

05/402

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Dear Mr Frank

Re: Assessment by the AMC of the Royal Australian and New Zealand College of Psychiatrists (RANZCP) Training Program

Thank you for the opportunity to provide comment on the RANZCP training program. The following is an outline of the main issues being reported by current and prospective RANZCP trainees. The feedback provided below is particularly relevant to the structure of the College training program and communication with trainees.

Training and information provided for supervisor and examiners

Trainees have raised concerns regarding the preparedness of psychiatry supervisors for changes in the training program. It would appear from feedback that supervisors are not always fully abreast of changes to the program. This results in wrong advice being given to trainees, and/or lack of clarity on the part of trainees about the goals of the program.

While it is acknowledged by the College in its latest submission to the AMC that supervisors do frequently participate as examiners and receive supervisor training, the concerns expressed by trainees suggest that there is a further need for updated training and information to be available to supervisors on a regular basis.

College examinations

In general there is a great deal of confusion about the examination process and there are reports of discrepancies between the 'on the ground' experience and work of a trainee and what they are examined on. In addition, support for exams seems to vary greatly between sites, and there is a widespread expectation that trainees should perform at an exit exam level when their exam is held only part way through training.

Another problem within the examination system is that there is no set pass mark with the required pass mark changing every year. Variable pass marks make it difficult for trainees to know in advance their required level of achievement to assist in studying for exams. It would aid trainees if there were greater information available clearly outlining what the expected level of performance is.

Availability of remediation for trainees in difficulty

Trainees have expressed concern over the examination process and a perceived lack of more immediate remediation support to help trainees who fail assessments. While the College

notes in its submission that there are processes for the remediation for multiple assessment failures, these only assist trainees who have been unsuccessful in two attempts at an examination. The suggestion from trainees is that the remediation process would better address problems if it was available at the point of initial assessment failure, and also in a situation where a trainee's exam and assessment marks are slowly falling over a period of time. This would assist trainees to determine their weaknesses and strengths as an aid in passing future exams. It would also be helpful if trainees could receive feedback after any/every exam failure.

Relationship with trainees

The AMA believes that it is important to ensure that there is formal trainee representation on the College Board and Committees, and a recognised trainee representative structure through which the collective views of trainees can be expressed. In late 2008, correspondence from a number of trainees had raised issues regarding their lack of representation and opportunity to have input into College issues and in the development of College guidelines and policies.

There appears to be a lack of information flowing to trainees about the trainee representation structures in place. The AMA welcomes the introduction of the Registrar Representative Committee but more needs to be done to highlight its role and clarify its relationship with the Australia and New Zealand Association of Psychiatrists in Training (ANZAPT). In addition, the College has acknowledged the need to include trainee's views in the College decision-making processes by giving voting rights to Associate Members (trainees) on College boards and committees. The AMA understands that the College is considering full voting rights for trainees on College Council and the AMA fully supports this move.

College fees

The AMA was concerned to learn recently about the increase in College fees, particularly the 15% increase in the College administrative fee. The problem for trainees is not only the cost of training but also the lack of flexibility in payment arrangements for the fees. It would aid trainees in managing their training costs if they were allowed to pay a portion of their fee on a monthly basis through a direct debit or similar arrangement.

Transparency of College fees is an issue that needs to be addressed by the College. It is important that all fees and costs associated with the training program, (and how that money is spent) are clearly explained, as this assists junior doctors to budget for their training costs and better understand changes in fees. In this regard the AMA believes that the College administration fee has not been appropriately explained or justified and that it warrants further investigation.

Additional challenges facing trainees in psychiatry

It is well known that the trainees working in the public sector are normally exposed to patients with the most serious mental illnesses. They do not experience mental health conditions that are normally treated in the private sector. Private sector experience is important for trainees because it exposes them to clinical conditions that are often outside the public training experience. This is particularly the case for trainees in psychiatry because of the clear differences in types of services provided in public and private settings.

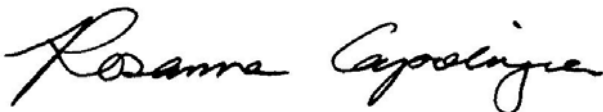
The AMA acknowledges that the College has supported moves to expand training into the private sector. However, concerns have been expressed that cultural change is needed within the College's membership to overcome the perception that the private sector only treats the "worried well", which is not the case. This is counter productive and is undermining efforts to utilize the rich training experiences available in the private sector. The College needs to address these perceptions and look at how supervisors in the private sector can be better recruited, funded, and supported in the provision of training to College trainees.

The AMA acknowledges the considerable progress the College has made to address significant concerns that have previously been raised in relation to the College training program. Representatives of the RANZCP have met with the AMA Council of Doctors in Training and this two-way dialogue is welcome and should be encouraged. The College has clearly attempted to fix past problems with the training and examination process and has addressed bottlenecks in available exam places.

Despite this, the College is still the subject of regular adverse feedback to the AMA from trainees, much of which is the result of poor communication. It would certainly improve the perception of the College if it were to provide more information to trainees outlining progress against the AMC recommendations as well as make available, in a timely fashion, information about pass rates. This would help address concerns that the College is slow to respond to trainee issues.

Finally, the AMA also notes and welcomes the support provided by the College for trainee representatives 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 Ruth Blackham
Deputy Chair
AMA Council of Doctors-in-Training