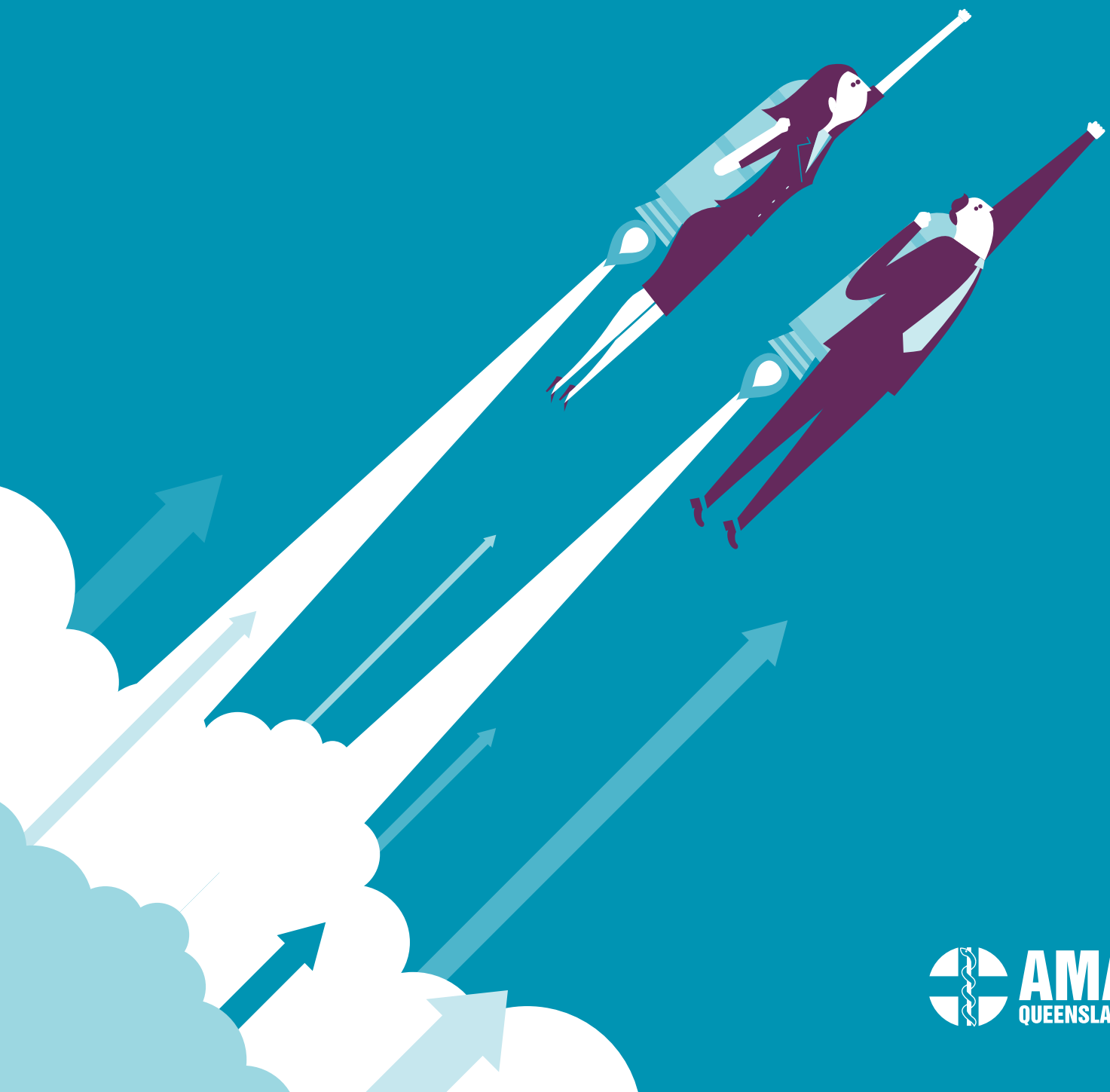
AMA QUEENSLAND'S

HEALTH VISION

PART TWO: WORKFORCE AND TRAINING



AMA QUEENSLAND

EXECUTIVE SUMMARY

AMA Queensland is pleased to launch Part Two of its Health Vision, the second of five documents that will guide the organisation's advocacy and policy efforts over the next five years.

This part of Health Vision examines the workforce and training challenges facing Queensland's medical workforce as we head towards 2020. This is an area of vital importance to Queensland and AMA members. They know better than most that, without a well-trained and motivated health workforce, public hospitals will struggle to deliver the level of services that Queenslanders expect and deserve.

Queenslanders want access to the health care they need, close to their homes, from highly skilled health practitioners. For this to happen, it is vital for Queensland to have a dynamic, efficient and sustainable health workforce. We want Queensland to be a leader in planning its workforce needs and utilising new ways of training doctors, building support networks and engaging clinician leadership.

To achieve this vision, AMA Queensland wants to see action at every level of the training pathway, from internship through to retirement, to ensure that Queensland trains, recruits and retains the best doctors in Australia. AMA Queensland's Health Vision advocates for a culture in Queensland which encourages robust debate, expert engagement, best-practice innovation and a culture of compassion towards fellow health professionals and patients. We believe this can be done by implementing the following initiatives:

- **Establish a new medical workforce training body** By 2020, Queensland will have devolved workforce development responsibilities away from its regional Hospital and Health Services (HHS) and established a leading statutory body named the Queensland Medical Education and Training Institute (QMETI) which will be responsible for the development and execution of innovative workforce strategies. The core functions of QMETI would include:
  - Design, commission, conduct, coordinate and evaluate education and training for patient care
  - Take the lead in Queensland Health for the design, commissioning, conduct, coordination and evaluation of leadership development among clinicians
  - Support reforms to improve workforce capacity and the quality of clinical training
  - Develop, coordinate, oversee and evaluate education and training programs to ensure they support service delivery needs and meet health sector requirements
  - Take responsibility to develop, coordinate, oversee and evaluate programs that help improve the culture of Queensland Health.
- **Improving the health of doctors** AMA Queensland believes improving the health of doctors is of utmost importance if the state is to ensure it has a healthy, energised and engaged medical workforce. This can be done by:
  - Ensuring doctors can safely seek medical treatment without fear of mandatory reporting
  - Implementing a range of work-based programs that help improve the health of doctors
  - Ensure AMA members have appropriate support and representation if they experience harassment, bullying or sexual harassment
  - Ensure organisations uphold and execute robust policies and procedures in relation to harassment, bullying and sexual harassment.

AMA Queensland's Health Vision draws upon the experience of its members and available best-practice research in developing its targets. We hope to work collaboratively with government and other stakeholders on the implementation of Health Vision and we commend this report to all.

THE PROBLEM:

Workforce training and development currently sits as a responsibility of Queensland's 16 individual Hospital and Health Services (HHS). While there have been many commendable benefits of the move to regional Hospital and Health Services, they are not the most appropriate bodies to handle broader workforce training and the development of workforce policy. Hospital and Health Services are, and should be, solely focused on the effective provision of health care services to their populations. Workforce development should be the responsibility of a broader expert group to ensure doctors can move smoothly and easily across Queensland to where they are most needed.

Junior doctor- training hitting obstacles

Junior doctors are the foundation of the health workforce. By providing the best training, experience and opportunities for those joining the profession, Queensland can ensure it retains the best and brightest and establishes state as the 'place to be'.

There are several obstacles to establishing and maintaining this reputation. The availability of high quality health services is hindered by bottlenecks, inefficiency and insufficient capacity in the training system, especially for junior doctors, and continued reliance on poorly coordinated skilled migration to meet essential workforce requirements.[1] At the same time, demand for health services is projected to increase due to chronic disease, greater patient expectations and a treatment and funding model which has been built around short-term acute interventions.[2]

The current model of postgraduate medical education is based on specialised education in public tertiary teaching hospitals.[3] This model has functioned relatively well but it fails to effectively coordinate HHS objectives with the broader needs of the medical workforce by providing block grants for staff clinical education and training.[4] Before trainees receive a place on a college program, medical education is primarily delivered at HHS level, with limited coordination from the medical education and training team within the Office of the Principal Medical Officer (OPMO).[5] AMA members are concerned that their professional development is frequently ignored to service short-term workforce shortages, for example not being able to access leave to attend educational courses or to choose rotations that align with their long-term career objectives.

While the valuable work of postgraduate medical education units should not be downplayed or understated, the HHS structure has fragmented medical education across Queensland. As junior doctors will frequently move across multiple Hospital and Health Services during their training, it is in the best interests of the broader health sector that they are trained to a consistent standard.

A lack of leadership training for clinicians

The international management consultancy firm McKinsey & Co found there were several barriers to clinicians entering formal leadership positions, including:

- The ingrained scepticism of clinicians as to the value of spending time on leadership instead of treating patients
- Limited incentives
- Limited provision for nurturing clinical leadership capabilities.[6]

Additionally, many leadership programs are run externally and are largely irrelevant to the day to day challenges of leadership in healthcare organisations.

These findings are even more pertinent when the benefits of clinician engagement and leadership are examined. In *Physician-Leaders and*

Hospital Performance: Is There an Association?[7], Amanda Goodall found there was a strong correlation between senior clinician leadership and hospital performance in the United States.[8] The study determined hospital performance according to publicly available top-100 hospital tables that measured quality in cancer, digestive disorders and heart surgery.[9] As noted by Dr Gabel in *Expanding the Scope of Leadership Training in Medicine*,[10] all doctors act as leaders, whether formal or informal, at some point in their career and should have training to foster these skills to benefit the broader health system.[11]

To its credit, Queensland Health has implemented robust clinician engagement protocols and procedures as mandated by the Hospitals and Health Boards Act 2011. These strategies include initiatives such as empowering clinicians in redesign projects, engaging with a wide spectrum of clinicians outside the regular consultation structures, and ensuring there are clear lines of communication between clinicians and the Hospital and Health Service.[12] However, there are still significant opportunities to improve the performance of Queensland's health sector by enhancing leadership training for clinicians.

Better utilising our senior doctors

The move to a single National Registration and Accreditation Scheme for medical professionals on July 1 2010 was a significant achievement that unified and harmonised a variety of regulatory regimes. An important aspect of the new scheme was that every practising doctor who wanted to be registered was required to pay the full registration fee, take part in continuing professional development, and take out medical indemnity insurance with an approved insurer.[13] The AMA has supported these changes as patients need to be confident their doctor is competent and has up to date clinical knowledge.

However, these new arrangements removed the possibility for Queensland senior doctors to step down their registration into retirement. While the National Registration and Accreditation Scheme established a transition arrangement for these practitioners, this provision lapsed in 2013.[14] Now senior doctors have three options:

- To be fully registered as a practising doctor
- To be registered as a non-practising doctor
- To let their registration lapse.

This system makes it difficult for senior doctors to effectively scale down their practice from full-time to retirement. Given the pressing workforce shortages in some areas of Queensland, the need for effective teachers of junior doctors, and the immense skills and experience these senior doctors have, there must be a more effective way to channel their knowledge and expertise.

Our doctors are in poor health

At present, there is a silent crisis afflicting the profession. In its National Mental Health Survey of Doctors and Medical Students,[15] Beyond Blue found the level of both general distress and specific mental health diagnosis reported by medical professionals was significantly greater than that found in the general population.[16]

The DLA Piper Report into Doctors Health Programs highlighted that, despite having a high level of health literacy, doctors have difficulty accessing health care.[17] The introduction of mandatory reporting has been an important patient protection, but it has created a barrier to doctors accessing medical treatment from general practitioners and psychiatrists. If their treating medical practitioner believes that the practitioner places the public at risk of substantial harm as a result of impairment, they are required to notify AHPRA.[18] AHPRA has significant powers to suspend a doctor's ability to practise before the completion of disciplinary proceedings. This exception to doctor-patient confidentiality is unique to the medical profession.

Although many bodies, including AMA Queensland, have highlighted the importance of doctors having an ongoing therapeutic relationship with their own GP, a significant proportion of doctors do not. Even more alarmingly, they do not always seek treatment or advice when they are unwell.[19]

Recent media coverage has highlighted issues of bullying, harassment and sexual harassment in the medical profession. A meta-analysis by Fnais et al[20] found that 59.4 per cent of medical trainees experienced some form of harassment or discrimination during their training. The AMA has recently conducted a survey of its members, which indicated that 44 per cent of trainees felt unable to raise workplace issues without recrimination. Thirty-one per cent experienced bullying in the workplace, and 5.6 per cent experienced some form of sexual harassment. While the improved handling of workplace stressors by colleges and health organisations has improved, there is still significant work to be done. Every doctor is legally entitled to a workplace where they feel safe, where they are respected, and where they can work a safe number of hours free from pressure or threats of adverse action.

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9 Ibid

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11 Ibid.

12 Metro North Hospital and Health Service (2013) Clinician Engagement Strategy 2012-2015. Retrieved May 24, 2015, http://www.health.qld.gov.au/metronorth/documents/strategy-clinician.pdf

13 Medical Board of Australia (2015) Registration Standards. Retrieved June 10, 2015, http://www.medicalboard.gov.au/Registration-Standards.aspx

14 Health Practitioner Regulation National Law Act 2009 (Qld) s. 273 (Austl.)

15 Beyond Blue (2013) National Mental Health Survey of Doctors and Medical Students. Retrieved from http://www.beyondblue.org.au/docs/default-source/research-project-files/bl1132-report---nmhdmss-full-report_web

16 Ibid.

17 DLA Piper (2014) Report on Doctors Health Services. Retrieved from http://www.medicalboard.gov.au/News/2014-04-10-media-release.aspx

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AMA QUEENSLAND'S HEALTH VISION FOR THE MEDICAL WORKFORCE OF TOMORROW

AMA Queensland wants Queensland's health system to be characterised by robust debate, best-practice innovation and compassion. We believe this cultural shift will firmly establish the state's reputation as the leading healthcare system in Australia, for both patients and staff. It will create a sense of community, and gain international recognition as a hub of health excellence where equity is valued. AMA Queensland believes the following measures are needed to kick-start this turnaround and create the right culture for Queensland Health.

TARGET ONE

BY 2020 THE QUEENSLAND GOVERNMENT HAS ESTABLISHED THE QUEENSLAND MEDICAL EDUCATION AND TRAINING INSTITUTE (QMETI)

AMA Queensland's Health Vision calls for a greater level of workforce coordination, research and development across the health sector. Only through a properly resourced and focused body can Queensland obtain the health workforce that its people deserve. AMA Queensland believes this can be achieved by establishing a new statutory body, provisionally named the Queensland Medical Education and Training Institute (QMETI).

QMETI is modelled on the Health Education and Training Institute (HETI) established by NSW Health . New South Wales has a health system very similar to Queensland, with Local Health Districts and similar workforce and training concerns.

The underlying rationale of HETI is clear: better trained doctors produce better patient outcomes. HETI has a broad remit to ensure the development and delivery of health education and training across the NSW health sector. This includes the proactive design of education and training programs, the development of leadership and professional development programs, and the continual coordination of training networks. The ability of HETI to set and evaluate training networks creates a consistent standard of training across multiple Local Health Districts. Although the implementation of HETI hasn't been perfect, Queensland can use lessons learned in NSW to develop a world-class centre of clinical learning and innovation.

AMA Queensland calls on the Queensland Government to establish QMETI to coordinate the training and professional development needs of the state's health workforce. QMETI would be established as a statutory body reporting to the Queensland Minister for Health, and would bring together Queensland's current postgraduate medical education offices under a single banner.

Strong governance policies and procedures would underpin QMETI. Its executive would be supported by an advisory council of reputable stakeholder groups such as AMA Queensland, the Australian Medical Students Association, the Colleges, tertiary education providers, and patient representatives. Together with the properly resourced staff of QMETI, this council would be used to actively drive the design and delivery of medical education across the state.

AMA Queensland believes QMETI should have focused competencies that respond to pressing workforce concerns and broader patient outcomes. Broadly speaking, these competencies should include:

- Designing, commissioning, conducting, coordinating and evaluating education and training for patient care
- Taking the lead in Queensland Health for the design, commissioning, conduct, coordination and evaluation of leadership development among clinicians
- Supporting reform to improve workforce capacity and the quality of clinical training
- Developing, coordinating, overseeing and evaluating education and training programs to ensure they support service delivery needs and meet health sector requirements
- Taking responsibility to develop, coordinate, oversee and evaluate programs that improve the culture of Queensland Health.

To accomplish this, AMA Queensland believes the following programs, support and structures are required:

- **An annual skills audit of Queensland junior doctors (PGY1-5)**
  Initially, QMETI should undertake an extensive audit of the present skills of junior doctors to determine whether there are areas that need improvement. This information, obtained through simulation training, on-the-job evaluation and patient reviews, would provide valuable information about what training is needed to help junior doctors provide better care to patients. This process should be repeated annually to ensure that the information remains relevant and timely, and allows QMETI programs to be responsive to consumer need.
- **Development and standardisation of clinical education across Queensland**
  At present, the delivery of postgraduate medical education is fragmented. AMA members have indicated that this creates considerable disparities in the quality of medical education received during these formative years. Although there are pockets of excellence across Queensland, there are also areas where doctors are being let down. This should not be seen as a criticism of the phenomenal work that medical education officers perform, but a call to provide them with the support and resources they need to deliver world-class medical education programs and courses.

  QMETI would supplement the existing medical education supports

provided to AMA members through a structured framework that would celebrate successful programs, provide support to underperforming regions, and ensure that trainees in Brisbane receive the same training and supports as trainees in Bundaberg or Townsville. QMETI would accomplish this by providing support and resources to medical education officers in line with the annual skills audit, and helping to advocate for trainees.

- **Development and expansion of clinical leadership programs**
  Clinicians with extensive experience in frontline healthcare should be encouraged and supported to take on formal and informal leadership positions through a range of tailored programs developed and delivered by QMETI. These positions should reflect that clinicians may wish to remain actively involved in clinical duties by offering flexible conditions that allow each doctor the opportunity to tailor their duties accordingly.

  These structured programs should encompass formal learning and accreditation, mentorship, networking and coaching with the objective of producing capable clinical leaders who can liaise effectively with hospital management. Programs should be tailored to fill self-identified gaps in training or knowledge based on the position of the doctor, rather than adopting a 'one size fits all' approach. Once these clinicians are in leadership positions, they should be supported by appropriate administrative staff to ensure their time is used effectively. Queensland Health will profit from this move as clinicians with extensive experience in the Australian health care system bring their lessons learnt at the 'coalface' to the back office.

  An important aspect of this training would be a focus on low-level conflict resolution and compassion programs, to help build an environment where grievances can be aired and resolved before they escalate to the detriment of both staff and service. Leadership-ready clinicians focused on conflict resolution and compassion would jump-start the cultural shift within Queensland Health by putting the right people with the right training in the right positions.

- **Support the establishment of network training programs in areas of workforce need**
  AMA Queensland believes QMETI can provide significant value by providing expert assistance to the Colleges and Queensland Health in establishing network training programs in rural and regional areas of need. The additional support offered by a dedicated QMETI team will allow these regions to access resources to establish a critical mass of trainers and trainees, ensuring that future workforce needs can be met.

- **Establish and extend dedicated doctors' health programs**
  QMETI should provide dedicated doctors' health programs to all doctors, whether clinical or otherwise employed. As the largest employer of medical professionals in the state, Queensland Health has a moral and vicarious responsibility to ensure its staff are happy and healthy. Examples of programs that could be established are mandatory resilience training, as piloted by AMA Queensland, and evidence-based programs that focus on instilling a culture of collegiate compassion in the profession. This will be further discussed in Target Two later in this chapter.

Every program established by QMETI should be subject to stringent governance. AMA Queensland would like to see every program overseen by a dedicated management committee comprising both executive and non-executive directors, with strong clinical input. We would also like to see expert advisory committees established that bring together subject matter experts and reputable stakeholders, such as AMA Queensland, to provide guidance and advice on program development. Programs should be evaluated every three years to ensure they are meeting QMETI's core responsibilities, and to help the organisation remain effective and efficient.

To support program delivery, QMETI should tap into the knowledge and experience of doctors phasing down from full-time practice. QMETI should provide the necessary support for retired or retiring doctors to help them retain general registration through specialised programs, subsidised registration and support.

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TARGET TWO

BY 2020 THE RATE OF PSYCHOLOGICAL DISTRESS AND SPECIFIC MENTAL HEALTH DIAGNOSES REPORTED BY DOCTORS SHOULD BE AT THE RATE OF THE GENERAL POPULATION

AMA Queensland's Health Vision is for the medical profession to be the healthiest profession, both physically and mentally, in Australia. While we appreciate this is a monumental task, we feel it is too important not to tackle. AMA Queensland will work with any constructive partner, to address this important issue. We believe the target can be achieved by providing more comprehensive support services, while addressing the underlying issues that cause psychological distress in the medical profession.

Support and expand services that help doctors in need

The benefits of expanding doctors' health services go beyond a healthier, happier medical workforce. As highlighted by the DLA Piper Report, doctors who actively manage their health and wellbeing have a higher chance of positively influencing the health behaviours of their patients.

The Medical Board of Australia has partnered with the AMA to provide funds for dedicated doctor's health services across Australia. Although this is a positive first step, more needs to be done to ensure the medical workforce is as healthy as it can be. The benefits of well designed and delivered doctors' health initiatives should be a matter of priority for all stakeholders in the health care sector.

Western Australia has established an exemption to the national registration legislation where a health practitioner forms a reasonable belief of impairment in the course of providing health services to another health practitioner or student. This amendment to mandatory reporting received support from all the major political parties, and allows a health practitioner to see a general practitioner or psychiatrist without fearing that the treating doctor will report them. It should be noted that this does not prevent others, such as fellow practitioners, hospital staff or management, from making a report if they believe there is a danger to patients. AMA Queensland believes that doctors who take responsibility for their own health, and take that important first step in obtaining help, should be treated with respect as opposed to censure.

AMA Queensland's Health Vision advocates for a similar exemption to be introduced in Queensland to allow our medical practitioners to access treatment when needed. We believe this should be a matter of the highest priority for the Queensland Government and will make a significant improvement in the health of the profession.

AMA Queensland believes that Queensland Health can do more to help improve the health of doctors. Together with QMETI, AMA Queensland calls for Queensland health to address these issues in the following ways:

- Establish mandatory resilience programs for all clinical staff
- Establish compassion programs for all clinical staff
- Ensure doctors have access to exercise facilities and healthy eating options, and are encouraged to take full advantage of them
- Ensure that doctors are working safe and reasonable hours and are not disadvantaged for doing so.

Address the issues that cause psychological distress

AMA Queensland believes being a doctor is one of the most rewarding jobs in the world. However, undesirable workplace behaviour such as harassment, bullying and sexual harassment can potentially lead to negative health outcomes for our medical workforce. Although it is extremely difficult to completely remove these elements from the workplace, AMA Queensland wants to help change the culture of the health sector to ensure these incidents are the exception.

AMA Queensland will work with all stakeholders to help establish and implement proven initiatives and programs that reduce the incidences of these events, such as:

- **Ensuring that our members have appropriate support and representation**
  Every AMA member should have access to support services when they experience harassment, bullying or sexual harassment. AMA Queensland will continue its existing support and supplement it where appropriate. In 2015, AMA Queensland will begin rolling out education campaigns so that its members can effectively advocate for their and their colleagues' rights at work.
- **Ensuring that organisations have robust policies and procedures in relation to harassment, bullying and sexual harassment**
  If harassment, bullying or sexual harassment occurs, there should be policies and procedures in place to protect the complainant while ensuring natural justice for the complainee. In 2015, AMA Queensland will begin working with medical organisations to help effect long term cultural change by creating a culture of wellness based on best-practice models, and helping organisations create healthy practices.

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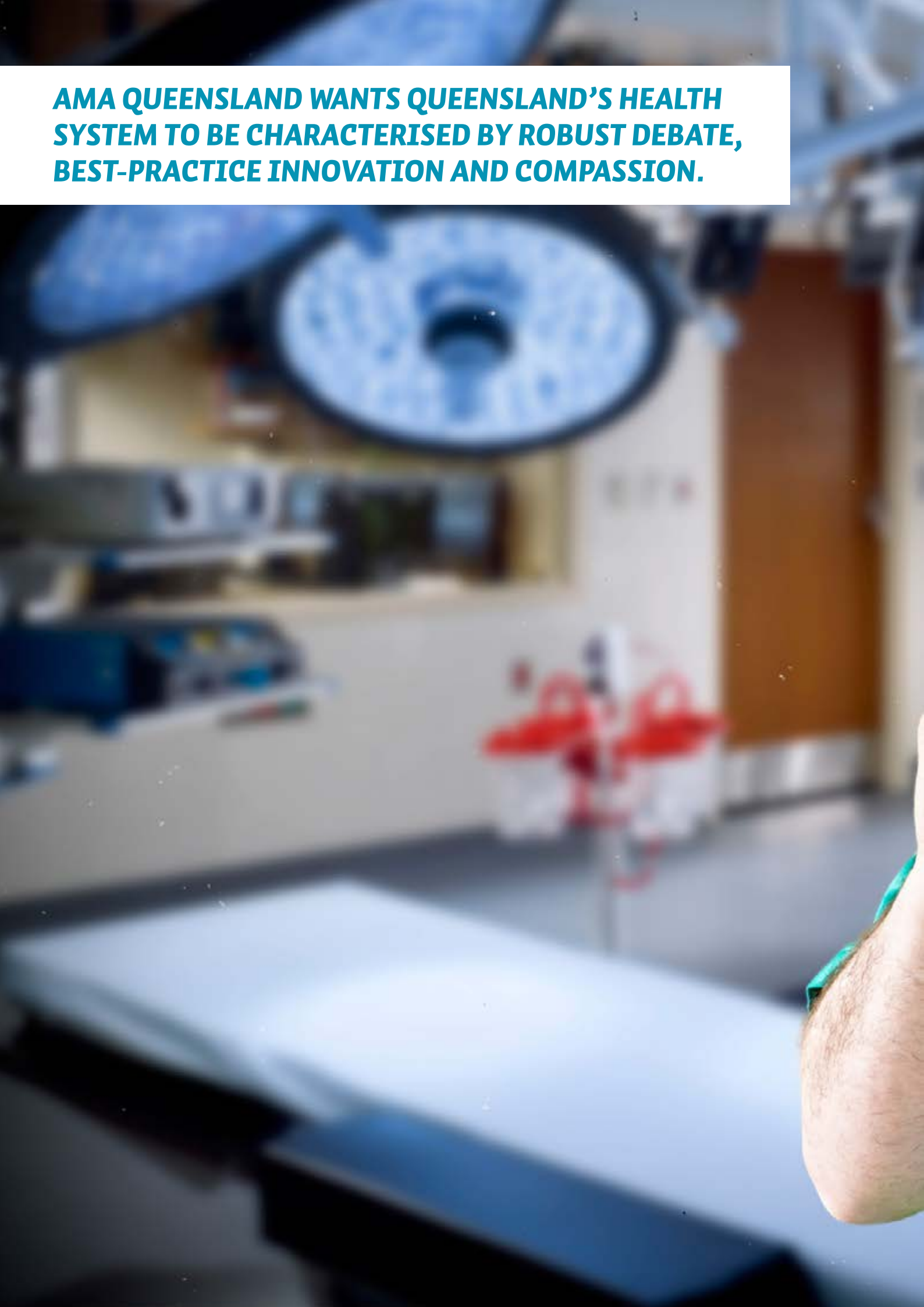
AMA QUEENSLAND WANTS QUEENSLAND'S HEALTH SYSTEM TO BE CHARACTERISED BY ROBUST DEBATE, BEST-PRACTICE INNOVATION AND COMPASSION.



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