

Medical Workforce & Training (for the AAU)

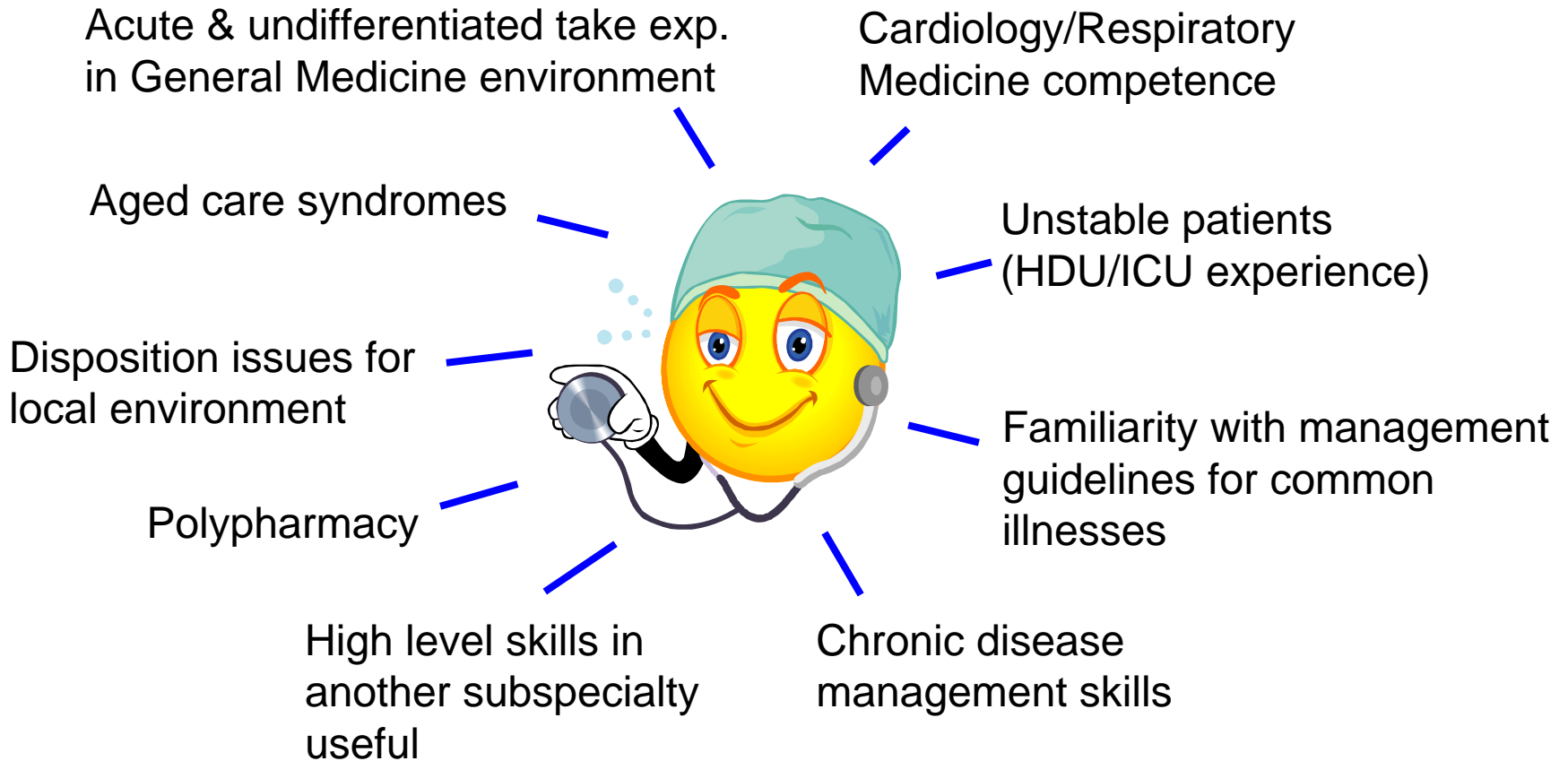
Harvey Newnham
Alfred Hospital
24th April 2009



Agenda

- What skills are required for the AAU consultant?
- Who has these skills?
- How many do we have?
- How many do we need?
- How do we train them?
- How do we recruit them?
- How do we retain them?
- (Credentialling)?
- (CME)?

Skills for the AAU consultant (Casemix and local hospital dependent)



Definition of General Physician

- **General Physicians** are highly trained specialists who provide a range of non-surgical health care to adult patients
- **Subspecialists** are physicians who limit their medical practice to problems involving only one body system or to a special area of medical knowledge



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General Physician

- Global patient-centred approach to care
- Initial management plan that encompasses a number of body systems/diseases
- Esp. undifferentiated patients or patients well suited to care pathways
- Resource utilisation appropriate for each patient
- Strong interest in developing models of care
 - Esp. multidisciplinary/team based care
- Strong focus on education and training

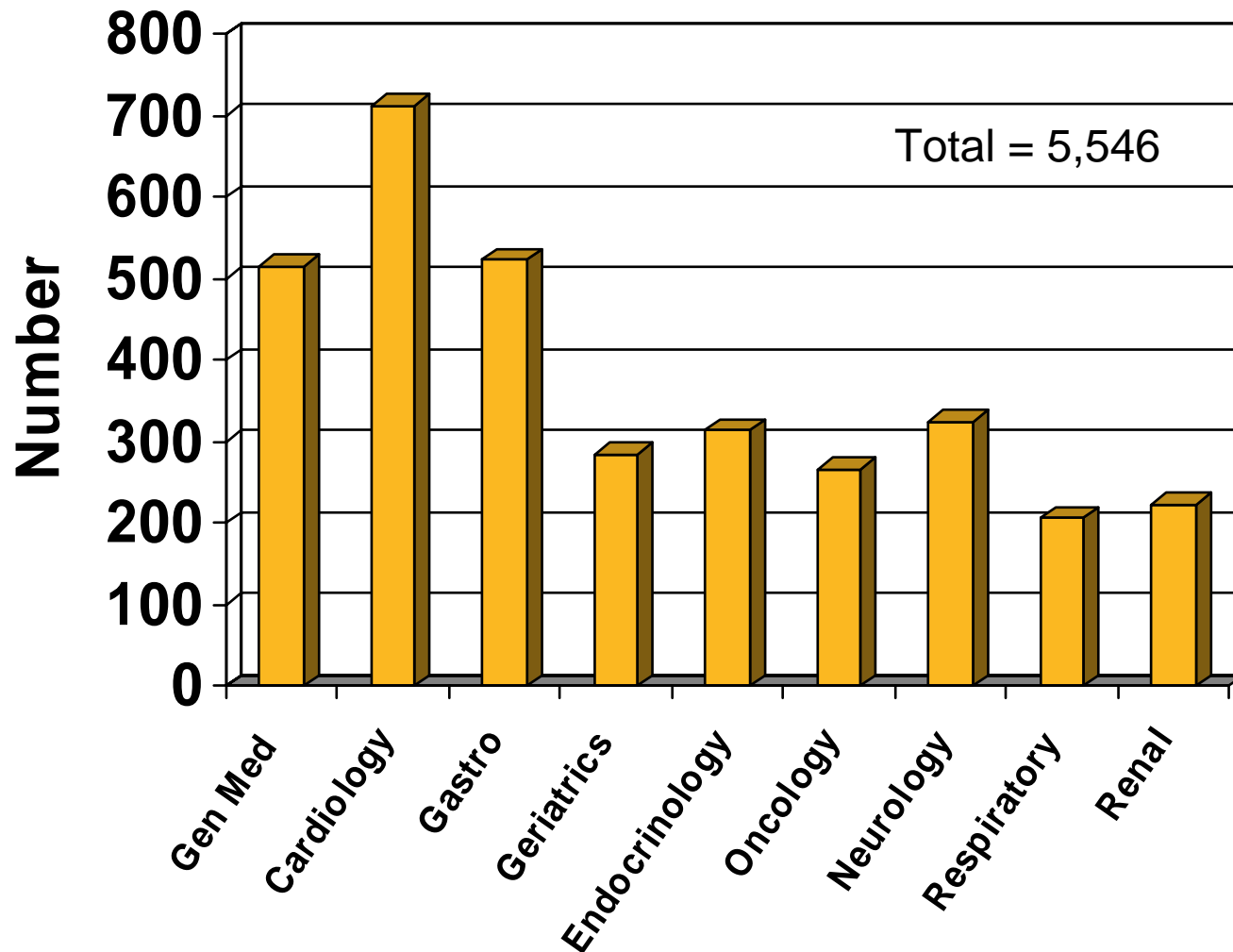
Subspecialist

- Highly developed disease-focused care
- Definitive opinion regarding ongoing management at critical junctures of care
- Often assisted by interpretation of a special investigation or procedure requiring specific experience
 - Eg Bronchoscopy, angiography, stenting, endoscopy, biopsy, dialysis, escalation, transplant etc

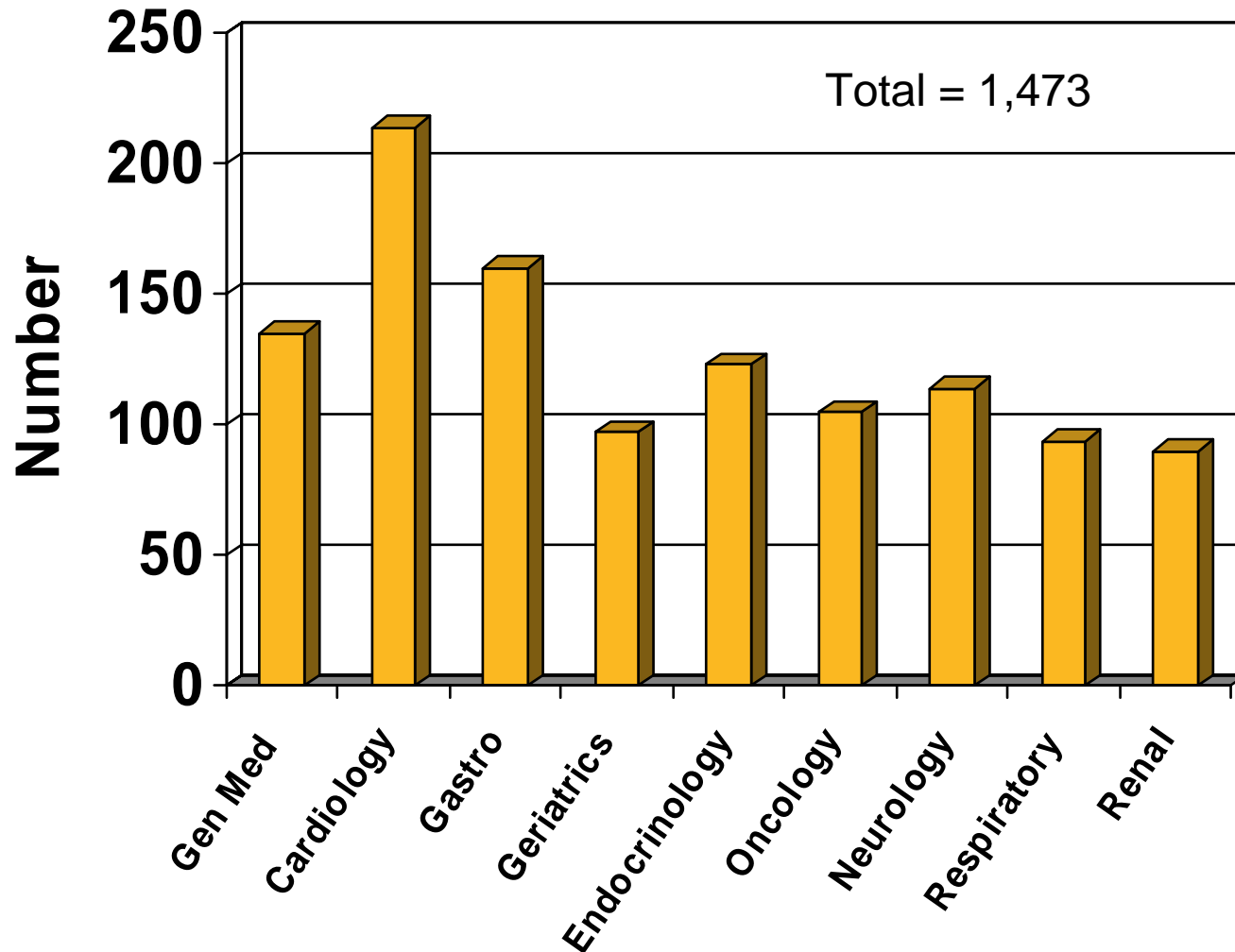
How many General Physicians
do we have?
Where do they work?



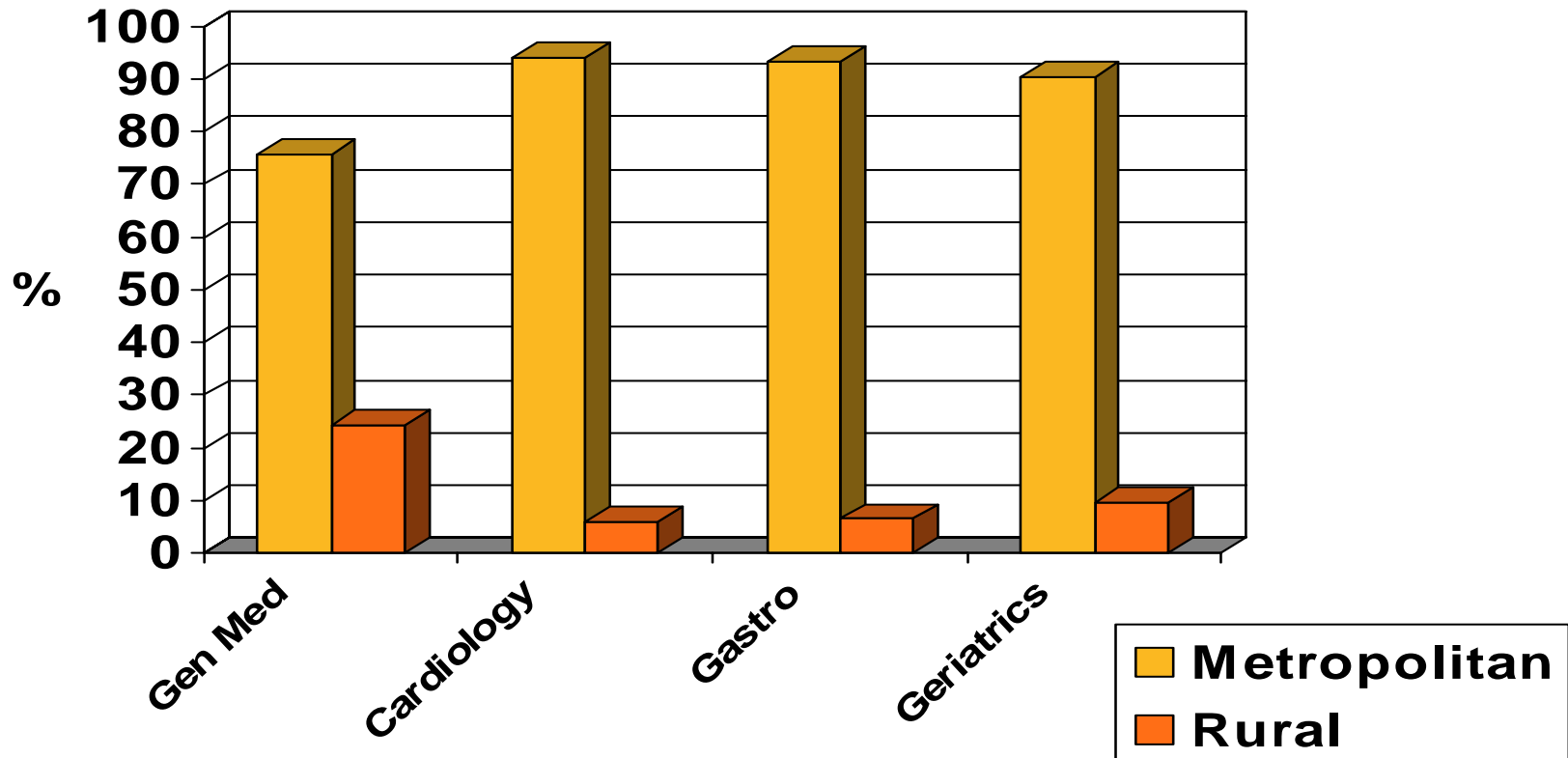
Australian Adult Physicians 2006



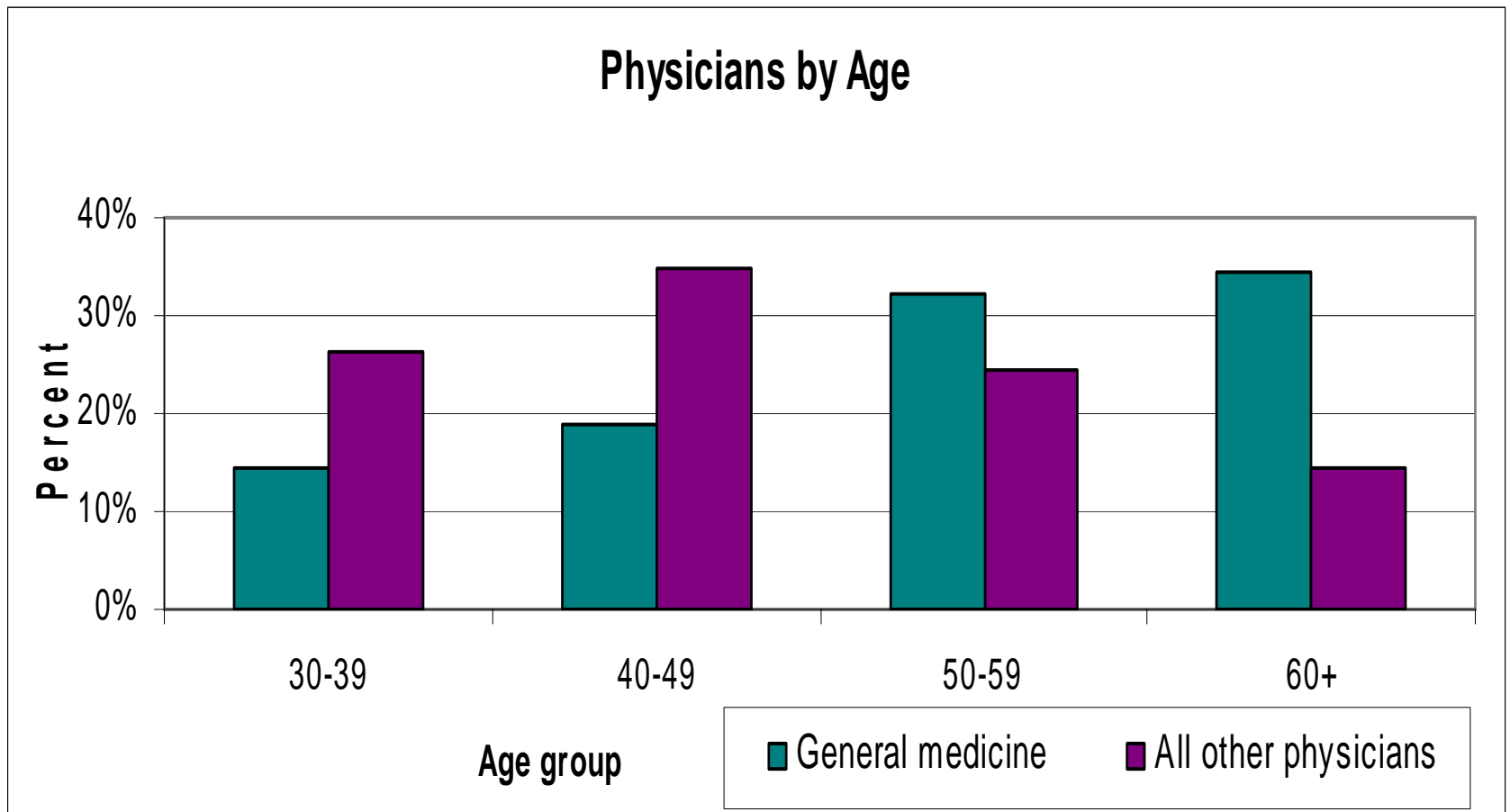
Victorian Adult Physicians 2006



Physicians by location of practice 2006



General Physicians: a finite and ageing resource



2006 Workforce survey

Conclusions – how many do we have?

General Physicians:

- Constitute a significant proportion of the Australian workforce
 - 11.0% in 2006
 - 3rd largest group (after cardiology and gastro)
- They are more likely to have a non-metropolitan practice
- Are relatively old
- Have many of the skills suited to acute medical receiving.

How many do we need?



How many do we need?

For standard Gen Med Ward

- 1 consultant (0.6EFT), 1 BPT reg, 1-2 interns on a team for every 6-700 separations p.a.
 - Assuming:
 - > At least 1 ambulatory clinic a week
 - > Complex case load
 - > Effective sub-acute disposition
- Interns are stretched with >10 acute patients each

For Acute Assessment Unit/MAPU

- 2 consultants (exclusive commitment), 2 APT reg, 1 BPT reg, HMO and 2 interns per 1,000 separations p.a.
- Based on:
 - ~6 Acute Assessment day beds
 - ~16 Adjacent 48/24 stay MAPU
 - **7x7 service provision**
 - > 7 days on 7 off for registrars
 - > Fri-Mon and Mon-Thursday for consultants
 - Complex case, load initially screened in ED
 - > Separate APT registrar working in ED
 - For registrars:
 - > 1 Gen Med ambulatory clinic for registrars
 - > 1 project session, 1 training session and 1-2 subspecialty sessions per week

(These figures do not include night staff)

I have a dream..... (about our APU)

- Consultant staffing
 - 60% General Medicine unit
 - 30% Subspecialty unit
 - 10% Interested ED/ICU physicians
- Registrar staffing
 - As above
- Broad case mix

Table 4.27: AMWAC medical workforce reviews, recommended first year advanced trainee placements and number of first year advanced trainees in 2007, by discipline

Specialty	Estimated first year trainee intake at the time of the AMWAC review ^a	Recommended first year trainee intake ^b	First year trainee intake 2007
Cardiology	24 (1999)	24-28 (2000-2003)	55
Cardiothoracic surgery ^c	5 (2003)	5 (2000-2003)	7
Emergency medicine	86 (2000-2003)	86 (2000-2003)	86
Gastroenterology	34 (2000-2003)	34 (2000-2003)	34
General practice	450 (2001-2003)	450 (2001-2003) 570 (if overseas doctor intake below 200 per year)	619
Geriatric medicine	16 (1997)	25 (1999-2000), 22 (2001-2003)	40
Haematological oncology	14 (2002)	17 to 20 (2002-2007)	15
Intensive care	16 (1999)	24 to 26 (2000-2008)	173
Medical oncology	13 (2002)	15 to 18 (2002-2007)	31

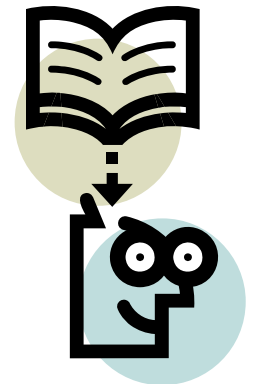
General Medicine PPP

How many does Australia need?

>200 Vacancies

- 5-7 FTE for every 100,000 population
- 1,000 – 1,400 required
- Currently 450 practice entirely or predominantly as General Physicians
- But 1:4 subspecialists practice “some General Medicine”

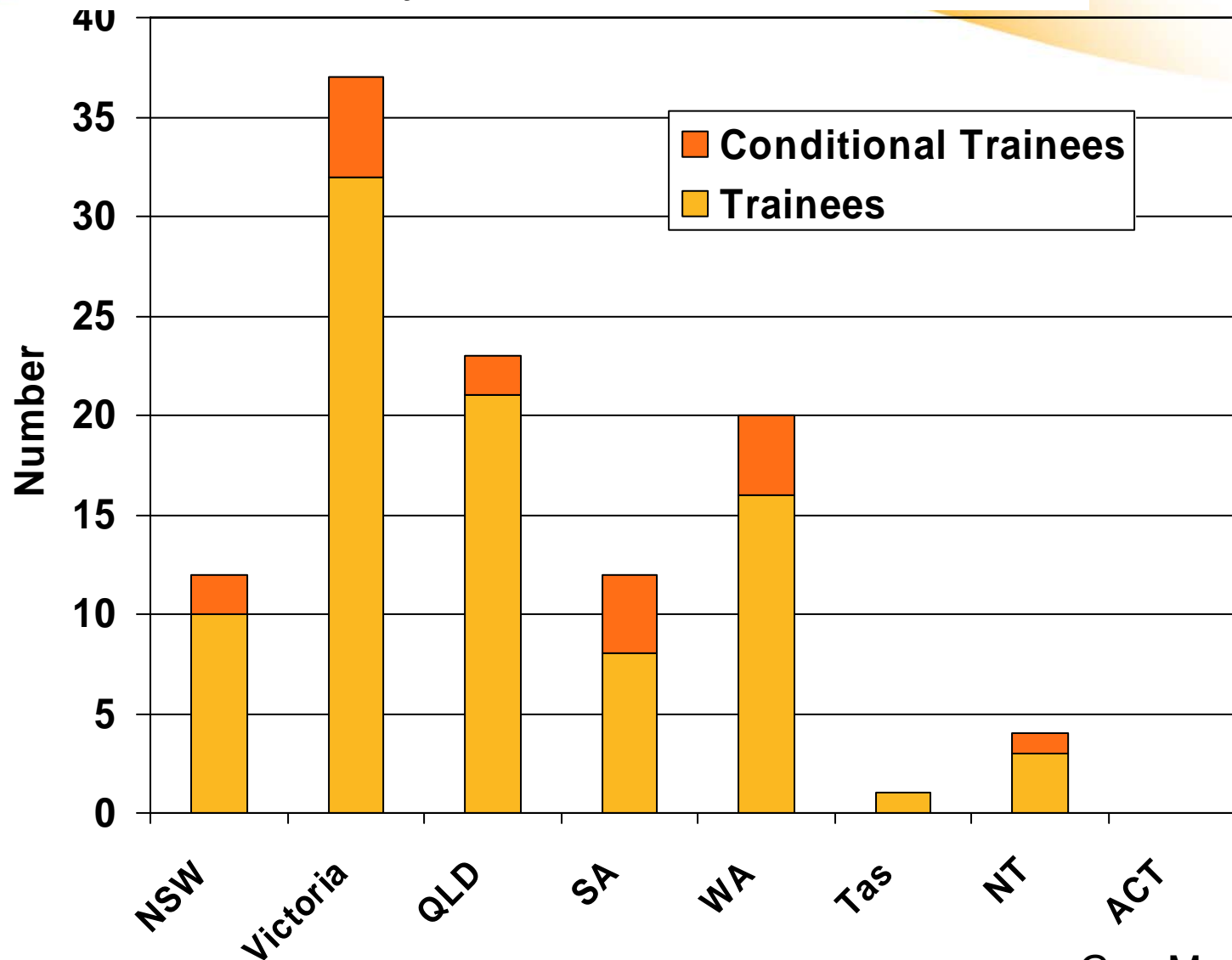
How many General
Physicians are we training?



General Medicine Trainees by State 2009



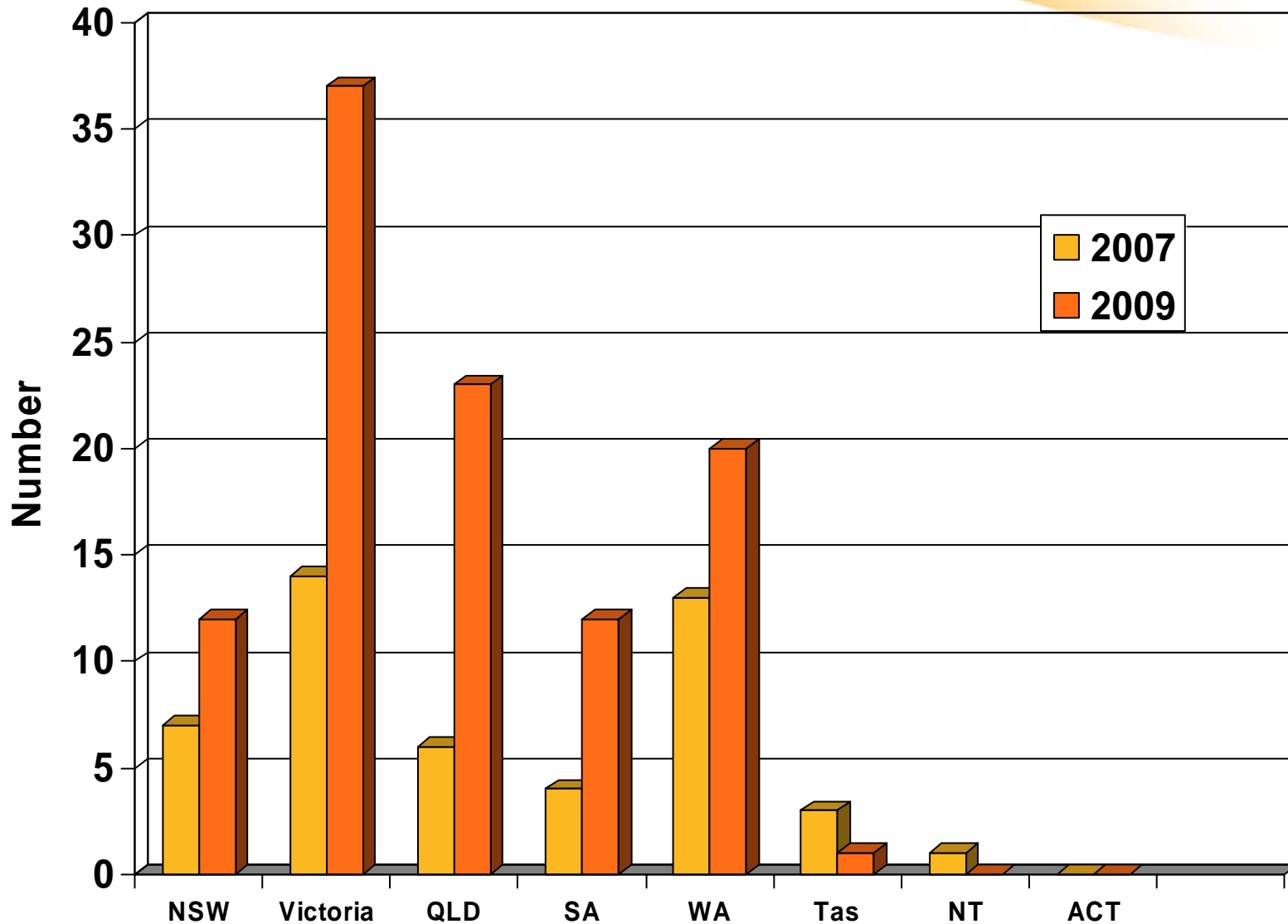
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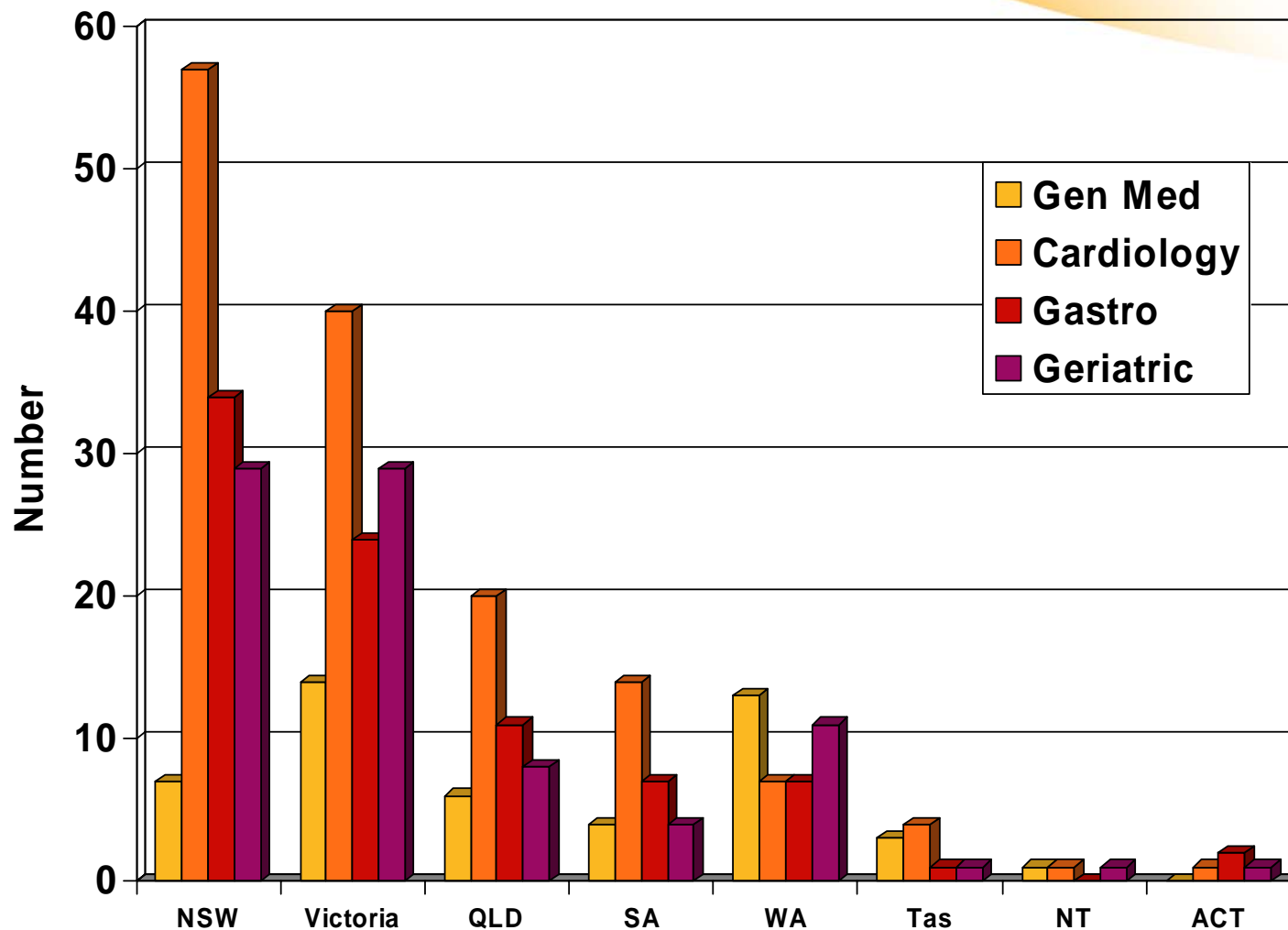
General Medicine AP Trainees 2007 (MTRP) vs 2009 (RACP Gen Med SAC) by State



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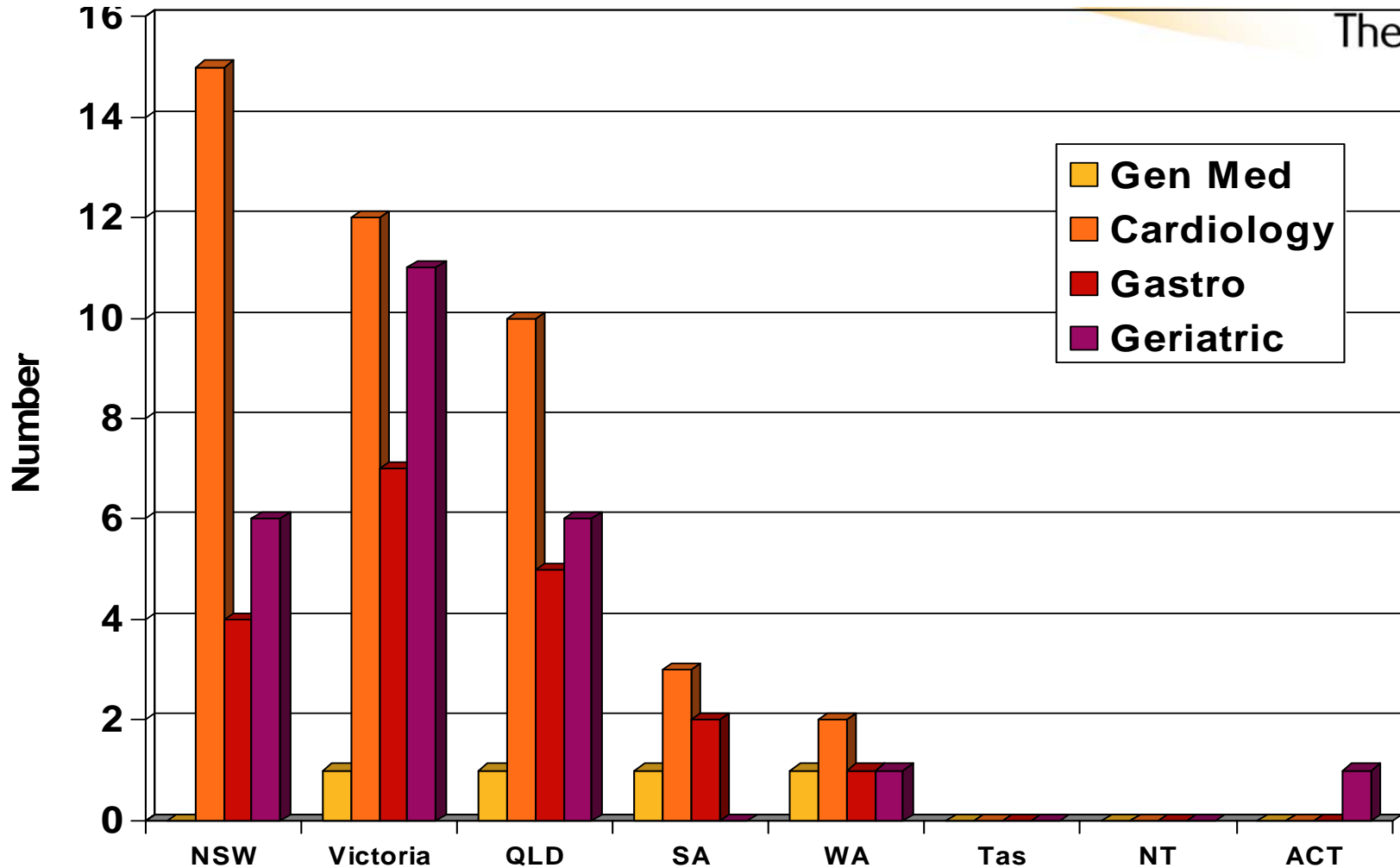
Advanced Physician Trainees 2007 by State and Subspecialty



New Fellows 2007 by Subspecialty and State



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What is happening to those we train?

<40% of Australian trainees who register for advanced training in General Medicine graduate as general physicians (how many of these only do 1 year as a means of qualifying for subspecialty entry)

Rural and regional

Last survey 2004

We need a realistic review of rural physician services including:

- recruitment, retainment, and succession planning
- examining sustainability and viability of practice &
- the types of practice eg solo/group/multipurpose clinics

Conclusions: How many General Physicians are we training?

- Not nearly enough to replace the existing workforce, let alone any potential increase in demand
- General Medicine is falling well behind other disciplines in recruitment to and completion of training

So....either we need to train more, or “cross train” other disciplines

How do you train to be a
General Physician?

Physician Training in Australia



Pre-registration

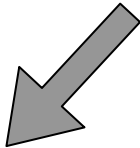
Intern

Basic
Training

BPT1
BPT2
BPT Medical Reg

FRACP Part 1 examination

Advanced
Training



Subspecialty

APT1	Core
APT2	Core
APT3	Elective

3 years

Physician Training in Australia



Pre-registration

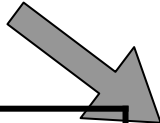
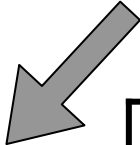
Intern

Basic Training

BPT1
BPT2
BPT Medical Reg

FRACP Part 1 examination

Advanced Training



Subspecialty

APT1
APT2
APT3

3 years

	Sub-specialty	General Medicine
Defined Training Program	YES	NO
Centrally organised program	Usually	NO
Centralised Selection	Usually	NO
Well defined career pathway	YES	NO

General

APT Gen Med
APT2
APT3

3 years

Physician Training in Australia



Pre-registration

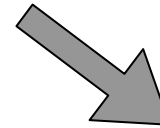
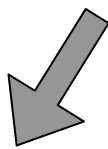
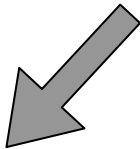
Intern

Basic Training

BPT1
BPT2
BPT Medical Reg

FRACP Part 1 examination

Advanced Training



Subspecialty

APT1
APT2
APT3

3 years

Subspecialty & 1 General

APT Gen Med
APT2
APT3
APT4?

3+ years

Dual Subspecialty & General

APT Gen Med
APT2
APT3
APT4
APT5?

4+ years

General

APT Gen Med
APT2
APT3

3 years

The Curriculum for Training in General Medicine (Draft)

- Medical expert/Clinical decision maker
 - extension of knowledge and skills beyond Basic Training in all areas
- Communication
- Leadership & Management
- Health Advocacy
- Teaching and Learning

Competencies in General Medicine (Draft)

- Hospital Care
- Community and Ambulatory Care
- Consultation and Liaison Medicine
- Models of Health Care
- Evidence Based Practice

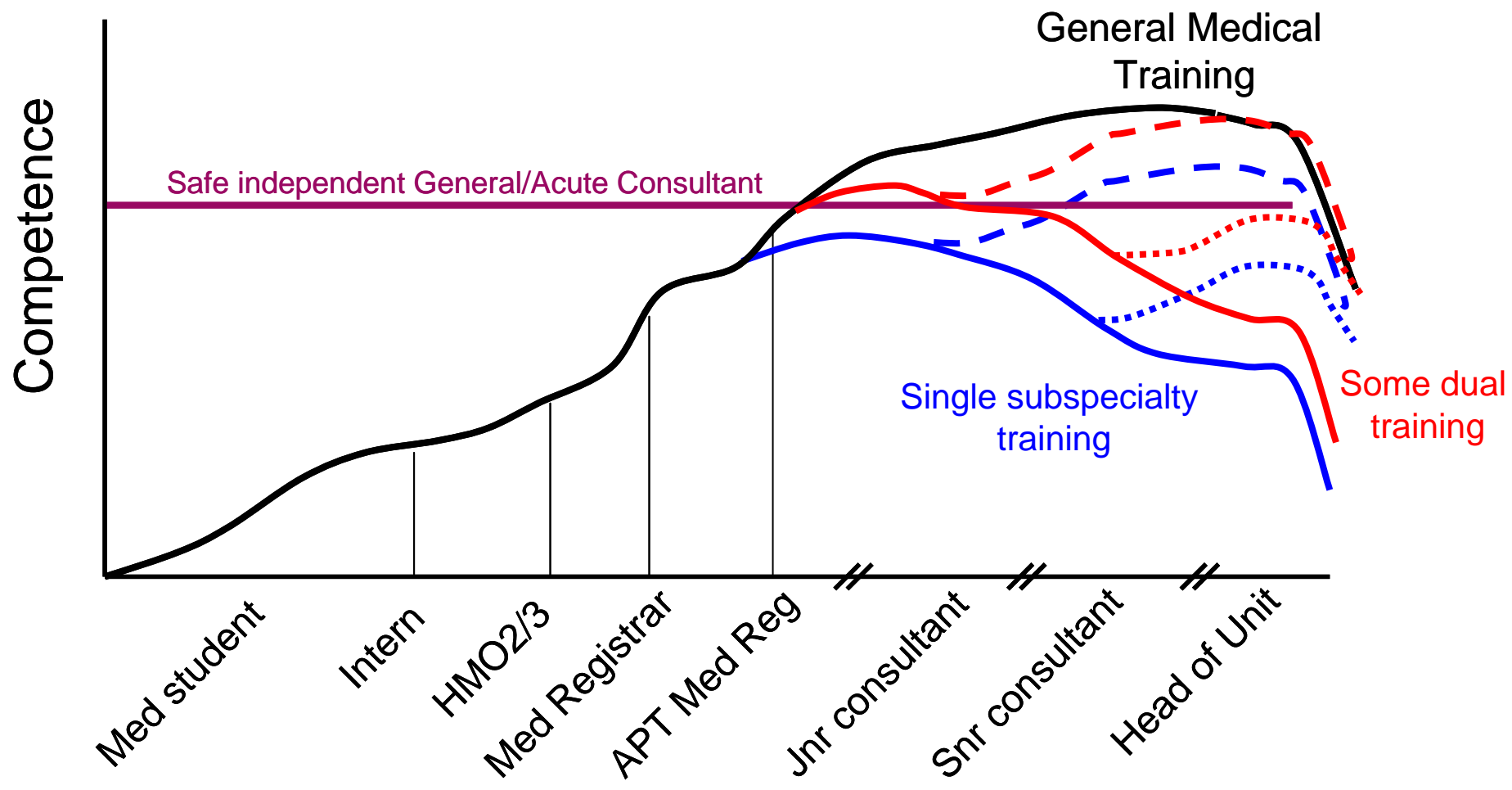
Conclusions: How do we train them?

- With some exceptions (Newcastle, Brisbane, Perth), General Medical training programs are poorly developed, difficult to negotiate and likely to be prolonged compared to the subspecialty competition.
- Remuneration and career pathways do not look attractive enough to entice sufficient numbers of potential trainees (especially dual trainees).

How do we get them?

- Advertisements unanswered
- Credentialing for new appointments becoming an issue
- Often subspecialty VMOs who do General Medicine on the side or as a fill-in whilst they build their subspecialty practice.
- No adequate training program at present
 - Neither
 - > Suitable dual rotations
 - nor
 - > Education program
 - Low critical mass
 - Varied needs

Gestation to competency for a Physician to practice Acute Medicine



Gestation to consultant: conclusions



- General Medicine or dual training preferred if possible
- At least one year of General Medicine during subspecialty training is very helpful
 - Many of these will be “transient generalists” whilst they establish their subspecialty career
- For consultants, early involvement in General work is essential to attain longer term interest

Suggestions to entice trainees into General Medicine - 1



- Foster their development
 - Role models
 - Mentoring
 - Facilitate Training/Opportunities and coordinated programs of >2-3 years duration (requires coordinated properly funded secretariat)
 - Supernumerary funding as a component of “affirmative action” until sharing of subspecialty rotations improves.
 - Adequate seniority and FTE of staffing of General Medical Units

Suggestions to entice trainees into General Medicine - 2



- Improve Gen Med/subspecialty relationships
 - Hospital: work in closer collaboration (eg AAU/MAPU)
 - RACP: Review of General Medical and dual certification requirements urgently needed
 - Government incentives to increase Generalist positions in our hospitals
- Increase acute component of workload
- Career structure – more salaried options
- Remuneration