National Health and Hospitals Reform Commission

Additional submission from the Royal Australasian College of Surgeons

Training the workforce of the future. Sustainability of training the surgical workforce.

The College has been asked to make a further submission to the Commission about the sustainability of training the surgical workforce into the future. In our first submission we highlighted:

> "The Colleges have an essential role in the vocational training of professional medical specialists. Historically based on an apprentice model and with pro-bono contribution the increased regulatory and educational requirements are now highlighting the commitments required.
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> Increased expectations will require dedicated and remunerated time with a greater skill mix in those undertaking the training and educating. Training is now being undertaken in a broader range of environments with the expectation that skills will progressively be learnt and assessed in artificial environments as well as under close supervision in the operating theatre. Training time, the investment in infrastructure and the increased surgical work to support the training are important issues to be addressed through funding. The number of trainees is directly related to this.
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> Clinical training is still strongly based on an experiential model. Increased numbers of trainees in the future will require the private sector to be more highly involved in the training of specialist medical practitioners. This will require the private facilities to have funded infrastructure, the trainers to have their time recognised and an understanding between the clinicians and their patients about the increasing involvement of trainees."

Training requires infrastructure particularly in ongoing service provision. This can occur in both public and private sectors.

Medical Training Review Panel Report. [1]

There has been substantial change in post graduate vocational training over the past 10 years in sense of the educational approach, associated policies and procedures and the number of trainees formally in training and completing their Fellowship. The MTRP report has some key statistics to both reflect the changes over this time and the expected changes in the future.

Number of Fellows graduating from the Colleges training program.

2001	2006	Percentage increase
103	**155**	**50.4 %**

Number of advanced training positions

1997	2007	Percentage increase
478	**774**	**61.9%**

It can clearly be seen that in response to various workforce reports from the 1990s the College of Surgeons with its associated specialist societies has worked vigorously at identifying more training positions and ensuring that trainees complete the program. The vast majority of these posts are found in the public hospital sector.

It is important to recognise that these changes were in the presence of a constant number of medical school graduates.

Medical School Graduates (Domestic)

1994	2006
1230	**1335**

The static nature of medical schools has now substantially changed with increased enrolments and a substantial increase in the number of medical schools. This will directly impact the demand for post graduate vocational training.

Medical School Graduates (Domestic)

2007	2012
1586	**2945**

In 2008, this is made more complex by the increasing number of Medical School Graduates from overseas who may well want to access the post-graduate vocational training opportunities.

Medical School Graduates (International) and Total Medical School Graduates

2007	2012	Year
327	**455**	**International**
1586	**2945**	**Domestic**
1913	**3400**	**Total**

The College has acknowledged the increasing demand for training of specialist surgeons and responded. The College has also been actively involved in highlighting the worsening of this short fall because of the impending retirement of a substantial percentage of the surgical workforce. [2] This is substantially compounded by the inefficiencies of the public hospital sector that significantly limit the amount of clinical work that can be performed. Areas of particular concern are access to acute general services and changes in disease patterns due to the ageing of the population where chronic conditions like joint degeneration will require surgical intervention. Elective surgery is under pressure and there are major differences in case mix between the public and private sectors.

However with the substantial increase in the number of medical graduates the demand for further vocational training will substantially increase. Whilst this may increase the competition and possibly the calibre of applicants for surgical training, the surgical training program is totally dependent on the availability of training posts. Training posts require a good level of clinical activity with a good case-mix spread within the designated specialty and committed supervisors and trainers. At this point there is little further capacity in the public sector either in predictable work load or surgeons who are willing to be supervisors.

There is no doubt that the future for surgical training must involve the private as well as the public sector. The College has been supportive of the Commonwealth Government's endeavours in this regard but it will require substantial changes in approach by the community and also clinicians.

Increased Regulatory Requirement

Much benefit has come from the increased rigour and regulation that is now applied to training of medical specialists. All Colleges have responded but the College of Surgeons has often been the lead in this. The MTRP report on selection [3] in 1998, followed by accreditation of training by the Australian Medical Council (2001 and 2007) and the Authorisation process by the Australian Competition and Consumer Commission (2002) has seen a transformation in educational objectives, curricula requirements and policy and process implementation. As an example, in-training assessment is now more comprehensive, rigorous and far more time consuming. Formal training expectations have substantially increased over the past ten years.

Increased support

Consequently, much needs to be done to ensure that training is enhanced in the public sector. Workforce shortages and budgetary constraints have been and still are very damaging to the ethos and culture of ongoing training. In times of workforce shortage, there is significant pressure on all aspects of the health system to compromise the quality of training and assessment in the interests of meeting a demand. This does not promote an interest in training. It does not promote safety or quality in the health system. Indeed, the 2005 report on the Queensland Health Systems highlighted, "The breakdown of clinically related teaching, training and education for the workforce was the first casualty of an overburdened system. This is one of the most serious deficiencies confronting the organisation." [4]

To have these comments made in a broad review of a major health system in Australia is extremely demonstrative. One of the strengths in the Australian health system is the high standard of medical education and the willingness of training organisations to review practices and share experiences in striving to maintain that standard. Consequently to have reduced training to such a low priority is of profound concern. There is no doubt that health education and health care delivery are closely inter-connected and changes in one will inevitably affect the other. As demonstrated in Queensland an education and training system driven by short term service delivery considerations will be detrimental to the longer term requirements of the health workforce.

Improving the culture for training

The culture in the health sector can be described as a web of influence. Culture is a strong influence in professional training. Although the training culture is strongly rooted in the surgical culture it has also been described like "corals – living, slow to form, sensitive to their ecology, intricate and subtle but once fractured not easily repaired." [5] The surgical profession is conscious of the social contract between itself and the community to maintain standards and the training environment. However, a good health system must foster peer review, professional development and will need to support and encourage clinicians to contribute to high quality teaching and supervision.

Consequently the College is now working with the Health Workforce Principal Committee and the various jurisdictions to improve the sustainability of surgical training. More surgical supervisors need to identified, motivated, supported and trained. The College is now formally establishing a Faculty of Surgical Educators with these challenges as a remit. Progressively, we will identify the training requirements for Educators and provide a number of opportunities for Surgeons to gain these essential skills or to have their skills enhanced.

Motivators are critical and recognition of key educational roles needs to be highlighted more prominently in the surgical community but also importantly in the health sector. As we move forward the pre-eminence of this role needs to be properly acknowledged by more appropriate remuneration and local support. Although it is not the role of the National Health and Hospitals Reform Commission to promote remuneration issues, there needs to be awareness that the various professional groups where unremunerated or under-remunerated training (pro-bono) which was provided in the past will be substantially challenged for the future.

Importantly the Surgeons who are frequently Visiting Medical Officers in the Australian Health Sector also need infrastructure in their hospitals to undertake these roles. Administrative support is critical to providing a surgical service and a surgical training system.

Surgical services thrive on busy clinical loads, active clinical teaching, ongoing professional development, robust audit and peer review and demands of excellence. The sustainability of training surgeons into the future requires these issues to be acknowledged and addressed. Significant financial, infrastructural and cultural support from health authorities is required to train and maintain the surgical workforce of the future.

1. *Medical Training Review Panel Eleventh Report* 2007, Commonwealth of Australia: Canberra, ACT.
2. *The Surgical Workforce 2005*, Royal Australasian College of Surgeons: Melbourne.
3. *Trainee Selection in Australian Medical Colleges*. 1998, Medical Training Review Panel: Canberra. p. 1 - 166.
4. Forster, P., *Queensland Health Systems Review* 2005, Queensland Government: Brisbane.
5. Hargreaves, D.H., *A training culture in surgery.* BMJ, 1996. **313**(7072): p. 1635-9.