



# QueenslandCountryPractice

Advancing rural health solutions

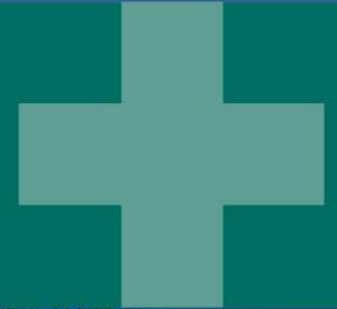


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## Network approaches to paediatric training in Queensland

A unit of Darling Downs Hospital and Health Service

# Specialist workforce in Queensland

Ministerial Taskforce for Training in the Regions (2009)

Triggered by difficulties in specialist staffing in central Queensland

Ageing regional specialist workforce

Changing specialist work-life balance expectations

1-for-1 replacement?

Sustainable services need critical mass of specialists

Regional private practice even harder to recruit

Decentralised state

# The opportunities

## Increasing junior doctor numbers

Qld graduations increased 27.6% (2009-2013) to 679. NSW increased 90.4%, Victoria 85.4% (Queensland's predated other states)

## Excellent clinical exposures in regions (+ outer metro)

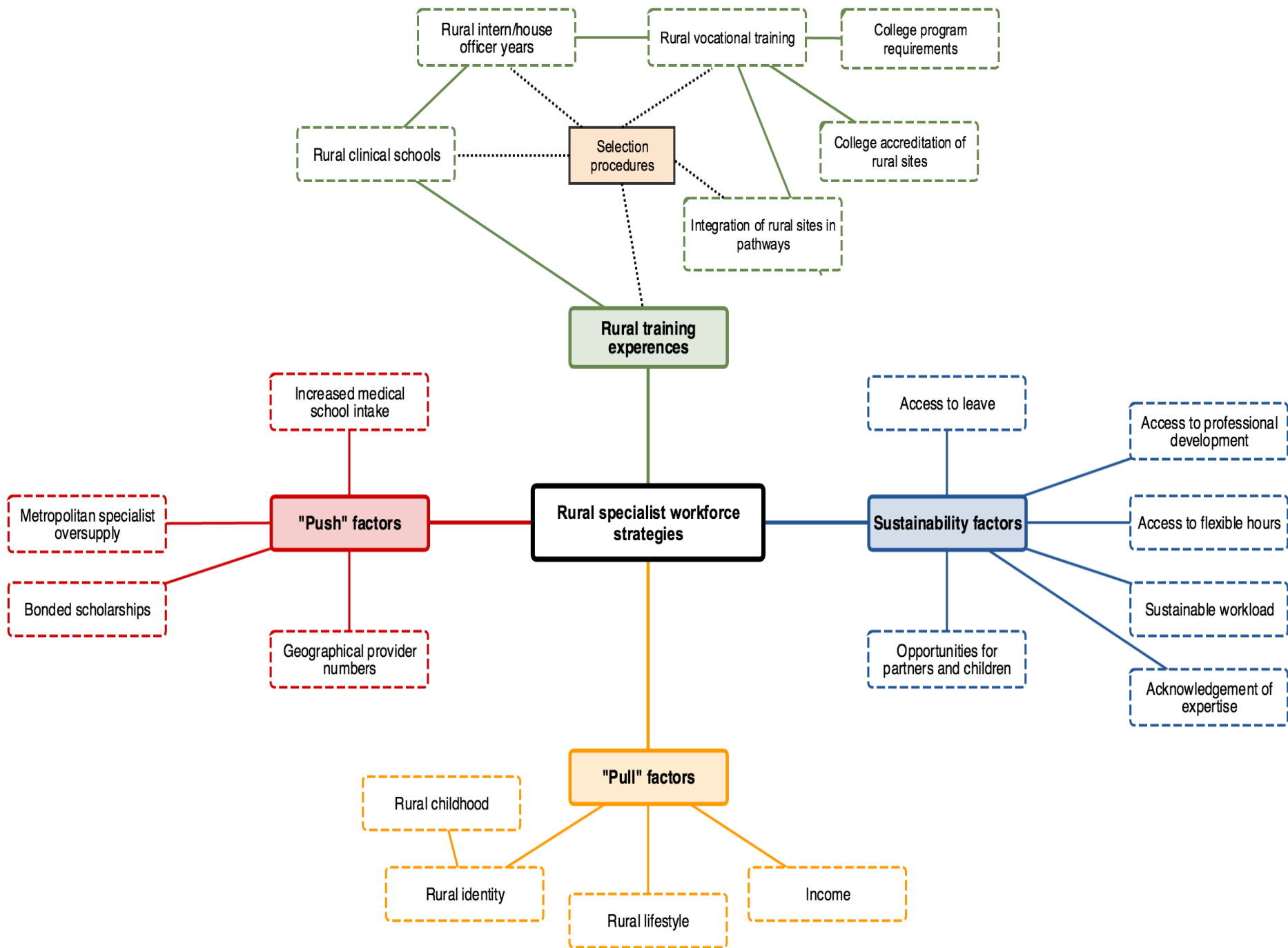
## Changes to College program requirements

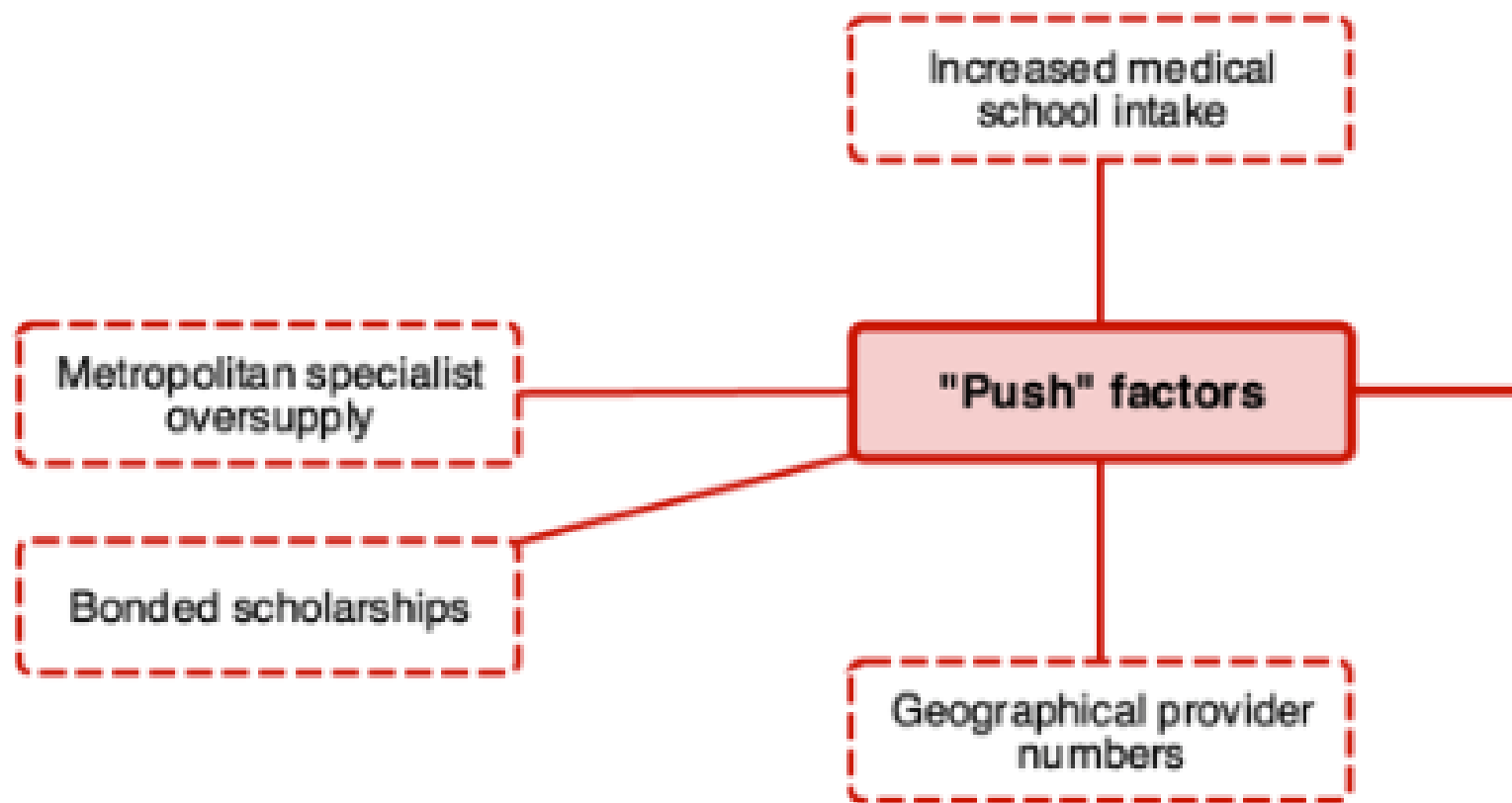
- Minimum 9 months tertiary in basic training

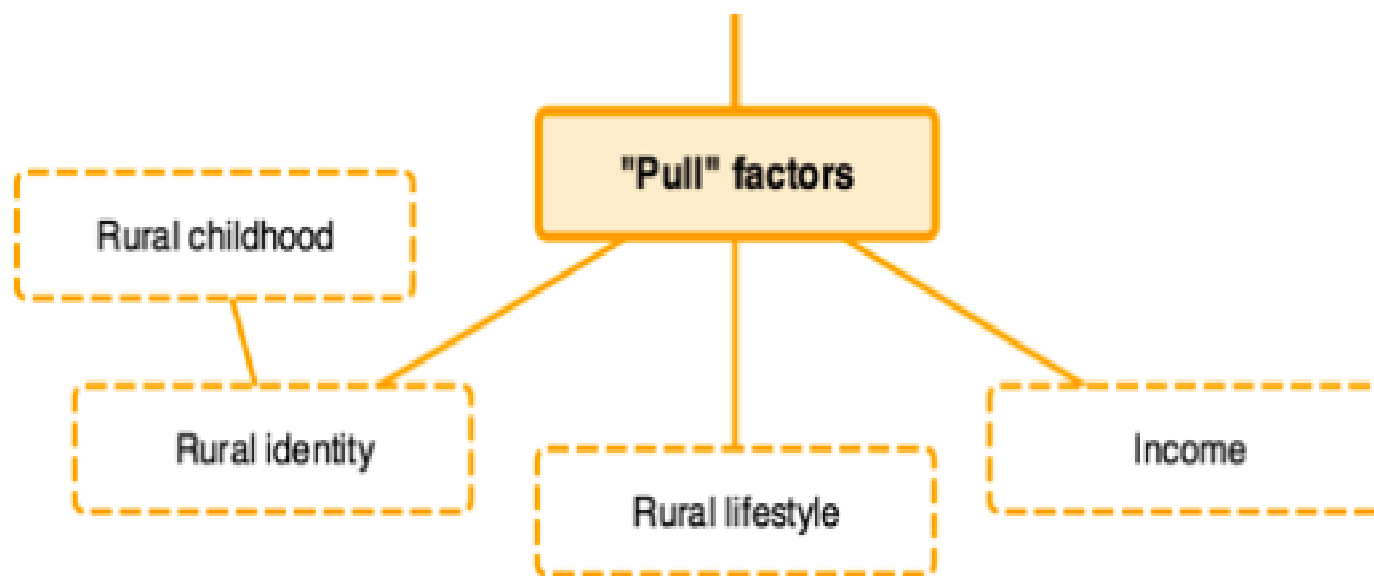
- Up to 27 months in one level 2 site

- Up to 27 months in secondment sites (max 12 months each)

## Acknowledgement of rural basic training for advanced general paediatric SAC







# RACP fellowship survey 2013

## Key findings:

Rural childhood (OR 1.9,  $p=0.02$ )

Rural internship (OR 4.1,  $p<0.01$ )

Rural registrar (OR 4.0,  $p<0.01$ )

All independently associated with increased likelihood of rural specialist practice

# MTRP report 2015

Rural backgrounds of medical students (e.g.):

Queensland: JCU: 57.7%, UQ: 27.5%

NSW: Wollongong: 66.3%, Sydney 25.3%

Vic: Monash 29.3%, Melbourne 21.9%

WA: UWA 24.3%

Tas: 61.6%

SA: Flinders 30.3%

# Queensland Basic Paediatric Training Network

## Goals:

- Improve capacity for, and quality of basic paediatric training
- Promote careers in (regional) general paediatrics

## Strategies:

- Improve equity of access to RACP training program for regional junior doctors
- Decentralise basic paediatric training
- Encourage commencement and entry to training from the regions
- Ensure basic training requirements can be met, incl. rotations through subspecialties
- Increase exposure to regional paediatrics in basic training

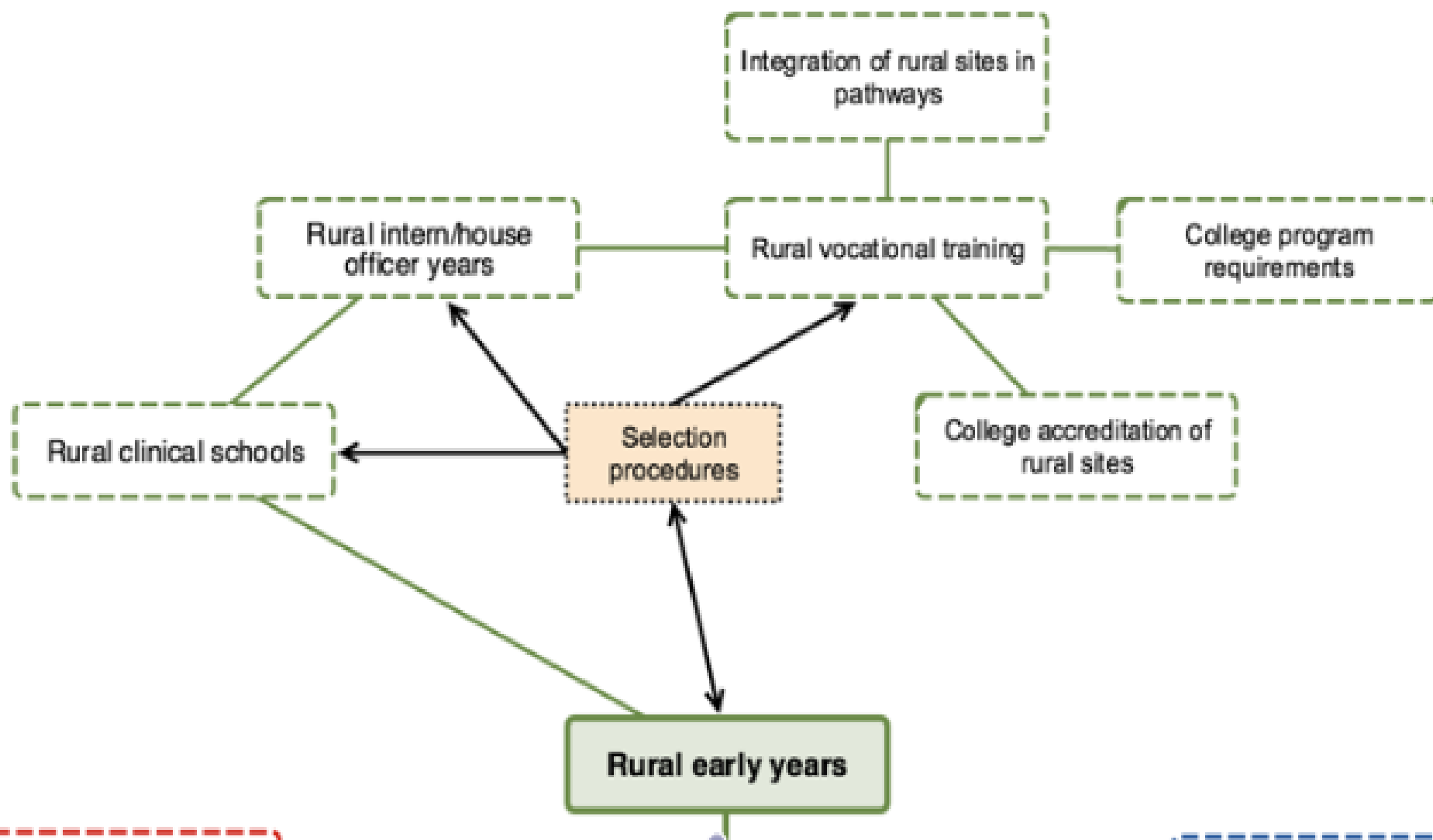
# Queensland Basic Paediatric Training Network

Ensure equity in educational opportunities

Use of Telemedicine

Maximise accreditation for various training requirements at regional sites (e.g. community, gen paeds, paeds ED)

Collaboration between training sites, RACP, DPEs and Network



# The QBPTN program

Three year pathway for basic training

Currently:

- 2 years at LCCH + 1 year at secondment site

- 2 years at Townsville/Gold Coast + 1 year LCCH

- (1 year Townsville/Gold Coast + 1 year outer metro + 1 year LCCH)

# Factors in model design

Full year placements

pros and cons

No distinction between “exam year” and other years

May be “away” for BPT1 (i.e. very junior in registrar role)

Selection prior to BPT1 but in PGY2 (for PGY3)

cf trends interstate

# Experience so far

Prior to Network: 2012 approx 28 new basic trainees in Qld

First cohort recruited 2012 for 2013

42 selected

Outcomes so far:

- 30 completing Network 3-year pathway 2015

  - 28 sat written exam

  - 22 (79%) passed written exam

  - 20 (91%) passed clinical exam, progress to AT

- 6 delayed progress (maternity leave and/or part time)

- 6 withdrawn (may complete elsewhere) – all prior to regional year

# Experience of participating hospitals

Feedback positive (anecdotal at this stage)

- Selected trainees with excellent professional qualities

- Some trainees expressing desire to return

- Many local interns/RMOs commence training in local regional hospital

# Recruitment for 2015

158 new applications to Queensland Basic Training Network

135 eligible

88 interviewed

49 successful

## Challenges

Withdrawals

“Early” completions – many have entered at BPT2

Dealing with special consideration (health, children, partner’s work etc.)

Avoiding overload of LCCH (RACP changes have helped)

Bottleneck: subspecialty term

# RACP fellowship survey 2013

Paediatric trainee data:

104 responses out of 237 trainees (44%); 60% basic trainees; 69% female

79% feel torn between demands of work and personal life

Free text comments indicating significant stress, e.g.

“The impact on my family from what is currently required of me as a doctor is absolutely catastrophic.”

“In a nutshell I am the absentee parent for both my children, at home, school and socially.”

# Advanced General Paediatric Training

## Outline of “Advanced General Paediatric Oversight Scheme”

- 2 year program covering core AGP requirements

  - 6 months acute care (neonatology)

  - 6 months developmental/psychosocial

  - 6 months core general paediatrics

  - 6 months rural general paediatrics (mandatory if not done in basic training)

- Hubs at LCCH, Townsville, GCUH

- Utilisation of outer metro sites for core general paediatrics

# Advanced General Paediatric Training

## Oversight scheme

Optional – maintain flexibility when needed

Trainee flexibility vs efficiency and capacity

“General paediatrics” requires subtly different skills depending on setting

2 years rather than 3

Keep 3<sup>rd</sup> year free for step-up final year position, or acquire additional skills

Allows dual trainees to move on to subspecialty (with some overlap, e.g. developmental, neonatology)

# Advanced General Paediatric Training

## Challenges:

Current bottleneck: psychosocial/developmental term

Eighteen 2-year pathways able to be “locked in”, i.e. current maximum intake 18/year

- 10 LCCH

- 4 Townsville

- 4 Gold Coast

Recruitment: Needs to be central

Committee for oversight

# Overall workforce challenges

## High **demand** for training

- increased number of medical graduations -> junior doctors

## Increasing **service requirements** of hospitals

- Expansion at Nambour, Logan, and others, and continuing high requirements at LCCH

## What is our **capacity to train**?

- Increased supervision requirements

- Incorporation of training needs in consultant workloads

# Medical Training Review Panel report 2015

2006-2013: Total number of medical graduates across Australia doubled

Number of specialist trainees doubled

Paediatrics: 7.7% of all trainees (inc. GP), only 4.5% of new fellows (longer training than most)

Half of new and graduating medical students are female  
3 times as many females as males intend paediatric career

# Workforce challenges

**How** to keep training burden to within capacity, but meet service need

**How** can we actively anticipate specialist workforce needs?

Overall, paediatrics projected to be slightly under requirement to 2025 given decreasing IMGs and capped work hours (slightly over if no changes to current practices)(HWA 2025 report 2012)

Changing work patterns and demographics of trainees

Question of distribution currently more salient than total number

Queensland Country Practice: Promoting “grow your own” approaches

Are we likely to eventually “overshoot” on specialist numbers?

# Introduction to Queensland Country Practice

Unit of Darling Downs Hospital and Health Service

Led by Dr Denis Lennox

Houses the Queensland Rural Generalist Pathway

2015: transfer to QCP of vocational training pathways  
previously managed by Department of Health (Queensland  
Medical Education and Training -> Office of the Principal  
Medical Officer -> Office of Chief Health Officer)

Queensland Basic Physician Training Pathway

Queensland General Medicine Training Pathway

Queensland Basic Paediatric Training Network

Queensland Intensive Care Training Pathway

# Further opportunities

- Wide-ranging review of pathways from medical school to specialist practice
- Interaction between bonded scholarships and regional specialist pathways
- Co-ordinating partners across programs
- Models of care in regional areas

