Medical Deans
AUSTRALIA AND NEW ZEALAND

Development of the Australian Teaching and Training Classification Public Consultation

Submission – Medical Deans Australia and New Zealand September 2017

Introduction

Medical Deans Australia and New Zealand (MDANZ) thanks the Independent Pricing Authority for the opportunity to make a submission in response to the public consultation paper on the development of the Australian Teaching and Training Classification (ATTC). There has been significant work undertaken on the development of the ATTC since the Teaching, Training and Research Working Group (TTRWG) was established in 2013 and MDANZ recognises the benefits of a providing more accurate and consistent data about teaching and training across public hospitals and that the ATTC will be refined as more data is collected.

Workplace training is critical to developing work ready graduates and plays an important role in the maintenance of a well trained workforce. This is essential to a safe and effective health system and studies demonstrate clinical education contributes to the quality of healthcare. Rapid expansion in medical school capacity in the last two decades along with changes to teaching, learning and assessing medical education have significantly increased the cost burden of clinical training for universities. Clinical training is occurring earlier in the degree and there is considerable geographic diffusion of clinical education through distributed models of training.

These changes, along with the loss of clinical training funding provided by the Australian Government, has put pressure on the provision of clinical training for both universities and health services. While IHPA's current consultation is about developing a classification structure and the pricing of teaching and training activities is a separate process, clinical training capacity, funding and who pays is a significant issue and MDANZ believes it is important to place on the record the following issues:

- The systems for collecting activity and pricing data are not well developed, which may impact on the capacity to accurately identify the costs involved in delivering teaching and training.
- The development of a teaching and training classification may result in increased costs for universities (in an already constrained funding environment) without improving the quality of clinical placements.
- A preoccupation with costs only may drive out the goodwill which underpins much of the teaching and training that currently occurs. (Paxton study,2013 identified that if the goodwill among clinicians to deliver training declines, the cost impacts associated with the supervision required of the future workforce are likely to be significantly greater than they are at this time.)

Phone +61 2 8084 6557
Email admin@medicaldeans.org.au

Medical Deans Australia and New Zealand Inc
Suite 1, Level 3, 261 George Street, Sydney, NSW 2000

- The relevance and transparency of a teaching and training classification that excludes embedded costs, which are approximately 80% of total teaching and training costs. This is particularly so, given the teaching and training component of other activity based funding (ABF) models does not recognise the differences in the amount of embedded teaching and training undertaken in different hospitals.

- MDANZ supports the recommendation put forward by Universities Australia that if embedded teaching and training remains funded under clinical services ABF, the clinical services NEP/ABF:
- be reviewed for adequacy in relation to the teaching and training component
- Be clearly linked to teaching and training funding – that is, have some sort of written label /acknowledgement that clinical services ABF covers roughly 80% of the teaching and training funding to public hospitals. [1]

Response to Individual Consultation Questions

ATTC Version 1.0
Consultation Questions

1) **Are the current variables included in the ATTC Version 1.0 relevant to clinicians, health service managers and other stakeholders?**
2) **Are there any further considerations in relation to the proposed structure?**
3) **Are there any other variables which should be considered in future versions of the ATTC?**

MDANZ believes the current variables of profession and training stage in the ATTC Version 1.0 are relevant for this stage of the development of the ATTC.

MDANZ acknowledges IHPA's transparency in outlining the limitations to the TTR Costing Study data collection including:

- the timing of the data collection (May to October) which did not allow for primary data collection to occur at the start of the year, meaning average costs may be impacted by seasonality,
- limited number of sites with only 3 jurisdictions (19 sites) providing data. There were no hospitals from the 2 largest states (NSW and Victoria) which may mean the teaching and training cost structures are not truly representative of differences in teaching and training costs across states.

Reliable national data collections are essential to the development of classifications and the implementation of ABF. MDANZ is concerned that given the limitations of both current and future data collections for teaching and training, the classification structure will not be able to sufficiently recognise the complexities of teaching and training in a hospital setting.

[1] Universities Australia submission – IHPA Draft Work Program, 2017 - 18

MDANZ supports expanding the collection to the year of training, area of clinical focus and level of qualifying certification in the HTTRA NBEDS going forward. If the HTTRA NBEDS 2018 -19 includes a data element for different types of qualifications including Masters, it should be noted there is potential for confusion regarding medical "pre entry" qualifications. There are both undergraduate (school leaver) medical courses and post graduate or 'graduate entry' medical courses (where students have completed an undergraduate degree before entry). Most graduate entry courses are moving to an MD (Masters level) qualification but this is a work in progress. That said, there is not likely to be a significant difference in costs between graduate and undergraduate pre entry students during the clinical years. There is likely to be a cost difference in terms of total cost per student between pre entry medical students in early years and later years. Early years students spend less time in clinical settings, although the precise year can differ depending on whether it is an undergraduate pre entry student or a post graduate pre entry student.

Ongoing national activity and cost data are required to determine more specific and stable end classes and IHPA have advised they will refine the ATTC as more data becomes available. A complicating factor from the perspective of medical schools is that data on student placements is typically held by education providers and it will therefore be a challenge to accurately quantify the number of students placed at a hospital.

Next Steps
Consultation Questions

4. What supporting materials would be beneficial for the ATTC
5. What communication avenues and methods should IHPA consider in order to inform and engage stakeholder of the ATTC and future ABF for teaching and training?

The communication materials supporting the ATTC should:

- provide a very clear understanding to organisations (health and higher education) about what is being collected and why it is being collected.

- clearly articulate the stages in the development of the classification and pricing and in particular clarify that the pricing of teaching and training activities is a separate process and IHPA will undertake further work to progress the collection of ongoing cost and activity data and further consult on the pricing teaching and training activities.

- include information about both the opportunities and risks with the development of a teaching and training classification and the implementation of ABF for teaching and training

The communication methods should be multi modal and determine target groups, which will then determine how they can be approached. It is important to ensure material is distributed throughout organization, rather than relying on it going to one person and filtering through an organisation.

Development of Future Iterations of the ATTC
Consultation Questions

6. Are there particular aspects or areas of the ATTC that should be prioritised in its development or aspects that should be developed at a later stage?
7. Are there any further considerations that should be taken into account when developing the ATTC?

The development of the classification structure is the first stage in moving to an ABF model for teaching and training. The complexities and number of stakeholders involved in the delivery of teaching and training in health services means the development of a robust ABF regime for teaching and training is challenging. MDANZ is of the view that a move to an ABF regime for teaching and training should only occur if it enhances clinical training capacity and outcomes. Clear definitions and improving data collection to lessen the burden on organisations should be a priority.

Any discussion of teaching and training pricing and funding needs to recognise the responsibilities, costs and contributions of all parties. Clinical placements are typically resourced through combined direct and indirect contributions from government (both state and federal), education providers and health services. A diversity of arrangements for placements across jurisdictions and disciplines exist between universities and health service providers. Universities often contribute capital and running costs to health facilities. While these provide training opportunities for students, they also provide health services to the community which is not always recognized. Health students also make a tangible contribution to improved patient safety (through clinical care and follow up) the maintenance of hospital standards and a range of health quality improvements (through research projects).

In order to recognize adequately the costs and contributions to teaching and training of all parties, there needs to better information on the costs and benefits of clinical placements. While there has been some work in this regard, (eg Scoping Study On Student Clinical Education in Australia undertaken in 2014 by the Workplace Research Centre, University of Sydney Business School J Buchanan, L Scott and S Jenkins) there is limited literature. MDANZ is committed to improving the evidence base on the benefits of clinical placements and is undertaking a research project looking in detail at the medical student clinical placement experience.