ANZCA
FPM

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Dear Deborah,

NHPO project: a common approach to protected teaching/training time: Structured learning – ANZCA feedback

Thank you for the opportunity for ANZCA to provide feedback on the associated *Attachment A: Structured learning: guidance to support the Model Standards for Specialist Medical College Accreditation of Training Settings* consultation draft document.

General feedback

ANZCA finds this guidance document acceptable. Many of the items in the document seem sensible and reflects the variation across colleges with respect to protected teaching time. There is enough flexibility to support ANZCA training requirements (e.g. mandatory courses such as Advanced Life Support (ALS) / Can't Intubate, Can't Oxygenate (CICO)) while justifying the importance of training sites supporting structured learning activities.

The value and importance of protected teaching time and high-quality supervision, both clinical (including patient safety) and educational is a key priority for ANZCA. Anaesthetists operate in a high risk, complex and dynamic environment that necessitates trainees to demonstrate the appropriate knowledge and skills (especially airway, vascular access and resuscitation skills) through a formalised assessment prior to moving beyond direct 1:1 supervision. Moving to even more distant supervision is predicated on completion of workplace-based assessments (WBA) to demonstrate clinical competence to do so.

Most employees of public hospitals must participate in teaching and training. All fellows of the college working in government-funded hospitals are able (and expected) to supervise trainees. The college expects fellows to supervise trainees, although the level of supervision is variable. No trainee would work unsupervised, even at the most senior level. This is a requirement of training, mandated by the college.

Supervisors don't only answer to the colleges but also to the training providers to ensure trainees are appropriately supervised clinically and patients are not put in harm's way by trainees who have yet to acquire the relevant experience and competence.

Therefore, ANZCA supports protected teaching time for BOTH trainees (i.e. learners) and fellows (i.e. teachers).

ANZCA's accreditation process already covers and supports many of these aspects - reflecting more of a qualitative assessment without any quantification. There is no prescription on the curriculum, method of delivery, quantity of hours, and that it must be provided by the training site. In addition, the Faculty of Pain Medicine's (FPM's) existing accreditation requirements align with the intent and core principles of this document by already having specific criteria for structured learning and protected time, particularly regarding the provision of structured learning opportunities and the need for protected time for training-related duties.

However, some trainees have varied experiences depending on their employer and training status within that employer (rotational vs non-rotational). As a college we do not consider 'independent' or 'non rotational' trainees as any different from rotational ones. If a trainee is registered with ANZCA and working in an accredited site, then they should have equal access to any protected training. Accreditation standards would apply to all trainees not just those on a rotation.

Specific document feedback

Clause	Topic	ANZCA comments
2.2	70-20-10 model	Noting that the service delivery and the community of practice/professional identity development is conducted simultaneously in our workplaces. If this is in the final document, need to ensure it's easy to measure and ANZCA's accreditation committee would still assess the quality of the formal teaching and whether it meets trainee needs.
4.4	'High quality' structured learning	How is this determined? Is a definition required?
4.5	Flexibility to accommodate and support learning in rural, regional and remote settings, smaller practices, and private settings	This is an important paragraph for the college. These recommendations are necessarily broad however it is challenging to imagine how they could be implemented to optimise learning for trainees rurally who are virtually attending tutorials for example - we're aware there has been a variety of experience. As a way of supporting smaller regional hospitals (where the education load falls to a limited pool of specialists in an environment of high clinical workload) ANZCA encourages those sites to combine forces with other training sites to provide a teaching program delivered in person or videoconference. This spreads the teaching load, builds networks of trainees and educators, increases numbers of trainees attending.
4.7	Equity for trainees in unaccredited positions	This is entirely a workplace responsibility. ANZCA does not have 'unaccredited' trainees therefore it is difficult to know how we can measure and support the learning experience of non-vocational trainees.
5.2	Average of 4 hours per week	It is difficult at the moment to balance the training requirements vs the various enterprise agreements in each region, therefore this new rule for minimum 4 hours/week is easily measurable and will be a significant increase in time at many sites.
5.4	Trainee rosters	This is a training setting requirement and not reflective of the section's heading '5. College requirements for structured learning: protected time'.
5.9	Counting towards meeting the 4-hour equivalent requirement	Need to check compatibility with jurisdictional EBAs. For example, employers may consider this as support for an ALS2 course counting as four weeks of teaching time which may not be consistent with jurisdictional EBAs.
Sections 4 (principles and considerations), 5 (college requirements), and 6 (measurement)		Sections 4 (principles and considerations), 5 (college requirements), and 6 (measurement) are really about justifying the 4 hours minimum requirement. While this is a good thing as it helps with any push back from jurisdictions, our only hesitation is there is limited guidance on how we should/could assess the **quality** of the structured learning activities outside attendance records. Hopefully this is included in other documents in the future.

Clause	Topic	ANZCA comments
6.1	Not applying pressure to “skip” structured learning because of service delivery needs	How will this be measured? In ANZCA’s experience the training sites that have had accreditation withdrawn, or where this has been at risk - the root cause has often been a focus on service delivery at the expense of training. Inadequate formal teaching program is one symptom of insufficient staffing, along with supervision levels, who supervises, trainee access to volumes of practice/specialised study units vs service lists/emergency work, specialist involvement in pre-admission/post-acute care/management/supervisor roles/QA, bullying, discrimination, sexual harassment etc. It is unlikely we would ever recommend withdrawal solely because formal teaching was inadequate.
6.4	Information from trainees	Both past and present.

Regards,

Nigel Fidgeon
CEO