



ANZCA
FPM

President and CEO

Australian and New Zealand
College of Anaesthetists

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Ms Valerie Ramsperger
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Department of Health
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Via email: valerie.ramsperger@health.gov.au

Dear Ms Ramsperger

How accreditation practices impact building a non-GP rural specialist medical workforce

The Australian and New Zealand College of Anaesthetists (ANZCA), including the Faculty of Pain Medicine (FPM), is one of the largest medical colleges in Australia. The college is responsible for the training, examination and specialist accreditation of anaesthetists and specialist pain medicine physicians and for setting the best standards of clinical practice that contribute to a high quality health system.

ANZCA appreciates the opportunity to provide feedback on the draft *How accreditation practices impact building a non-GP rural specialist medical workforce* report. We commend the Department of Health on this important project and acknowledge the efforts to engage with stakeholders in its development.

The college's mission is to serve the community by fostering safe and high quality patient care in anaesthesia, perioperative medicine and pain medicine. Underpinning this mission is the premise that all people have a right to access high quality healthcare, regardless of where they live and ANZCA is committed to improving access to anaesthetists and specialist pain medicine physicians in rural and regional areas.

As you are aware through the comprehensive consultation stage of this project, the college has an Accreditation and Learning Environment Project Group which is currently looking at international best practice for accreditation processes across its training programs to guide future training program evolution. The project group has consulted with other postgraduate medical education accrediting bodies and will consider the outcomes and recommendations of your final report as well as ensuring the group's work supports the college's regional and rural workforce strategy.

Broadly, the college supports the recommendations contained in the draft report. Some of the recommendations proposed may be more achievable should processes implemented in response to the inability to travel due to COVID-19 continue to be utilised and built upon.

In the attached table, we provide some more specific feedback on the draft report. We note that ANZCA is already tackling many of the proposed recommendations through our Accreditation and Learning Environment Project Group, such as increased engagement with rural and regional supervisors (recommendation 5) and recognition of accreditation by other bodies (recommendation 17).

We look forward to continuing to work with the Department and other stakeholders to increase rural and regional training opportunities for our trainees and ensure all Australians have access to safe, high-quality anaesthesia and pain medicine services.

Yours sincerely



Vanessa Beavis
President



Nigel Fidgeon
Chief Executive Officer

Attachment 1: ANZCA feedback on the draft report -
Issues and challenges for rural accreditation

44	<p>Recommendation 3</p> <p>Review the composition of accreditation teams to include rural Fellows or Fellows with rural and regional expertise</p>	<p>This recommendation could be strengthened to have rural fellows involved in accreditation decision-making and accreditation redesign (rather than on teams which limits in their decision-making capacity). Hybrid processes with distance technology could facilitate such involvement.</p>
55	<p>Recommendation 8</p> <p>Inclusion of jurisdictional representatives and/or independent observers in accreditation assessments, including site visits, desktop reviews or virtual accreditation assessments.</p>	<p>This has been trialed in the past however jurisdictional uptake of invitations to join accreditation teams has been limited.</p> <p>There are also potential conflict of interest issues that need to be considered where jurisdictional health services and their employees participate in accreditation assessments.</p>
55	<p>Recommendation 9</p> <p>Improve transparency in published accreditation standards, criteria and requirements.</p>	<p>ANZCA supports the recommendation to improve transparency of accreditation standards and is considering the use of an appropriate framework to achieve this.</p>
55	<p>Recommendation 10</p> <p>Robust conflict of interest policies and processes for accreditation teams to underpin fair and balanced accreditation assessments.</p>	<p>The college already has robust conflict of interest and processes for accreditation teams in place. Is this recommendation aiming to ensure health service input into the composition of accreditation teams and decision-making bodies?</p>
55	<p>Recommendation 11</p> <p>Identification of commonalities and terminology across specialty accreditation frameworks with college adoption of common definitions and criteria to create efficiencies across the accreditation system, for example, in relation to trainee wellbeing.</p> <p>Recommendation 12</p> <p>College collaboration with sharing of common accreditation information.</p> <p>Recommendation 13</p> <p>Review accreditation practices to improve consistency.</p>	<p>These recommendations aim to improve terminology, consistency and information-sharing across colleges. Recommendation 33 refers to colleges further integrating the AHMAC National Accreditation Framework for Medical Specialty Training 2015, which would achieve a similar outcome to recommendations 11 to 13.</p>

58	<p>Recommendation 14</p> <p>Recognise workforce needs and the tension between providing training and clinical services, supervisor support funding could enable some protected time to facilitate supervision and other training requirements.</p>	<p>A graduate outcome-aligned college accreditation system would have the interests of health services (high quality and safe care) aligned with those of colleges (graduates who can deliver safe and high quality care). This would require thoughtful collaboration including what is meant by such alignment.</p>
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Challenges across the non-GP specialist medical college accreditation system

65	<p>Recommendation 15</p> <p>Resourcing administrative support for smaller sites with reduced capacity to respond to regulatory requirements and develop training infrastructure. Support to assist in preparing for accreditation activities and general specialty medical training support.</p>	<p>There may be efficiencies in having all supervisors on one site across colleges being supported by the same process.</p> <p>ANZCA is currently developing supervisor resources that are accessible for rural or regional sites.</p>
69	<p>Recommendation 19</p> <p>Design and develop a common online accreditation portal - To create efficiencies, reduce the administrative accreditation burden and create a synergistic approach to specialty medical training accreditation aiming to provide insight into health care system training capability and capacity for medical workforce planning and distribution.</p>	<p>This recommendation would require substantial funding, collaboration and foundational agreement that may not be feasible.</p>

Opportunities for change to improve geographical distribution of non-GP specialist medical training

83	<p>Recommendation 30</p> <p>Increased collaboration between jurisdictions, colleges, health services to improve medical workforce planning alignment with accreditation and specialty training outcomes.</p> <p>Recommendation 31</p> <p>Increased stakeholder engagement and collaboration between colleges, health services and jurisdictions to support a continuous quality improvement accreditation model and early notification of any issues that impact accreditation.</p>	<p>It not clear how these recommendations would be implemented in practice, for example are formal processes or regular meetings being proposed?</p> <p>The college is in the final stages of developing a comprehensive regional and rural workforce strategy that documents our commitment to improving both the health outcomes for people living in rural, regional and remote areas and the health and wellbeing of fellows, trainees and specialist international medical graduates living and working in these areas. Increased collaboration and engagement with government and other stakeholders is one of the core objectives of this strategy.</p>
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