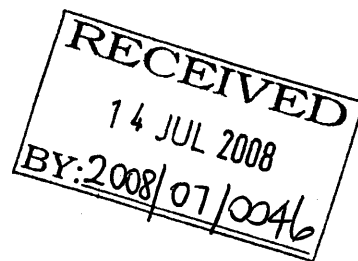




The Royal Australasian
College of Physicians



9 July 2008

Professor Denise Bradley AC
Review of Australian Higher Education
Location 023
PO Box 9880
CANBERRA ACT 2601

Dear Professor Bradley

The Royal Australasian College of Physicians is responsible for the education and training of the country's physicians, paediatricians, public health physicians, rehabilitation medicine specialists, occupational and environmental medicine specialists, specialists in sexual health medicine, palliative care and intensive care medicine. We are not only responsible for the training of these professionals but also their ongoing Continuing Professional Development of them. There are xxx trainees and xx Fellows who rely on the College for their higher education and CPD.

The Dean, Professor Kevin Forsyth, and the Chief Executive Officer, Dr Mel Miller, presented to the Higher Education Review panel in Melbourne on 25 June 2008 and were asked at that meeting by the Chair, Professor Denise Bradley to provide a further submission to the committee. We are pleased to submit the following submission, as follows:

The Royal Australasian College of Physicians is the sole body in Australia which is responsible for the education of most of our medical specialists. The universities and the medical schools in particular have a role to prepare medical student for internship. It needs to be made clear that the universities' role in subsequent education and training is either minimal or totally absent. The universities have no role in the preparation of specialists for the health workforce in this country. This is entirely in the hands of postgraduate medical colleges.

The Royal Australasian College of Physicians (RACP) is now 70 years old. In the past it has been a body where Fellows meet for collegial activities and to provide the support for the development of the next generation of physicians via outdated processes which involved a mixture of clinical exams, one burdensome multiple choice exam and judgements made by senior doctors on Boards of Censors. This process was thought to ensure that only those with a high standard are admitted into the Fellowship.

Five years ago, the RACP recognised that this approach to education and training and the setting of difficult assessments was not appropriate to the modern era. Entirely self funded, the RACP went through an extensive process of establishing curricula across Basic Training and all of the different parts of Advanced Training. We have also established a Professional Qualities Curriculum that will follow trainees from Basic to Advanced training and then into their lifelong continuing professional development post graduation. This curriculum covers domains such as communication, quality and safety, ethics, cultural competence and medical leadership. The Curricula was then matched to the teaching and learning processes that assist learning, to workplace based and formative assessments. This was underpinned by a review of the governance of the College as a whole, in particular the complete restructuring of the

committee structure and processes to support trainees such that supervision and support of trainees is in the process of being greatly enhanced and our assessment and teaching and learning methods have been updated, are now evidence based, clear, transparent and defensible.

The College has in addition made a major commitment to online education. We have developed a virtual learning environment with extensive use of modern educational methods and online tools such as the construction of learning plans. In addition we have developed a University Partnership project which has been entirely funded by the College and has been set up to establish ways that the College might link with the University sector. This University Partnership Project has involved three partners to date, the University of Sydney, Flinders University and Monash University. Although this project is in the initial stages, this is a College initiative, to attempt to engage the medical schools in the postgraduate medical education sector. To date the project has developed models that have illustrated how such an engagement may look.

The RACP is becoming 'university like', it has appointed a Dean, undertaken a major educational governance review, is interacting with Departments of Health around the provision of training time for trainees and supervision time for consultants and has transformed the post graduate medical education sector from an apprenticeship model to an active education and training model.

The RACP is strategically moving towards educational and business models that will align it with the university sector and positions it as a partner in the tertiary education sector within Australia. We are also developing business partnerships with Industry across public and private sector health care; we are seeking to influence the nature of the next generation of the Australian Health Care Agreement, in particular how that impacts on the resources for teaching and workforce development and for research. We are investigating the mechanisms for becoming accredited providers of higher education.

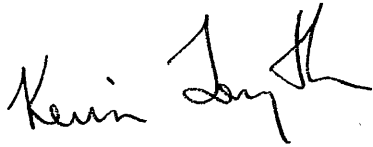
There are virtually no other parts of the health care workforce where there are such major disconnects between undergraduate and postgraduate education. This College, in its efforts to modernise, provides a good model for how a large sector in higher education can be provided very cost effectively whilst maintaining the necessary professional autonomy in the public interest. More could be done with better alignment between the Universities and the Colleges and between them both and the health care industry. As the health care workforce diversifies and the traditionally immutable boundaries between health care providers begin to blur, (nurse prescribers, nurse practitioners, physicians assistants), we believe we could have an even greater role in training across disciplines to ensure the safety of multi disciplinary team care. Clear role delineation and commensurate resource allocation by government to support the modernisation of the increasingly complex educational requirement of medical specialists and their role in the education and support of other disciplines and the essential role of other disciplines in the education of doctors speaks to the need for this review to think outside the box and generate solutions that match the complexity of the health care sector.

The funding of public and private hospitals and other health services as teaching health services in partnership with the Colleges and the Universities should we believe be contingent on all of these partners being able to demonstrate to the community that they are willing to work together in the public interest. This College has invested millions of dollars of its own funds and many more in the in kind support of its Fellows and others to get to the point where it can be considered to be a partner of equal standing in the higher education space.

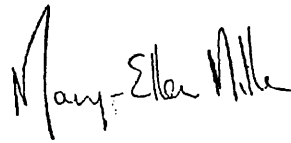
We would be happy to participate in further discussions and thinking about how best to structure and fund sustainable health care workforce development into the future.

We thank you for this opportunity to have further input and look forward to other opportunities to refine ideas as they may arise.

Yours sincerely

Handwritten signature of Kevin Forsyth in black ink.

Professor Kevin Forsyth
Dean

Handwritten signature of Mel Miller in black ink.

Dr Mel Miller
Chief Executive Officer

