

Training in Gastroenterology

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1. Purpose of document

The aim of this document is to provide more detail of the training process than currently available on the College website or training book. Some details given on website are outdated and not always relevant for New Zealand. There is some additional information about the current philosophy of the SAC in New Zealand. This is not an official document of the RACP and is not intended to be prescriptive but to give some deeper understanding of the process. This is also a working document for discussion of some futures training issues in gastroenterology. There will be some change expected after publication of Gastroenterology curriculum and also changes in assessment in advanced training that will be effective from 2011.

The aims of Advanced Training are to produce Gastroenterologists with a broad general knowledge of Gastroenterology, exposure to a variety of approaches to problems, an ability to critically appraise the literature, and a commitment to ongoing self education. Such a trainee will be well equipped for either further training in a subspecialist area or to venture into the world of unsupervised clinical practice. This training is achieved through the work of supervisors of Advanced Training and consultant staff of the public hospital system, with contributions from NZSG, SAC and RACP.

2. The Australasian College of Physicians requirements for Gastroenterology training

*This section is "cut and pasted" from the website (or Mango book)
Some of the comments are already dated and not always applicable to New Zealand. A revised training manual will be available soon (2012).*

Definition of Specialty

Gastroenterology and Hepatology are branches of internal medicine that are concerned with prevention, investigation and therapy of and research into illnesses involving the intestine, liver and other associated organs.

<http://racp.edu.au/training/adult2003/advanced/vocational/gastro.htm> - top

General Principles of Training

1. Advanced training in gastroenterology should provide broad experience in as many aspects of gastroenterology and hepatology as possible including management of patients with a wide variety of gastrointestinal disorders; gastrointestinal endoscopic procedures; gastrointestinal and hepatic imaging; pathology and physiological investigations; clinical nutrition, and gastrointestinal surgery. It is desirable that trainees undertake supervised research during their advanced training. The majority or all of advanced training can be undertaken in hepatology. It is desirable that trainees spend no more than 2 years in one training position.
2. Trainees are required, at the completion of advanced training, to have achieved levels of consultative and technical skills, which will allow independent practice as a gastroenterologist and/or hepatologist.

Components of Training

Core Training

A minimum of 2 years must be spent in full time clinical training positions with responsibility for patient care under the supervision of a trained gastroenterologist. Training should include management of gastrointestinal and hepatological emergencies. A suitable training position

should include the care of outpatients (ambulatory care) and inpatients in gastroenterology and hepatology at a training site that provides regular clinical meetings, QA activities and meetings with other departments particularly diagnostic and therapeutic imaging, histopathology and surgical groups.

It is desirable that trainees gain experience and exposure in as many as possible of the following areas:

- gastrointestinal motility disorders, diverticular disease and functional illnesses including oesophageal motility and intestinal transit studies;
- acid-peptic disease;
- diseases of the pancreas and gastrointestinal hormones;
- gastrointestinal inflammatory disorders including idiopathic inflammatory bowel disease and disorders caused by infection including those associated with human immunodeficiency;
- malabsorption syndromes including breath gas analysis;
- gastrointestinal malignancy and premalignant disorders;
- disorders of the biliary tract and ERCP;
- viral hepatitis;
- immunological disorders of the hepatobiliary tract;
- drug-induced disorders of the liver and gastrointestinal tract;
- chronic liver disease, portal hypertension and liver biopsy;
- hepatobiliary malignancy;
- gastrointestinal endoscopy and gastrointestinal bleeding;
- clinical nutrition;
- alcoholism and drug addiction;
- imaging of the gastrointestinal and hepatobiliary systems including performance of abdominal ultrasound examinations; and
- liver transplantation.

<http://racp.edu.au/training/adult2003/advanced/vocational/gastro.htm> - top

Non Core Training

The SAC may approve a maximum of one year of non-core (elective) training which may be undertaken in clinical training in other disciplines (e.g. psychiatry, general medicine, immunology, microbiology, etc.), or research. ***In New Zealand the SAC will prospectively approve, on a case by case basis, only those rotations that are closely related to gastroenterology.***

<http://racp.edu.au/training/adult2003/advanced/vocational/gastro.htm> - top

Procedural Skills

It is desirable that trainees should become proficient in upper gastrointestinal endoscopy and liver biopsy. Many trainees will also undertake training in colonoscopy and some will undertake training in ERCP (see section 5 for updated comments on expected experience).

Trainees must, in addition to technical proficiency, have a clear understanding of the role of endoscopy in patient management achieved by attendance at radiological and histopathological teaching sessions and relevant operations. Trainees must develop an understanding of the principles and practice of disinfection and sterilization of modern endoscopic instruments. Training in gastrointestinal endoscopy is assessed independently by the Conjoint Committee for Recognition of Training in Gastrointestinal Endoscopy (CCRTGE), a national committee with representatives of the Gastroenterological Society of Australia, RACP and the Royal Australasian College of Surgeons. Those trainees who satisfactorily complete the requirements of the CCRTGE will normally be given formal

recognition at the completion of advanced training.

Trainees are strongly encouraged to undertake a period of supervised research in basic or clinical sciences. Training in research can be conducted as a non-core period of training and may be part of a research program conducted with the aim of achieving a doctorate (PhD, MD) or other higher degree(s). Up to one year of the 3 years of advanced training may be undertaken in research. Extended periods of research will not be regarded as part of core advanced training in gastroenterology and hepatology.

<http://racp.edu.au/training/adult2003/advanced/vocational/gastro2.htm> - top

Many trainees are choosing to have dual training in General Medicine and Gastroenterology. This may mean achieving criteria for award of fellowship with one SAC well before the other SAC. This gives rise to the possibility of Post-Fellowship training.

Post FRACP training is approved prospectively; accredited upon receipt of a satisfactory supervisor's report, and supervised in the same way as pre-FRACP training. Documentation is identical. Deadlines for submission of application forms are the same as for pre-FRACP training. The length of Post FRACP training is determined on an individual basis by an SAC and is dependent on the relevance of previously prospectively approved pre-FRACP training to the current training subspecialty. **Fellows engaged in Post FRACP training will work under supervision and not in a consultant role.** Trainees who are yet to complete pre-FRACP training and intend to pursue Post FRACP training in another subspecialty are asked to notify the College office of their intention before the completion of pre-FRACP training.

3. Specialist Advisory Committee in Gastroenterology (New Zealand)

Contact details for queries with training:

Carolyn Lill [Carolyn.Lill@racp.org.nz]

Members of SAC New Zealand

Alan Fraser (Chairperson)	<i>a.fraser@auckland.ac.nz</i>
Tony Smith	<i>SmithA@waikatodhb.govt.nz</i>
Sue Parry	<i>sparry@middlemore.co.nz</i>
Simon Chin (for paediatric trainees)	<i>simonc@adhb.govt.nz</i>
Janet Turnbull (RACP College representative)	<i>Janet.Turnbull@ccdhb.org.nz</i>

3.1 *Comments on current training process*

Duration of training

Three years of training is only sufficient if each year is well supervised and the total training covers the curriculum. Three years of advanced training is the bare minimum required to achieve sufficient clinical skills to practice at an independent consultant level. This means that cross-accreditation will be very limited. Trainees are encouraged to look to overseas experience, usually after obtaining FRACP, to gain some sub-specialist skills (i.e hepatology, transplantation, nutrition, advanced endoscopy, nutrition, ERCP, EUS etc).

Appropriate rotation during 3 years of training

The SAC is very keen for trainees to have experience in more than one centre. The length of time considered appropriate in any centre will vary (eventually according to site accreditation). Trainees should check with the SAC well in advance rather than assuming that continued training in the same centre will be approved. A centre may be accredited for 2 years but this does not mean that 2 years in one centre is ideal.

Combined gastroenterology / general medicine posts.

It is difficult to know how to approach these posts. It is common for General Medicine commitments to impinge on gastroenterology training but it is also acknowledged that new consultant positions in Gastroenterology are more likely to be in provincial centres with a requirement for expertise in both Gastroenterology and General Medicine. The SAC will carefully assess the proportion of gastroenterology training in each attachment and approve the appropriate proportion for advanced training.

Research

These projects will largely be undertaken during clinical attachments and should be presented at the Annual Meeting of the NZSG. The Australian SAC are now insisting on 2 research projects over the 3 years of training which is signed off by the supervisors. The New Zealand SAC does not have a mandatory requirement at present but research is strongly encouraged. Presentations at the NZSG are noted in the training record

Full-time or part-time research positions are also encouraged. However it is important that the trainee demonstrates to the SAC that there is a plan to achieve the clinical experience required for full competency in gastroenterology and hepatology. It is encouraged that these research projects should be more than just an audit and the aim should be publication in a peer-reviewed journal.

Dual training

The current trend is for nearly all trainees to undertake dual training in gastroenterology and general medicine. This will extend the period of advanced training to 4 ½ years as only 18 months of general medicine can be cross-accredited and no cross-accreditation is approved for gastroenterology. The FRACP can be awarded after completion of training requirements of either SAC - then the trainee enters into Post FRACP training. Some trainees complete Post FRACP training part time and this allows them to work as a consultant while they complete training in their other specialty.

Change to site accreditation (see section 7 for criteria)

The SAC has previously approved a trainee's plans for training rather than the particular attachment. There is now a strong move to site accreditation. This process has been completed in Australia and is in progress in New Zealand. There will be 2-3 site visits per year. There are many potential gains from a site visit – in particular, the ability to use the report to argue for more resources (e.g junior officer support; pure gastroenterology registrar posts, library resources, time allocated for regular teaching sessions). Some concern may come from recommendations for the appropriate duration of training that can be undertaken at each site.

3.2 Comments for trainees

You should address queries directly to a committee member or contact Carolyn Lill at the College office. Regular communication is crucial if the advanced training process is to go smoothly.

1. The current requirements for advanced training are not difficult. Reports need to be on time and filled in carefully with sufficient detail. It is partly your responsibility to ensure that your supervisors are meeting deadlines and meeting with you on a regular basis to discuss progress. The SAC has a low tolerance for late reports. Reports should detail your experience of the run rather than a timetable and some generic timetable. A casual attitude to this process risks some delays in approval or not gaining approval for all 6 or 12 months of the attachment.
2. It is expected that problems may arise in the training process. Significant deficiencies in competency may be identified by your supervisors. This should be a positive process that leads to plans to improve specific areas. The SAC will request more regular reporting and also evidence of regular meetings of trainees with supervisors. If there are serious concerns then there will be an IRT (Independent Review of Training). This will involve two members of the College, (both members are nominated by the NZ Adult Medicine Education Committee and one would be a specialist gastroenterologist). An interview would take place between the nominated interviewers and the trainee, supervisors and other key people, to gain a clearer picture of the issues. This is intended to be a supportive process to make appropriate plans for training and identifying site-specific issues.

3.3 Comments for Supervisors

Face to face meetings

- The major criticism of trainees is the lack of direct feedback from supervisors during attachments. This needs to be addressed with frequent meetings - perhaps two-monthly.

Criteria for accreditation of training sites

The criteria for accreditation of Australian sites for 2 years is attached in section 7. This is a high standard of practice and teaching. I highlight some features below:

- At least two teaching ward rounds per week.
- Teaching rounds should have dedicated time and involve in-depth consideration of each patient's problems, differential diagnosis and management options.
- Trainees should have access at all times to consultant opinion.
- Supervisors and trainees should meet formally at least quarterly to discuss the trainees progress and goals.
- The outcomes of these meetings should be documented as a series of learning objectives based on a comparison of the trainee's current progress against the gastroenterology curriculum.

Reports

The supervisors need to complete detailed reports after discussion with relevant staff members. Bland comments may be easier but do not help the SAC judge the progress of a

trainee. Serious deficits need to be highlighted with some “2”s (“3” means satisfactory for level of training) but preferably also some written comments. Of course, getting reports in on time is a great help to the SAC and your trainee. Regular feedback to trainees during planned face-to-face meetings (every 2 months) will help when writing the final report. The progress of trainees, and training in general, needs to be discussed at confidential team meetings.

4. Particular NZ issues

4.1 *Non-core training (Elective Year)*

Trainees are expected to complete their supervised training in the central elements of Gastroenterology during the two core years. Non-core (third year of training) in Gastroenterology and Hepatology in New Zealand has usually been another year of general experience. However there is an opportunity for a more varied experience. Plans for training are approved on a case-by case basis. The SAC may require any elements of training that have not been covered in the first 2 years to be addressed in the elective year.

Trainees are encouraged to discuss their plans with the Chair of the SAC or Committee members and copy their emails to the College to provide a paper trail, if clarification of the status of a particular training plan is required. Examples of acceptable elective years include a further year of general Gastroenterology training, Research Fellowship, hepatology training, advanced Endoscopy fellow or overseas training in Gastroenterology/Hepatology.

The requirements for supervision of non-core year training are that at least one supervisor is required for a 6 month post and two supervisors for a 12 month post. One of the supervisors should be a fellow of RACP. The supervisor should be available to the trainee for advice and personally involved in the trainees activities on a regular basis. The supervisor should meet with the trainee at least quarterly to evaluate progress and submit mid and end-of-year reports.

4.2 *Experience in on-call endoscopy and GI emergencies*

Many trainees are having limited experience in after-hours gastroenterology (including acute endoscopy and gastroenterological emergencies). This aspect of training needs to be addressed and opportunities need to be given for more experience if required for trainees. The report of training for each attachment should highlight the after experience. (see accreditation standards in section 7 for suggested criteria in Australia).

4.3 *Hepatology training*

The only specific hepatology training including experience in liver transplantation is available in Auckland. Ideally all trainees should have 6 months of pure hepatology training. A further 6 months or more of hepatology could be done during the elective year if there was a particular interest in hepatology. The need to use this training resource well is an argument for a national training scheme (section 8)

5. Recommended experience at each stage of training

The following table outlines a suggested minimum clinical exposure during the first two core years of training. This will usually involve two outpatient clinics per week (mixed new

patients and follow-ups). It is considered helpful if some clinics in second and third year have some specialized focus such as hepatology, IBD or nutrition. Training list for endoscopy should be at least 2 per week but more than 3 lists per week during core training is discouraged as this may detract from other areas of learning. It is expected that colonoscopy training will start during the first year – usually after 6 months of gastroscopy training. There should also be exposure to capsule endoscopy and oesophageal physiology investigations. The trainee should have reached the numbers required for recognition by the Conjoint Committee for Endoscopy training by end of the second year of core training. Most trainees will have limited experience in ERCP and it is common to require post-fellowship to develop expertise in this area.

	Year 1	Year 2	Year 3
New patients	200	200	variable
Follow-ups	300	300	variable
Gastroscopy	200	200	variable
Colonoscopy	50	150	variable

6. Sites for training in NZ - duration of training

Core training

The duration of training stated is the maximum time that will be accredited. The best training may be achieved by rotation through centres

Auckland City Hospital	1 position for 12 months general gastroenterology 1 position for 6 months 2 positions in hepatology / liver transplant (6months)
Middlemore Hospital	12 months gastroenterology (2 x 6 months)
North Shore Hospital	12 months gastroenterology (2 x 6 months)
Waikato Hospital	1 fulltime gastroenterology - 12 months
Tauranga Hospital	1 gastroenterology registrar (with some general medicine) - 6 months
Wellington Hospital	1 fulltime gastroenterology position Accredited for 24 months 1 combined gastro / general medicine position – suitable for basic trainee – not accredited for gastroenterology training
Christchurch Hospital	1 fulltime position - accredited for 24 months 1 rotating position – 4 months
Dunedin Hospital	1 fulltime position - accredited for 18 months

Sites suitable for non-core training

Clinical Fellow, Middlemore Hospital – 12 months
Liver unit, Auckland Hospital - 6-12 months
Combined research / clinical – may be available at Christchurch or Auckland Hospital

The three Auckland hospitals, Hamilton and Tauranga are now part of a Northern rotation scheme. It is hoped that other regional rotations will be established soon. There are training opportunities at provincial centres where supervision may be suitable for an elective year with focus on endoscopy. It is hoped that some of these centres will apply for accreditation and take trainees on a regular basis.

Napier /Hastings
Palmerston North
Taranaki
Hutt

These positions would also potentially suit New Zealand registrars in their third year of training.

7. Criteria for site accreditation (adapted from Australian standards)

Accreditation for two years of core training implies that site would be able to cover the knowledge required in the gastroenterology curriculum and be exposed to a sufficiently wide range of views and methods of managing patients. This should include the management of patients with complex problems requiring multidisciplinary input, as well as quality assurance projects and research studies. *The accreditation of a site for 2 years shows a degree of excellence in the centre but does not imply that training for 2 years in one centre is desirable.* The SAC would like to see more rotation during the first 2 years and insists on rotation for the 3rd year.

Accreditation standards

Standard 1

A site shall have adequate staff to provide supervision of each advanced trainee.

Criteria

A gastroenterologist and/or hepatologist who is a fellow of the RACP and preferably holding a full-time appointment shall be available to act as a supervisor. The nominated supervisor must work directly with the advanced trainee and be present to observe and participate in direct patient care. At least **three** gastroenterologists will need to be appointed at a site seeking to have an advanced trainee. Two supervisors will need to be nominated for each core trainee.

Supervision requirements

At least two teaching ward rounds per week. Teaching rounds should have dedicated time and involve in-depth consideration of each patient's problems, differential diagnosis and management options. A 'paper round' or quick round between lists or at the end of the day is not considered to be a teaching round. Trainees should have access at all times to consultant opinion and attendance as required.

Supervisors and trainees should meet formally at least quarterly to discuss the trainees progress and goals. The outcomes of these meetings should be documented as a series of learning objectives based on a comparison of the trainee's current progress against the gastroenterology curriculum.

Supervisors and trainees will be required to submit reports regarding the trainee's progress and activities.

Requirements for a site to be accredited for supervision of 2 core years

- To be accredited for 2 core years the site must demonstrate that a diversity of experience and opinion is available. This will normally include full-time, academic and a hepatologist, luminal gastroenterologist and interventional endoscopist.
- Paediatric Sites should preferably have a full time Gastroenterologist with an academic appointment and at least 2 other Gastroenterologists, including a hepatologist. Sites should also have access to an interventional endoscopist, usually from a linked adult Gastroenterology unit.
- The site should have a clinical school, with medical students based at the hospital. Basic physician trainees should be based at the hospital. Advanced trainees should be actively involved in teaching both medical students and basic physician trainees.
- Two of the gastroenterologists must be accredited supervisors and the *trainee must have a different primary supervisor for each of the 2 core years.*

Standard 2

The site shall have sufficient patients attending for outpatient and inpatient clinical and gastrointestinal endoscopic services to conduct advanced training.

Criteria

The workload of a site shall encompass a broad range of patient contacts. Inpatient care including acute and chronic gastrointestinal and hepatological disease e.g. haematemesis and melaena, inflammatory bowel disease, enteric infection, acute and chronic liver disease, portal hypertension. There should be an average of at least 5 active inpatients per trainee on ward service. Trainees should attend the emergency department regularly to assess patients.

Ambulatory care and outpatient services. Trainees should attend an average of 2 gastroenterology/hepatology clinics per week over the year and have the opportunity to follow the same patients throughout the year.

Gastrointestinal endoscopic services including upper gastrointestinal endoscopy, oesophageal dilatation, colonoscopy and preferably ERCP should be available (Trainees are not expected to perform ERCP, but need to be familiar with the technique and attend ERCP lists).

Trainees should be supernumerary on lists and *not attend an average of more than 3 lists per week* over the year to allow sufficient time for other aspects of training.

Trainees should be actively involved in receiving referrals from other departments in the hospital, assessing patients and reviewing these patients with consultants.

Requirements for 2 core years of training

In their second core year of training, trainees should be first on call for ward and emergency calls at least 1 in 4 for the duration of the year. Specialised clinics should be available (IBD, hepatitis) and conducted under the supervision of an expert in the area (also exposure to capsule endoscopy, oesophageal physiology investigations and a drug and alcohol service). The hospital should offer tertiary medical and surgical services with complex patients requiring multidisciplinary care.

The site must be able to demonstrate that all aspects of the Gastroenterology Curriculum will be covered by the trainee within the two year program. *If a particular service is not available at the hospital (eg motility, liver transplantation), the site must specify how trainees will be exposed to those aspects of training.*

A site providing 2 core years of training will need to demonstrate that the position the trainee is offered in the second year is sufficiently different from that in the first year to increase the range of experience (ie it is not acceptable to do the same job for 2 years). The second year position should involve more responsibility and clinical (ward and consultative) work with specialised patients who have complex and multisystem problems. An 'endoscopy year' is not a suitable second year position.

Standard 3

Formal training shall be provided in Gastroenterology and Hepatology.

Criteria

The site shall provide formal training, which may include a lecture program, journal club, grand rounds, seminars, case presentations, x-ray conferences and histology meetings. Histopathology and radiology teaching should occupy at least 1 hour per fortnight. Departmental education/case presentation meetings should be held weekly. Trainees are expected to attend and actively participate in the formal training program including preparation of case studies, seminars and presentations. Trainees should present at these meetings at least twice per month. Departments should present at Hospital Grand Rounds on a regular basis.

The site shall provide the advanced trainee with the opportunity to teach junior colleagues, medical students, nursing and allied health staff.

The site shall provide the advanced trainee with the opportunity to attend Australian Gastroenterology Week or an international conference (eg DDW, AASLD, UEGW) each year and encourage the trainee to attend other educational activities. In one of their core training years, the Trainee should attend AGW.

The site shall involve the trainee in research and QA projects. It is expected that trainees will complete one project within each year of training, preferably leading to a poster or oral presentation at a national or international conference and publication. There should be regular interdisciplinary meetings with GI surgeons.

Standard 4

The site shall provide a suitable infrastructure for advanced training.

Criteria

The site shall provide access to a medical library with current and relevant textbooks, journals and computer retrieval and search facilities. Remote access via dial-in or web is preferable, but not an absolute requirement.

Trainees should be provided with an office area that is private and quiet. Trainees should have access to a computer with standard office programs and internet/library access. Sites should provide adequate resident support.

Provisional Accreditation

Provisional accreditation may be granted to sites which are waiting to be reviewed and accredited by the SAC through the normal accreditation process.

Accreditation Cycle

Sites are reviewed at least every five years. The SAC may also undertake to review a site at its discretion before the end of the cycle.

Format for site visit

Site visitors will be provided with the annual reports and most recent site visit report to identify past issues and ensure these have been dealt with. Trainees will need to complete an activity diary for 2 weeks prior to the visit and have this available for the site visitors.

The unit should provide current data regarding inpatient load and casemix, outpatient clinics, endoscopic lists and the involvement of trainees in these, as well as a written response detailing how the Standards above are being addressed.

Site visitors will interview the Head of Department, supervisors and any other relevant consultant staff, advanced trainees and any other appropriate staff (administrators, residents, nursing staff etc). There will be a tour of facilities available including ward areas, office accommodation, endoscopy suite, library.

Recommendations will be made as to the

- Adequacy of the site for core advanced trainees and any changes required
- Duration of core training permitted at the site
- Date of next review

8. Future issues for gastroenterology training

8.1 Curriculum in Gastroenterology

A new curriculum is now available. The Gastroenterology Curriculum is a document produced by the Australian Gastroenterology Community, coordinated by the Gastroenterology SAC and RACP. It describes the knowledge, skills and attitudes expected of a newly qualified Gastroenterologist. The Curriculum provides the basis for the formative and summative assessments informing trainee progress and ultimately, successful completion of the training program. The curriculum is very comprehensive and detailed. It is available on the college website

The issue will be how to assess that the items of knowledge and skills outlined have been acquired. The existence of such a detailed curriculum will challenge our more “osmotic” approach to learning – ie. that learning is the summation of many chance encounters! There may need to be a more structured approach to some learning tasks. Specific training tasks may only be achieved by regional / national training seminars. Each region may need to develop a plan for more systematic registrar education to cover all of the curriculum items (although each trainee also needs to look at the curriculum to define possible areas of weaknesses – i.e this will partly be a self-directed process)

8.2 PREP training starting 2011

The assessment tools for new advanced trainees are:

2 Case-based discussions per 12 months

2 Learning Needs assessments per 12 months

Supervisor reports and trainees reports would continue unchanged

8.3 Selection of trainees and rotation during advanced training (the case for a national match system)

This is a discussion section and there are no plans to change the current system at present. However a debate on this issue needs to take place amongst trainees and supervisors

Current approach in New Zealand

Independent hospitals / DHB's give core training for up to 2 years then the candidate needs to negotiate further 1 year of training. This 'traditional' process is a 'free for all' where positions are offered in an unco-ordinated manner by different institutions. There is informal co-ordination of training in Auckland with co-operation between clinical leaders of the 3 DHB's. The lack of co-ordination between decision processes creates tensions between a trainees job preferences and the desire to secure a training position. The current system only works if a trainee spends two years of core training in one institution.

Possible reasons for national system

Rotation through different hospitals needs to be encouraged to ensure a broad range of experience in the specialty. It is unlikely that Gastroenterology experience at a single centre can be expected to provide the breadth of exposure to patients and approaches that a trainee needs to experience during their **core** years of training. Moving between centres allows 'lesser strengths' in training at one institution to be balanced by experience in another appropriately selected institution, and prejudices to be challenged.

The SAC perceives that there is not enough rotation through centres. There is limited experience in provincial centres where the major job vacancies exist.

Matching system available through RACP

Matching systems are already widely used in medical workforce recruitment. Many positions at a junior medical level are allocated via a matching system. There is a national matching system in neurology. The RACP has developed an on-line application and preference entry system for the use of candidates and hospital directors.

The site allows candidates to log in and register through the Advanced Training section of the RACP website. Referees are sent an e-mail containing an encrypted link and password that allows them to complete a standardised referee form. Candidates can view the progress of referee's reports but not the report itself. The positions available to the candidate are listed; candidates can add these to a preference (rank order) list, and alter the order of their preferences. Hospital directors log in to a different web page, from which they can view candidate details (of those candidates who have 'applied' by listing their position in their preference list). Directors can view candidate contact details, CV and referees reports, but not preference lists, nor can they access the preference lists of other hospitals. Hospital directors add candidates to their preference list and order the lists into their rank order of preferences, with email acknowledgement.

Important aspects of the system are that neither the hospital directors nor the candidates can view any other participant's preferences, and hospital directors can only access the details of candidates who have added their position to the candidate preference list. At the time of the close of preferences, the matching program runs and results are distributed.

Feedback from the trainees in Australia so far indicates that this system has resulted in a considerable reduction in uncertainty about obtaining a second core year position, and has encouraged them to think more widely in their choice of positions (only one current first core year trainee will be remaining at the same hospital for their second core year). Matching system started state-wide but is now nationwide in Australia.

Alan Fraser

(on behalf of the New Zealand SAC)

Last modified 15/8/2011