Ministry of Health and Health Education and Training Institute:

Response to the Medical Portfolio Programs Review: *Equipping NSW Doctors for Patient Centred Care*

24 April 2015
Background

The review of the Health Education and Training Institute’s (HETI’s) Medical Portfolio was completed in June 2014. The review aimed to ensure that the medical portfolio is ‘fit for purpose’ and continues to pursue excellence in medical education and training and workforce capability. The Medical Portfolio Programs Review (MPPR) received over 180 written submissions and interviewed around 800 people as well as carried out an extensive review of relevant previous background documents and published literature.

The review highlights progress and success by the HETI medical programs as well as opportunities for growth and change within the evolving health service delivery context and changing patient needs. In total it made 39 recommendations which were clustered under the headings; prevocational programs; vocational programs; selection and exit strategy for program support; network, governance and funding, education; research, scholarship; generalism and generalists; collaboration, consumers, Health Pillars, Colleges and Universities.

In considering its response to the recommendations a number of plans should be highlighted including; the NSW State Health Plan, the draft NSW Rural Plan, NSW Health Professionals Workforce Plan (HPWP), with its vision of ‘Right People, Right Skills, Right Place’ and the draft HETI Strategic Plan (which incorporates its agreed obligations under the Ministry of Health Service Compact).

The final HETI response to the recommendations has been subject to approval by the NSW Health Secretary. A number of recommendations have implications for Ministry of Health policies in relation to the delivery of medical education and training and associated matters, these areas are highlighted in Attachment 1 as they will require further specific endorsement by the Secretary.

HETI Broad Context

HETI supports and promotes coordinated education and training for Local Health Districts (LHDs), Specialty Networks (SNs) and other NSW Health organisations. HETI works to ensure that world-class education and training resources are available to support the full range of roles across the public health system including patient care, administration and support services.

HETI’s mission is to pursue excellence in health education and training and workforce capability to improve the health of patients and the working lives of NSW Health staff.

HETI currently has three strategic objectives that each Portfolio is aligning its strategic plan against, these are: clinical supervision; providing faculty and support for educators; and adaptive leadership. These objectives have been considered in the development of the following initial response.

To support development of appropriate project plans the response has been grouped into six themes;

- Governance
- Networks
- Collaboration
- Education
- Faculty
- The New Program
Medical Portfolio Programs Review (MPPR) - Recommendations and HETI’s Initial Response

The following recommendations are taken from Professor John Collins final report on the HETI Medical Portfolio Programs Review: Equipping NSW Doctors for Patient Centred Care.

A response from HETI is provided for each of the 39 recommendations. HETI will develop a detailed plan that identifies how each recommendation will be implemented in collaboration with the stakeholder groups and individuals and in particular the Local Health Districts and Specialty Networks.

The New Program

1. The Medical Portfolio of HETI should focus its support and educational expertise on the prevocational program expanded to include year’s one to five after graduation (PGY1-PGY5).
   
   Response: Supported with qualification*.
   
   HETI will commence a consultation process with stakeholders to inform development of a new program to support doctors one to five years after graduation (PGY1-5).
   
   *The COAG Health Councils National Review of Medical Intern Training is currently underway. The implementation plan and ultimate form and content of the ‘new program’ will be required to take into account the outcomes of this Review and implications for PGY1 year. Therefore the initial focus for the ‘new program’ for HETI will be on reviewing curriculum for PGY1-5 (as this requires an integrated approach) and developing improved learning resources and outcomes for PGY2-5 until after the outcomes of the National Review of Medical Intern Training is made clear.

2. The current NSW prevocational program should include greater flexibility and choice of terms with some of those in PGY2 aligned with the trainee’s career choice.
   
   Response: Supported.

3. HETI should continue to support a generalist PGY2 and trainees should not be prohibited from commencing vocational training during this year in line with the rest of Australia.
   
   Response: Supported.
   
   HETI will continue to accredit NSW Hospitals for PGY1 and PGY2 training. HETI will also consider a range of options to give greater flexibility to provide generalised training for PGY2 doctors that better align with both trainee career choices and LHD/SN and NSW workforce needs.

4. More comprehensive career’s information and advice should be provided to all medical students and trainees to enable them make informed career decisions.
   
   Response: Supported.
   
   Since completion of this Report the MoH has provided a comprehensive report in relation to medical career planning information and published a comprehensive set of workforce modeling for medical specialties in NSW as part of its Career Development Project in response to recommendations arising from the Health Professionals Workforce Plan 2012-2022
   
5. The curriculum for the proposed new and expanded Prevocational Program should be developed by HETI in partnership with Health Consumer representatives, the LHDs, the NSW Health Pillars, the vocational Medical Colleges, the Confederation of Postgraduate Medical Education Councils and the NSW Universities, and focus on those broad technical and non-technical skills and knowledge required by every trainee practicing in this space and prior to their entry to vocational training.

   Response: Supported
   See response to Recommendation 1.

Surgical Skills

6. The Surgical Skills Program should evolve from its current form and be amalgamated with the Hospital Skills Program in the new Prevocational Program to provide the many broad non-technical and technical skills and competencies required by all medical graduates between PGY1 and PGY5.

   Response: Supported.
   This program is ready to evolve and there is opportunity to retain and expand upon the educational benefits of this program to all trainees requiring basic generalist training.

Hospital Skills Program

7. The Hospital Skills Program should be amalgamated with the Surgical Skills Program as part of the new and expanded Prevocational Program as described in Recommendation 6.

   Response: Supported.
   This program is ready to evolve and there is opportunity to retain and expand upon the educational benefits of this program to all trainees requiring basic generalist training.

8. HETI should explore opportunities to collaborate with other educational providers such as ACEM, ACRRM or RACGP in the provision of appropriate courses or programs for those non-specialist medical officers who have more years of experience than PGY5s and are not part of a College vocational program.

   Response: Noted.
   The learning resources developed under the new program (see Recommendations 1, 5) will be available to all NSW Health doctors on a needs basis rather than upon PGY or training status.

Basic Physician Training

9. The BPT program should be reviewed and a decision made as to whether the reasons for providing it with such large funding and ongoing support still remain. Consideration should be given to replacing some of the BPT positions with advanced training positions in general medicine, which would increase the opportunities to educate and train generalist physicians.

   Response: Supported
   This recommendation links with work to be undertaken in regards to recommendations 17 and 24. It is also in keeping with the draft HETI strategy for developing advanced general medicine training in NSW and the focus on generalism in the Health Professionals Workforce Plan.
   The physician training programs will be expected to play a role in supporting Recommendation 1.
10. The Health Workforce Branch of the NSW Ministry, RACP, LHDs and HETI must together decide on the number and type of physician specialists required to meet health care needs of the people of NSW.

Response: Noted.

This recommendation is noted and will be supported as an underlying principle in the development work for the program. The recent completion of the modeling of specialist medical workforce requirements for NSW MoH will greatly assist in making such determinations.

Psychiatry

11. Greater efforts are required to recruit medical graduates to undertake training in psychiatry in the non-metropolitan and rural areas. Consideration should be given to allocating some of the current funding for state-wide training in psychiatry to support these needy areas.

Response: Partially supported.

This recommendation links with work to be undertaken in regards to recommendations 17 and 24. The issues raised will require further consideration as part of the development work of this program. It is not clear that reallocation of funding is the best way to address this problem. HETI will explore opportunities for Psychiatry to better promote itself to potential trainees with a particular emphasis on regional and rural locations.

Emergency Medicine

12. If HETI decides to continue its support for vocational programs, then greater funding is recommended for Emergency Medicine based on a set of generic principles and an agreed formula with a review of the program within five years.

Response: Supported.

Emergency Medicine Training will be retained as a vocational program under HETI. Work will progress in alignment with recommendations 17 and 24.

13. All doctors in PGY5 and above who are working in a NSW Emergency Medicine Departments and who are not registered for ACEM specialty training should complete the Certificate or Diploma courses provided by ACEM and partake in the CPD opportunities provided by this College to successful course participants. If access to ACEM courses is difficult then alternative courses provided by such as ACRRM and RACGP should be considered.

Response: Noted.

It is a condition of registration for all doctors that they undertake appropriate professional development activities, under the Medical Board of Australia, Continuing Professional Development Registration Standard.

Paediatrics

14. New opportunities must be explored to increase training in neonatal medicine and for a broader interdisciplinary group to learn the knowledge and skills necessary for neonatal resuscitation. These should be sought both inside and outside the dedicated neonatal terms in the tertiary Neonatal Intensive Care Units. Other learning opportunities should be considered in Special Care Nurseries, through workshops and using simulation facilities.

Response: Noted.

This falls out of scope of the review. Issues raised will require further consideration with NSW Kids and Families.
Other programs and Initiatives Supported by HETI

15. A review of the courses and other educational activities supported by HETI for trainees in oncology is necessary in order to establish whether they make a worthwhile contribution to the greatest number of trainees and provide value for money.

Response: Supported.

HETI has an existing agreement with the Cancer Institute of NSW to provide and improve upon the Basic Sciences in Oncology Course (BSOC). The BSOC has recently been externally reviewed and HETI will continue to support the implementation of recommendations to improve and expand availability of this course.

Radiology

16. HETI should reconsider its proposal to support a networked program in radiology. As part of a broader principle HETI should review the basis of its financial support for courses to help trainees prepare for College examinations in radiology as well as in other medical specialties.

Response: Noted

HETI has the lead role in NSW Health to assist in the establishment of new medical training networks. The Royal Australian and New Zealand College of Radiologists (RANZCR) has determined that Radiology Training will be accredited on the basis of training Networks. HETI will work with LHDs/SNs and other stakeholders to support its implementation in NSW.

Selection and Exit Strategy for Program Support

17. A new Policy based on transparent principles and criteria must be developed by HETI to enable it to decide which programs may warrant its support as well as forming the basis for an exit strategy when such support is no longer required. This must take into account the core roles of HETI as per its statutory functions.

Response: Supported.

See also Recommendation 24.

This recommendation is accepted and work will progress in alignment with recommendation 24 to develop transparent principles and criteria to determine HETI’s ongoing involvement in vocational programs in the medium to longer term.

Networks

18. Although the network model has been successful, a more robust governance structure is necessary to improve day-to-day management and financial accountability. This will also help to avoid networks being commandeered by local or personality driven agendas.

Response: Supported.

HETI will develop a reporting process that assists the CEs of each LHDs/SN to make a rapid determination as to how an LHD/SN is performing in relation to the matters above and to assign responsibility for remediating any problems that arise.

(See also Recommendations 19, 23, 25)
19. In order to help LHDs focus on their shared responsibilities for the education and training of the current and future NSW medical workforce, HETI should work with the MOH and the LHDs on identifying Key Performance Indicators (KPIs) linked to aims that are both measurable and relevant and included in LHD Service Agreements.

Response: Partially supported.

HETI will work in partnership with the MoH and LHDs/SNs to develop a limited number of Performance Indicators relating to the delivery of high quality training in the service based setting which are of assistance to LHD/SN CEs in understanding the performance of their LHD/SN training programs.

(See also Recommendations 18, 23, 25).

20. HETI should work with the MOH on a structure and career development plan for the ESO role, including recruitment and selection, job specification and career progression. LHDs should agree to release ESOs for opportunities for professional development.

Response: Supported.

Funding

23. Given the advice by the Director-General that it is not appropriate for HETI to be a fund holder, the MOH as system manager and regulator should work with HETI using mechanisms such as the NSW Health Performance Management Framework to address performance issues related to the programs HETI supports.

Response: Supported.

HETI funding for distribution to LHD/SNs is held separately and quarantined by the MoH. HETI will work with the MoH to clarify the range of mechanisms available to HETI to achieve improved performance outcomes relating to the programs HETI supports.

(See also Recommendations 18, 19, 25)
24. Funding by HETI for any educational program should be based on a set of agreed principles and a formula, for a limited duration and subject to review within a specific time period.

   Response: Supported.
   (See also Recommendation 17).

   This recommendation is accepted and work will progress in alignment with recommendation 17 to develop transparent principles criteria and a funding model to determine HETI’s ongoing involvement in vocational programs in the medium to longer term.

25. HETI should establish in partnership with the LHDs a set of measurable Key Performance Indicators that outline benchmarks for each program as well as for individual network’s success or failure. These indicators will need to be flexible and reflect educational and workforce needs and expectations of each program, network and training site.

   Response: Supported.
   (See also Recommendations 18, 19, 23)

   This recommendation is accepted. HETI would like to work in partnership with the MoH and LHDs/SNs to develop a small number of targeted Performance Indicators relating to the delivery of high quality training and education in the service based setting.

26. HETI and the LHDs need to establish and embed policies and procedures in a Service Agreement in order to performance manage each network and ensure that benchmarks are being achieved.

   Response: Supported.
   (See also Recommendations 18, 19, 23, 24, 25)

   HETI will work in partnership with the MoH and LHDs to ensure that the management of networks and resources is incorporated into the LHD/SNs Performance Management Framework.

## Delivery of Education and a Research Agenda

27. HETI should formally outline its approach to “faculty development” for medical staff and ESOs in order to equip and support them as part of HETI’s overall strategy to improve the quality of education and training.

   Response: Supported.

   Faculty development and clinical supervision are core parts of HETI’s remit and current overall strategy. HETI will ensure that the programs developed by HETI meet the needs for faculty development of the medical staff and ESOs involved in the delivery of medical education.

28. Delivery of education should include a combination of different methods, including face-to-face and didactic teaching, e-learning supplemented by opportunities in simulation facilities and supported by an appropriately equipped faculty.

   Response: Noted.

   This recommendation is noted and will be recognised in the principles and the way we operate.
29. HETI should facilitate research and innovation in medical education and training and take full advantage of the unique opportunities provided for collaborative research within HETI’s different health professional portfolios.

**Response: Noted.**

This recommendation is noted and will be recognised in the principles and the way we operate.

### HETI Rural Medical Scholarship (HRMS) Program

30. The HRMS Program is a grant-in-aid to those regarding whom the decision to work in a rural area has previously been decided. It is concluded this “scholarship” should cease and more effective ways be explored for supporting training in rural locations.

**Response: Supported.**

HETI will develop more effective ways for directly increasing the existing support for medical training in rural locations.

### Generalism and Generalists

31. The evidence and views gathered during this review confirm the need for generalists and the four action points set out in the Health Professionals Workforce Plan 2012-2022 and summarised in this report are strongly supported.

**Response: Noted.**

In partnership with the Ministry and LHD’s HETI will continue to deliver against a range of strategies identified in the Health Professionals Workforce Plan to support generalism and generalists. This also supports the State Health Plan which describes a focus on the delivery of patient-centred care across NSW Health through provision of truly integrated care.

HETI will use this opportunity to develop and strengthen generalist training in the development of the new program and to develop pipelines for generalist training (see Table 1).

32. Priority should be given to the education and training of an increased number of general physicians and making this specialty more attractive to trainees. Consideration should be given to the advantages of dual training or for generalist physicians with another medical interest.

**Response: Noted.**

See also Recommendation 9. This recommendation is in keeping with the draft HETI plan on developing advanced General Medicine training in NSW and HETI’s strategic plan. HETI is committed to establishing a General Medicine training program for NSW.

### Opportunities for Collaboration

33. Representatives of consumers and carers must be involved at each stage of the development of all medical education programs including those provided by HETI, in order to provide advice and help educate and train the medical workforce. Greater efforts must be made to create, expand and sustain such partnerships.

**Response: Supported.**

Since the completion of the review HETI has continued the dialogue to discuss its outcome with consumer groups such as Health Consumers NSW and will ensure that involvement of consumers and carers with HETI’s work in medical education and training is incorporated as part of its normal business processes.

### NSW Health Pillars
34. Opportunities are available for HETI and the CEC to work together on new collaborative projects, with HETI becoming increasingly responsible for the development and delivery of the educational components of these ventures. HETI and the CEC should meet formally and regularly to discuss how HETI can provide its educational and organisational expertise to help with the development and delivery of the courses necessary to equip clinical staff for the implementation of those new models of care being developed by CEC.

Response: Noted.
HETI will continue to work collaboratively with the CEC.

35. HETI and the ACI should meet formally and regularly to discuss how HETI can provide its educational and organisational expertise to help with the development and delivery of the courses necessary to equip clinical staff for the implementation of those new models of care being developed by ACI.

Response: Noted.
HETI will continue to work collaboratively with the ACI.

36. Opportunities are available for BHI and HETI to work together to ensure medical graduates understand performance data and how it will improve patient care. This is particularly so for those trainees in PGY1 to PGY5.

Response: Noted.
HETI will continue to work collaboratively with the BHI.

37. HETI should continue to explore with the Cancer Institute of NSW collaborative opportunities to improve generic education and training in oncology including those related to interdisciplinary and multidisciplinary team care.

Response: Noted.
HETI will continue to work collaboratively with the Cancer Institute.

Vocational Medical Colleges

38. HETI, the vocational medical Colleges and NSW MOH should agree to work together on improving the quality and equity of access to education and training for trainees across NSW.

Response: Noted.
HETI will outline its approach to College relationships and regularly review its plan for College engagement to ensure that it is allocating sufficient resources for this task and that it is collaborating effectively and in the right areas.

Universities

39. Opportunities should be explored by HETI, the universities and the vocational medical colleges to work in partnerships for the development of courses and programs which will equip trainees between PGY1 and PGY5 with the skills and competencies necessary for clinical practice including preparation for vocational training.

Response: Supported.
HETI will explore opportunities to work in partnership with universities and colleges.
Table 1 – Strategic Generalist Pipelines in NSW

The ‘new program’ introduced by HETI will strongly support doctors in the development of generalist competencies and skills from PGY1-5. Table 1 identifies the strategic generalist pipelines that are relevant for NSW under this response.

- General Physicians (including Dual Trained General Physicians)
- General Psychiatrists
- Rural Generalists
- Hospitalists

Other matters

The report makes no reference to the NSW Rural Generalist Training Program as this program was deliberately left out of the Terms of Reference of the review as it had only recently commenced. In composing its response to this report however, HETI has strongly considered how this specific program relates to other medical training programs.
### Recommendation 1 – Overview of implementation requirements

<table>
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<th>Recommendation</th>
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- Networks

11. Greater efforts are required to recruit medical graduates to undertake training in psychiatry in the non-metropolitan and rural areas. Consideration should be given to allocating some of the current funding for state-wide training in psychiatry to support these needy areas.  
- Partially Supported  
- HETI / MoH*  
- Networks

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<td>22. An Expert Advisory Council should be formed to provide independent advice to the Chief Executive of HETI with members of this Council carefully chosen for their experience, expertise and leadership.</td>
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<td><strong>31.</strong> The evidence and views gathered during this review confirm the need for generalists and the four action points set out in the Health Professionals Workforce Plan 2012-2022 and summarised in this report are strongly supported.</td>
<td>Noted</td>
<td>HETI</td>
<td>Networks</td>
</tr>
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<td><strong>32.</strong> Priority should be given to the education and training of an increased number of general physicians and making this specialty more attractive to trainees. Consideration should be given to the advantages of dual training or for generalist physicians with another medical interest.</td>
<td>Noted</td>
<td>HETI / MoH / RACP</td>
<td>Networks</td>
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<td><strong>33.</strong> Representatives of consumers and carers must be involved at each stage of the development of all medical education programs including those provided by HETI, in order to provide advice and help educate and train the medical workforce. Greater efforts must be made to create, expand and sustain such partnerships.</td>
<td>Supported</td>
<td>HETI</td>
<td>Collaboration</td>
</tr>
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<td><strong>34.</strong> Opportunities are available for HETI and the CEC to work together on new collaborative projects, with HETI becoming increasingly responsible for the development and delivery of the educational components of these ventures.</td>
<td>Noted</td>
<td>HETI</td>
<td>Collaboration</td>
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<td><strong>35.</strong> HETI and the ACI should meet formally and regularly to discuss how HETI can provide its educational and organisational expertise to help with the development and delivery of the courses necessary to equip clinical staff for the implementation of those new models of care being developed by ACI.</td>
<td>Noted</td>
<td>HETI</td>
<td>Collaboration</td>
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<td><strong>36.</strong> Opportunities are available for BHI and HETI to work together to ensure medical graduates understand performance data and how it will improve patient care. This is particularly so for those trainees in PGY1 to PGY5.</td>
<td>Noted</td>
<td>HETI</td>
<td>Collaboration</td>
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<td><strong>37.</strong> HETI should continue to explore with the Cancer Institute</td>
<td>Noted</td>
<td>HETI</td>
<td>Collaboration</td>
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</table>
of NSW collaborative opportunities to improve generic education and training in oncology including those related to interdisciplinary and multidisciplinary team care.

<table>
<thead>
<tr>
<th>38. HETI, the vocational medical Colleges and NSW MOH should agree to work together on improving the quality and equity of access to education and training for trainees across NSW.</th>
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<tbody>
<tr>
<td>Noted</td>
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<tr>
<td>HETI / MoH</td>
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<tr>
<td>Collaboration</td>
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</table>

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<tr>
<th>39. Opportunities should be explored by HETI, the universities and the vocational medical colleges to work in partnerships for the development of courses and programs which will equip trainees between PGY1 and PGY5 with the skills and competencies necessary for clinical practice including preparation for vocational training.</th>
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<tbody>
<tr>
<td>Supported</td>
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<tr>
<td>HETI</td>
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<td>Collaboration</td>
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</tbody>
</table>

* Indicates recommendations that have implications for Ministry of Health policies and require specific endorsement from the Secretary