



**Constructing the
Acute Medical Receiving Workforce:
Urgent work in progress!**
(even in Metropolitan Melbourne)

Harvey Newnham
Wednesday 24th March
WCIM 2010



General Medicine

The place to be!



In my dreams

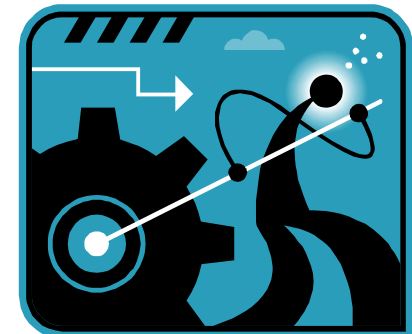
Constructing the Acute Receiving Workforce

- General Medical Physicians: “Problem Solvers”
- Workforce issues
- Training issues
- Role of IMSANZ, RACP, CEOs, Dept of Health
- New events/training resources
 - General Medical Clinical Weekend
 - The General Store

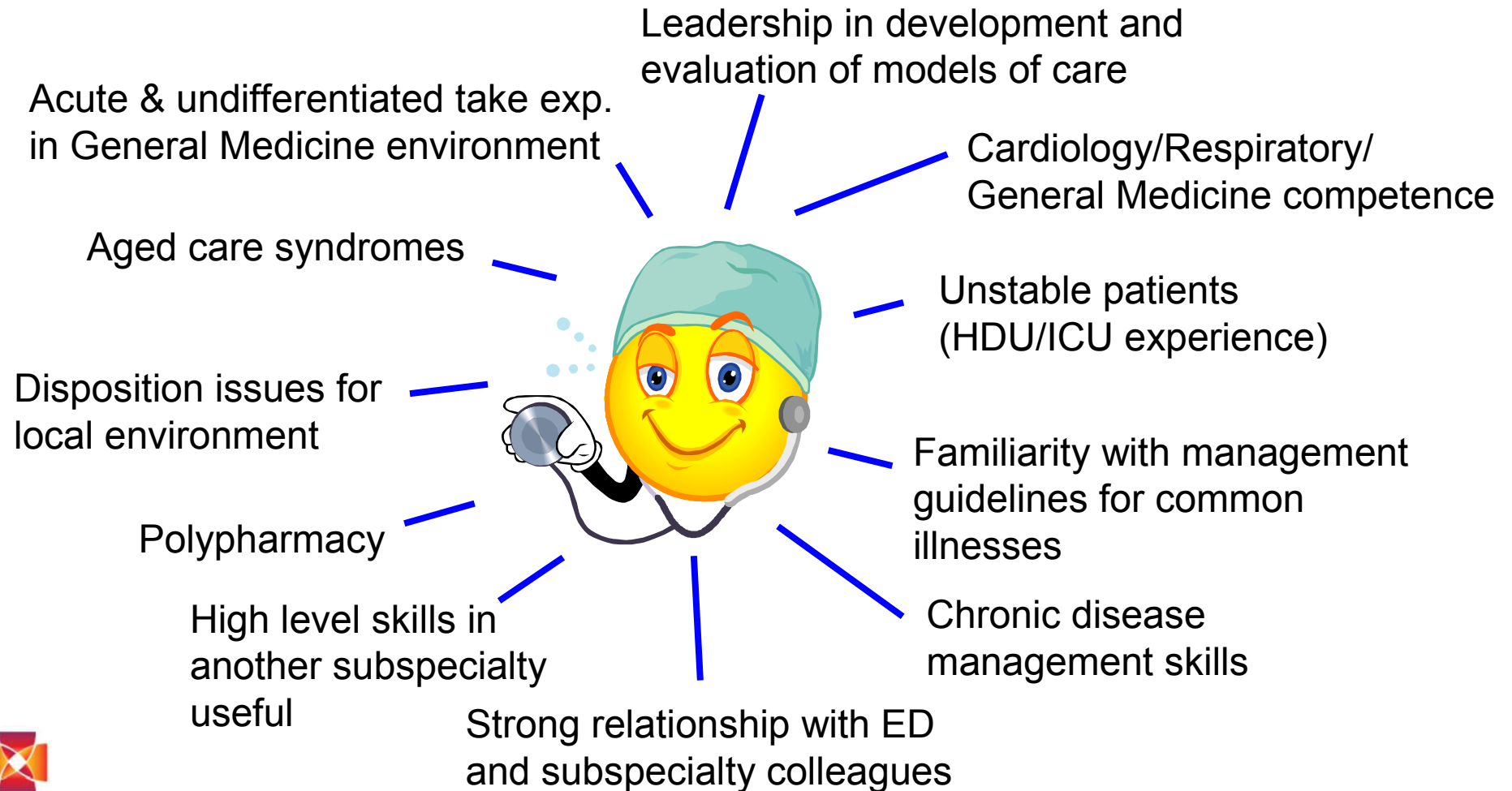


Be a “Problem Solver”

- Increase of ageing, complex co-morbidity, polypharmacy patient caseload
 - Patient-based models of care
 - Acute Medical Care Units
 - Chronic Disease Management
- Hospital Management and Government support
 - Medical Inpatient Advisory Committee (MIAC)
 - Redesigning The Acute Medical Inpatient Journey
 - Health Services Research:
 - Improved measurement of activity, effectiveness & quality now crucial

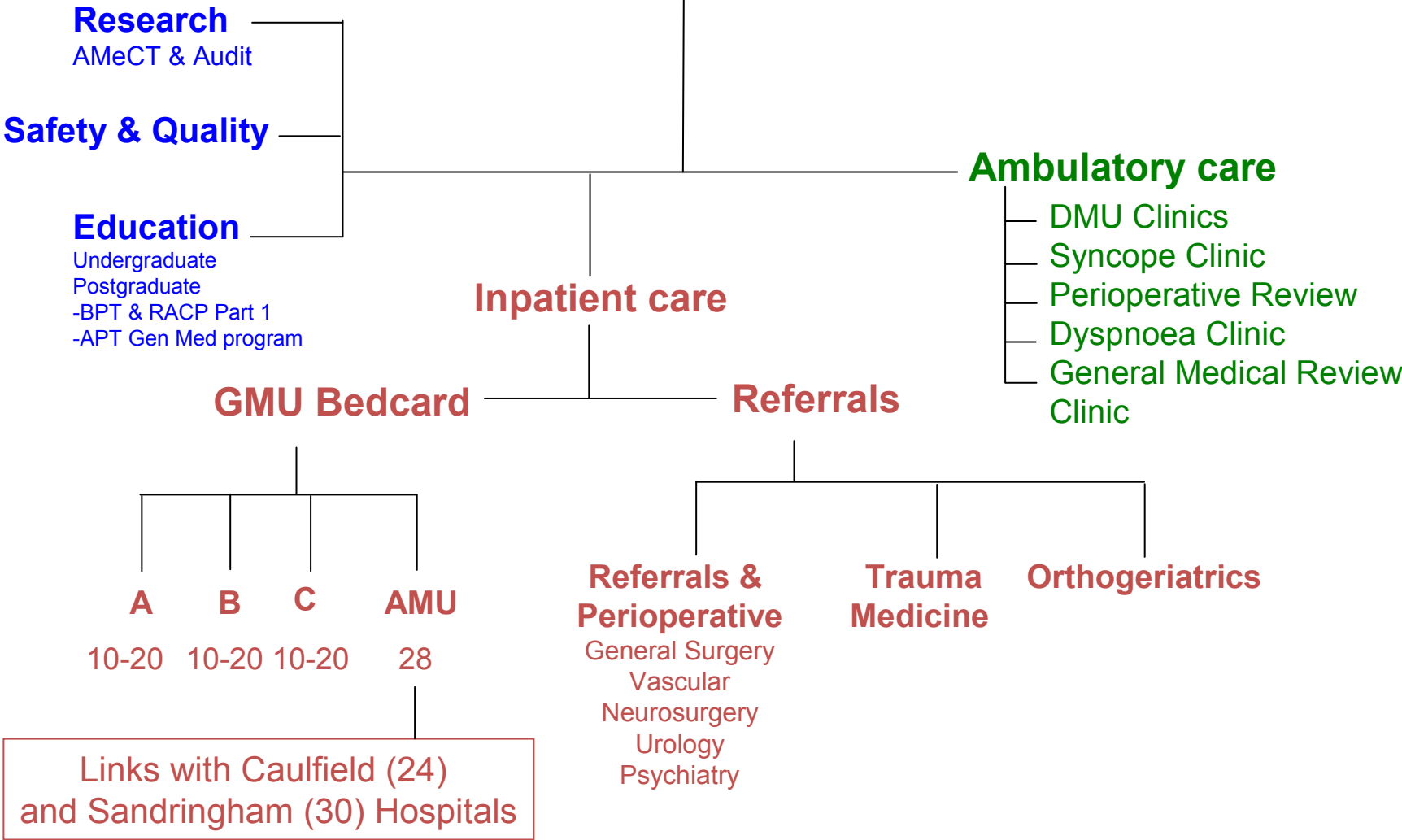


Useful Skills for SMS in the Acute Medical Unit (Casemix and local hospital dependent)



GENERAL MEDICINE UNIT STRUCTURE

The Alfred 2010



General Medicine at The Alfred

- **The right staff**
- Executive buy-in
- Co-located General Medical Unit
- Subacute & SH links
- Strong ED links
- Acute Medical Unit
 - With assessment beds
- IT/project support
- The right equipment
 - Cardiac monitoring
 - WOWs
 - Bedside Ultrasound



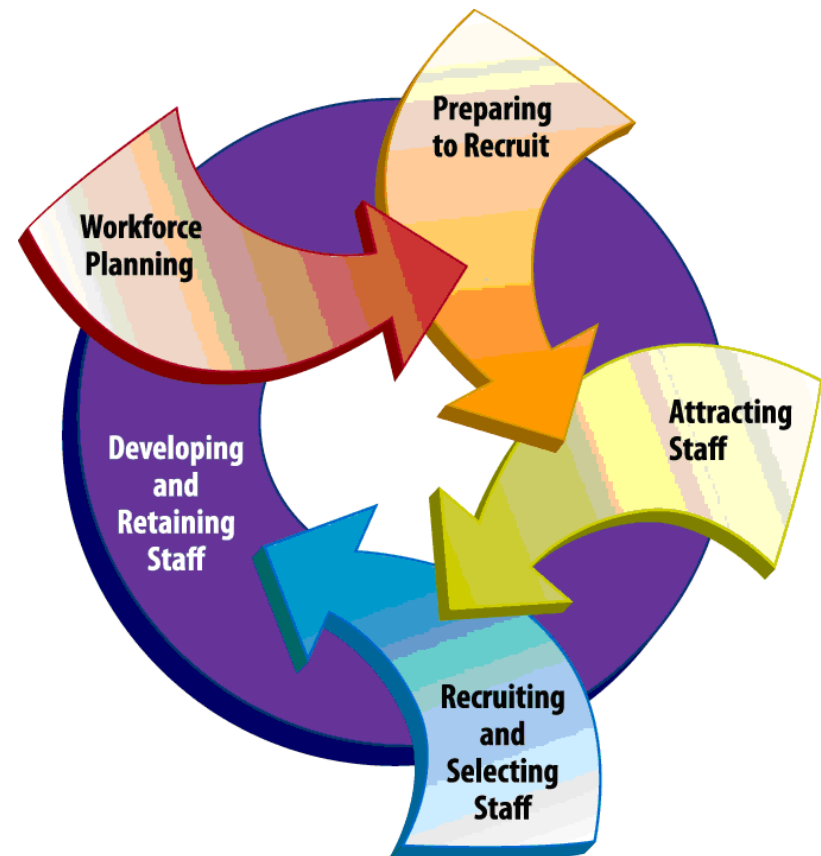
Observations

1. Deskilling of trainees in care of the acutely unwell patient
2. Subspecialisation encourages “blinkered approach” to care
 - “Where does this patient slot into our management algorithm”. In or out: out = “its not my problem”
rather than
 - “What management plan is best for this patient taking all aspects of their case into account”
3. “Default” care arrives late in the pathway and is poorly resourced
4. Highly skilled resource of inpatient physician staff is underutilised
 - usually engaged only after diagnosis and initial therapy

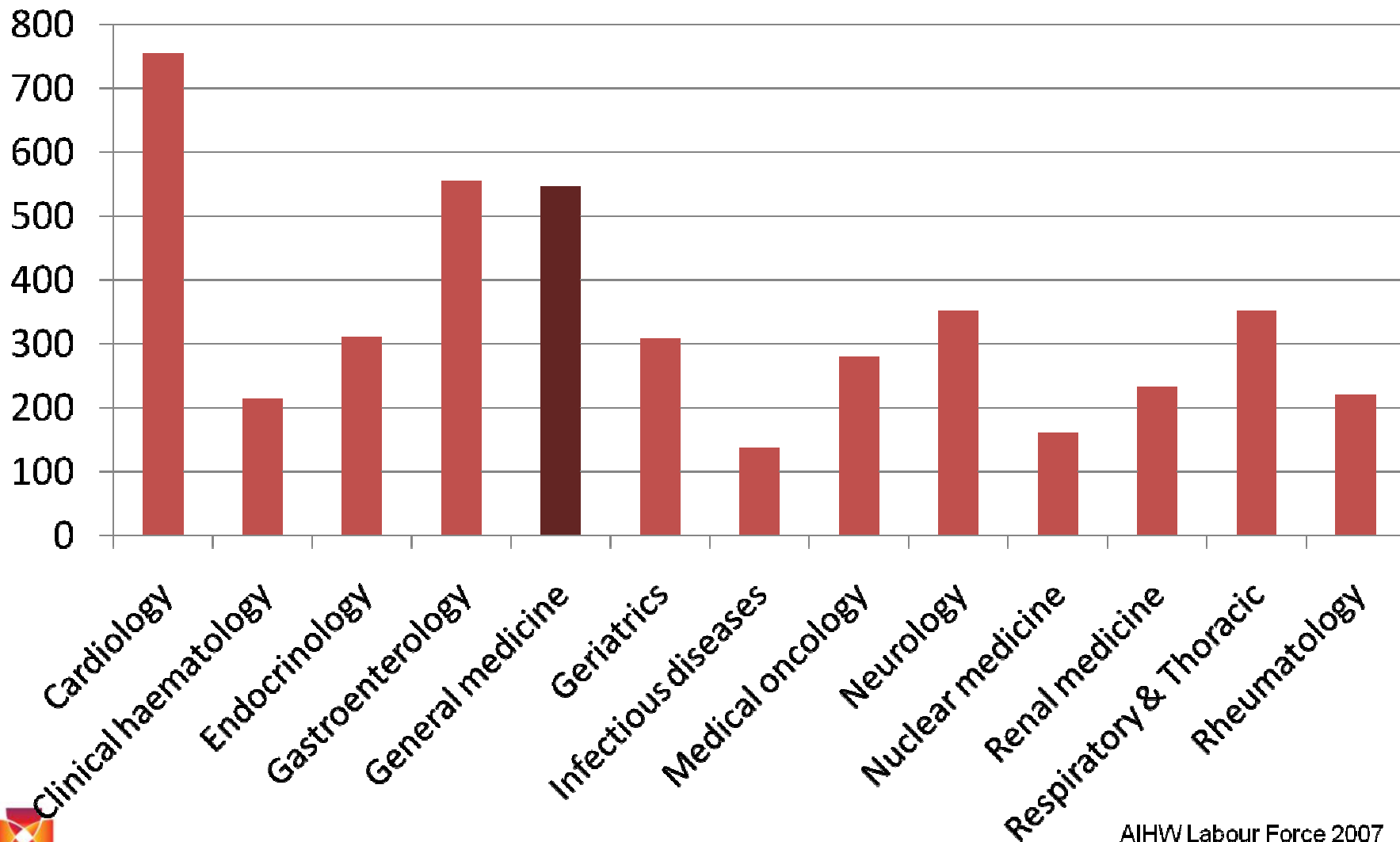
Challenges

- Casemix: Difficult, complex patient load (staff burnout risk)
- Need for 24x7 service
- Outdated perceptions re hierarchy of medical careers
- Workforce: recruitment and retention
 - Competing careers
 - Limited number of attractive training opportunities
 - Non-procedural (limited SPFs), limited remuneration, difficult to maintain private practice
 - Good BPT base to expand into APT training if above can be addressed

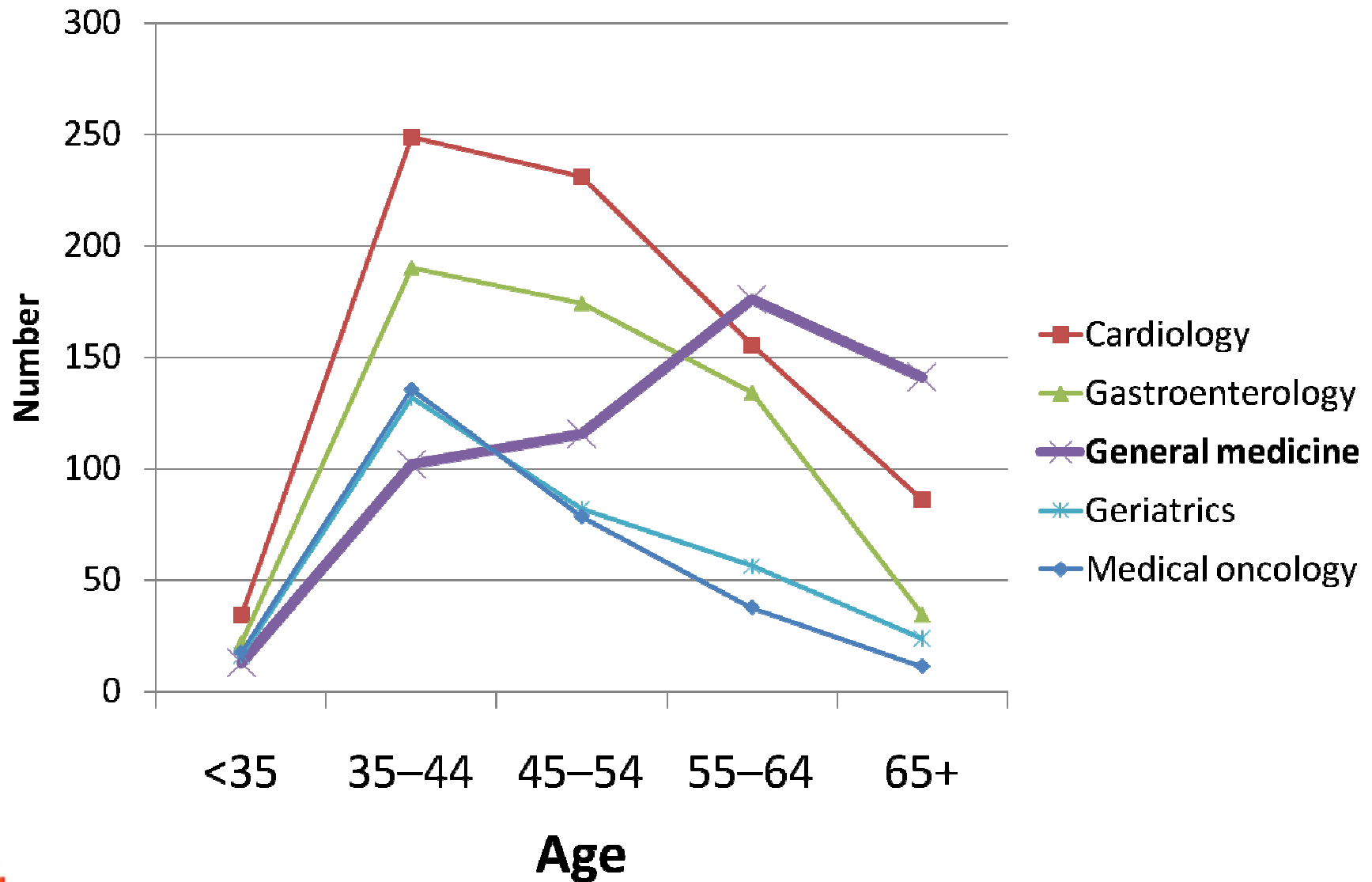
Workforce



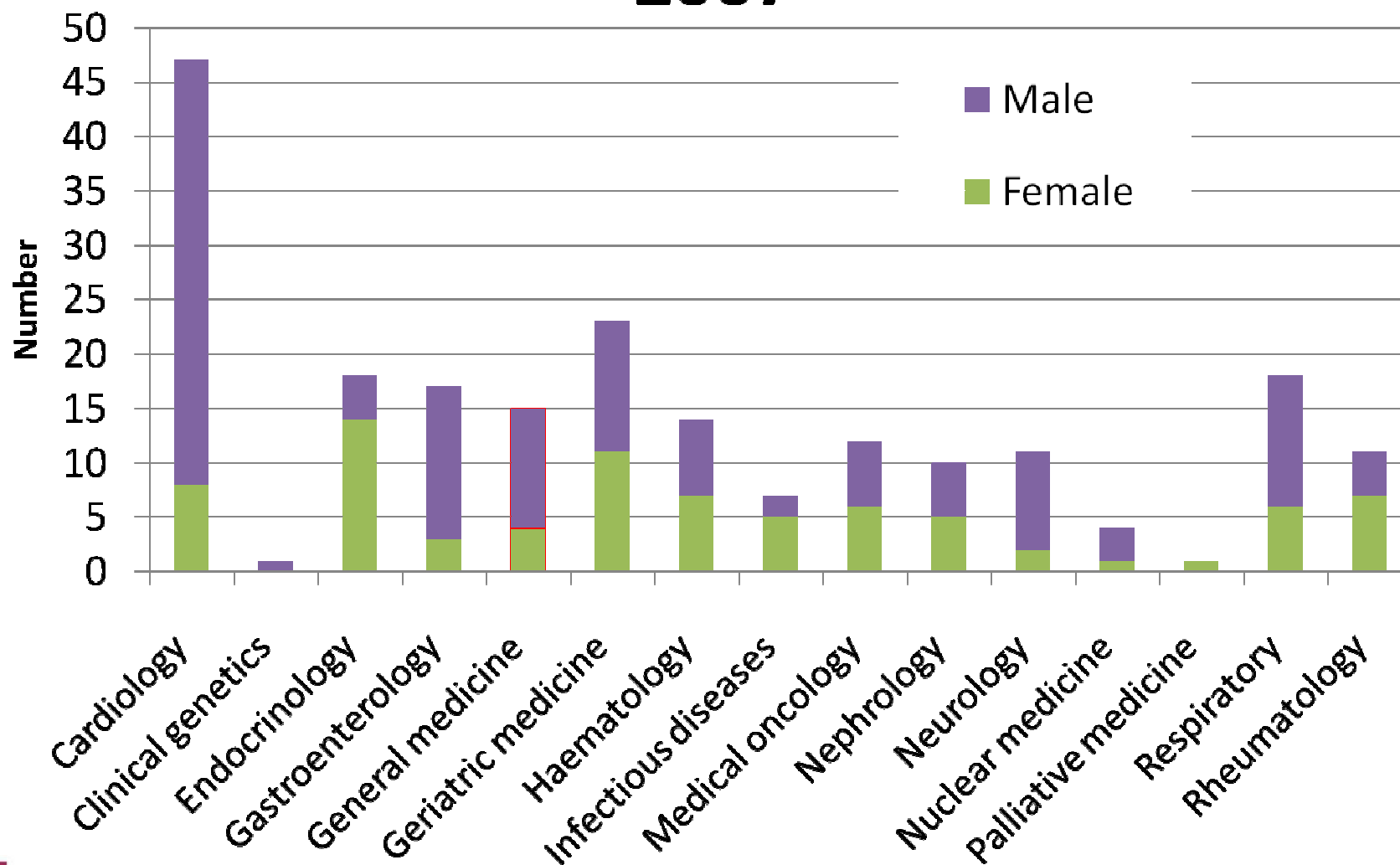
Physician by Main Specialty of Practice 2007 (4,824 excl. paed)



Physician Specialty by Age, 2007

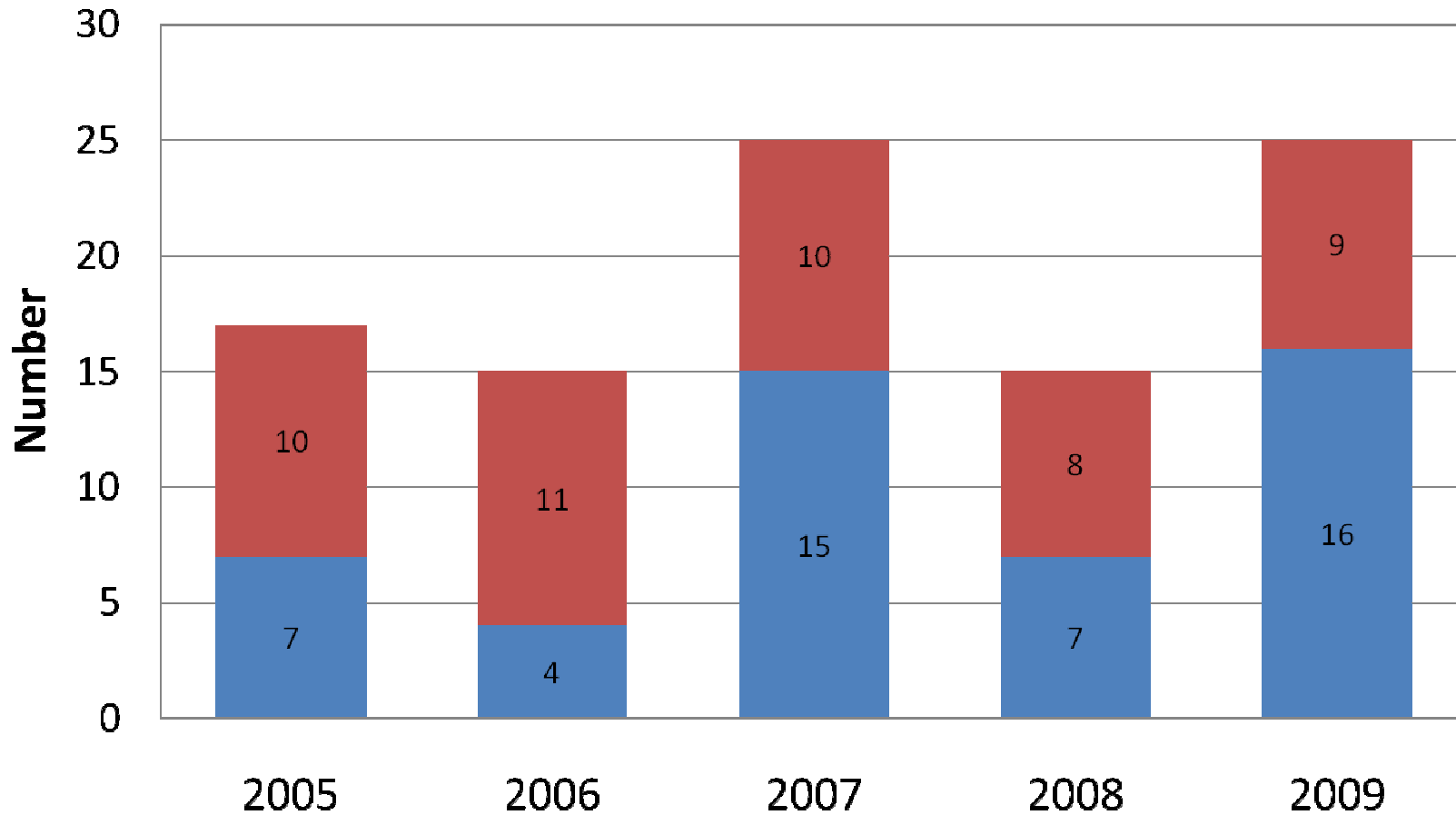


New FRACP by Specialty and Sex 2007



MTRP 12

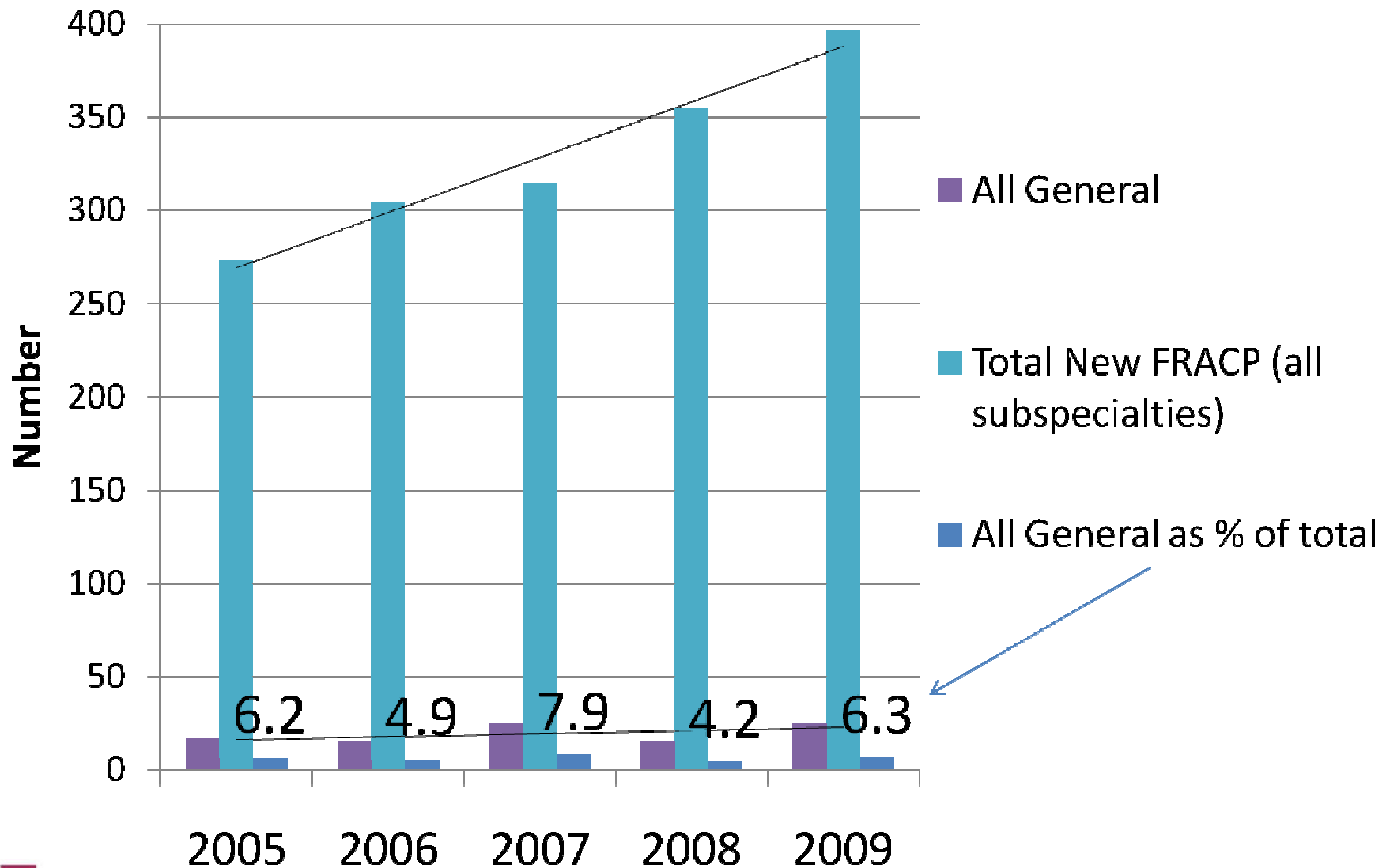
New FRACP in General Medicine



■ General Medicine

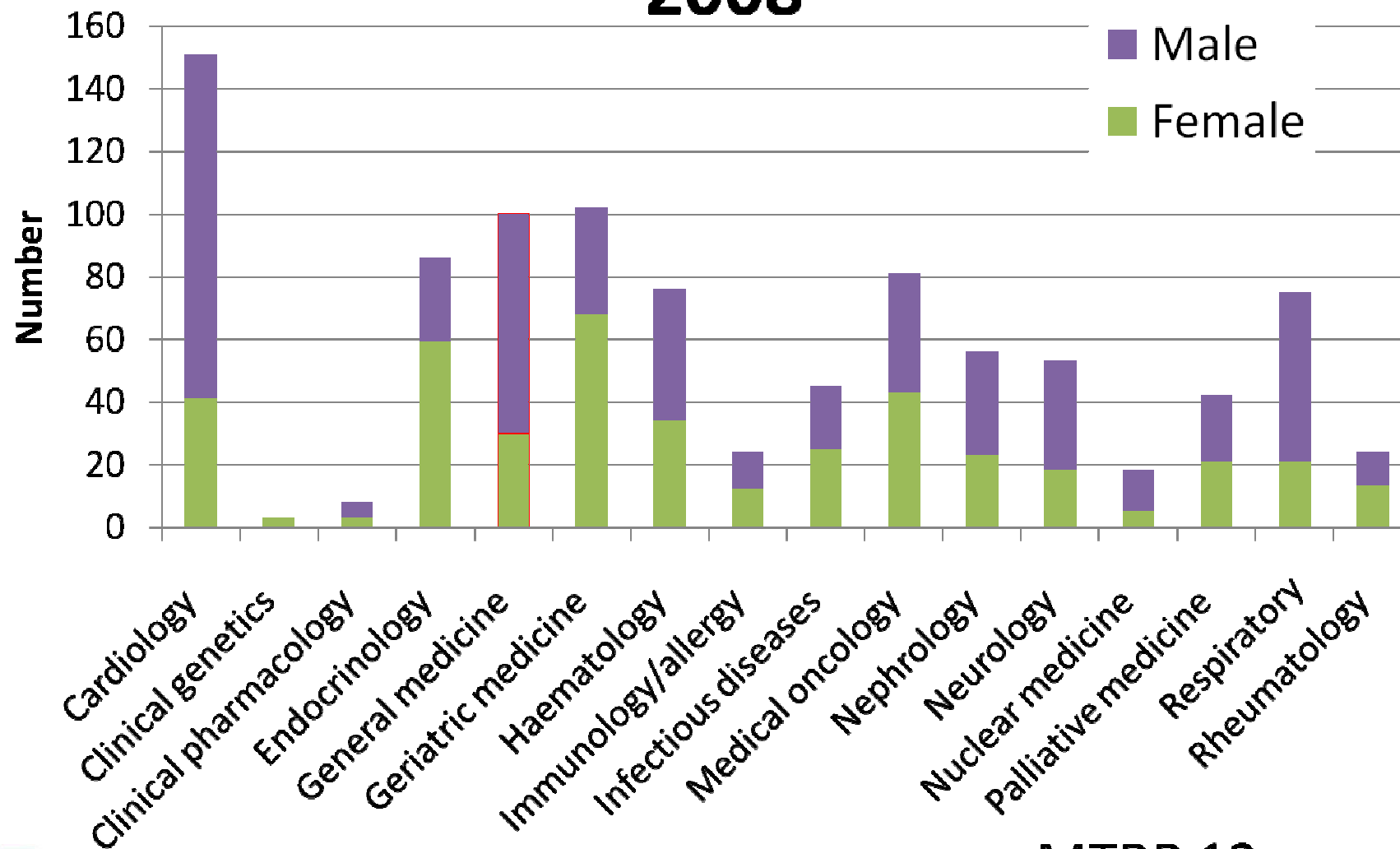
■ Dual SAC - GenMed as secondary SAC

New FRACP Trendline by year



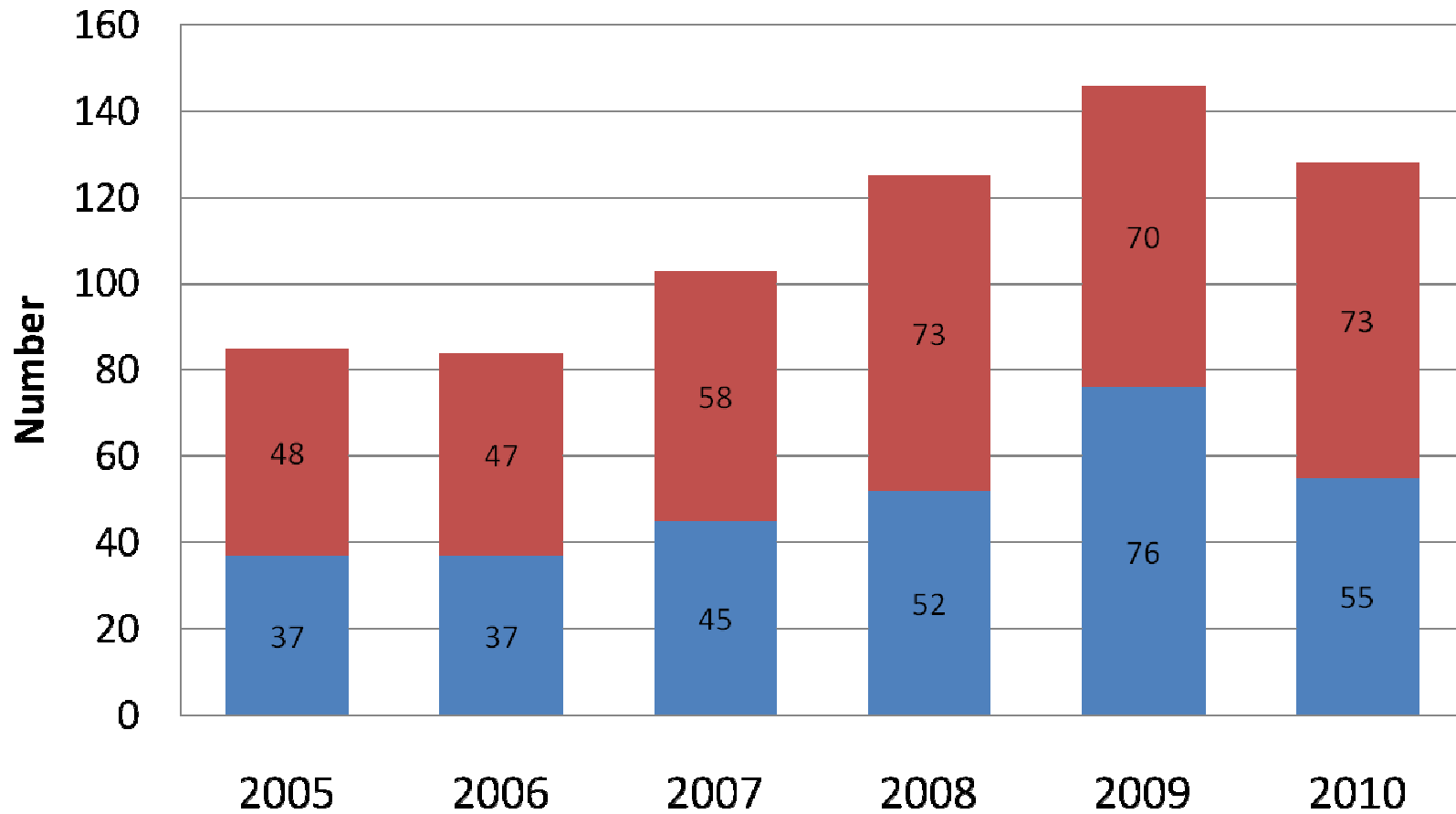
And the trainees

Advanced Trainees All Specialties 2008



MTRP 12

General Medicine Only & Dual Trainees

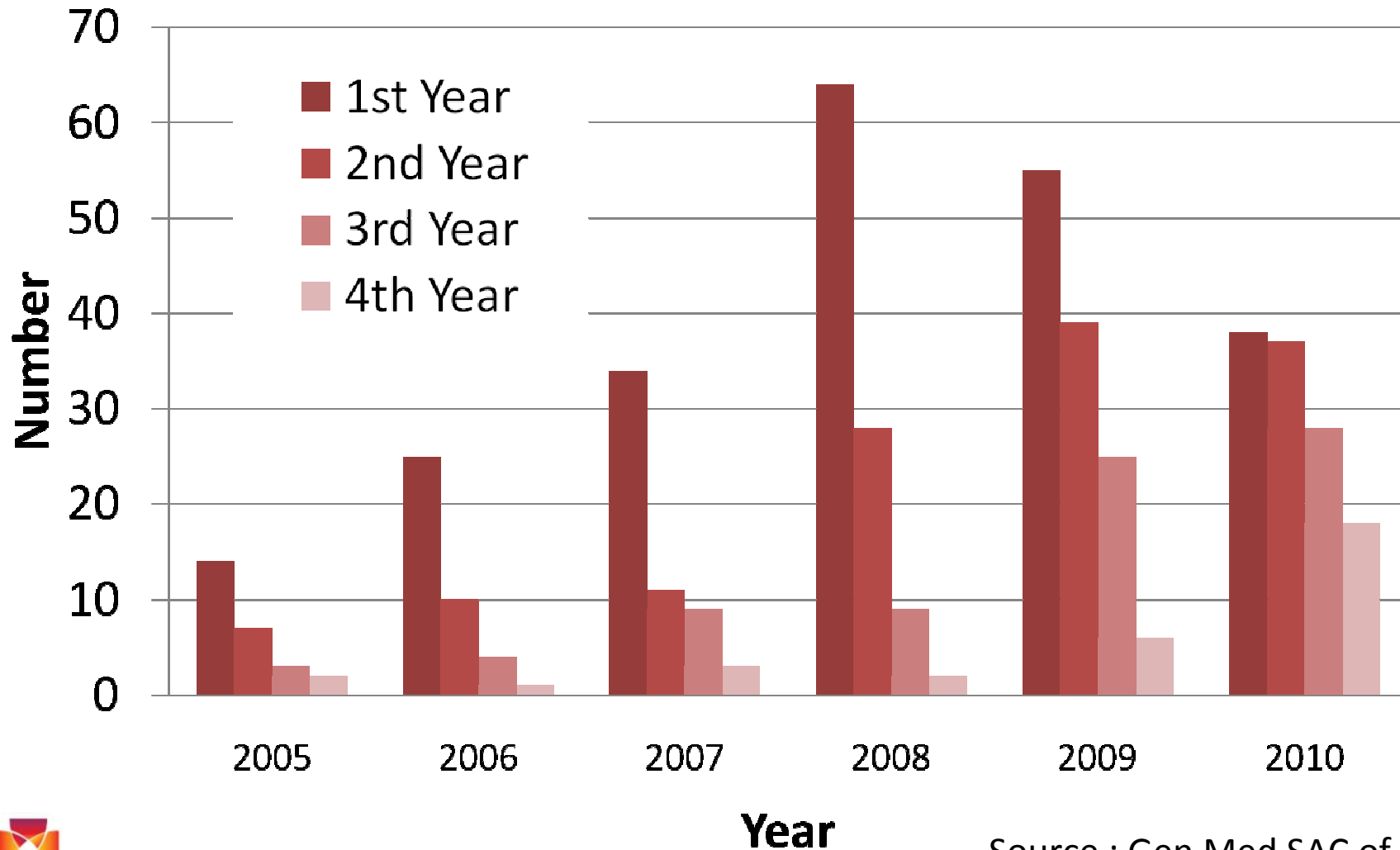


■ General Medicine Only

■ Dual Training

Source : Gen Med SAC of RACP

General Medical Trainees by Year of Training

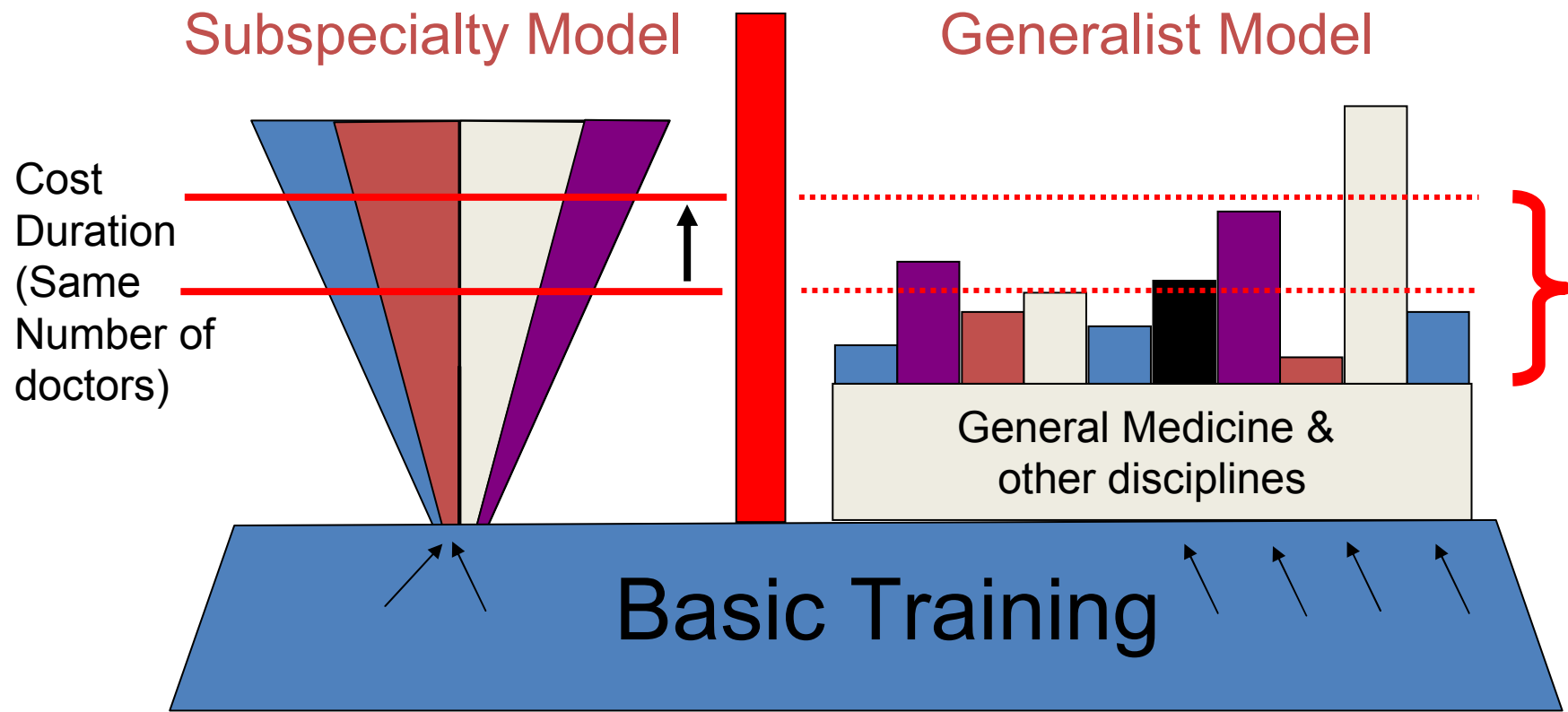


Education & Training Issues



The Competence Bar

How high should it be?



Narrow exclusive entry point
Limited scope to develop
broader interests/skills

Flexible workforce able to
meet needs of community
they serve

General Physician Advanced Training

Dedicated General

APT Gen Med 1
APT Gen Med 2
APT Gen Med 3

3 years

Subspecialty with General Interest

APT Gen Med 1	APT Spec 1
APT Spec 2	APT Spec 2
APT Spec 3	APT Gen Med 3

3 years

Dual Subspecialty & General

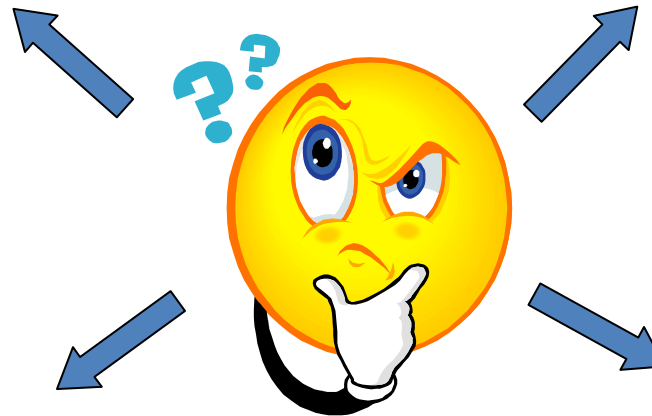
APT Gen Med 1
APT Spec 2
APT Spec 3
APT Gen Med 4

4 years

General with Interest

APT Gen Med 1
APT Gen Med 2
APT Spec 3

3 years



Key

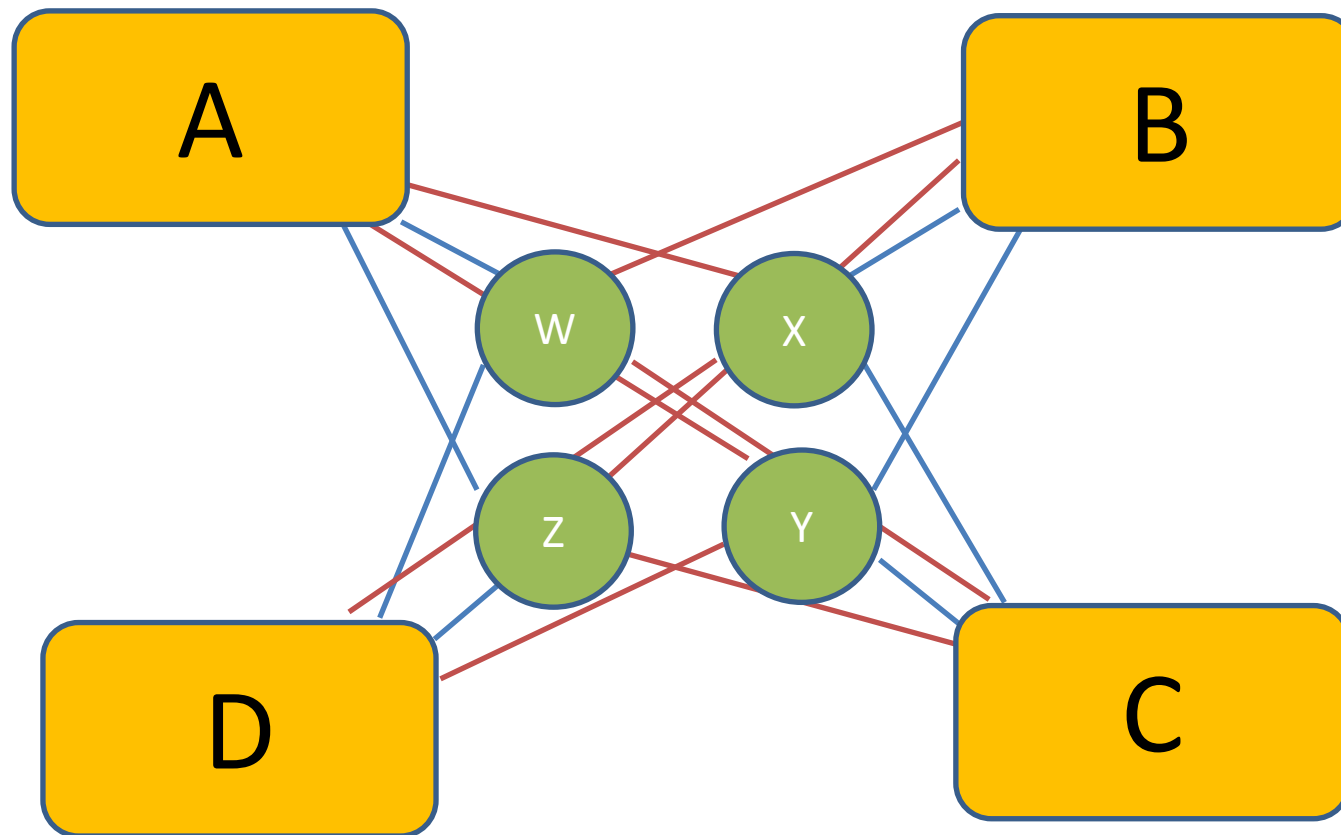
12 months snr. med req/AMU
2x6 months subspec.
12 months subspec.

How can we help?

- Department of Health
 - Inducement to CEOs to be using x% of subspecialty positions for trainees intending to pursue a career including acute take
- CEOs
 - Inducements to units to accommodate these trainees
- RACP
 - Broker agreements between STCs for dual recognition of Gen Med and subspecialty training

4 Hospital Program

4 Subspecialties over 2 years



Program Setup

- Hospitals and units sign up for 1-2 years to qualify for financial incentive
 - Eg 2 metro, 1 outer suburban, 1 rural/regional
- Trainee signs up for 1-2 years
 - Ideally pre-requisite year as senior med reg or >12 months subspecialty (to accommodate dual trainees)
- Central interview – 4 hospitals and college represented. Approx June to allow subspecialty positions to be taken out of the match.
- Specialties to include: 2 of Cardiology, Respiratory, ICU and one other

What can the college do?

- Broker agreements between 2 STCs to guarantee dual accreditation in 4 years:
 - Non-interventional Cardiology + Gen Med
 - Eg 2y Cardiology, 6/12 ICU, 6/12 AMU, 6/12 Resp, 6/12 ED Med Reg etc
 - Respiratory (no sleep) + Gen Med
 - Gastro (no ERCP) + Gen Med
 - Neuro (no neurophysiology) + Gen Med
- Accreditation/Accreditation/Accreditation
 - Eg: level 3 hospitals must make >1 subspecialty position in particular group of subspecialties available to advanced trainee planning to pursue acute take
 - Include requirement for some acute medicine training and experience in all subspecialty curricula

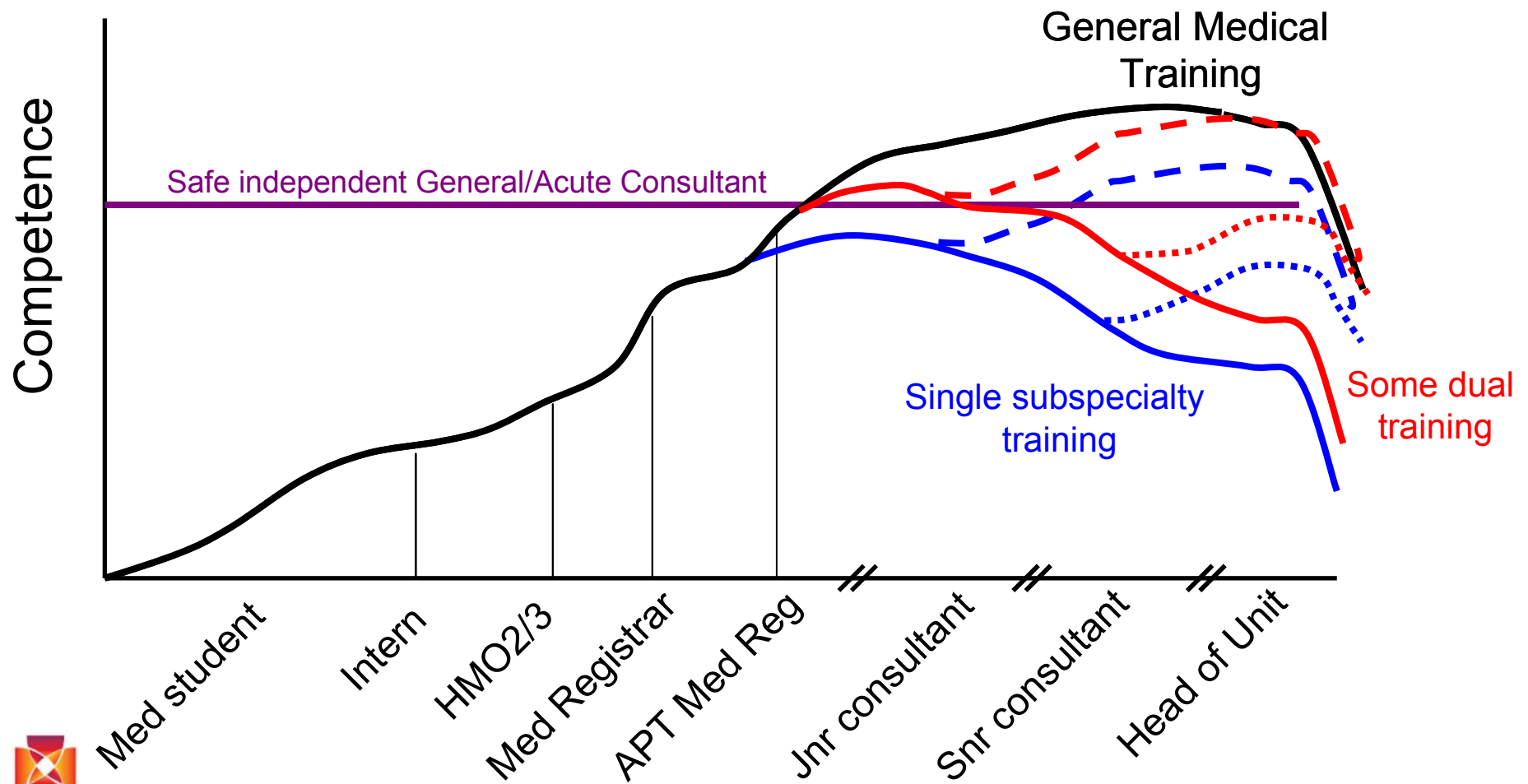
What can IMSANZ do?

- Encourage team approach
 - Affiliate membership for nursing/allied health
- Show leadership in exploring models of care
- Standards/conditions/remuneration
- Educational program
- Research opportunities

What can we do in the meantime?

- Encourage inclusion of subspecialty registrars in acute take/AMU rosters
- Provide well funded substantial positions for young consultants to participate in acute take
 - Full time positions with good remuneration and conditions, 20% rights to participate in subspecialty if relevant (including some private practice rights)
 - Leadership training

Gestation to competency for a Physician to practice Acute Medicine



Gestation to consultant: conclusions

- General Medicine or dual training preferred if possible
- At least one year of General Medicine during subspecialty training is very helpful
 - Many of these will be “transient generalists” whilst they establish their subspecialty career
- For consultants, early involvement in General work is essential to attain longer term interest
- The AMU offers excellent potential for recruitment of trainees/young physicians into the Generalist workforce

General Physicians

- Have many of the skills suited to the AMU
- Constitute a significant proportion of the Australian physician workforce
 - 11.3% in 2007
 - 3rd largest group (after cardiology and gastro)
- Are relatively old and at current rate of training the Gen Med workforce will not replenish itself
- Most of our current trainees will not work in General Medicine

Do all AMU SMS need to be physicians?

I have a dream..... (about our AMU)

- Consultant staffing
 - 50-60% General Medicine unit
 - 30% Subspecialty units
 - >10% Interested ED/ICU physicians
- Registrar staffing
 - As above



Conclusions: How many General Physicians are we training?

- Not nearly enough to replace the existing workforce, let alone any potential increase in demand
- General Medicine is falling well behind other disciplines in recruitment and completion of training

So....either we need to train more, or “cross train” other disciplines

Reminders

- IMSANZ needs you (see website)
- 3rd General Medical Clinical Weekend,
 - October 15-16, 2010, Peppers, Torquay, Victoria's Surf Coast
- “The General Store”
 - Interactive (AttendAnywhere) Gen Med education program every Thursday 3-5 pm (attend from any PC).
- Enquiries to 03 99030198 or h.newnham@alfred.org.au or m.skinner@alfred.org.au



The General Store



As part of the impetus to improve the status of general physicians, a co-ordinated program is developing to improve training for those interested in general medicine as a career pathway. Like other training programs, a name is required to “inspire” attendance and to “validate” the process.

The general store is a “one-stop shop” for all needs. This general store hopes to augment and formalise aspects of clinical training within the noble discipline of general medicine! It is held every Thursday afternoon from 3:00-5:00pm via “attend anywhere”, sponsored by the RACP.

General medicine is similar in its concept and capacity to the old general store. It requires a “bit of everything” to cater to all sectors of the community. During the advanced physician training years, it is expected that numerous topics across many disciplines would be discussed. The hope is to keep all informed of latest developments from experts with other disciplines as well as optimising care and consistency from within via lectures, discussions and case presentations. The idea is to further educate, inspire, and improve clinical skills whilst keeping our feet close to the ground. The impetus should come from the trainees with assistance from general physicians and RACP. Hence, the program is flexible to your needs.





Peppers The Sands Resort Torquay

Perched on the northern headland of Torquay nestled against the dunes and at the start of the world famous Great Ocean Road, Peppers The Sands Resort is a sleek and modern premium golf resort destination.

Located just over an hour from Melbourne and 20 minutes from Geelong, Peppers the Sands Resort boasts 112 spacious rooms featuring private balconies or terraces with stunning views, tasteful furnishings and premium facilities.

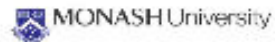
Surrounding Peppers The Sands Resort and moulding into the natural landscape of the Surf Coast, is The Sands 18-hole Championship golf course, designed by Stuart Appleby. Other leisure activities available include a game of tennis, refreshing swim in the heated indoor lap pool or a work out in the gymnasium. Choose to do as much or as little as you please.

Our signature restaurant, Hanners Restaurant and Bar is one of the region's most desired dining destinations for locals and visitors and is a must when you stay with us. The Surf Coast region provides an abundance of fresh food and gourmet wines constantly inspiring Hanners' talented chefs.

Peppers The Sands Resort is the ideal place to begin the 200 kilometre journey along The Great Ocean Road or explore the town centre of Torquay, an easy two and half kilometre walk from the resort. The sandy beaches are an easy stroll from Peppers The Sands Resort and will lead you to Victoria's most famous surf beach, Bells Beach. The region is also renowned for its boutique wineries, restaurants, colourful cafes, galleries, fishing, surfing and scenic tours along the coast.



Proudly supported by



Organising Committee

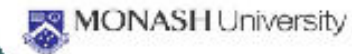
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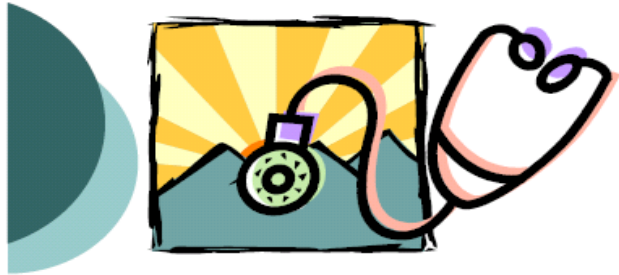
GENERAL MEDICAL CLINICAL WEEKEND

CLINICAL INTERNAL MEDICINE FOR
ADVANCED TRAINEES
AND CONSULTANTS



Peppers The Sands Resort
2 The Sands Boulevard
Torquay, The Surf Coast,
Victoria 3228

OCTOBER 15-16 2010



General Medicine Clinical Weekend 2010

This two day conference will provide a clinical forum for Trainees and Consultants in General Medicine to share their knowledge and experience in a relaxed atmosphere.

The program format consists of seven sessions. Each session will include a 45 minute clinical update by an invited speaker together with one/two case discussions and accompanying literature review presented by Advanced Trainees. There will be four sessions on Friday and three on Saturday.

The meeting opens on Friday morning 9am for 9:30am start, the Friday evening dinner at 7pm and will conclude after lunch on Saturday afternoon at 3:30pm.

CLOSING DATE FOR SUBMISSION OF ABSTRACTS OF CASE PRESENTATIONS BY ADVANCED TRAINEES IS FRIDAY 17th September

Forward abstracts to: h.newnham@alfred.org.au

Guidelines for abstracts are available at www.alfred.org.au/generalmedicine

Single page A4 12 font with title, authors (including supervisor), institution, case synopsis and discussion points and key references.

Guest Speakers

A/Prof Chris Gilfillan

Update on Thyroid Disease

Chris is Director of Endocrinology at Eastern Health and Clinical Director of Internal Medicine, Emergency and ICU Eastern Health.

Dr Andrew Hughes

Pyrexia of Unknown Origin

Andrew is an Infectious Diseases Physician and Director of General Medicine at Geelong Hospital.

Prof Lawrence McMahon

Update in Obstetric Medicine

Lawrie is Director of Renal Services at Eastern Health and current Secretary/Treasurer of the Society of Obstetric Medicine of Australia and New Zealand.

A/Prof Anne Marie Southcott

Sleep Disordered Breathing

Anne Marie is Director of Respiratory and Sleep Medicine at Western Hospital.

Prof Jonathan Kalman

Update in Atrial Fibrillation

Jon is Deputy Director of Cardiology at Royal Melbourne Hospital.

A/Prof Paul Coughlin

Is Warfarin Dead?

Paul is Head of Haematology, Haemostasis and Thrombosis Unit at Box Hill Hospital.

Dr Alistair Wright

Update in Stroke Management

Alistair is a general physician at Warragul Hospital with a special interest in stroke management.

Registration Details

Name: _____

Address: _____

Institution: _____

Contact telephone: _____

Email: _____

Arrival date: _____ Departure date: _____

Full Registration (1 Night Accom & Meals) \$550

Full Registration - Advanced Trainee Rate \$495

Day Registration (Friday or Saturday) \$150

Day Registration and Dinner (Friday) \$275

Accompanying Partner (Accom & Meals) \$150

Total: \$ _____

(all costs include 10% GST)

Cheques payable to:

"General Medicine Clinical Weekend" and forwarded to "Secretary GMU" as per address on back page of this form.

Credit card payments

Name of cardholder: _____

Mastercard Visa Amex

Number: _____

Expiry date: ____

Signature _____

Account tax invoice required:

Special meals request: _____

Care hire is available via hire desk at Airport. If you are experiencing transport difficulties please contact:

Secretary GMU on 9903 0198 no later than Friday 1st October.



How to get there *by Michael Leunig*

Go to the end of the path
until you get to the gate.
Go through the gate and head
straight out towards the horizon.
Keep going towards the horizon.
Sit down and have a rest
every now and again, but keep on going.
Just keep on with it.
Keep on going as far as you can.
That's how you get there.

