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Submission to the Independent Hospital Pricing Authority
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DEVELOPMENT OF THE AUSTRALIAN TEACHING AND TRAINING CLASSIFICATION (ATTC)

The Australasian College for Emergency Medicine (ACEM) welcomes the opportunity to provide comments to the Independent Hospital Pricing Authority's (IHPA) consultation on the development of the Australian Teaching and Training Classification (ATTC) for training, teaching and research (TTR) activities.

ACEM is the not-for-profit organisation responsible for the training of emergency physicians and the advancement of professional standards in emergency medicine in Australia and New Zealand. As the peak professional organisation for emergency medicine in Australasia, ACEM has a vital interest in improving the quality of training and clinical supervision of its Members, while ensuring the highest standard of emergency medical care is provided for all patients. It is in the public interest to have a high quality and responsive health system that is underpinned by training and research. Achieving this outcome is of vital importance to each patient's health care experience and to the quality of life for the individual, their family and the broader community. ACEM welcomes the opportunity to engage with IHPA through this paper and in any planned stakeholder workshop or additional consultation process.

ACEM considers medical education and the respective TTR components essential to the provision of public health services. ACEM has broadly supported the IHPA's work to develop a TTR classification, including the costing study consultation process undertaken in 2015. There is need for a more efficient and transparent process to better manage, measure and fund TTR activities.

Emergency medicine trainees undergo rigorous formal training through the ACEM specialist training program. This involves direct, indirect and embedded learning activities[1] – where specialist emergency physicians (Fellows of the College – FACEMs) work alongside trainees to develop their emergency medicine practice to an expert level. Embedded learning activities form the largest component of a trainee's learning activities throughout their training in the ACEM program.

It is for this reason that ACEM explicitly outlined in its 2015 submission to IHPA the essential requirement to include embedded teaching and training activities within any proposed costing models. ACEM was concerned to find that embedded costs have been excluded from this iteration of the ATTC. Although the paper outlines that embedded costs are already priced as part of other activity based funding (ABF) models (for example, acute and subacute), embedded costs are not priced for emergency care in emergency departments.

[1] Undertaken through multiple workplace –based assessments (WBAs) which require FACEMs to directly observe, assess and provide structured feedback to trainees and all junior doctors on clinical procedures and actions performed and their clinical reasoning and decision making when providing individual patient care.

ACEM appreciates that the main inhibitor to including the embedded TTR costs of emergency care in emergency departments is the difficulty in capturing meaningful and reliable data. In its 2015 submission, ACEM had called for a one-off study to inform a future TTR classification. ACEM considers that this study is an essential step in determining the necessary components for identifying and calculating the price variables of emergency care ABF activities. For example, ACEM notes that the existing calculation for emergency department or emergency service ABF activity under the National Efficient Price Determination 2017-18 includes 125 price weights for emergency department patients (to reflect different patient presentations) and 17 price weights for emergency service patients.[2] This calculation and related variables has required detailed discussion and review since 2014-15, with emergency department and emergency service ABF activities not part of the national efficient price determination in 2014 but introduced and developed from 2015. [3][4]

Without this data, ACEM reiterates that any TTR costing for emergency care in emergency departments will prove difficult to reflect the value of these activities. If this were accurately valued and incorporated in the ATTC it would:

- Achieve a pricing correction for emergency departments that are already accredited for training (thereby accurately reflecting the training undertaken in the ED).
- Act as an incentive to hospitals to maintain their ACEM accreditation (by enabling a workforce built around teaching and training outcomes).

ACEM understands that, as part of the 2015 *Emergency Department Costing Study,* detailed data was captured on emergency department stays (including patient characteristics) and the allocation of clinician time to individual patients, and that this influenced the existing 2017-18 National Efficient Price Determination.[5] ACEM therefore recommends that IHPA examines the data from this study, particularly the allocation of clinician time to individual patients, to derive the costs involved for TTR activities. ACEM suggests that this data will provide insights on the relationship that exists between TTR activities and clinical time spent with patients.

ACEM also considers it essential that any ATTC, with or without an accurate value of emergency medicine, has safeguards incorporated into its design to ensure health services actually spend allocated revenue as charged against the ATTC on teaching, training and research activities. Given the ATTC is intended to shift TTR from block funding to an ABF basis, this additional measure would assist IHPA in meeting the objectives of transparent funding.

<u>Regarding the proposals outlined in the consultation document, ACEM provides the following feedback for IHPA's consideration:</u>

ACEM notes that the variables included in the ATTC v1.0 are a deliberate 'first step' in order to achieve end classes against two levels – Profession and Training stage. For this reason, ACEM considers that they are relevant in providing initial classification parameters. When reviewing the 20 end classes that stem from these classifications, emergency medicine trainees would broadly fall within C3-01 (Medicine – Postgraduate/vocational student) and C4-01 (unknown stage of training).

[2] Commonwealth of Australia, 2017. *National Efficient Price Determination 2017-18*. Independent Hospital Pricing Authority.

[3] Commonwealth of Australia, 2014. *National Efficient Price Determination 2014-15*. Independent Hospital Pricing Authority

[4] Commonwealth of Australia, 2015. *National Efficient Price Determination 2015-16*. Independent Hospital Pricing Authority.

[5] Health policy analysis, 2015. *Emergency care services costing and classification project – Costing study discussion paper.* Independent Hospital Pricing Authority.

ACEM draws the attention of IHPA to the coefficient of variation (CV) data presented in Attachment C of the consultation paper, where C3-01 and C4-01 have a high CV (1.46 and 3.05 respectively). As identified in the paper, a high CV suggests greater variation within the end class. ACEM notes that as both figures for C3-01 and C4-01 are higher than 1.0, this demonstrates potential difficulties for IHPA when costing the TTR for emergency medicine.

ACEM considers that the proposed additional variables (Year of Training; Area of clinical focus; Level of qualifying education certification) would assist IHPA's ongoing development of the ATTC and will have direct relevance to emergency medicine training. ACEM strongly encourages IHPA to include 'emergency medicine' as a variable under 'Area of clinical focus'.

ACEM also considers it necessary that IHPA recognises ACEM's Diploma of Emergency Medicine (EMD) and Certificate of Emergency Medicine (EMC) under 'Level of qualifying education certification'. As a specialist medical college, ACEM's EMD and EMC are unique qualifications that are offered to medical practitioners seeking to gain recognised skills and experience in the discipline of emergency medicine above that possessed by a general registrant but below the specialist level of a FACEM.

ACEM supports IHPA's acknowledgement that the refinement of the ATTC, including the progression from Version 1.0 to the final ATTC, is a process that will require further engagement. IHPA has outlined the need to source data that can assist and support classification development and ACEM is willing to work with IHPA to achieve this outcome.

ACEM would benefit from access to supporting material and the opportunity to meet with IHPA to discuss these matters further. The supporting materials outlined by IHPA in its paper would assist ACEM in understanding the requirements of what the ATTC may mean once additional classifications are introduced. To complement this material, ACEM considers it will be essential to learn from the experiences of other stakeholders in implementing and using the ATTC. Ideally, IHPA would draw stakeholders together to undertake discussions and workshops following its conference in October.

ACEM is also cautious of the potential impact the ATTC may have on existing staffing roles, where embedded teaching and training forms a core component of FACEMs' work.

Thank you for the opportunity to provide feedback to this consultation. Should you require clarification or further information, please do not hesitate to contact the ACEM Policy Officer Lee Moskwa on (03) 9320 0444 or via email at lee.moskwa@acem.org.au.

Yours sincerely,

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