Paediatric Physician Training in NSW

Recommendations for an optimal program

March 2007
1. EXECUTIVE SUMMARY

Background

In July 2005 the NSW Institute of Medical Education and Training (IMET) was requested by the Minister for Health to review the delivery of paediatric physician training in NSW (incorporating basic training and 21 advanced sub-specialties) for submission in June 2006. An Advisory Group was established with representation from the Royal Australasian College of Physicians (RACP), clinician trainers, trainees and medical administration, with the opportunity for comment invited from interested parties.

The process was designed to examine ways and means to improve the delivery of the existing training program without seeking to replace or subsume the important roles, responsibilities and leadership of the RACP and its clinician supervisors.

Review

The review process has had 4 major components: the establishment of an expert advisory group; the development of a discussion paper for general review and refinement; consultation with relevant interested parties; and development of these recommendations.

Governance

Paediatric training occurs primarily in three training ‘networks’. Some training posts sit outside of these arrangements, with trainees employed directly by a hospital site, or by the Neonatal and Paediatric Emergency Retrieval Service (NETS). While training is generally considered of high standard, differences exist amongst sites and trainee opportunities are not uniform across all sites or ‘networks’. Feedback suggested a need to increase the links between the children’s hospitals to facilitate statewide coordination of the delivery of paediatric training and services.

It is recommended three paediatric training networks be established, built upon existing arrangements. The proposed networks are aligned with the current child health service networks in NSW to enhance the link between training and service delivery. Access to training in the 21 advanced paediatric subspecialties cannot be achieved solely within the proposed networks, and therefore requires a statewide approach that works within and across the three networks.

Network Governance Committees will ensure high quality training through good governance and management of the network and its training program; a state wide Paediatric Training Council will be established by IMET to include RACP and other relevant groups to oversee the delivery of basic and advanced paediatric training initiatives across NSW. The responsibility of the current Director of Paediatric Training at each of the children’s hospitals will be redefined as a Network Director of Training. New positions will be established to support training including: an Education Support Officer at each network who will support training initiatives within the network, four Stream Coordinators of Advanced Training who will coordinate statewide training initiatives, and a NSW State Director of Paediatric Training who will chair the NSW Paediatric Training Council. This governance structure will bring together the major
groups involved in training with representation of trainees. This will improve communication and collegiality and facilitate a more coordinated approach to training and supervision.

**Delivery of training**

The review process identified a need to improve trainee exposure to a greater range of training opportunities. In particular, there is inconsistency in opportunities to access neonate resuscitation experience and training across NSW. NETS provides paediatric and neonatal retrieval services across NSW and is a key player in critical care training. In the recent past NETS has sat outside the secondment system employing junior medical staff independently on short-term contracts.

It is recommended that NETS be accessible as part of the paediatric training network model. The Paediatric Training Council will work with NETS to improve training opportunities for both basic and advanced trainees. The length of rotation and trainee skill capabilities for accessing these terms should be agreed by these groups. The Paediatric Training Council will work with relevant groups to provide opportunities for Advanced Paediatric Life support for all paediatric trainees. Options need to be considered against the criteria of quality, cost, accessibility and sustainability. The Paediatric Training Council will work with the NSW Pregnancy and Newborn Services Network, individual neonatal units, the RACP and the NSW Health Statewide Services Branch, (facilitated by the Stream Coordinator of Critical Care Training) to develop statewide delivery of neonatal life support training across NSW for all paediatric trainees.

**Education programs**

Feedback indicated varying degrees of training experience at different sites and a need to provide better access to training initiatives in a less site dependent manner. There have not been any regular statewide training initiatives in NSW.

It is recommended that a coordinated approach be taken towards establishing educational links between the main teaching hospital and all other sites within the training network. These links may be achieved through initiatives such as videoconferencing, recording of lectures, web based learning initiatives – discussion forum, downloading lecture notes, audio files of lectures. Further, trainees will be assured equal opportunity to access ambulatory care training opportunities within each network.

**Support**

The level of support perceived by paediatric trainees differed across sites. The current trainee appraisal system which is intertwined with hospital reemployment processes was reported to be an ineffective process for dealing with training issues. Opportunities exist to provide additional support through initiatives such as professional development programs. Greater involvement by hospital administration as part of the Paediatric Network Governance Committee will allow better understanding of the needs of trainers/supervisors and trainees.

It is recommended that Network Governance Committees include representation from health service managers as well as trainers and trainees and ensure the RACP standards for good supervision are being met. This committee is to be tasked with facilitating trainee involvement in professional development programs and providing opportunities to enhance trainee and supervisor relationships via initiatives such as mentor programs and competency based journals.
Workforce

The hospital junior medical officer staffing requirements in NSW are met through local graduates, alternative workforce (overseas graduates), career medical officers and locums. The filling of junior medical staff positions is a year round process. The implications of not filling a JMO position in a rural or metropolitan paediatric unit has significant implications on patient safety and service delivery in these units. With efforts to attract overseas graduates to work in paediatric JMO positions some key training terms are given to overseas graduates, which has negative consequences for training opportunities for local graduates. With the high proportion of female training in paediatrics (63.4%) there is a greater need for flexible employment arrangements such as job sharing and part-time training.

It is recommended that consideration be given to alternative methods for meeting hospital service demands including nurse practitioners and career medical officers. The development of the IMET Hospital Skills Program with career development for paediatric career medical officers is one alternative that should be explored. The Network Governance Committees together with the Network Directors and Stream Coordinators of Advanced Training should ensure that the process of term allocations and the ability to access opportunities for training are transparent and equitable for all trainees.

As part of network training rural and outer metropolitan positions will be priority filled.

Selection and Recruitment

Opportunities exist to streamline the recruitment process to further improve transparency, ensure good HR practice, reduce stressors for both trainees and employers, and reduce costs. In particular, most sites offer 12 month employment contracts, necessitating yearly job applications. These short contracts were reported to affect the continuity of the training program and result in a perception of instability for trainees. Paediatric PGY2 positions have been available in other States and Territories for a number of years, with the result that a number of PGY2s from NSW have gone interstate to take up these training positions. Historically, there have been no such positions in NSW due to previous arrangements concerning specialist streaming in the PGY2 year. IMET has proposed that vocational streaming in the second Postgraduate Year be allowed, provided certain provisions are met.

It is proposed that there be a number of Paediatric terms available within the prevocational training networks and that trainees undertaking at least three of these terms in their PGY2 year will be able to seek recognition of this training as part of the RACP paediatric training program. These terms will also fulfill the requirements for PGY2 training and the curriculum framework for junior doctors.

We anticipate that the RACP Curriculum and the JMO National Curriculum Framework will not be mutually exclusive of each other. Employment contracts should be consistent with expected training requirements and length of training (i.e. three years of basic training and three years of advanced training). From 2008, recruitment should be organised via each

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1 All States and Territories in Australia support paediatric streaming in PGY2 including Victoria, Queensland, Tasmania, Australian Capital Territory, South Australia, Western Australia and the Northern Territory. These PGY2 positions are also accredited by the RACP for 1st year Paediatric Physician Training.

network rather than individual sites, with a major site in each network identified as the employing authority.

Implementation

The creation of the new governance framework will begin in the second half of 2006. Recruitment in 2007 (for the 2008 intake) should recognise the training networks. The establishment of committees and new positions will occur in the second half of 2006, ready for operation in the 2007 clinical year.

Review and Evaluation

Network activities will comprise part of the performance agreement between Area Health Services and IMET.

The Director of Paediatric Training will be tasked to monitor ongoing feedback from trainees, clinician trainers, networks and the RACP.

A facilitated forum of all interested parties to review these changes will be held one year after implementation of the networks with an external expert group asked to make an evaluation and report.

Budget

It is envisaged these recommendations could be achieved within a cost efficient budget. The governance structure incorporates both basic and advanced training (estimated at 288 training positions across NSW) which are closely aligned in that they have some shared staffing support and are overseen by the same statewide oversight group - the Paediatric Training Council.

The creation of training networks, committee support (network and state based), and a State Director of Training will improve communication mechanisms and cooperation amongst the varied groups responsible for paediatric training and supervision in NSW.

Summary

Paediatric training and supervision has been well served in NSW largely through secondment arrangements from the three main children's hospitals. An increasing move to providing statewide paediatric services and other increasing pressures in the system will dictate the need for a governance framework that can adapt to change. Aligning paediatric training and service networks is a positive move towards a more efficient and cost effective approach in NSW.

Formalising training networks in paediatrics, improving governance relationships and improving communication and feedback links amongst all relevant parties should result in a paediatric training program in NSW of the highest standard. This will ensure that not only trainees receive access to high quality paediatric training but that children continue to receive high quality patient care across all sites in NSW.
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3. BACKGROUND AND GUIDING PRINCIPLES

In July 2005 the NSW Minister for Health requested that IMET undertake a review of the delivery of paediatric training in NSW, with submission of any necessary recommendations in June 2006. The scope of this review is specific to basic and advanced paediatric physician training, i.e. trainees registered with training programs under the RACP. It does not cover other specialties that access paediatric training such as surgery or anaesthetics, as these have different training programs, deal with different training posts and are under the auspices of other Colleges. If there are paediatric issues for these specialties they are covered in the other specialist specific reviews undertaken by IMET.

IMET has sought feedback from the Department of Health, the RACP, trainees, clinicians and medical administrators to develop the recommendations now contained within this paper.

The following five principles underlie all projects that IMET undertakes:

- Equity of access for patients to appropriate and high quality care
- Equity of access for trainees to high quality training
- A sustainable and transparent process of management and oversight
- High quality training as a focus for the health system
- Promoting teaching as an integral and rewarding part of medical practice.

It can be seen that the last four of the five principles are specific to training while the first is specific to patient safety and workforce requirements. IMET is tasked with identifying solutions that enable junior doctors to meet requirements as employees of an Area Health Service and as trainees of a medical college.

Some of the recommendations contained within this document have workforce implications aimed to improve service delivery consistently across the state. This will result in an improved training environment by encouraging greater exposure to a variety of training settings, including principle referral, major metropolitan, major non-metropolitan and district group hospitals where appropriate.

The ultimate aims of these recommendations are to recognise the need to support training thus ensuring that it is delivered at consistently high levels in all accredited training sites, resulting in optimal patient care across NSW.
4. SUMMARY OF REVIEW PROCESS

The process followed in undertaking the review of the delivery of paediatric training in NSW has included a number of distinct components:

- **Advisory Group** – An expert advisory group, established in October 2005, assisted the review through provision of feedback and advice. The group included trainees, trainers, the RACP, health service administrators and IMET representatives.

- **Development of Discussion Paper** – Developed by IMET and publicly released in February 2006 the Discussion Paper defined the current training system and training program, discussed a number of factors that directly or indirectly impact on the delivery of paediatric training in NSW, and made a number of suggestions for changes to enhance this training. The draft proposals included in the Discussion Paper have been amended following feedback from trainees, trainers and NSW Health, to form the recommendations outlined in this document.

- **Consultation with relevant groups and individuals**
  - **Initial Consultation Phase** – Focus groups, telephone interviews and written submissions were held/received in October and November 2005 to gain an understanding of the issues affecting paediatric training in NSW from the perspectives of trainees, trainers and hospital administrators. This information, together with data gathered through a review of the literature, was used in developing the Discussion Paper.
  
  - **Second Consultation Phase** – A 5-week consultation period was held in February and March 2006, to obtain feedback from all groups on the issues and suggestions for change outlined in the Discussion Paper. The primary method used to obtain feedback was through the completion of a questionnaire. Linked with this, IMET staff visited 26 NSW hospitals to dispense questionnaires and promote the consultation process. A total of 49 questionnaires were received (29 trainees, 17 clinicians, 3 unknown).

  - **Meetings with relevant groups/individuals** – Throughout the review process, meetings have been held with representatives from the NSW Department of Health; specifically the Workforce Development and Leadership, and the State Wide Services branches. Consultation also took place with the Australian Medical Association Doctors-in Training, the NSW Resident Medical Officer Association and the Health Services Union. The Area Health Service Chief Executives and Directors of Workforce were kept informed of the review process.

- **Development of this paper** – This paper contains a number of recommendations for optimising the delivery of paediatric training in NSW. These recommendations have their origins in the draft proposals contained in the first Discussion Paper then refined following feedback obtained from relevant groups and individuals.
5. GOVERNANCE

THE CURRENT ENVIRONMENT

The paediatric training program in NSW operates from a base of three tertiary teaching hospitals: the Children’s Hospital at Westmead (CHW), Sydney Children’s Hospital Randwick (SCH) and John Hunter Children’s Hospital (JHCH). Trainees are seconded to other sites – 27 in total - or they are employed directly by a hospital site, or by the Neonatal and Paediatric Emergency Retrieval Service (NETS). These include career medical officers, advanced trainees and neonatal registrar positions.

The secondment sites fund the trainee positions at their hospital. Currently, arrangements are negotiated by the secondment hospitals directly with the three teaching hospitals and occur via ‘gentleman’s agreements’, with all attempts made to fill these positions by the teaching hospital. However, there is no obligation or system of accountability. This system poses a significant risk to smaller and rural hospitals that rely on junior paediatric staff for both their paediatric and perinatal services.

A Director of Paediatric Physician Training (DPPT) is employed at SCH, CHW, and JHCH, and each has the responsibility for all basic and advanced trainees at the tertiary site and the relevant secondment sites. The DPPT position at CHW is funded at 0.2 FTE, and at SCH at 0.1 FTE, however the position at JHCH is not currently funded.

In 2004 there were reported to be 86 basic trainees and 94 advanced trainees registered with the RACP. Similar figures were provided to IMET by the RACP for 2006 (73 basic trainees and 97 advanced). Registration for the first year basic training is not compulsory, therefore the figure is a best estimate based on the number of trainees who enrol for second year basic training and apply to have their previous year of training recognised. Hospital supplied data indicates there is a total of 288 paediatric registrar positions across NSW. The 118 positions unaccounted for through college registered trainees are, most likely, being filled by basic trainees (not yet registered with the College) and alternative workforce.

Advanced training is arranged in an ad hoc fashion. From a College point of view trainees are supervised by Specialist Advisory Committees (SACs), some of which are paediatric and some of which are combined paediatric and adult SACs. Therefore a number of trainees are affiliated with more than one SAC. Advanced training consists of two core years and one elective year. Trainees apply for positions that in general have one year contracts which do not address the College’s two year core training requirements. This results in trainees moving multiple times in their training in an attempt to address their training requirements in a comprehensive manner. It also means that trainees may take longer than the College required three years to meet their training requirements.

There are already a number of statewide coordination initiatives in place including the NSW Children’s Heart Service. Links between the children’s hospitals are being strengthened and it is important that paediatric training mirrors and supports this process.
REASONS FOR CHANGE

Feedback gathered as part of this review suggests there is a need for:

- greater transparency in determining hospital rotations within existing ‘networks’;
- well developed appeals mechanisms if sites are not providing appropriate training;
- greater exposure to a variety of training opportunities (provided at different sites) in order to fulfil College requirements;
- an arrangement that allows advanced trainees to access training opportunities across NSW (as positions are limited and can be difficult to access); and
- increasing the links between the children’s hospitals to facilitate statewide coordination of the delivery of paediatric training and services.

RECOMMENDED ACTION

5.1. The structure for basic paediatric training would benefit from the creation of three formal training networks linking a main paediatric teaching hospital (CHW, SCH, and JHCH) to metropolitan and rural sites. The proposed networks are aligned with the current child health service networks in NSW to enhance the link between training and service delivery.

Not all training network arrangements are in alignment with existing service networks. Existing service networks will take priority for service referrals and consultant referral patterns will not change as a result of the proposed training networks. This will be reinforced through network orientation programs.

The three Children’s Hospitals are meeting and working increasingly toward statewide coordination of paediatric services. As a result network arrangements and training networks may change over time to align with the new arrangements.

5.2. Access to training in the 21 advanced paediatric subspecialties cannot be achieved solely within the proposed networks, and therefore requires a statewide network for advanced training, which will operate within and across the three paediatric training networks.

The following governance structure incorporates both the three basic training networks, and the statewide advanced training network. The basic and advanced networks are closely aligned in that they have some shared staffing support, and are overseen by the same statewide oversight group, the Paediatric Training Council.
In summary:

- three networks (aligned with NSW Department of Health Paediatric Child Health Networks);
- each network is supported by a Network Director of Training (responsible for both basic and advanced trainees within their network);
- each network is overseen by a Network Governance Committee (NGC);
- all three paediatric training networks are overseen by the Paediatric Training Council; and
- four statewide training streams across NSW (21 subspecialties will fall within the streams of general and community, sub-specialty, neonatal and critical care). A Stream Coordinator of Advanced Training will be responsible for facilitating access to training opportunities across the state within the stream for both basic and advanced trainees.

Shared roles between basic and advanced training

- Education Support Officers located within the paediatric training networks who oversee basic and advanced training positions that fall within these networks;
- Stream Coordinators of Advanced Training who facilitate access to training opportunities across the state for basic and advanced positions. There are significant fragmentations within the advanced paediatric training programs, as delivered within the hospitals, and poor coordination between advanced and basic paediatric physician training. The appointment of these four state coordinators of training is a critical component of successful delivery of paediatric training NSW. These coordinators have responsibility for coordinating advanced training (21 subspecialties) and statewide integration of basic and advanced training;
- State Director of Paediatric Training appointed by IMET who is responsible for overseeing basic and advanced training and who chairs the Paediatric Training Council of NSW. This person will report to the Director, IMET.
6. DELIVERY OF TRAINING

THE CURRENT ENVIRONMENT

Many trainees expressed the view that paediatrics was not a well-defined training program. There was a feeling that they were drifting through training partly because of the lack of an upfront plan outlining the aims of training and the rotations they might expect throughout their training.

Currently training opportunities are predominantly contained within each of the secondment ‘networks’. There are some ad hoc arrangements between the teaching hospitals but these are not widespread or available for all trainees. Trainees employed directly by a site other than the main teaching hospitals do not necessarily have access to training opportunities at other sites.

There is inconsistency in opportunities to gain neonate resuscitation experience and training across NSW. The NSW Neonatal Network was created to address workforce shortage in neonatal units across NSW. Large numbers of alternative workforce have been employed in these positions, limiting the training opportunities for local graduates. These limited training opportunities have had two consequences: firstly, there are currently no local trainees in the neonatal advanced training program; and secondly, trainees who graduate and go to work in paediatric units outside of major teaching units have inadequate experience in the resuscitation and care of neonates.

NETS provides paediatric and neonatal retrieval services across NSW and is a key player in critical care training. In the recent past NETS has sat outside the secondment system employing junior medical staff independently on short-term contracts. As a result trainees have to resign from their teaching hospital appointment in order to be employed by NETS and take advantage of the training offered by these positions. Consequently the number of local graduates employed by NETS has fallen.

Advanced paediatric life support skills are a key competency for paediatricians in outer metropolitan and rural settings. Recently the RACP has stipulated that all trainees must complete an Advanced Paediatric Life Support (APLS) course or equivalent to gain their FRACP. This imposes a significant financial cost on trainees and access to these courses can be difficult, with the Australian APLS course only run a limited number of times at a limited number of sites. The sustainability of the delivery or the cost effectiveness of APLS or equivalent to all paediatric trainees has not been tried and proven.

Trainees can join the College training program at various points in basic training. Trainees do not have to register with the College until their second year of basic training; consequently there is no clear ‘start’ point for trainees.

Paediatric training positions are not clearly demarcated between basic and advanced training positions. Many positions offer training opportunities for both basic and advanced trainees and are utilised as such.
REASONS FOR CHANGE

Feedback gathered as part of this review suggests there is a need for:

- greater clarification for trainees on what is involved and expected in the paediatric training program – including expectations of the College and employing authorities;
- a standardised neonate resuscitation training program across NSW; and
- an evaluation of the suitability of the current programs offering training in advanced paediatric life support.

RECOMMENDED ACTION

6.1. At the commencement of employment within a paediatric basic training network, there should be a coordinated approach (with the RACP and NGC of each training network) towards Training Orientation. Note: this orientation is in addition to workplace orientation. It should cover areas such as:

- the structure of the training network
- training support roles (if appropriate)
- education and training opportunities available within, and if appropriate, across, the networks
- governance of training - network and statewide levels, including any related policies (for appeals etc)
- an acknowledgment of the shared responsibility of the trainee and the NSW health system to achieve a balance between accessing training opportunities and providing optimal patient care

6.2. Employment should be aligned with training requirements. Consequently employment should be aligned with a three-year training program to facilitate trainees’ completion of the College training requirements (basic and advanced). At the commencement of training/employment, an expected learning pathway should be agreed for the first year with due consideration of workforce and training requirements. At the completion of the first year of training, the trainee and supervisor(s) should plan the remaining two years as a continuum. The planned pathway can be modified and renegotiated as needed depending upon circumstances.

6.3. NETS offers a valuable training experience and should be accessible as part of the paediatric training network model. The Paediatric Training Council will work with NETS to improve training opportunities for both basic and advanced trainees. This will be facilitated via the Stream Coordinator (Neonatal) who will sit on all three NGCs and the Paediatric Training Council. The length of rotation and trainee skill capabilities for accessing these terms should be agreed to by these groups. Innovative models need to be investigated to expose basic trainees to this training opportunity, to up-skill them and to promote career paths in critical care.
6.4. The Paediatric Training Council will work with relevant groups to provide opportunities for Advanced Paediatric Life Support for all paediatric trainees. Options need to be considered against the criteria of quality, cost, accessibility and sustainability.

6.5. The Paediatric Training Council will work with the NSW Pregnancy and Newborn Services Network, individual neonatal units, the College and the NSW Health Statewide Services Branch, (facilitated by the Stream Coordinator, Critical Care Training) to coordinate the state wide delivery of neonatal life support training across NSW for paediatric trainees.

The Paediatric Training Council will oversee opportunities for neonatal training on a statewide basis including access to training opportunities, accountability of trainers and delivery of education.
7. EDUCATION PROGRAMS

THE CURRENT ENVIRONMENT

Paediatric training is undertaken in hospitals accredited by the RACP as suitable for training. The accreditation level is determined on the basis of clinical experiences, facilities, and the training program available to trainees.

Trainees have some protected time for educational activities, however most lectures or tutorials are conducted out of working hours. Education programs are based at individual hospital sites with most occurring at the main teaching hospitals, and trainees located at smaller sites are in general isolated from the hub of learning. Copies of lectures are difficult to access, videoconferencing is non-existent and at some locations teleconferencing into grand rounds is problematic.

The RACP is currently undergoing an extensive review of the basic training curriculum which is expected to be implemented progressively from the 2007 clinical year. A draft version was released in May 2006 and is available in the members section of the RACP website (www.racp.edu.au).

REASONS FOR CHANGE

Feedback gathered as part of this review suggests there is a need for:

- improved support for distance education, giving trainees at all sites access to the network teaching program;
- more self-directed, problem and evidence-based learning that reflect principles of adult learning; and
- greater encouragement and support for increased exposure to a range of training environments, including patients in ambulatory care and private settings. This is a result of decreasing work hours and a common public expectation for patients to be seen by a consultant.

RECOMMENDED ACTION

7.1. Following appropriate evaluation of the pilot curriculum for training under the General Paediatrics SAC, the RACP should develop a curriculum for the other advanced training subspecialties.

The RACP is acknowledged for its positive initiative toward the ongoing development of a curriculum for basic training.
7.2. Within current award provisions, protected time for education initiatives should be available for trainees. This can be facilitated through each Network Governance Committee, which includes representation from trainees, clinicians and hospital administration.

7.3. A coordinated approach towards establishing educational links between the main teaching hospital and all other sites within the training network is required. These links may be achieved through:

- videoconferencing
- recording of lectures
- web based learning initiatives – discussion forum, downloading lecture notes, audio files of lectures

7.4. Each training network should delineate which site will offer exposure to ambulatory care training within their network. The network governance committee will ensure that all trainees are given access to this experience. Access will be monitored and reported as a component of an annual report to the Paediatric Training Council and IMET from the State Director of Training.

7.5. Network training programs should (where possible) include competency based training. This is to address the issue of trainees receiving reduced exposure to some training opportunities caused for example by decreased work hours, public preference for patients to be treated by a consultant, and changing public hospital structures. This will be overseen by the Paediatric Training Council working with the RACP.

7.6. Evaluations by trainees on network or state training programs, and term evaluations will be facilitated by the Network Director of Paediatric Training and Education Support Officer. They will be included as a component of an annual report to the IMET Physician Training Council.

7.7. A federal review is examining training outside public hospital settings across all medical specialties. Further consideration of this issue in relation to paediatric training will be subject to the outcome of the federal review.

It will be the responsibility of the State Director of Paediatric Physician Training, Network Directors and Stream Coordinators of Advanced Training to liaise with the RACP regarding item 7.1 and ensure items 7.2 - 7.6 are implemented and maintained.
8. SUPPORT FOR TRAINEES, TRAINERS AND HEALTH SERVICE MANAGERS

THE CURRENT ENVIRONMENT

The current trainee appraisal system is intertwined with hospital reemployment processes. Some trainers expressed a general aversion to providing negative reports to trainees because of concerns that such reports might affect reemployment processes. On the other hand, some people expressed the view that trainees having difficulties could easily avoid the term assessment. Both issues demonstrate problematic training issues that are not being addressed effectively.

Mentor programs have been implemented at some but not all training sites. Mechanisms that allow for trainees to provide anonymous feedback about their training experiences by term and hospital site are not consistently available at all training sites.

REASONS FOR CHANGE

Feedback gathered as part of this review suggests there is a need for:

- improved transparency and accountability in training;
- a distinction between training and employment appraisals; and
- improved access to professional development programs.

RECOMMENDED ACTION

8.1. There needs to be clear separation of training assessments from performance management processes, particularly due to the current recruitment practices. It will be the responsibility of the Paediatric Training Council and the Network Governance Committees to ensure equitable and transparent recruitment processes. Area Health Services, as the employing body, will remain responsible for the recruitment of trainees.

8.2. Network Governance Committee(s) should acknowledge, support and promote optimal trainee–supervisor relationships and mentor programs within each of the networks.

8.3. The introduction of a competency based trainee journal, forming the framework for regular trainee and supervisor meetings, should be commenced across all networks. It could incorporate separate input from the trainee and supervisor under headings such as:
• progress update toward the attainment of RACP core training – neonates, emergency/critical care, subspecialties, general and community
• areas for improvement
• training goals for each term – prospectively written, evaluated mid and end term

8.4. At each training site there should be:

• appropriate supervision for trainees
• determination of the suitability of the position for either basic or advanced training
• access to appropriate facilities for trainees, i.e. computers, desks, telephones, etc, as per recognised standards
• overnight accommodation facilities to meet current OHS requirements

8.5. The inclusion of relevant professional development in the draft RACP professional qualities curriculum is noted. Trainees should be provided these training opportunities by the Area Health Service. It is anticipated that these professional development activities will benefit the employer while at the same time meet the professional development requirements of the College as these will improve work practices which will positively impact on patient care and contribute towards the purpose of the employer.

It will be the responsibility of the Education Support Officers working with the Network Directors to ensure that items 8.1 - 8.5 are implemented and maintained.
9. WORKFORCE

THE CURRENT ENVIRONMENT

The AMWAC report The Consultant Paediatric Workforce in Australia (report 1999.6) suggests that the current workforce is adequately meeting requirements. The report indicates first year intake in Australia should be below 40 (average intake is 44), however it recommends against any dramatic reductions in numbers due to the large workforce demands of the children’s hospitals, and also makes reference to a need for further research into the requirements for sub-specialty training. The RACP in its response to the Productivity Commission’s Health Workforce Study (July 2005) suggested an expected need for more neonatal paediatricians, generalist paediatricians required in non-metropolitan areas, paediatricians specialising in community and child paediatrics, and adolescent mental health.

The hospital junior medical officer staffing requirements in NSW are met through local graduates, alternative workforce (overseas graduates), career medical officers and locums. The filling of junior medical staff positions is a year round process. The consequences of not filling a JMO position in a rural or metropolitan paediatric unit have significant implications on patient safety and service delivery in these units. With efforts to attract overseas graduates to work in paediatric JMO positions, some key training terms are given to overseas graduates, which have negative consequences for training opportunities for local graduates.

Paediatric training has one of the highest proportions of females registered (63.4%) compared to other specialties. The increasing age of doctors entering training along with the large female workforce is expected to result in a greater need for flexible working arrangements and family friendly work environments.

Workforce distribution varies between metropolitan and non-metropolitan NSW. There is a shortage of paediatricians seeking work outside metropolitan centres with currently only 12% of the paediatric workforce practicing in regional centres. An important consideration towards addressing the maldistribution of paediatricians is that a trainee who has exposure to a non-metropolitan placement during training is later more likely to seek work outside the capital cities.

REASONS FOR CHANGE

Feedback gathered as part of this review suggests there is a need for:

- part-time and job share arrangements that support family friendly work environments and maintain access to quality of training opportunities;
- fair and equitable access to training opportunities for all trainees, regardless of whether they are full time, part time, alternative or local workforce; and
• rural training sites (like all sites across the network) to provide high quality training and supervision. It is important that trainees when located at these sites maintain appropriate links to education initiatives and opportunities that exist at the main teaching site.

RECOMMENDED ACTION

9.1. In light of ongoing workforce shortage of trainees in the hospital system, consideration should be given to alternative methods for meeting service demands, including nurse practitioners and career medical officers. The development of the IMET Hospital Skills Program with career development for paediatric career medical officers is one alternative that should be explored.

9.2. The Network Governance Committees and Stream Coordinators of Advanced Training should ensure that the process of term allocations and the ability to access opportunities for training is transparent and equitable for all trainees. For example, equal consideration should be afforded to trainees who are part-time/job sharing versus fulltime; and alternative versus local workforce.

9.3. The Paediatric Training Council and Network Governance Committees should, when planning training programs, give consideration to creating a supportive environment for current or prospective trainees with family commitments. This is necessary to ensure fair and equitable access to training opportunities for all trainees.

9.4. The Network Governance Committee should ensure that all sites within the network provide high quality training and supervision. In particular, the Network Director should ensure that rural sites are visited regularly to monitor the supervision and support available to trainees at these sites. By increasing the network support, the perception of rural training sites as preferred training sites should increase.

9.5. Rural and outer metropolitan positions will be priority filled. If a vacancy arises within a network, rural sites must remain filled.

References:


10. SELECTION AND RECRUITMENT

THE CURRENT ENVIRONMENT

Most training sites offer 12 month employment contracts, necessitating yearly job applications. In the context of a three year basic training program and a three year advanced training program, the current employment arrangements adversely affect the continuity of training and opportunity to plan training opportunities. Trainees reported that consequences of short term contracts included a perception of instability and difficulty in applying for mortgages.

NSW is currently the only state in Australia that does not support doctors entering paediatric basic training in PGY2. This has resulted in some NSW trainees going to other states in their PGY2 year to start training in paediatrics. It is possible for trainees to enter other training programs in their PGY2 e.g. basic surgical training, adult physician training and general practitioner training. Each of these factors compounds the hospital workforce shortage in paediatrics.

REASONS FOR CHANGE

Feedback gathered as part of this review suggests there is a need for:

- streamlining employment processes to reduce costs associated with recruitment, and decrease the sense of stress and instability for both trainees and employing hospitals; and
- a nationally consistent entry point into the paediatric training program in NSW.

RECOMMENDED ACTION

10.1. It is proposed that there be a number of Paediatric terms available within the prevocational training networks and that trainees undertaking at least three of these terms in their PGY2 year will be able to seek recognition of this training as part of the RACP paediatric training program. These terms will also fulfill the requirements for PGY2 training and the curriculum framework for junior doctors. We anticipate that the RACP Curriculum and the JMO National Curriculum Framework will not be mutually exclusive of each other. This can be monitored by the Network Director of Training in each network and be part of an annual report to the Paediatric Training Council. In this way trainees can access paediatric training in PGY2 whilst still gaining broad training experiences as outlined in the JMO National Curriculum Framework.

10.2. Employment contracts should be consistent with expected training requirements and length of training (i.e. three years of basic training and three years of advanced training). They should allow for appropriate
performance appraisals and management, and could therefore be from one to three years, according to the needs of the trainee and network.

The Department of Health has advised Area Health Services to align employment contracts to the length of training.

10.3. Recruitment to networks (rather than specific hospitals) will take place in 2007 for 2008. The Department of Health has provided advice to Area Health Services to make reference to hospitals being part of a proposed network with rotation commitments to other sites in their contracts for 2007. It is intended that the network positions – Network Director of Training, Education Support Officers and Stream Coordinators of Advanced Training are appointed in 2006 to support the development of network based training and supervision of trainees throughout 2007. This would also result in the establishment of the Paediatric Training Council and Network Governance Committees between now and mid 2007.

10.4. Basic trainees should be recruited to a paediatric training network and no longer to an individual hospital, commencing in the 2008 clinical year.

- All trainees employed within a group of networked hospitals should have access to training opportunities within the network.
- Position descriptions should state the expectation that trainees will rotate to other sites within the network and to other networks (if required) to meet training requirements.
- The recruitment process should comply with Department of Health policies for recruitment in the public sector, and the principles of equal employment opportunity.

10.5 The current RACP requirements for paediatric training include that trainees spend at least 12 of their 36 months of basic training at a Level 2/3 accredited hospital. The IMET Chair of the Paediatric Training Council will negotiate with the College the principle of electing a Rural Referral hospital as their Home Base. Regardless, even under current arrangements, a trainee can spend up to 24 months of their basic training in a rural location.
### 11. PROCESS FOR IMPLEMENTATION OF RECOMMENDATIONS

<table>
<thead>
<tr>
<th>Time frame</th>
<th>Tasks</th>
</tr>
</thead>
</table>
| **September - December 2006** | • No network recruitment. All new contracts for 2007 will be made under the provision that rotations will occur within networks replacing any existing arrangements linked with secondments. The DOH has also requested that contracts be align to the length of training.  
• Recruit and appoint a State Director of Paediatric Physician Training (also the Chair of the Paediatric Training Council)  
• Establish the Paediatric Training Council (PTC) |
| **January – June 2007**   | • Recruit and appoint Education Support Officers, Network Directors and Stream Coordinators of Advanced Training  
• Establish Network Governance Committees (NGCs) and commence monitoring training and supervision  
• PPTC to commence monitoring basic and advanced training programs across NSW  
• PPTC to evaluate options for state wide neonatal life support and advanced life support training programs |
Advertisements should reflect network arrangements  
• NGCs to continue ongoing network monitoring of training and supervision |
| **2008**                 | • Network based appointments commence beginning of 2008 clinical year.  
• Evaluation of the Networked Paediatric training program, including a report with recommendations for future directions |
12. REVIEW AND EVALUATION

ONGOING REPORTING AND EVALUATION:

- As part of the conditions of NSW Health funding Area Health Services will report quarterly against training activities and use of funds, commencing July 2006.

  This will include prevocational and vocational medical education and training where funds have been allocated, or nominated, to support training governance and delivery structures.

24 MONTHS AFTER IMPLEMENTATION:

Any changes implemented as a result of this review will need to be formally and independently evaluated after 24 months to ensure that objectives are being met. The format of the review will require further discussion with key stakeholders. The review may include a facilitated forum with representatives from the RACP, Area Health Services, the Department of Health, medical administration, trainees and clinicians. At this time, IMET will access the Statewide Services Branch of the NSW Department of Health to attain information on activity levels, Area Flows and other planning issues to inform the review process.
APPENDIX 1 – PAEDIATRIC ADVISORY GROUP

Dr Emma McCahon - Chair of the review
Dr Sam Milliken - Deputy Chair of the review

IMET representation
Mr Evan Rawstron
Ms Tina Renshaw-Taberner
Ms Susanne Engelhard

Trainer representation
Prof Andrew Kemp (CHW)
Dr Sue Woolfenden (CHW, community in SSWAHS)
Dr Andrew McDonald (SWAHS)
Dr Frank Alvaro (JHCH)
Prof Kevin Forsyth (Paediatrics Professorial Heads committee)

Trainee representation
Dr Stewart Birt (advanced: CHW)
Dr Asha Bowen (basic: SCH)
Dr Bernadette Hanna (basic: CHW)

Medical Administration representation
Dr Harla Katf (SCH)
Dr Tony Penna (CHW)
Ms Karin Thompson/Ms Ros Grzic (CHW)
Dr Anne Mok (SWAHS)

RACP representation
Dr Jonny Taitz (SCH)
Ms Lynny Groshinski
## APPENDIX 2 – PROPOSED TRAINING NETWORKS

<table>
<thead>
<tr>
<th>TRAINING NETWORK</th>
<th>TRAINING SITE</th>
<th>CORRESPONDING CHILD HEALTH SERVICE NETWORK</th>
</tr>
</thead>
<tbody>
<tr>
<td>Greater Eastern Paediatric Training Network</td>
<td><strong>General Paediatrics:</strong> Bankstown, Campbelltown, Canberra, RPA, Shoalhaven, St George, Sutherland, Royal North Shore, Wollongong</td>
<td>Greater Eastern Child Health Service Network (except for Darwin and Canberra which are not part of the Service networks)</td>
</tr>
<tr>
<td></td>
<td><strong>Paediatric Subspecialties:</strong> SCH, Neonatology: RHW, Royal North Shore, SCH, RPA</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Emergency:</strong> SCH</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Mandatory Training:</strong> Kogarah CDU, Manly/Mona Vale community, Canberra CDU, St George, Wollongong community, SCH</td>
<td></td>
</tr>
<tr>
<td>TRAINING NETWORK</td>
<td>TRAINING SITE</td>
<td>CORRESPONDING CHILD HEALTH SERVICE NETWORK</td>
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<tr>
<td>Western Paediatric Training Network</td>
<td>General Paediatrics: Blacktown/Mt Druitt Dubbo Fairfield Liverpool Nepean Paediatric Subspecialties: CHW Neonatology: CHW JHCH Liverpool Emergency: CHW Mandatory Training: Chatswood community Fairfield community Hornsby CDU Grosvenor Centre (Burwood) Liverpool community Rural: Broken Hill Orange</td>
<td>Western Child Health Service Network</td>
</tr>
<tr>
<td>Northern Paediatric Training Network</td>
<td>General Paediatrics: Gosford Lismore Maitland Tamworth Paediatric Subspecialties: JHCH Neonatology: JHCH Emergency: JHCH Mandatory Training: Lismore community Rural: Maitland Tamworth</td>
<td>Northern Child Health Service Network (except Gosford* Hospital which is part of Western Network)</td>
</tr>
</tbody>
</table>

- Gosford has been included in the Northern Paediatric Training Network to provide trainees in that network a greater exposure to a variety of training sites. The Northern Network is considerably smaller in size and the inclusion of Gosford hospital will improve the appeal and sustainability of the network.

- Facilities not included in one of the proposed Networks here are not excluded and will be considered by the Paediatric Training Council.
APPENDIX 3 – COMMITTEE DESCRIPTIONS

PAEDIATRIC TRAINING COUNCIL

Role
- To promote high quality training by ensuring the effective functioning of the Network Governance Committees in NSW for basic and advanced paediatric physician training

Functions
- Recommend to NSW Health the composition of training networks in NSW
- Approve additional training positions within a network
- Liaise with Network Governance Committees on training and supervision issues
- Support key initiatives for statewide education and training in paediatrics
- Coordinate the development of statewide program(s) for the delivery of neonatal and paediatric life support training across NSW

Composition
- Chaired by the State Director of Training, who is appointed by the Director, IMET
- IMET
- RACP
- Area Health Services
- Trainees
- NETS
- 3 Network Directors
- 4 Stream Coordinators

ROLE AND FUNCTIONS OF THE NETWORK GOVERNANCE COMMITTEE(S)

Role
- Ensure safe, high quality training for paediatric trainees through good governance and management of the network and its training program
- Provide an opportunity for network stakeholders (trainees, clinician trainers and hospital administrators) to contribute to the training program and governance of the network

Functions
- Ensure trainees are supervised and supported by more senior staff at a level consistent with their skill and experience, and appropriate to the workforce demands of the particular training site
• Ensure trainees have access to training opportunities to acquire the skills and knowledge required to progress through the RACP paediatric training program – basic and advanced
• Ensure equitable access for all trainees to learning opportunities. This will include the provision of safe working hours and flexible or family friendly work environments.

**Composition**

• Senior clinical representative from sites within the network
• Two trainee representatives from within the network
• One representative from medical administration of a site within the network
• One Area Health Service representative
APPENDIX 4 – ROLE DESCRIPTIONS

STATE DIRECTOR OF TRAINING

Role
- Oversee and facilitate basic and advanced paediatric training across NSW
- Chair the Paediatric Training Council
- Liaise with NETS
- Liaise with RACP on education and training issues
- Provide an annual report to the Director, IMET
- Monitor trainee workforce data across NSW

THE NETWORK DIRECTOR(S) OF PHYSICIAN TRAINING

Role
- Oversee paediatric basic training at all sites within the network
- Member of the Network Governance Committee
- Ensure trainees have a fair and equitable process to access training opportunities across all sites within network
- Coordinate network based education and training initiatives
- Contribute to a coordinated approach to statewide education and training initiatives
- Collaborate with training staff within and across the networks as appropriate, including the state director of training, the stream coordinators, and the education support officer

THE STREAM COORDINATOR(S) (GENERAL & COMMUNITY, SUB-SPECIALTY, NEONATAL OR CRITICAL CARE) OF ADVANCED TRAINING

Role
- Coordinate the training opportunities in basic and advanced training across NSW within the stream
- Collaborate with training staff within and across the networks as appropriate, including the State Director(s), other Stream Coordinators and Education Support Officer(s)
EDUCATION SUPPORT OFFICER

Role

• Provide support for the delivery of education and training across the paediatric network
• Provide administrative support to the Network Director of Training
• Support the Network Governance Committee
• Provide support to the Paediatric Training Council and State Director of Training (shared across the three Education Support Officers)
• Monitor trainee workforce data within the network