HETI
HEALTH EDUCATION & TRAINING INSTITUTE

General Medicine Training in NSW –

Recommendations for the delivery of Advanced General Medicine Training in NSW Health Services

29 August 2014

1. TABLE OF CONTENTS

Contents

2. BACKGROUND AND GUIDING PRINCIPLES

The decline of General Medicine services within NSW hospitals has been well documented and reported most recently in the NOVA Report, commissioned by the NSW Ministry of Health (MoH) in 2011. General Medicine is noted as a workforce requiring "priority for further growth" in the NSW Ministry of Health's Medical Workforce Modelling NSW.

Recognising the value of generalist skills is a key theme in the Ministry of Health's Health Professionals Workforce Plan 2012-2022 (HPWP) which provides a high level overview of the strategies that need to be implemented to ensure that NSW can continue to train, recruit and retain health professionals. Strategy 7.4 shows the Ministry of Health as a major lead for the workforce aspects in 1-2 years and working with Local Health Districts (LHDs) to achieve the objectives of 2-5 years and in 10 years. The Health Education and Training Institute (HETI) is a partner in the process in years 1-2 by establishing a General Medicine training pathway.

In 1-2 years	***In 2-5 years***	***In 10 years***
Major Lead – MoH Partner – HETI; RACP	Major Lead – MoH Partner - LHD	Major Lead – MoH Partner - LHD
Establish and promote dual training pathways that include general medicine training *Establish a general medicine training pathway with an additional 5 general medicine training places – with 2 available as dual training pathways*	*Professional development available to all physicians to maintain general physician rosters*	*Adequate intake of physicians available for general medicine roster*

This is reflected in the 2013-15 service compact which has a slight amendment from the 2012-13 service compact. In order to be considered 'performing' in this area the current Service Compact between HETI and the Ministry of Health states that HETI must have *established a general medicine training program and network/s that support general medicine trainees in metropolitan and rural areas by October 2014*. (It no longer refers to promotion of the dual training pathway as this is the Ministry and College responsibility).

The following principles were used to guide the development of this work:

- High quality training should be delivered at all sites accredited for General Medicine Training in NSW;
- All General Medicine Trainees should have access to high quality clinical and educational opportunities, to assist them to meet the curriculum as specified by the Royal Australasian College of Physicians (RACP);
- All General Medicine Trainees should follow a coordinated training pathway;

- General Medicine should be promoted as a viable/ positive career choice for junior doctors.

2.1 SUMMARY OF CONSULTATION PROCESS

The process followed in undertaking the General Medicine project has included a number of components:

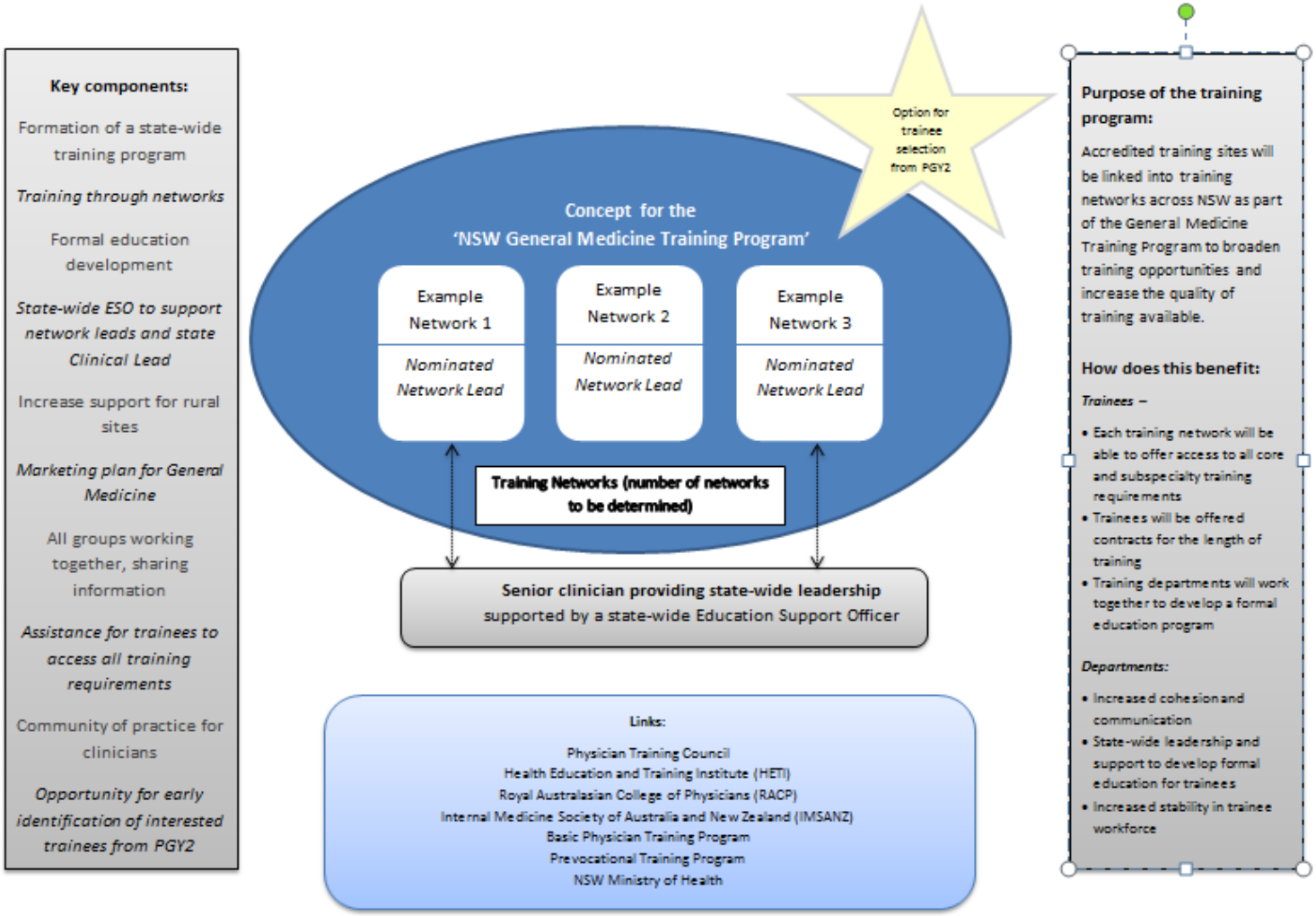
- Development of background paper outlining summary of issues and interventions for testing developed by HETI in 2013. This formed the basis of the content to be tested in surveys.
- Establishment of a Reference Group – a functional reference group was established in January 2014 to inform the work of the project through provision of feedback and advice. A list of members is contained in the Terms of Reference in Appendix 1.
- Consultation with relevant groups and individuals - the recommendations included in this paper have been developed as a result of consultation with relevant groups and individuals including:
    - Stage 1 consultation - Circulation and review of results from 3 surveys. Further information is contained in Appendix 2.
    - Stage 2 consultation - Meetings with relevant groups/individuals
    - Stage 3 consultation – Draft paper on HETI website consultation page – June – July 2014.
- Development of the Final report (Project Plan) – this paper contains a number of recommendations for optimising the delivery of training in General Medicine in NSW. These recommendations have their origins in the suggested interventions contained in the Background Paper. Feedback obtained from relevant groups and individuals has assisted HETI in the refinement of these recommendations.

2.2 VISION FOR GENERAL MEDICINE TRAINING IN NSW

From commencement of clinical year 2016 trainees will join the 'NSW General Medicine Training Program'. This program will be coordinated and delivered through training networks; each with an identified leader.

In conjunction with the RACP and IMSANZ all training networks will work cooperatively to deliver a formal education program for trainees, and will ensure sharing of best practice. HETI will support the implementation of the training program in partnership with the RACP, IMSANZ, the Ministry of Health, Local Health District staff and General Physicians. It will instigate the program and provide recommendations for its ongoing development and review, however the program will be broadly self-sustaining, embedded in the LHD and HETI service and training structures.

2.3 DIAGRAM OF THE 'NSW GENERAL MEDICINE TRAINING PROGRAM'



3. RECOMMENDATIONS

Four themes were identified in earlier reports as being essential in the successful delivery of education and training in General Medicine in NSW, these are:

1. Leadership
2. Training program development
3. Service and workforce
4. Governance

The recommendations contained within this paper have been grouped by these themes. For each theme there is a brief summary of the current environment, proposed recommendations and issues to be resolved.

The recommendations are intended to:

- Support the delivery of strategies outlined in the NSW Health Professionals Workforce Plan in relation to a General Medicine training pathway, dual training pathways, and the ability to maintain General Medicine rosters with sufficiently qualified physicians;
- Build on existing relationships and processes to further support the delivery of high quality General Medicine Training in NSW;
- Support local infrastructure to build or strengthen links between training sites;
- Support the marketing and development of a brand for General Medicine training in NSW; creating an environment where successes are shared;
- Utilise and promote the workforce modelling undertaken by the Ministry of Health in ensuring that General Medicine is seen as a valuable career pathway within NSW;
- Encourage innovative thinking regarding the cross promotion of General Medicine as a specialty from Basic Physician Training through to other physician specialty trainee groups; and
- Support a governance structure for NSW that will continue to monitor progress across the state.

The ultimate goal is to work in partnership with all groups and individuals involved in training to improve the quality of training available to trainees, and assist them in accessing and progressing through their training requirements.

3.1 THEME ONE: LEADERSHIP

What are the issues?

- The loss of dedicated General Medicine services and senior leaders over time in NSW has meant that potential advanced trainees may not have been made aware of General Medicine (or dual training) as a viable career option, or if they are aware of this option,

they may not have positive perceptions of the status, workload and remuneration potential of General Medicine as a career.

- Survey respondents broadly agreed that there should be better promotion of General Medicine as a valuable and viable career choice. This included the provision of data regarding training positions and staff specialist roles.
- There is reportedly low cohesion and communication between General Physicians and General Medicine services across NSW.

Recommendations

Recommendation 1:
A senior clinician with education and leadership skills will be identified to provide leadership for the NSW General Medicine Training Program (Clinical Lead), this could be established as a separate role from the training networks, or it could be filled on a rotating basis between the identified leads from each training network.

This role will ensure that links are formed and operational between all training networks as well as providing representation on the Physician Training Council. This role will also be important in relation to the annual recruitment cycle for the Training Program.

Recommendation 2:
For HETI and the Clinical Lead (see Recommendation 1) to work in partnership with the LHDs to support the MoH to deliver on the HPWP and ensure sufficient physicians available for the general medicine roster in the long-term.

Recommendation 3:
The General Medicine Training Program will work with the MoH, RACP and IMSANZ to develop a marketing strategy and brand for General Medicine training in NSW. This will include strong reference to MoH work that aims to provide career information and support to medical students and junior doctors, as well as promotion of their workforce modelling factsheets.

Recommendation 4:
The General Medicine Training Program will work with the RACP, Physician Training Council, Prevocational Training Program and the Basic Physician Training Networks to build stronger links between Prevocational Training, Basic Physician Training and General Medicine. This will result in an increased level of interest in General Medicine and include the promotion of General Medicine as a positive career option. It will also ensure continuity of education between basic to advanced training and identify areas for collaboration where common goals/outcomes are identified.

Issues to be resolved

1. Agreement on the appropriate workforce planning to fulfil the HPWP with the MoH and LHDs. This includes discussion and agreement on whether it should be acknowledged that from a patient care, service delivery and trainee perspective it is preferable for General Medicine training in NSW to include a greater commitment to dual training or pathway to dual functionality, i.e. two areas of specialty expertise, being achieved.

2. Structures need to be developed that support and promote greater communication and cohesion between General Physicians, General Medicine services, and General Medicine trainees in NSW.
3. As identified in Recommendation 10, a model will need to be developed that supports a pathway for trainee selection from PGY2 into the NSW General Medicine Training Program. This model would need to negotiate existing prevocational and basic physician training program requirements, but would advantage trainees through the provision of access to general medicine terms from PGY2 onwards.

3.2 THEME TWO: TRAINING PROGRAM DEVELOPMENT

The current environment

- Trainees enter General Medicine training following successful completion of Basic Physician Training (BPT).
- Trainees are responsible for finding their own jobs and for liaising with supervisors in order to access necessary clinical experience/ subspecialty terms.
- Training is currently managed locally, with the individual trainee responsible for negotiating their training pathway.
- Units operate individually with a wide variety in the type of positions utilised for training, processes as to how positions are negotiated between services as well as how they are funded.
- A number of networks currently exist, with the duties of the Chair performed by a nominated individual as part of their substantive role.
- There is reportedly low cohesion and communication between General Physicians and General Medicine services across NSW.
- Phase One consultation feedback suggested that the RACP and IMSANZ may be best placed to coordinate formal education such as the suggested masterclass series rather than HETI.

Recommendations

Recommendation 5:
Explore models of central coordination for formal General Medicine education between the General Medicine Training Program, IMSANZ and RACP.

This could be through formation of quarterly meetings/ masterclasses coordinated on a rotating basis by leaders from each training network or through development of online resources. Along with the benefits of formal education for trainees it would promote an environment for sharing of ideas/ best practice between networks.

Recommendation 6:
The General Medicine Training Program will undertake a mapping exercise to accurately define a baseline data set in NSW. This may initially consist of identifying where trainees who are registered as an Advanced Trainee in General Medicine are currently situated and, in the future, may report the number and location of training positions in NSW as well as specifying funding arrangements.

Recommendation 7:
Local Health Districts will utilise the outcomes of the mapping exercise (refer to Recommendation 6) and the MoH workforce factsheets to determine their number of training positions required in the future in order to meet demand. This will allow training networks to ensure that they have adequate positions available that offer core training experience including access to subspecialty terms.

Recommendation 8:
The General Medicine Training Program should support networks in their applications for funding of training positions, this could include state or commonwealth funding.

Recommendation 9:
In order to ensure adequate access to subspecialty training, a small number of positions should be identified that are reserved for General Medicine trainees working in subspecialty areas (does not have to be dual trained). An external funding source would need to be sought and funding arrangements negotiated.

Recommendation 10:
A model be developed that supports a pathway for early identification of trainees from PGY2 who may be interested and demonstrates commitment into entering the NSW General Medicine Training Program. This pathway would need to negotiate existing prevocational and basic physician training program requirements. This would provide junior doctors with mentoring from general physicians and trainees, and provide opportunity to complete terms in General Medicine through their prevocational or BPT training.

Issues to be resolved

- HETI, IMSANZ and the RACP need to determine who the most appropriate group to lead the education work is.
- Need to gather accurate information regarding number and location of training positions and understand the funding attached to each. Discussions regarding the number of subspecialty terms required and the future number of training positions required will require consideration of the MoH factsheets and will need strong leadership to navigate competing interests of specialty groups.
- Training networks may require support for the development of applications for the funding of training positions.
- The number of quarantined positions needs to be defined, and this recommendation would be dependent on funds being available once the state and federal budgets are known for the 2015/16 financial year and beyond. Consideration could be given to the reallocation of BPT positions into Advanced General Medicine training positions although existing limitations regarding night cover would need to be managed.
- Service planning regarding General Medicine units remains the responsibility of individual LHDs and the MoH.
- If a pathway was developed for the early identification of trainees from PGY2 who may be interested and can demonstrate commitment into entering General Medicine it would need to support existing practice in NSW requiring completion of two generalist years.

3.3 THEME THREE: SERVICE AND WORKFORCE

What are the issues?

- There is a wide variety of models in operation across the range of sites accredited for General Medicine training in NSW including recruitment practices and links with other training sites.
- The provision of General Medicine services in hospitals varies with location including different approaches to service delivery, resource allocation and workforce structure.
- It is likely that the number of Medical Assessment Units will increase over the next 5 years which will require General Physicians to manage the units.
- Phase One Consultation indicated agreement for strong links between training sites to support training.
- With the decline of General Medicine Departments in NSW, General Medicine rosters are most often filled by Physicians with an interest in General Medicine and another subspecialty. Current service structures may be better supported by a dual trained workforce, particularly at sites that do not have a General Medicine Department. Dual training initiatives are very attractive to General Medicine trainees; in particular the new model at Orange and Dubbo Hospitals, this program could be expanded.
- The majority of Phase One consultation survey respondents indicated that they undertook General Medicine rotations as part of their prevocational or basic physician training programs.

Recommendations

Recommendation 11:
Link accredited training sites into training networks across NSW as part of the General Medicine Training Program to broaden training opportunities and increase the quality of training available. Each training network will be able to offer, or negotiate access to, the entirety of their core training requirements (General Medicine and subspecialty) and will provide continuity for trainees and their employers (see Appendix 3 for the training network models).

Recommendation 12:
Each network will identify one site as the lead site from which network activities will be coordinated. A General Physician will be nominated within the network as the network lead. Network leads will receive support from the state Education Support Officer (refer to Recommendation 13) to deliver state-wide and local education. Network leads will reach agreement with their employing LHD to undertake network functions as part of their core duties.

Recommendation 13:
A state-wide Education Support Officer will support the development of training networks and assist in the establishment of the coordination of education activities across the state. They will be required to work with the clinical lead (see Recommendation 1) and the nominated network leads (see Recommendation 12) to perform their role.

Recommendation 14:
As part of the 2015 annual recruitment cycle for the 2016 clinical year ensure that all training sites are operating within the training networks. All training sites to participate within a network led centralised recruitment process in order to streamline recruitment practices. Training networks to negotiate recruitment support with their JMO Units.

By the 2017 clinical year training networks will be able to offer trainees contracts for the length of training[1].

Recommendation 15:
Following evaluation of the MoH/RACP Dual Training Program currently being piloted at Orange and Dubbo Hospitals in 2014, consideration should be given to the expansion of the program to additional sites such as Wollongong or Nepean Hospitals.

Recommendation 16:
Key stakeholders should review strategies to support exposure to General Medicine as a junior doctor; this could include an audit of General Medicine terms at the prevocational (PGY1 & 2) level by HETI, and consideration by the RACP of current requirements for 3-months of General Medicine training as part of Basic Physician Training.

Issues to be resolved

1. Structure of training networks needs to be respectful to existing relationships as well as ensuring that all sites are part of a group. It needs to have capacity to include sites accredited for training in the future.
2. The recommendations of the HETI Medical Portfolio Programs Review (MPPR) were not available until 27 June 2014. The implementation of these could have an impact on the General Medicine recommendations including suggested governance or training network composition. This may also impact on funding.
3. Training networks do not run themselves; they require support in order to deliver specified education and training outcomes. Support will be provided by the state-wide ESO.
4. It will be important to work with the Agency for Clinical Innovation and the MoH to monitor future impacts of the MAU model of care on workforce modeling for General Physicians.
5. The Dual Training Program pilot required significant start-up investment for 2014; this would need to be rolled out to further sites at a lower cost.

3.4 THEME FOUR: GOVERNANCE

What are the issues?

- There are no coordinated discussions between the RACP and the employers in relation to General Medicine training in NSW.

[1] *Policy Directive PD2010_074 – Medical Officers – Employment Arrangements in the NSW Public Health System*

- General Medicine is identified in the HPWP as an area requiring significant growth in NSW – this requires strategic discussions between all relevant parties in order to achieve obligations.
- The report from the HETI Medical Portfolio Programs Review (MPPR) was not available until 27 June 2014, the implementation of its recommendations may impact proposed governance structures.

Recommendations

Recommendation 17:
The senior clinician appointed as an outcome of Recommendation 1 will be responsible for the leadership of the Training Program, with appropriate support provided by nominated leads for each of the training networks, HETI, the RACP, IMSANZ, and the Physician Training Council.

In the first 12-24 months of implementation key stakeholders will be required to work collaboratively in order to meet objectives of the program. The program will be evaluated after 24 months of full implementation.

Recommendation 18:
Terms of Reference for the Physician Training Council will be reviewed to include the General Medicine Training Program Clinical Lead; consideration should also be given to whether the Chair of the SAC should be ex officio on the PTC. This will provide a forum for the discussion of concerns, issues or ideas relevant to BPT and General Medicine with a range of colleagues.

Issues to be resolved

1. The recommendations of the HETI Medical Portfolio Programs Review (MPPR) were not available until 27 June 2014, as a result this will have an impact on the phasing of implementation.
2. The Physician Training Council is a functioning statewide committee; care will need to be taken when reviewing its terms of reference not to interrupt its core business.
3. Governance for the Program should be self-sustaining after the first 12-24 months of implementation. The Program should aim to ensure that after this time these functions will be absorbed into the ongoing functions of the training networks. HETI will coordinate a formal evaluation of the program after 24 months of full implementation.

4. EVALUATION

It is important that the General Medicine Training Program has an Evaluation Plan in place, with key focus on two types of evaluation: formative evaluation and impact evaluation. An Evaluation Plan will be developed prior to commencement of the Program. This will include the completion of an Impact Map to ensure that the correct methodologies are being employed.

Formative Evaluation is undertaken in early implementation (during the first 12 months of implementation), usually before a program is implemented in full across the system. Recommendations 6 and 7 refer to the completion of a mapping exercise. This process will be part of the Formative Evaluation, as the gathering of a baseline data set and consideration of data against Ministry of Health modelling will support future analysis of workforce requirements and the number and location of training positions for General Medicine, as well as subspecialty terms required.

The second component of the Evaluation Plan will be the completion of an Impact Evaluation after 2 years (24 months) of full implementation. This evaluation will assess the degree to which the project has achieved its stated outcomes (through the recommendations paper), and will assess the impact of the program, this includes the intended and unintended outcomes.

HETI's ongoing role

HETI will support the completion of the formal evaluation process after 24 months of full implementation which will provide recommendations for the programs ongoing development. Following this it is foreseen that HETI will have stepped back from an oversight role and will no longer be involved in the day to day operations of the program. It is anticipated that by this stage the program will be broadly self-sustaining, embedded in the LHD service and training structures.

5. APPENDIX 1 – ADVANCED GENERAL MEDICINE REFERENCE GROUP, TERMS OF REFERENCE

Purpose:

HETI has been requested to work with the Ministry of Health, Royal Australasian College of Physicians and Local Health Districts to develop a General Medicine training program and network(s) that support General Medicine trainees in metropolitan and rural hospitals. The Reference Group will provide advice and guidance to the HETI Project Team in the analysis of identified issues and identification of viable solutions to support the delivery of General Medicine training in NSW, ensuring completion of the project before 31 October 2014.

Functions:

1. Review, interpret and utilise feedback from public consultation (surveys and interviews).
2. Provide expert input and strategic advice on issues surrounding the delivery of General Medicine Training in NSW, including comment on workforce/ training positions.
3. Debate, clarify, comment and make recommendations on draft proposals and the draft report.
4. Monitor risks to the project and monitor the implementation of the Project plan and development of strategies and tasks identified in the work plan.
5. Consider the impact of the recommendations from the Medical Portfolio Programs Review (MPPR) (reporting early 2014) in relation to General Medicine recommendations.

Operation:

Chair	**Dr Anthony Llewellyn, HETI Medical Director**	
Frequency	In general monthly meetings between February to October 2014	
Secretariat	Secretariat support will be provided by the HETI project staff	
Venue	Teleconference	
Agenda, Meeting, Notes and Papers	To be distributed one week prior to meeting date. Meeting notes and actions to be finalised and distributed one week after each meeting.	
Reporting Responsibility	Senior Project Manager, HETI Medical Portfolio HETI Medical Director	
Membership	Ms Alix Brown	Senior Project Officer, HETI
	Dr Herath (Rohan) Gunathilake	Advanced Trainee
	Dr Alasdair Macdonald	President, Adult Medicine Division, RACP
	Dr Michael McGee	Medical Registrar
	Dr Benjamin Nham	Basic Physician Trainee
	Dr Rob Pickles	Chair, General and Acute Care Medicine SAC; Honorary Secretary, IMSANZ and Director of General Medicine, John Hunter Hospital
	Ms Louise Rice	Senior Project Manager, HETI
	Dr Marie-Louise Stokes	Director of Education, RACP
	Prof Iven Young	Chair, Physician Training Council, HETI

6. APPENDIX 2 – OVERVIEW OF STAGE ONE CONSULTATION

Initial consultation phase – three surveys were developed using the program SurveyMonkey and distributed via email, through the Royal Australasian College of Physicians (RACP) database and by newsletter notification.

The first survey was sent by email in the week commencing 16 December 2013 from HETI project staff to Prevocational trainees (with an interest in General Medicine) and current and past LEAD/LEAP Leadership program participants; this had a closing date of Friday 20 December 2013. A total of 34 responses were received, with 21 being from Prevocational Trainees, 11 from LEAD and LEAP Leadership Program participants, and 2 not specified.

The second survey was sent by email from the RACP to all General Medicine trainees as well as included in the Adult Medicine Division (AMD) e-News bulletin distributed to members by the College on Friday 20 December 2013. The Internal Medicine Society of Australia and New Zealand (IMSANZ) also distributed the survey link by email to members prior to Christmas closure 2013. In the week ending 20 December 2013 HETI project staff distributed the survey link to Directors of Prevocational Training, and in the week ending 17 January 2014 HETI project staff distributed the survey to Area Directors of Medical Services. This survey had a closing date of 24 January 2014.

A total of 55 responses were received, 7 from Directors of Prevocational Education and Training, 18 from General Physicians, 22 from General Medicine/ dual pathway trainees, and 5 from Directors of Medical Services with 3 not specified.

Finally, the third survey (DOC14/1285) was sent by email in the week ending 17 January 2014 to Basic Physician Training (BPT) Education Support Officers, asking them to distribute to trainees within their network. The survey had a closing date of Tuesday 28 January 2014. A total of 54 responses were received, 47 from BPTs, 6 from "other" and 1 not specified.

In total 143 responses were received in the initial consultation.

Survey 1	Prevocational Trainees	21
	LEAD & LEAP participants	11
	Not specified	2
	Total Survey 1	34
Survey 2	DPETs	7
	General Physicians	18
	General Medicine/ dual training pathway trainees	22
	Directors of Medical Services	5
	Not specified	3
	Total Survey 2	55
Survey 3	BPTs	47
	Other	6
	Not specified	1
	Total Survey 3	54
	TOTAL	143

7. APPENDIX 3 –TRAINING NETWORK MODELS

The purpose of the training networks in General Medicine is to broaden the range of training opportunities and increase the quality of training available. The following models were included in the consultation paper. Each model includes sites that are accredited by the RACP as at 10 April 2014.

1. Option A – this is made up of 3 networks with each based around the three largest metropolitan sites.
2. Option B – this is made up of 7 networks that are based on existing networks/ relationships and LHD boundaries.
3. Option C – this is made up of 8 networks that are based on existing networks/ relationships and LHD boundaries and includes a newly proposed rural network.

The following points were identified as important principles to assist the identification of the most suitable network model for NSW:

- Networks have the ability to deliver the training requirements as specified by the RACP (both core and subspecialty);
- Networks do not require trainees to move excessively;
- Networks are small enough to be functional;
- Networks promote the building of relationships between trainees and physicians and provide mentorship for trainees; and
- Networks have the ability to provide dual training opportunities in subspecialties.

Following consideration by the Reference Group against these principles, and feedback through consultation, **Option B** is identified as the **preferred model** for NSW. Many of these groupings are already operating as a 'network' in regards to arrangement of trainee rotations and recruitment. There is now opportunity to formalise and strengthen arrangements in order to improve the quality of training available to trainees, and assist them in accessing and progressing through their training requirements.

OPTION A: LARGER NETWORKS

Proposed Network 1	
Hunter New England LHD	John Hunter
	Belmont
	Armidale
	Maitland
	Tamworth
	Manning Base
Central Coast LHD	Wyong
Mid North Coast LHD	Port Macquarie
	Coffs Harbour
Private	Calvary Mater Newcastle
Proposed Network 2	
Illawarra Shoalhaven LHD	Wollongong
	Shoalhaven
Far West LHD	Broken Hill
Nepean Blue Mountains LHD	Blue Mountains
	Nepean
South Western Sydney LHD	Liverpool
	Camden
	Campbelltown
Other	Calvary Hospital Wagga Wagga
	Hawkesbury District Health Service
	Illawarra Health & Medical Research Institute
	South Eastern Sydney Development Assessment Service
Proposed Network 3	
Northern Sydney LHD	Royal North Shore
	Mona Vale
	Manly
	Hornsby
Sydney LHD	Canterbury
	Concord
South Eastern Sydney LHD	St George
Western NSW LHD	Dubbo Base
	Orange
Other	North Shore Private
	Royal Flying Doctor Service, South Eastern Section
	Sydney Adventist Hospital

OPTION B: PREFERRED MODEL - SMALLER LHD BASED NETWORKS

Proposed Network 1 - HNELHD 1 plus Port Macquarie and other	
Hunter New England LHD	John Hunter
	Belmont
	Armidale (conditional accreditation)
	Tamworth
	Taree/ Manning Base
Mid North Coast LHD	Port Macquarie
Other	Wyong (Central Coast LHD)

Proposed Network 2 - HNELHD 2 plus Coffs Harbour	
Hunter New England LHD	Calvary Mater Newcastle (Private)
	Maitland
Mid North Coast LHD	Coffs Harbour (conditional accreditation)

Proposed Network 3 - ISLHD plus other	
Illawarra Shoalhaven LHD	Wollongong
	Shoalhaven
Other	Illawarra Health & Medical Research Institute
	South Eastern Sydney Development Assessment Service

Proposed Network 4 - NBMLHD plus other	
Nepean Blue Mountains LHD	Blue Mountains
	Nepean
Other	Hawkesbury District Health Service
	Royal Flying Doctor Service, South Eastern Section

Proposed Network 5 - NSLHD plus other	
Northern Sydney LHD	Royal North Shore
	Mona Vale
	Manly
	Hornsby
Other	North Shore Private
	Sydney Adventist Hospital

Proposed Network 6 - SWSLHD plus other	
South Western Sydney LHD	Liverpool
	Camden
	Campbelltown
Other	Calvary Hospital Wagga Wagga

Proposed Network 7 – SLHD, SESLHD, WNSWLHD and FWLHD	
Sydney LHD	Canterbury
	Concord
South Eastern Sydney LHD	St George
Western NSW LHD	Dubbo Base
	Orange/Bloomfield
Far West LHD	Broken Hill

Option C: Smaller LHD Based and Rural Networks

Proposed Network 1 - HNELHD 1	
Hunter New England LHD	John Hunter
	Belmont
	Armidale (conditional accreditation)
	Tamworth
	Taree/ Manning Base

Proposed Network 2 - HNELHD 2 plus other	
Hunter New England LHD	Calvary Mater Newcastle (Private)
	Maitland
Other	Wyong (Central Coast LHD)

Proposed Network 3 - ISLHD plus other	
Illawarra Shoalhaven LHD	Wollongong
	Shoalhaven
Other	Illawarra Health & Medical Research Institute
	South Eastern Sydney Development Assessment Service

Proposed Network 4 - NBMLHD plus other	
Nepean Blue Mountains LHD	Blue Mountains
	Nepean
Other	Hawkesbury District Health Service
	Royal Flying Doctor Service, South Eastern Section

Proposed Network 5 - NSLHD plus other	
Northern Sydney LHD	Royal North Shore
	Mona Vale
	Manly
	Hornsby
Other	North Shore Private
	Sydney Adventist Hospital
Proposed Network 6 - SWSLHD	
South Western Sydney LHD	Liverpool
	Camden
	Campbelltown

Proposed Network 7 - SLHD and SESLHD	
Sydney LHD	Canterbury
	Concord
South Eastern Sydney LHD	St George

Proposed Network 8 - Rural			
		Accreditation status	**Comments**
Mid North Coast LHD	Port Macquarie	12 months	
Mid North Coast LHD	Coffs Harbour	6 months (conditional)	This site is conditionally accredited for 12 months. A trainee may undertake a maximum of 6 months core-training at this site. Any additional training may be considered towards non-core training only upon review of a trainee's Application for Approval of Training Form
Southern LHD	Calvary Hospital Wagga Wagga	12 months	An individual trainee can undertake a maximum of 12 months core training (6 months General Medicine and 6 months core-subspecialty training) at this site
Western NSW LHD	Dubbo Base	24 months	An individual trainee can undertake 24 months of training (12 months General Medicine and 12 months subspecialty training)
Western NSW LHD	Orange/Bloomfield	24 months	An individual trainee can undertake 24 months of training (12 months General Medicine and 12 months subspecialty training)
Far West LHD	Broken Hill	6 months	A trainee may complete 6 months core-training and 6 months non-core training only.