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Dear Ms Lawson

Re: Australian and New Zealand College of Anaesthetists curriculum review

Thank you for the opportunity to comment on the review of the ANZCA training program. Trainees have reported that the College maintains a strong focus on trainee issues and are supportive of the current curriculum. The primary exam and the module-structure curriculum are noted as particular College strengths.

The AMA broadly supports changes to college training programs provided that:

- changes have a sound educational basis.
- changes do not unreasonably delay progression to Fellowship and/or impose significant extra financial costs on trainees.
- colleges undertake a rigorous consultation process with all stakeholders.
- existing trainees are protected through appropriate transitional arrangements.
- sufficient notice of program changes has been given.
- changes do not undermine the generalist nature of the undergraduate medical degree and the prevocational training years.

The following is an outline of the main issues being reported by current and prospective ANZCA trainees.

Access to specialty terms

There is potential for junior doctors to spend significant time and money on completing the requirements for entry into subspecialty anaesthetic terms within the five years of specialty training with no guarantee of securing a place.

I understand that in the ANZCA training program there can be a bottleneck of advanced trainees waiting to rotate through cardiothoracics, paediatrics and/or neurosurgery terms (and therefore modules), depending on the trainee's region and rotation.

The inability of registrars to access specialty terms due to a shortage of available places is obviously an issue for junior doctors as these terms are a mandatory part of the curriculum.

Recognition of prior learning

Recognition of prior learning (RPL) is a key issue for junior doctors. Many trainees have changed training programs only to find that their previous experience is ignored or given insufficient weight. In addition, relevant experience in non-training roles is generally excluded. It is important that the College recognises the prior learning obtained by trainees from other fields and training programs as well as previous experience in anaesthetics.

College fees

Lack of transparency of College fees is a problem generally for junior doctors. It is important that all fees and costs associated with the training program are clearly explained, as this assists junior doctors to budget for their training costs.

Teaching and supervisory skills

Many junior doctors have teaching and supervisory responsibilities and it is important that they can access formal teaching skills and qualifications to assist them with these activities and to prepare them for their professional responsibilities as consultants. I understand that some trainees would welcome some teaching theory, possibly in an expanded professional attributes module, included in the training program.

In a similar vein, it is important that consultants training and supervising junior doctors have adequate training for these roles. The introduction clinical teacher workshops by the College is a welcome initiative.

Educational material

Trainees are confident with technology and are accustomed to utilising online educational materials. It is important that the College continues to expand its online educational material to encourage greater independent learning and improve trainees' access to education resources.

Final exam syllabus

I understand that concerns have been expressed over the final exam syllabus with its twelve module basis. Many trainees have found it difficult to prepare for the exam because of its broad curriculum, and would appreciate an exam with a greater focus on specific and defined areas of training. A simple summary of the major points of the syllabus may assist to this end.

Basic training

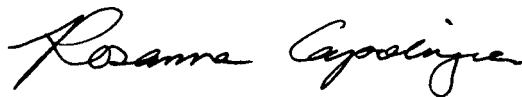
It is important that exam preparation does not interfere with the overall College training experience. This is often an issue when Basic Trainees who have not completed the primary exam spend time preparing for the exam to the detriment of their clinical and practical learning experience. While trainees understand the need for such an exam, the College is encouraged to explore ways in which it could be made more relevant to their broader learning experience.

Level 1 supervision

Trainees have acknowledged this component of the training program as one of the great strengths of the curriculum. It is very important because it provides trainees with the practical skills and an understanding of clinical decision-making that is necessary for the study of anaesthetics.

In summary, the AMA acknowledges the significant progress the College has made to address past training issues. In particular, the support for the ANZCA trainees committee and its involvement in College decision-making processes is to be applauded. The AMA also welcomes the support provided for trainees to attend AMA Council of Doctors-in-Training meetings. Ongoing processes to address the issues outlined above will certainly help to reassure trainees that their concerns are being heard.

Yours sincerely



Dr Rosanna Capolingua
President



Dr Alex Markwell
Chair - AMA Council of Doctors' in Training