DILEMMAS IN JUNIOR MEDICAL OFFICER TRAINING - AUSTRALIA

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BACKGROUND

Status of postgraduate medical education and training in New South Wales

Postgraduate medical education in New South Wales comprises both generalist and specialist education and training for junior hospital doctors (interns, resident medical officers, registrars) including the hospital component of education for general practice. This education is provided, and learning occurs, in the context of the delivery of health care services, mainly in hospitals.

The postgraduate training period can be further divided into three categories:

1. *Prevocational* which refers to the period of general training that occurs before entering a vocational or specialty training program. At the present time in New South Wales the prevocational period includes the intern (PGY1) and the first year residency (PGY2). In New South Wales, the Postgraduate Medical Council is responsible for medical training in the prevocational period.

2. The *vocational* training period ranges from 4 to 6 years and is determined by each medical college. It usually includes basic and advanced training components. It is estimated that in 1998 there were 1,827 vocational training positions in New South Wales hospitals representing 16 specialties, and 32.6% of all training positions in Australia (Medical Training Review Panel, Third Report, August 1999).

3. Continuing medical education and maintenance of professional skills and standards.

WHAT ARE THE STRENGTHS AND WEAKNESSESS OF THE CURRENT SYSTEM?

Strengths

- The high, internationally respected, standards of training and assessment developed and maintained by the Colleges;
- The high value placed on training by the medical profession itself. This is reflected in the willingness of individual doctors to commit their time and energy in training medical students and junior doctors. Much of this work is carried out on an honorary basis; and
- Australian doctors have a good generalist grounding prior to specialisation.

Weaknesses

- The system is a fragmented and relatively uncoordinated one in which the stake holders have different goals and views;
- There is no accountability framework for medical training provided by public health services:
  - no objective measures of quality of training posts

  - no reporting of outcomes of training;
- In general, the training role of hospitals is not valued by health service management, which means that medical training is vulnerable to the (increasing) demands for service efficiency;
- Recruitment and selection processes still need to improve (although significant gains have been made in recent years);
- There is little capacity and less incentive to expand training into areas outside the public hospital system;
- There is no clear link among training posts, service needs and workforce planning. This limits the systems ability to address shortages in some specialties and the distribution of training positions across specialties;
- Inflexible work practice requirements make it difficult, especially for women;
- The training is perceived to be too long and not flexible enough when it comes to moving in and out of "the system" or among specialty training programs;
- The training support system for unstreamed PGY3s and above is not well established;
- There are specific areas where NSW does not perform as well as other States eg. the provision of a general physician training program.

There have been many reports that have highlighted these problems, presented structural solutions, introduced many initiatives and established national bodies. The Medical Training Review Panel (MTRP), established after the introduction of the Medicare provider legislation in 1996, has identified several major problem areas.

In April last year, a national workshop was convened to discuss issues concerning the selection and recruitment of trainees (Moving Forward - Medical Workforce Training and Employment Workshop. Sponsored by the Department of Health and Aged Care and the Australian Medical Workforce Advisory Committee. April 1999).

At this workshop, the principles of transparent, fair and accountable selection processes for postgraduate clinical vocational training were widely endorsed and it was acknowledged that much progress had already been made.

The workshop was unanimous in the belief that there was a great need for more collaboration among colleges and hospitals and health departments to facilitate appropriate selection processes and adaptable training schemes. The challenge will be to make the lines of communication effective and efficient.

Other attempts have focused on trying to measure the extent of the problem, to measure the size and predicted need of the medical workforce. The Australian Medical Workforce Advisory Committee (AMWAC) has been the principal body responsible for this latter activity, having produced several publications. However, the generation of these AMWAC reports, whilst useful in their own right, has further highlighted the deficiencies in our system to address the broad structural reforms that are required.

Medical colleges, either independently or through the Committee for Presidents of Medical Colleges, have also highlighted many of the problems. Colleges have also been criticised as being part of the problem, either being too restrictive or too inclusive in their training criteria.

Most observers would agree that generally there is goodwill to address the problems, but unfortunately most attempts to address these problems have focused on important but compartmentalised issues, such as trainee selection, influences on participation in the workforce, and role delineation into pre-vocational training and vocational training.

THE DILEMMA - CONFLICTING DEMANDS OF STAKEHOLDERS

The dilemma faced by all is how to balance the conflicting demands and, sometimes, competing goals of the various stakeholders. Table 1 summarises the perceived goals and time-frame of each of these stakeholders.

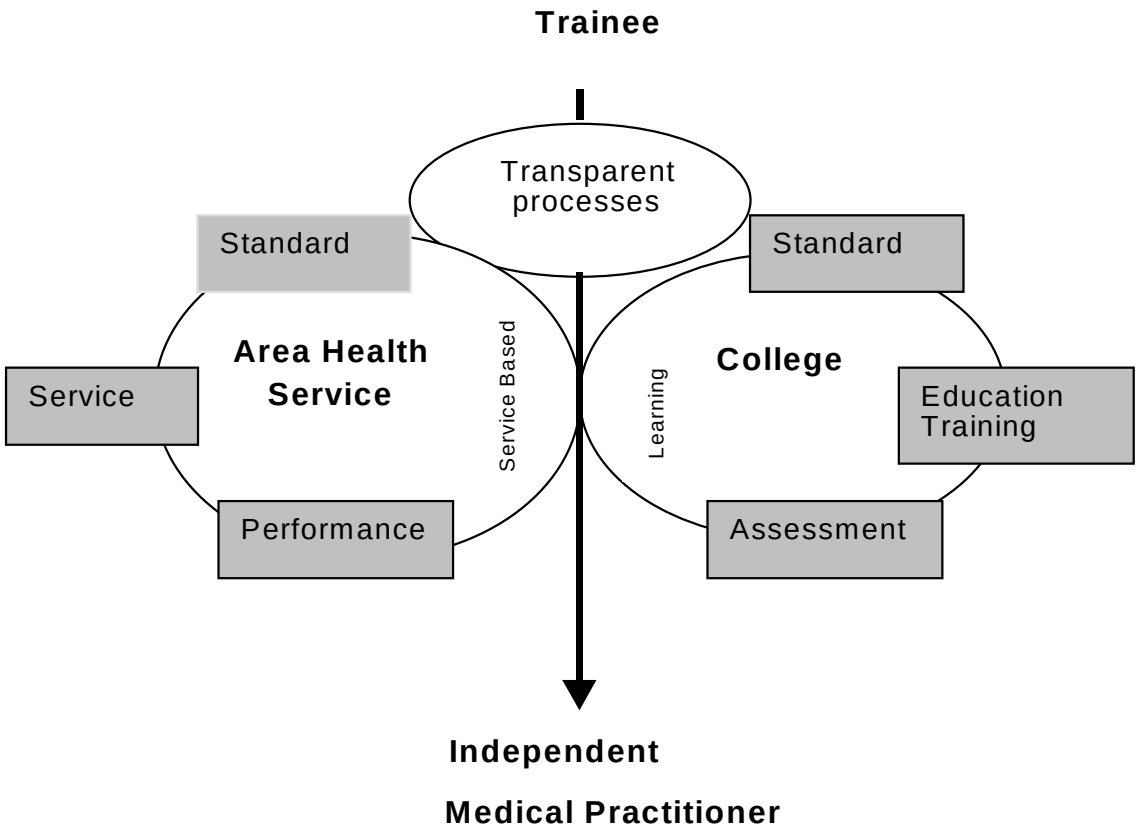
Table 1: The perspective and gaols of the various stakeholders in medical workforce provision, Australia

Stakeholder	Perspective	Goals
Specialist trainees	Short term	Transparent and equitable access High quality training program Flexibility Career pathway
Training agencies (mainly medical Colleges but also some Universities)	Long term	Custodian of expert knowledge Assignation of expertise Maintenance of standards
Funding agencies (Commonwealth and State Health Departments)	Short to medium term	Service provision High quality professionals Accountability Measurable outcomes Effectiveness and efficiency Explicit standards
Service providers (mainly hospitals)	Short term	Service provision Reputation and recognition Quality health care
Consumers	Long term	High quality health services Access Appropriateness Safety

One of the central tenets of the debate is the old argument of service versus education and training. This argument, which is largely spurious, is used to highlight the differing goals of the funder (usually interested in service provision) from the goals of the medical colleges (whose objectives are usually couched in terms of education and training). It is also an argument that is used to forestall any progress or reform that should be explored.

Many colleges, in particular those that require a high proficiency of technical skills, recognise that training cannot be separated from the need to care for patients. The process of apprenticeship learning for professional education depends on immersion in practice. The goal is to effectively manage training and working so that service and training objectives are met (see diagram).

Diagram 1: Service Based Training Model showing the relationships among trainees, Area Health Services and Colleges



Challenges facing postgraduate medical education and training

Over recent years, it has been recognised that the social, economic and political environment is changing globally and that those changes impinge on the relevance of the current content of the curricula for postgraduate medical education as well as the structures and processes that support postgraduate medical education. Some of the challenges facing postgraduate medical education and training include:

1 Perceived inequities of training opportunities for local graduates;

2 Perceived inequities of training opportunities for permanently resident overseas trained doctors;

3 Concern of over supply or skew in training programs;

4 Lack of clarity of selection processes for trainees in specialist medical colleges (although this has improved in recent years);

5 The professional needs of the employing and training agencies are different to the professional and personal needs of the trainees and consumers;

6 The need for more flexible work practices and training for women to continue with their postgraduate training;

7 A conflict exists between the goals of medical education and the goals of providing health care services which impinges on the quality of the education provided and on the learning experience for trainees;

8 A lack of transparent processes for distribution of postgraduate positions to hospitals;

9 The role of health care professionals other than medical practitioners in achieving workplace reform remains unclear;

10 Increased debate about shortages in the rural medical workforce;

11 Increasing size of urban population centres and maldistribution of medical workforce in these centres;

12 Increasing emphasis on accountability and efficiency;

13 Changes in the way health care is provided, for example:
- less intensive levels of care are provided in non-hospital settings;
- pre and post elective hospital care is increasingly being provided in doctors' surgeries;
- length of stay in hospital is shorter through improvements in anaesthetic and less invasive surgery and diagnostic procedures; and

- non-critical presentations at emergency departments are being encouraged to attend primary care services such as general practitioners.

14 Greater consumer expectation on the quality and nature of health service provision; and

15 Constraints placed on trainees as a result of restricted access to Medicare provider numbers.