Reforming National Medical Workforce and Training

- Dr Janice Bell

- Chief Executive Officer WAGPET
- Adjunct Professor Curtin University

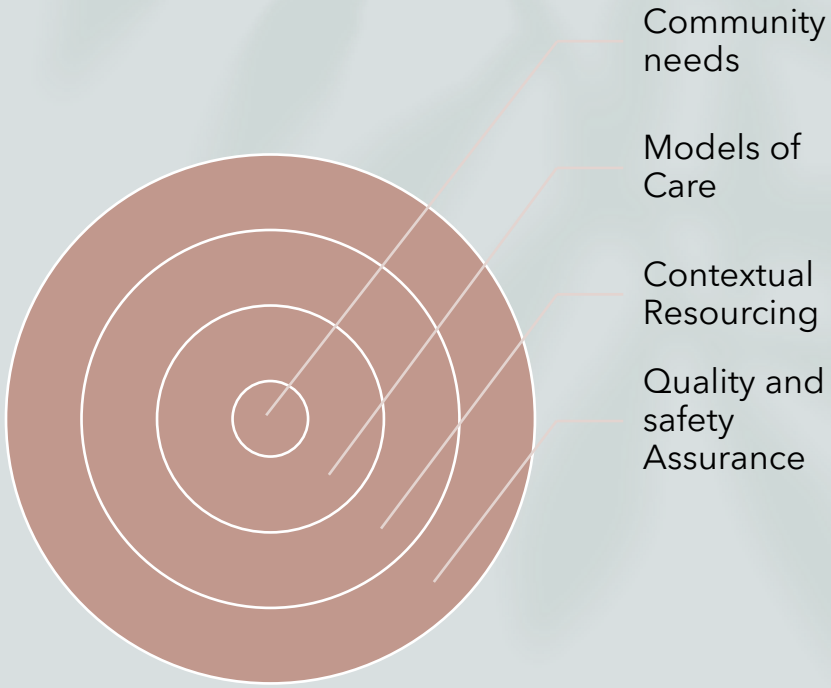
Why bother?

We are helping you build the change you believe in, while learning from past…

What is the job to be done?

- The Australian government is responsible for the provision of safe quality affordable efficient care wherever and whenever it is needed
- It undertakes this job by regulating safe quality care and funding its delivery
- The delivery of safe quality care depends (in part) on a safe quality health care workforce that has been trained for the job that needs to be done

How is the job done?



Failure at any level will see the system fail, as we have seen with the AGPT

Recognising this is a dynamic and interactive system…

Models of Care Design and Delivery

Contextual Human and Other Resourcing

Community Needs Analysis and Priorities

Quality and Safety Assurance

Equilibrium will be found, systems always do that; but it is not a balanced equilibrium between these elements, and therefore delivering-on-purpose model. We have multiple examples.

What is the relationship between these components in medical workforce and training?

- CAPABILITY
  - The community needs doctors that can address their health issues
- CONTEXTUALITY
  - The doctors need to be able to work in any community within their scope of practice and adapt to the resources available
- SUITABILITY
  - The community and the doctors need to be matched if the relationship is to be a quality, safe and sustained one

Colleges communities and funders

Communities need to know they are getting safe quality care no matter who provides it e.g. a credentialed specialist or a uncredentialed doctor under supervision should provide the same safe quality care in that context

Through the MBA AMC delegation medical colleges define what is safe quality care and what is the safe quality training that leads to a doctor being able to provide that care unsupervised

Government and the community decide what safe quality care is affordable, and therefore what and how it is accessible

Supporting doctors to work and train where they are needed most

- Fellowship acquisition is the minimum requirement that enables doctors to provide safe quality care without supervision in medical practice. Fellowship confirms a scope of practice within the health care services provided for the community but is otherwise a-contextual i.e. the fellow can work anywhere in Australia where there is a job for which they can be credentialed. Without fellowship that minimum requirement is not met.

Supporting doctors to work and train where they are needed most

- Deciding which communities need doctors who will train and stay on is a challenging exercise and has not been done well for a number of reasons
  - Many communities do not know how to ask for what they want or to recognise safe quality health care
  - As soon as health resourcing improves in one area the priority areas change but the ability to pivot wisely is limited as doctors are not agents of the government
  - Addressing inequities is a long term venture if retention as well as attraction is the intention especially in volatile contexts (vocation and location)
  - Resources are limited but health funding is subject to supply driven demand

Supporting doctors to work and train where they are needed most

- Doctors will take up work and training positions provided they are well supported. This has been the least well understood aspect of the AGPT. This is the placement support service that underpins the success – or failure – to deliver a safe quality short and long term workforce where it is needed most.

Placement Support Services

- This is contested space and where the greatest room for improvement exists.
- It is the undeclared space between the WON, the colleges and Services Australia
- It is the cacophonous space between the multitude of agencies and programs each purporting to represent the community and its needs, clambering over each other without recognising the confusion and chaos and waste that results

Streamlining Placement Support Services

- Instead of starting with either the agencies* or the programs* if we start with the community and design the training placement service they need we can then analyse what needs are under-served and which are over-served.

- Then we can decide which agencies we still need, which programs we still need, which can be dropped, combined and to what KPIs all must pivot if we are to achieve the impact we need on health outcomes in Australia

Placement Support Service

- There are four interrelated features of a comprehensive placement support service, regardless of the doctor in training, their program, their college or their job.


National fellowship training programs
•Education modules
•Assessment
•Collegial support
•Advocacy
Community needs analysis
•Quantitative and relative
•Qualitative and local
Practical placement support services
•Career Navigation and Training Plan
•Bespoke Package Financial and Other
Regional health service and training capability frameworks
•Clinical Services Plan
•Workforce Capacity Plan
•Training Capability Plan

What does this mean for placement facilities?

- Streamlined transparent services in return for educating medical school students, and training, supervising, mentoring and employing doctors in training
  - Simplified funding formula related to doctor in training and their needs
  - Single credentialing to get access to doctors in training
  - Single training services deed across multiple programs or doctors in training
  - One stop shop for all placement related issues through the whole placement e.g. recruitment selection remediation reporting IR HR competency issues trouble shooting expectation management

What does this mean for doctors in training?

- Whatever program you are on, wherever you go, you will have access to career navigation services to help you make the best choices for yourself and your family.

- Doctors in training will know the expectations of you required and you will have the support you need to meet them.

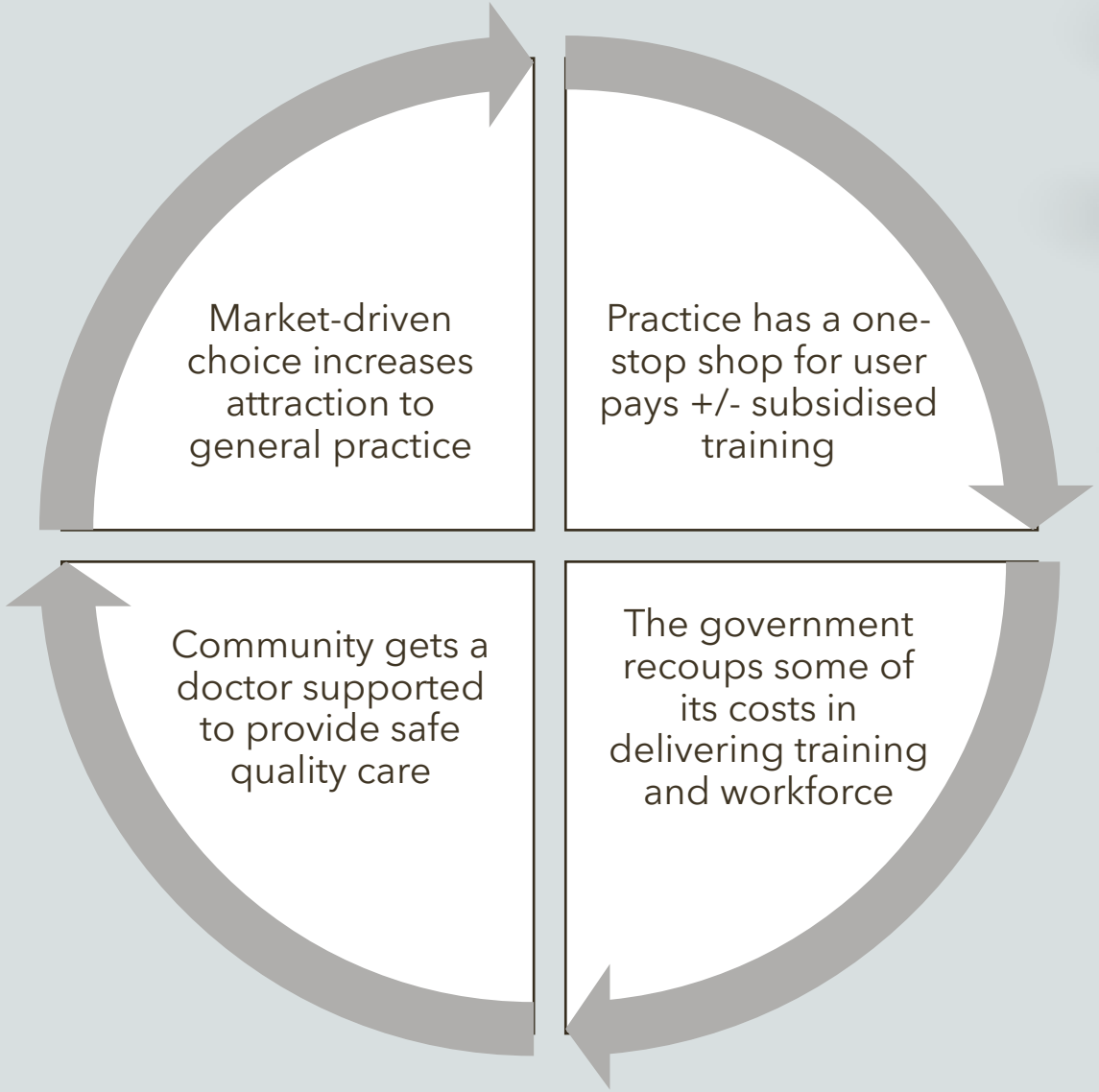
* What does this mean for existing agencies and programs?

- LEVEL PLAYING FIELD AND NO EXCUSES
- The governance between the placement facilities, the jurisdictions, the colleges and the department and can be agreed along rational lines as well as clear lines or information sharing, and joint KPIs agreed and then funding allocated
- Every program can be evaluated as to how it is delivering value for effort and expense against their contribution to the whole, from intern to fellowship, workforce to immersion programs
  - RHMT
  - FGAMS programs for interns and RMOs
  - JDRITF
  - MDRAP
  - RG and RGTS
  - AGPT
  - PEP and ACRRM IP
  - STP

Placement Support Services Outside Priority Areas

- Under the community centric approach:
  - Placement services can be user pays (partially or fully) or government supported (partially or fully)
  - Fellowship services can continue to be delivered by the colleges or training deliverers as these are standards driven rather than market determined services
  - Any current government funded workforce program could be (re)considered for adding a user pays business case, not just the AGPT
  - The one stop shop for placement services must be implemented if the practices are to find this service worth paying for

Value Proposition



What is the job to be done?

- The Australian government is responsible for the provision of safe quality affordable efficient care wherever and whenever it is needed
- It undertakes this job by regulating safe quality care and funding its delivery
- The delivery of safe quality care depends (in part) on a safe quality health care workforce that has been trained for the job that needs to be done