roll-out by 2023).
• A college-wide focus on membership engagement, value and membership services.
• Advances to education and learning, as well as policy research for health.
• The protection of the value of fellowship, and reinforcing its significance and importance in the delivery of high quality and safe patient care.

Part of focusing on member engagement and value, is to better communicate to members the important role that RCPSC play, most notably in their everyday practice, in areas such as quality, patient safety and opioid prescribing.

For ANZCA, the focus remains on workforce challenges, under-served populations (including Indigenous), and the future of perioperative medicine (leading the development of a model of care). In addition, driving developments in research, supporting workforce and wellbeing, and growing lifelong education and training.

Whilst the immediate focus for both colleges may differ, the overarching intent to continue to support members and drive improvement in the development of standards and educational content, remains the same. It is through the development in these areas that members will see tangible benefits and value. Only by sharing knowledge in these areas can colleges advance in the delivery of service, and best practice.
Opportunities to work together

Doctor’s wellbeing

Doctor’s health and wellbeing is a topic of global interest. Physician’s wellness and burnout is discussed at every level within each country and organisation. Universally, it can be seen that the public and members of the medical community will no longer stand for workplace culture and conditions which adversely affect a doctor’s overall wellbeing. As a patient, it is expected you will be treated by a “well” physician, and it is also expected that the health agencies and training institutions provide safe environments in which physicians can practise.

Much can be learnt by working collaboratively on the development of a framework, or strategy to support doctor’s wellbeing. Both the RCPSC and ANZCA have identified a need to work more closely with healthcare services to support better physician wellbeing. The scope of influence for medical colleges is significant, but must be recognised alongside the development of stronger partnerships with grounds-roots level healthcare services (such as hospitals). The continued sharing of knowledge and resource in this area between the colleges will ensure a doctor’s wellbeing remains as important as the level in which they are taught to be a competent physician.

Research

Research remains an essential element in the advancement of a medical speciality. Both the RCPSC and ANZCA seek to strengthen work in this space, and look to the future of medical science. Artificial intelligence, machine learning and robotics are inevitable advances within medicine, worthy of further investment, collaboration and research. A working group may be established to ensure the continual sharing of resources in relation to research. The RCPSC has also undertaken a systematic review of research and funding with a view to increased alignment with their strategic plan. This approach and the related information will be beneficial for ANZCA.

Virtual care for underserved areas

Both the RCPSC and ANZCA identified workforce issues in underserved areas. Virtual care could be investigated to better support specialists in these areas, or the development of artificial intelligence. Most notably, where there is a shortage of care, the introduction of virtual care may fill a need and ultimately benefit underserved communities. In recognition of this important issue, there was consensus from the RCPSC and ANZCA on the potential of a joint working group being formed to investigate this further.

Summary

An important lesson from the collaboration with the RCPSC is that there should be a focus on the “impact” of the collaboration and work, and not simply just the outcome. As both colleges strive to ensure the advancement of best clinical practice standards of care, it’s timely to reflect on areas where strengthening the partnership will have a tangible impact and/or benefit to fellows. We hope this may be evident in updates to the continuing education program, curriculum, accreditation standards and policies around Indigenous health. It is evident the working relationship between ANZCA and the RCPSC is highly effective, with both organisations sharing similar values and objectives for the future. Both will continue to work closely in the areas identified under the tri-nations alliance, and where possible, expand into growing areas as mentioned above. It is worth noting the mode of working for this project by virtual videoconference is a sustainable and effective way of maintaining a positive and collaborative relationship.

Highlighting the impact of successful international collaborations such as that between ANZCA and the RCPSC, and how they benefit members, will remain a focus for both colleges well into the future.
Supporting our workforce and wellbeing

Healthy doctors ensure a sustainable workforce that provides best patient care.

ANZCA has embedded its commitment to this within the ANZCA strategic plan 2018-2022 under strategic priority four “Supporting our workforce and wellbeing”. A number of new initiatives have been developed in 2018 and 2019, and the scope of this work now includes additional activities in the gender equity; bullying, discrimination and sexual harassment; and sustainability areas. All of which ANZCA believe should be considered important to the overall wellbeing of a healthy doctor. Given the importance of this issue on a global scale, this project sought to understand how doctor’s health is considered by the RCPSC, and better understand any initiatives undertaken in this space in the hopes of learning through sharing of knowledge.

Key observations for ANZCA

ANZCA

Social responsibility

ANZCA recognises that it needs to operate more broadly than its remit of providing education and training, and accreditation for the speciality. The membership and the wider community expect the college to exhibit a corporate social responsibility, and a collective voice for doctors on current and emerging issues. Issues such as doctors’ health and wellbeing, refugee healthcare, gender inequality in medicine and supporting Indigenous health all warrant a position, and standing from the college. Much has changed over the past decade, as has the changing face and role of the college. To support this change, the ANZCA safety and advocacy team, along with the professional document development group, have prepared a corporate policy on how the college develops position statements. This is due for release in late 2019.

Gender Equity

To support the release of the college’s position statement on gender equity, a five year action plan has been developed. The Gender Equity Working Group established in late 2017, was tasked to understand the college’s gender balance within committees and in the training of specialists, and look ahead to delivering actions which would have a positive change to the speciality. Actions and initiatives already delivered include:

- The delivery of the Gender Equity Position Statement, resource toolkit and self-assessment quiz on the website.
- The launch of the ANZCA panel pledge based on an initiative of Male Champions of Change and Chief Executive Women, national groups which work with influential leaders to redefine men’s role in taking action on gender inequality. Too few speaker positions are offered to women at conferences and events. This imbalance means that audiences are getting a narrow perspective and the quality and diversity of conversations and experiences are limited. The college asked that willing participants take the following pledge: *I stand for gender diversity at every forum. Participants are then tasked to challenge gender balance in meeting programs when asked to speak at forums and events.* 73 fellows have taken the pledge as at July 31, 2019.
- From 2017, an onsite crèche is now provided at the ANZCA Annual Scientific Meeting (ASM) giving parents the flexibility to bring their children to the event and engage in continuing medical education and networking.
- A parents’ viewing room and breastfeeding space has been made available at the ANZCA ASM since 2015 so delegates and their families could care for small children and still be able to see and hear plenary presentations over the five days of the ASM.
- An inaugural Women in STEMM breakfast was held at the ANZCA ASM in 2019, whereby a prominent Malaysian female scientist presented to more than 120 delegates on the importance of women’s participation in STEMM.
• On March 22, 2019, at the International Medical Symposium in Auckland, the presidents and CEOs of the Tri-Nations Alliance united to sign the UN Women’s Empowerment Principles Statement. This commitment aims to promote gender equality and women’s empowerment in the workplace and community, through seven principle areas. ANZCA led the way with the signing of these principles, in partnership with the Royal Australasian College of Surgeons, Royal College of Physicians and Surgeons of Canada and The Royal Australasian College of Physicians.

• A dedicated page on the ANZCA website has been created to report gender equity metrics annually.

• 2019 International Women’s Day was celebrated at ANZCA House with a “Women in medicine” symposium.

• An all ANZCA staff forum focused on gender equity was held with a guest speaker on Women in STEMM to support staff in understanding ANZCA’s commitment to gender equity.

• In addition to what has already been achieved, the working group intends to convene a working party to conduct research into “unconscious bias” within the training environment. Internal ANZCA documentation is currently being revised with gender neutral language and imagery, as well as the guidelines for the appointment of speakers to events being updated. There continues to be a plethora of work planned under this initiative which will be rolled out over the coming five years.

Doctor’s health and wellbeing

ANZCA has long supported the overall health and wellbeing of doctors. The Welfare of Anaesthetists Special Interest Group (SIG) was formed in 1995 with the aim to raise awareness of the many personal and professional issues which can adversely affect the physical and emotional wellbeing of anaesthetists at all stages of their careers. The SIG has developed a series of resource documents covering strategies for use in dealing with the more common professional and personal stresses. This makes evident that fellows of ANZCA, have long been concerned with the supporting of colleagues overall wellbeing. ANZCA formally recognised this by including “supporting our workforce and wellbeing” in the 2018-2022 strategic plan, committing resources to this initiative.

Since then, the following has been achieved;

• Launch of the doctor’s health and wellbeing framework (adapted to ANZCA’s needs from beyondblue’s “First responders’ good practice model for mental health and wellbeing”).
• Delivery of the ANZCA dedicated 24 hour doctors’ help line.
• Delivery of the “Supporting Anaesthetists’ Professionalism and Performance: A guide for clinicians”.
• The professional document on “Guidelines on Fatigue Risk Management in Anaesthesia” (due for release in September 2019).
• Launch of the Indigenous Health Strategy.
• Investigation into including non-clinical (wellbeing) standards in the CPD program.
• Development of a toolkit for members to access resources to support their health and wellbeing (available online).
• A DHWB library guide for all fellows and trainees.
• The establishment of the trainee welfare project group to deliver on the recommendations of the trainee welfare working group with a crossover of initiatives to the overarching doctors’ health and wellbeing program.
• Fundamentals of Success: Primary Exam: A new initiative to strengthen and provide a more sustainable format for supporting candidates who have failed the primary exam, in particular for those who have been unsuccessful after three or more attempts. The workshop is run in conjunction with the one-to-one interview for unsuccessful candidates with their SOTs and facilitated by a team of primary examiners and a specialist counsellor.
• Mentoring videos.
• Stakeholder engagement and a commitment to work collaboratively with other colleges and health service providers to better support the overall profession.
Key observations for the RCPSC

Much has been undertaken in this area through various units within the college despite doctor’s health and wellbeing not implicitly nominated as an action area within the current strategic plan. “Value to fellows and their professional practice” forms one of the four pillars of the current strategy and importance is placed on initiatives which provide overall value to members, such as support through continuing education, and in providing resources and best practice clinical standards.

Moral injury

A relatively new concept, that originated among military veterans, which is now just being explored by the RCPSC, with the Fellowship Affairs Committee tasking a working group to look into how this can influence physician wellness, burnout, and positive working environments.

“The term “moral injury” was first used to describe soldiers’ responses to their actions in war. It represents “perpetrating, failing to prevent, bearing witness to, or learning about acts that transgress deeply held moral beliefs and expectations.” Journalist Diane Silver describes it as “a deep soul wound that pierces a person’s identity, sense of morality, and relationship to society.” The moral injury of health care is not the offense of killing another human in the context of war. It is being unable to provide high-quality care and healing in the context of health care.”

In short, moral injury can be considered a disruption in our trust that occurs within our moral values and beliefs. Any events, action or inaction transgressing our moral/ethical beliefs, expectations and standards can set the stage for moral injury. It is implied, that failings within the healthcare system lead to this, and thus, is having a significant impact on a physician’s overall wellbeing.

Diversity amongst volunteers

The RCPSC has a volunteer workforce of more than 3000, and they now look ahead to understanding the “diversity of gender” in volunteer contribution. There may be implications on the training of physicians, and the overall treatment of patients with an unbalanced pool of volunteers. The RCPSC will look more closely at ensuring an equitable volunteer base over the coming year.

A volunteer “code of conduct” also exists, to support volunteers by setting clear expectations for behaviour and performance. The fundamental principle of this code is personal responsibility for professional conduct, consistent with the standards of professionalism long espoused by the RCPSC.

Recognising success

The RCPSC highlighted the broad range of awards of recognition, professional development grants and visiting professorships available to fellows, all of which are managed by the membership unit. The college takes pride in recognising the success of its fellows, and their achievements both to college activities and to the broader speciality. For example, there are 17 awards which include recognition for educators, leaders, mentors, residents and in Indigenous health. Many of which are awarded with a monetary prize.

The RCPSC supports continuing professional development and professional practice through grants available to fellows. These grants support medical educators, clinicians and researchers working across a range of disciplines, health settings and environments. Five grant opportunities exist, which cover travel and other related expenses. Visiting professorships help bring physicians and surgeons of the highest calibre to teach in Canadian faculties of medicine.

The breadth of opportunity for recognising success and supporting fellow’s professional practice demonstrates a commitment to member’s ongoing learning and success. The creation of such opportunities allows members to see opportunity in areas that contribute to the advancement of the speciality, and recognise the tireless efforts of volunteers to the ongoing success of the speciality. It was also noted that the RCPSC will be focusing on ensuring the application of an equity lens in the deliberation/adjudication of all future awards.
Further observations

Accreditation of training units (ANZCA) and standards of accreditation for institutions with residency programs (RCPSC)

Both ANZCA and the RCPSC acknowledge the importance of creating a sustainable, healthy training environment for doctors. Through the accreditation of hospitals and other training sites (to provide approved training for ANZCA and FPM trainees) and via the standards of accreditation for institutions with residency programs (RCPSC) both organisations strive to deliver the highest quality training standards and healthy workplaces. Whilst health service providers remain primarily responsible for creating healthy workplaces free from bullying, discrimination and sexual harassment, what role do colleges have in establishing standards for workplace environments that foster healthy doctors?

Accreditation standards do not explicitly include checks and balances for doctor’s wellbeing, this may be an emerging need where both doctor’s and the broader community look to colleges to set the standards for creating sustainable, healthy workplaces and training environments.

Sphere of influence

Both colleges indicated a desire to work more closely with health service providers such as hospitals. Whilst the colleges can set standards and provide resources and support to doctors, there exists a gap in the sphere of influence to health service providers. The RCPSC and ANZCA will look towards sharing information on how best to achieve greater engagement with these services.
Key learning

Awards recognition

As part of the broader “volunteer recognition” aim, ANZCA will review all current awards and scope the potential for expanding fellow recognition into the future. The awarding of such achievements could align with key dates in the international calendar of volunteer recognition. An example may include launching and/or presenting an Indigenous Health Award during the Australian National Aboriginal and Islanders Day Observance Committee week. The expansion of fellow recognition would showcase the overwhelming and significant contribution made by members, to the speciality. In addition, recognising lifetime achievements, humanitarian efforts, international collaborations, and implementing geographic awards would also support the broad range of activities and achievements currently undertaken by fellows.

Grant funding

Research funded by the ANZCA Research Foundation has produced ground-breaking knowledge in anaesthesia, pain medicine and surgery-related medicine, which helps to reduce post-surgical complications, disability, and acute, chronic and difficult-to-treat pain. In 2019, ANZCA Research Foundation funding supported the Lennard Travers Professorship, 10 new project grants, 15 continuing project grants; the Simulation Education Grant, three novice investigator grants, a scholarship stipend and the pilot grant scheme.

In alignment with the ANZCA strategic plan 2018-2022 and in support of our fellows expanding interests and professional development, investigation may take place into the creation of grant opportunities to support medical educators and clinicians in areas outside of research, such as leadership, training and other self-learning activities. We now recognise the breadth of interest our members have, and the varied skills required to produce a well-balanced specialist in today’s world. It may be feasible into the future to obtain federal grant funding to support our fellow’s ongoing professional development.

The RCPSC has undertaken a systematic review of its research activities and funding with this information considered valuable and informative for ANZCA in delivering any changes to the funding of research.

Reference
President and CEO vision

It has been fascinating to explore the breadth of activities both the RCPSC and ANZCA have undertaken in relation to providing membership services and benefits. Much of what has been achieved, and is planned for the future, can be attributed to the strength in direction from the senior leaders and council of the organisations, the CEO and President. Please find below a handful of reflections from the current ANZCA and RCPSC President and CEO.

“From my personal perspective, I am gratified to have led, managed, and overseen a complete overhaul and major transformation of College services and programs, across the board. Of course, “Competence by Design” is a huge and significant step for improved and modernized PGME and residency training, but equally significant change, expansion and development have been seen in “policy and advocacy”, viz. Indigenous Health and more recently, incorporating a focus and capability to include “professional practice” issues and concerns into the membership portfolio. I think my legacy, hopefully, could be a stronger, bolder, more capable College, engaged and contributing to better patient care and health system in Canada and around the world.”

Dr Andrew Padmos, CEO, Royal College of Physicians and Surgeons Canada

“I would like the College to be seen as not only an innovative outstanding medical educational institution at the postgraduate level but that we go beyond monitoring the continuing medical education of our members and become recognized for supporting their learning needs by using the collective wisdom of our fellowship.”

Dr Ian Bowmer, President, Royal College of Physicians and Surgeons Canada

“We are custodians of the organisation for the time we are here. We need to look ahead to setting up the college for the future. The development of a perioperative medicine model and its inclusion in the curriculum will be one of the most important aspects of our future.”

“With good governance, clarity in information management and technology, a sound international and doctor’s health and wellbeing strategy, and a focus on our people and culture, ANZCA and FPM will be in good stead.”

Mr John Ilott, CEO, Australian and New Zealand College of Anaesthetists

“My hope for the future is that the college has imbedded in its values, a sense that whilst we strive for excellence in the delivery of safe and world class patient care, that we also have a broader vision- that anaesthesia care isn’t just intraoperative, but it’s a perioperative process and that’s much more than just recovery. It’s the right operation for the right patient at the right time, and that the operation and post-operative care is in line with the best possible outcome for the patient. Having a broader vision than just “getting out of theatre”. Making sure that everyone has access to this level of care, that there is equity in access to healthcare in all of Australia and New Zealand.”

Dr Rodney Mitchell, President, Australian and New Zealand College of Anaesthetists
Summary

Through the generosity of the senior executives of the RCPSC and ANZCA who gave freely of their time and knowledge, it can be safely said that much more has been gained from and achieved through this project than was ever imagined. A new way of working with our international partner paves the way for new and innovative collaborations with others.

For ANZCA, the membership unit which has operated since late 2017, continues to develop and increase its influence. The ability to access resources and learn from the RCPSC, a pre-eminent leader in the non-for profit medical sector, has been an invaluable exercise. Whilst significantly smaller in scale, it is pleasing to report that ANZCA can proudly share its achievements and knowledge on a world stage and has successfully delivered a number of initiatives that specifically support our members, and in a short period of time, shifted the focus back towards delivering benefit and value to the broader fellowship.

Much of the observations and key learnings as outlined in this report will inform future planning and work within the membership unit and in some areas across the college. In understanding the broader international environment, we can better focus our efforts to serve our members with services that matter the most, and ensure we continue to deliver value and benefits to members at every stage of their career.

Importantly and proudly I believe that partnerships and relationships have been developed and reinforced between our two colleges through this project that will benefit our staff, our members and the international anaesthesia community for many years to come.

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Also to the wide range of staff and senior management of both colleges who contributed their experience and knowledge, often after hours, in support of this project and collegiality.

To Jan Sharrock, Director of Fellowship Affairs for fostering a culture of innovation and inclusiveness at ANZCA, and for her unwavering support in the delivery of this project.

A special thanks to Christine James, Associate Director, Membership Services & Programs to whom has given above and beyond in time and contribution to my broad range of interests, and invariably lengthy questions. Her honesty and willingness to share and collaborate has been humbling, to which I hope our collaborations will continue long into the future.

To Professor Barry Baker for his interest in, support and acknowledgment of the valuable role played by ANZCA staff in the life of the college... a big thank you for the opportunity provided through the Joan Sheales staff education award. It’s a privilege to be afforded the opportunity to expand my scope of work to what interests me most.
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