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RE: RACP Selection in Training Policy – Stakeholder Consultation

The Health Care Consumers' Association (HCCA) provides a voice for consumers on local health issues and also provides opportunities for health care consumers in the ACT to participate in all levels of health service planning, policy development and decision making. HCCA involves consumers through consumer representation, consultations, community forums, and information sessions about health services and conducts training for consumers in health rights and navigating the health system.

HCCA welcomes the opportunity to provide input into the **RACP Selection in Training Policy – Stakeholder Consultation.**

We commend the Royal Australasian College of Physicians in developing a formal overarching policy on selection into training of both basic and speciality advanced training programs.

As consumers, carers and family we recognise the importance of such a policy in ensuring safe and high quality care for consumers by trainees in such programs. In preparing our response to this review we convened a focus group of consumers have had a level of involvement in medical education and training, they highlighted the key issues for consumers in this review are outlined below;

A stronger focus on consumers, carers and families

As highlighted above this policy has an impact directly on consumer, carer and family safety and quality within the health system and our experience of care from trainees in this program. We acknowledge the work being done to ensure that four key principles underpin RACP selection into training, but note that there is not currently a strong focus on person and family centred care. Whilst the selection criteria broadly addresses issues that effect consumers, such as skills in clinical knowledge, communication, quality and safety and cultural competency, there is not a specific criteria on practising person and family centred care. Given the recent work of the Australian Commission for Safety and Quality in Health Care on patient centred care, health literacy and partnering with consumers, we would encourage the College to seriously consider a specific criteria relating to patient centred care. Such a criteria could include the ability to use shared decision making tools,

acknowledging the role of doctors to educate consumers on choices about our care and health management, and the role of consumers, carers and family as central to a health care team.

We also note that the consultation process and objectives of consultation 9as laid out on page two and ten) that consumers, carers and family are not mentioned as '*impacted stakeholder groups'.* As these changes will affect training, and consequently workforce providing our care, we believe that we are key stakeholders in this process. We suggest inclusion of consumers, carers and families throughout the document and in the implementation and communication plan laid out on page ten.

Communication

When looking at the selection criteria of *communication* on page five we note the use of the language around communication seems to be quite clinician focused and not clear around the essential skill of listening and responding to consumer, carer and family needs or concerns during their care.

> *'Effective communication between trainees and patients is to be encouraged, and words like " diplomacy, assertiveness and confidence" could be replaced by an emphasis on "empathy, understanding and directness". The former assume the power is all in the trainees' hands, the latter encourages trainees to listen and discover the patients' needs, wants and limitations.'*- Consumer Representative (HCCA Focus Group, 23 March 2015).

Consumer involvement in section into training

We advocate for the inclusion of consumers, carers and families in the selection process of trainees. Including consumers in selection panels is becoming the norm to ensure that trainees are addressing consumer needs and are guided by the principles of person and family centred care. We see this as the role of both employers and RACP to include consumers in such panels. In *stage four –commence training* of the selection process as laid out on page seven, there is a step for the granting of approval by a *College Training Committee* and encourage the inclusion of consumer and carer representatives on these committees to provide consumer perspectives and insights for the approval process. We are aware that the RACP is currently scoping consumer and carer participation and would welcome an opportunity to contribute to this important work.

Workforce

As jurisdictions are often large employers of trainees in college programs we strongly suggest that these bodies play a role not only in selection to training but also the content of training to meet workforce need and the population health needs of their specific jurisdiction.

HCCA recognises that there are a number of doctors who decide to be generalists and do not specialise. We would like to see the value of the career hospital generalists reinforced and encouraged as a valid career choice.

We recognise that there has been a trebling of numbers of trainees and the change in health service delivery as more people are going to hospital for short lengths of stay and outpatients. In addition, a great deal of health care is delivered in community settings and in the private hospital sector. This raises the question, how do we make sure that trainees get adequate face to face training in the range of medical care scenarios in which they may work? And how do ensure there is sufficient educational and clinical governance to support this? There is a need to look at models which allow some of this training to occur in diverse settings, including private practice, community health clinics and private hospitals.

Supervision

Funding for appropriate supervision and on-the-job training of trainees needs to be addressed. There is an expectation that senior medical staff will undertake this crucial service and the time and costs will be absorbed. As one consumer representative said:

> *'Medical internship and trainee programs need to focus on providing quality training for both supervisors, trainees and interns. Focus on supervisors' teaching skills are just as important as the content of the intern and training courses. Breaking the old hierarchical paradigm of "teaching by humiliation" (James Lawler, president of the Australian Medical Students" Association, SMH Wednesday April 8, 2015 p.19) will produce more productive medical professionals and assist the frequently cited poorer mental health of these young professionals'*- Consumer Representative (HCCA, 23 March 2015 Focus Group).

Quality and Safety

There is research to suggest adverse events and complications go up in the new academic year as trainees begin in their roles[1,2]. Consumers recognise that for trainees these are important years of practice and transition – but ensuring that patients being cared for are cared for safely is equally important.

Health workforce is an area of great interest to consumers and we look forward to an ongoing discussion with the Collage.

Yours sincerely,

Darlene Cox
Executive Director

10 April 2015

[1] Haller G, Myles P, Taffe P, PerneggerTV, Wu CL. *Rate of undesirable events at beginning of academic year: retrospective cohort study*. BMJ 2009;339:b3974.

[2] Paul Barach and Julie K Johnson Source: *Variation in adverse events over the academic year* BMJ: British Medical Journal, Vol. 339, No. 7727 (24 October 2009), pp. 929-930