Dear Mr Crettenden

Australian and New Zealand College of Anaesthetists
HWA – Geographic Distribution: Medical Workforce Project

As you would be aware the Australian and New Zealand College of Anaesthetists (ANZCA), which includes the Faculty of Pain Medicine, is committed to high standards of clinical practice in the fields of anaesthesia and pain medicine. ANZCA is the education and training body responsible for the postgraduate medical training programs and continuing professional development in anaesthesia and pain medicine for Australia, New Zealand and parts of Asia. In response to the consultation questions we would like to highlight some of the current issues that the College deems to pose a barrier to Fellows taking up positions in rural and regional areas, examples of successful programs as well as options that could be considered in the future.

ISSUES

Education
Despite the aspirations of rural medical schools to retain doctors through ensuring they are trained in rural areas, following graduation students often seek internships in major centres due to a lack of rural placements. Specialist training has traditionally also been focused in urban centres, and the increasing trend towards subspecialisation often leaves trainees nervous about the prospect of working in rural postings where they would need to undertake more “non-specialist” work.

Due to the additional demands placed on specialists in rural centres, employing basic trainees who require constant supervision may not be viewed favourably by local specialists. Advanced trainees who are able to provide additional on call support are often those who require access to areas of practice that may not be available in rural and regional areas and tend to seek positions in urban centres.
Workload
Fellows working in rural and regional areas face different working conditions to their urban peers. Fellows in rural settings often work a one in four first on call roster, without registrars to provide support. In New South Wales, for comparison, colleagues in urban centres work a one in eight on call roster, with registrars available to provide support, yet receive the same salary loading. This is a disincentive for specialists to undertake practice in rural and regional hospitals.

Personal
Specialist training often coincides with life events such as marriage, buying a home and starting a family that anchor specialists in the same location. Work opportunities for spouses and educational opportunities for children are also important considerations. Increased travel costs and travel times make accessing ongoing professional and educational opportunities more challenging for rural Fellows. These factors have an additional negative impact on professional isolation experienced by Fellows working in rural and regional settings. Further local, political and other factors may present a challenge which demands innovative, tailored solutions.

An example of the impact these challenges may pose on rural and regional hospitals attracting specialists is noted below:

ARMIDALE HOSPITAL, NEW SOUTH WALES
Armidale, NSW, a town of 25,000 with excellent private and public schools and Australia’s oldest inland university (University of New England). It is a one hour flight from Sydney and a two hour drive from the coast that resident’s describe as a great place to live with plenty on offer. It has been 18 years (1996) since an anaesthetist with an Australian undergraduate degree (MBBS equivalent) and Australian fellowship (FANZCA) applied for a job at Armidale Hospital. Since the year 2000 two general practitioner anaesthetists, two international medical graduate specialists and two FANZCA’s who completed their undergraduate training in Europe have been appointed.

CURRENT ANZCA PROGRAMS

Rural Special Interest Group
In association with the Australian and New Zealand societies of anaesthetists the College supports the Rural Special Interest Group to provide professional support to Fellows working in rural and regional areas. The Rural Special Interest Group has been meeting since 2008 with a focus on bringing Australian and New Zealand ANZCA Fellows together for face to face meetings, to discuss issues of significance to their practice amongst their peers. The group also encourages participation from general practitioner anaesthetists who provide anaesthesia in rural areas that do not have the capacity to employ a full-time specialist.

Joint Collaborative Committee on Anaesthesia
The Joint Collaborative Committee on Anaesthesia is a tripartite committee between the College, the Royal Australian College of General Practitioners (RACGP) and the Australian College of Rural and Remote Medicine (ACCRM). The program aims to provide the skills necessary for competent independent anaesthesia provision to doctors who wish to administer anaesthesia as part of a rural or remote practice. The program supervises and examines GP registrars from the rural training stream of the RACGP and ACCRM who are completing a twelve-month advanced rural skills/advanced specialised training post in anaesthesia.
Specialist Training Program
From 2012 the College has been managing the Specialist Training Program (STP). The primary aim of the STP is to increase capacity within the health workforce to train specialists across a broad range of settings beyond traditional public inner metropolitan hospitals, including private, rural and regional hospitals and community health centres (pain medicine and other clinical specialties). ANZCA is the contract manager for 58 training positions nationally, incorporating anaesthesia, pain medicine and intensive care medicine. Half of the ANZCA STP positions are in regional areas. Although the College recently completed a comprehensive evaluation of the program against its objectives, more evidence is required regarding the sustainability of the program benefits and whether the program contributes directly to the long term outcome of increasing capacity of the health workforce in rural and regional areas.

Several studies[1],[2],[3] have shown that exposing more trainees to rural settings may lead to more of them staying in rural locations or returning to those settings as consultants. Our recent evaluation highlighted that an increase in rural training places may improve conditions for senior medical practitioners by providing a more diverse workforce to call on, and might have a long-term effect on workforce conditions, by preventing burnout of rural practitioners and improving retention rates. Respondents also applauded the fact that these settings would need to plan training that was “outside the square”, and should lead to more versatile training outcomes.

An example of a successful outcome for rural workforce distribution (as a result of STP) is noted below:

MT GAMBIER HOSPITAL, SOUTH AUSTRALIA

Background:
Mt Gambier Hospital is a major rural regional centre with approximately 80 beds, servicing a population of 50,000. Elective and emergency services include obstetrics, orthopaedics, general surgery and ophthalmology performing 5,500 operations and 600 obstetric deliveries per year. These services are provided by residential and visiting specialist surgeons. Mt Gambier Hospital was unaccredited before applying for STP.

Why was it a success?

The STP allowed Mt Gambier to become accredited for ANZCA training. The South Australian rotation now has a true rural hospital to rotate to rather than Royal Darwin Hospital, which is RA 2-5 but is a large teaching hospital. Training in this setting exposes anaesthesia trainees to rural anaesthesia practice, which is of advantage to all levels of training, and exposes them to a wider range of anaesthesia in settings outside major teaching institutions.

Learning collaboration and management system
The College has invested in creating digital resources to support training and continuing professional development for rural and regional Fellows. From 2012 the College has received financial support through both the Specialist Training Program and the Rural Health and Continuing Education Program for additional resource development. Resources include

podcasts, interactive webinars, courses and preparation for the final examination. These are available through the learning section of the ANZCA website at: http://www.anzca.edu.au/resources/learning.

To further support the development and delivery of online learning the College is currently developing a learning collaboration and management system that will provide an integrated approach to online learning. The system is due to be rolled out over the course of 2014.

POTENTIAL MODELS

Formal hospital networks
Building direct links between a single rural centre and a single larger urban centre can enable doctors from the rural centre opportunities to undertake lists in the urban centre and help to ensure a consistent pool of specialists to undertake locum placements at the rural centre. This interaction provides increased professional support and can assist with implementing new initiatives and standardising practice. Providing increased opportunities for rural practitioners would ideally encourage longer term placements and reduce turnover from staff seeking exposure to additional areas of practice. There are successful examples operating between New Zealand hospitals. The greater distance between rural and urban centres is an additional concern in Australia; support for transportation and accommodation costs would assist in making such programs more successful.

Rural based rotation
Currently anaesthesia rotations may include rural hospitals but are focused around meeting the needs of a large urban centre. Another model that would be worthy of support, and is currently in use by the Royal Australasian College of Physicians, would be a rural rotation that is focused on a rural centre. With financial support for five years of training tied to the rural centre, trainees could then undertake their introductory and basic training at the regional hospital, their advanced training in an urban centre and return to the regional hospital for their provisional fellowship. Funding tied to the rural centre for the full five years of training would make the program attractive to applicants as they would be able to bring their own funding when seeking advanced training positions. Additional support for moving expenses and to attend courses, examinations and conferences would assist with some of the other burdens associated with undertaking training in a rural centre.

Programs such as bonding or tying Medicare provider numbers to the rural or regional centre would be additional considerations to ensure candidates are committed to remain following achievement of their fellowship.

Providing additional selection points to rural trainees
Appointing more trainees from rural and regional areas to training programs in the first instance would be another method to encourage more rural and regional specialists. Hospital appointment panels should consider awarding additional selection points for candidates with strong rural ties. This could be integrated at the state level through adding specific rural selection criteria, acknowledging that these candidates are the most likely to return to practice in rural departments later in life.

Rural loading on contracts
A rural loading that acknowledges the increased workload for specialists working in rural and regional areas would be a good step towards ensuring specialists do not feel disadvantaged for seeking employment in rural and regional areas. Increased professional development support would also assist specialists seeking to attend professional development opportunities hosted in major centres.
The Rural Health and Continuing Education Program previously offered individual specialists working in rural and regional areas an opportunity to apply for funding to attend professional development events. Unfortunately the funding offered for the program was not able to meet the significant demand for support and left the majority of applications unfunded. The process resulted in a number of disappointed specialists who had submitted applications worthy of support.

Thank you for the opportunity to comment. Should you require any further information, please contact Paul Cargill, Policy Officer via email pcargill@anzca.edu.au or telephone +61 3 8517 5393. We look forward to the outcomes of the current consultation.

Yours sincerely

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