



ashm
Australasian Society for HIV Medicine

Dear colleagues

Thank you for the opportunity to attend the facilitated discussion in Canberra and to make this submission.

- The Australasian Society for HIV Medicine (ASHM) is in an interesting position with regard to higher education, and at a cross roads which I think reflect some of the complexities which have been identified with the current mechanisms for regulation and governance in the sector. Necessarily a number of other factors, not directly part of your review also contribute to consideration of this topic. We briefly comment on these as well.

Background to ASHM:

The Society formed in the mid 1980's as a self help and self education group of mainly specialist clinicians and researchers working in the frontline against AIDS. It incorporated in 1990 with a structure that was multidisciplinary, predominantly medical specialist, but with general practitioners, researchers and other health professionals as associates. Non-medical graduates now enjoy all the benefits of full membership and can hold office on the Board. The Society has expanded its clinical focus to include viral hepatitis as well as sexually transmitted infections, and works closely with others professional groups with interest in these areas.

The Society has a strong educational focus and produces educational resources for health professionals. It also runs an extensive number of training programs. The Society is currently undergoing accreditation as a Registered Training Authority and is actively exploring the possibility of applying to become a non-self accrediting higher education provider.

The nature of ASHMS programs:

ASHM considered going down the path of becoming a medical College and explored this option with the Royal Australian College of Physicians. It was rejected as the nature of HIV (at the time – in the early 1990's) meant that people living with HIV experienced a range of opportunistic illness which effectively covered the range of specialities and generalist health care providers.

ASHM has also collaborated with the Royal Australian College of General Practitioners and sat on a committee which was providing an enhanced training program in HIV medicine to one or two practitioners at a time. The course seemed overly intensive for the benefits and none of the graduates stayed in the HIV area, we do not believe this has continued. We are an accredited education provider with RACGP.

We run a program of training available to all states and territories which provides post-basic training to general practitioners in HIV medicine. This training course is well regarded and is used as the benchmark to allow general practitioners to be certified to prescribe antiretroviral therapy for the treatment of HIV, dispensed with PBS subsidy. In

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the absence of this certification prescribing rights are restricted to medical specialists working in a tertiary facility. The training course has been developed by ASHM and has:

- a panel of specialists and generalist who over see it
- a curriculum
- a pedagogical framework
- teaching and participant materials
- problem based learning components as well as face-to-face and self directed activities
- assessment, which is marked by at least two independent markers
- mentoring and clinical support components

The curriculum and all materials are reviewed annually and each iteration of the course is evaluated. Teaching staff are offered training and provided feedback from participants.

A similar course has been developed in HCV Medicine and we are working on curricular and courses in Nursing in HIV, Sexual Health and Viral Hepatitis. We also run programs for community agency staff, policy officers and the like domestically. As part of our regional development program we are working in providing health care provider support in a number of regional locations, including PNG, Indonesia, the Mekong countries, Timor Leste and the Pacific Islands.

Specific responses to questions raised in the paper and consultation:

We agree with the basic functions and characteristics of higher education in modern Australia.

Given the very specialised nature of our work we are concerned that established universities are not well placed to respond quickly to changes in the learning needs of practitioners on the ground.

- Also there are only limited opportunities for medical practitioners to engage with continuing education at a university level.
- Their professional education must therefore be provided through other means.
- While ASHM can provide some of these, there is an increasing desire form our students to get greater recognition for the educational work they under take.
- We struggle to get practitioners to engage with HIV, viral hepatitis and sexual health medicine. In most cases doctors are servicing patients with these conditions along with a broader patient population.

It is important that we can offer students a study profile which meets their needs. It is also important that any program meets our standards. We have been considering options for the delivery of our programs as Higher Education offerings. This has brought to our attention a number of issues.

- If we were to “give” our courses to one or more universities to run as an elective or diploma or series of units within a broader program it appears we would loose ownership of the courses.
- We have been told by at least one University that copyright would rest with them, as would the decision as to when to run the program.
- Fee structures would also be determined by the University, where currently we can adjust fees and/or waive these to meet areas of specific need.

To this end we see that the current higher education sector may have difficulties responding and innovating in the manner and time with which we are able to.

Along with considering applying to become a non-self accrediting higher education organisation (HSAHEO), we have made application for recognition as a Register Training Organisation. This will allow us to expand our current course offering in the vocational area, but it may not provide sufficient kudos to address the needs of our higher education trained students. We are hoping that RTO will assist us taking the step to NSAHEO.

The level of regulation appears appropriate, but this is said without the benefit of making an application.

Quality and standards:

We believe that we have a moral, if not legal obligation to provide students with quality learning opportunities.

We currently provide courses in Australia, New Zealand and the Asia Pacific region. We believe that appropriate recognition, as higher education qualifications is likely to provide our programs with enhanced credibility and we further believe that placing these quality requirements on the Society is worthwhile.

We see that the National Registration and Accreditation Scheme for the Health Professions may also provide opportunities for greater harmonisation between program areas and the provision of on-going, life-long, professional education.

We will be working with other professional associations to determine the viability of becoming a NSAHEO. We are not sufficiently down that path to be able to provide greater detail at this stage.

In closing, we think that with appropriate rigor and quality controls then it is important to expand access to non-self accrediting higher education providers. That being the case we could become an NSAHEO and better reflect and respond to the breadth of learning needs.

Again, thank you for the opportunity to participate in the review. We look forward to the next stage of your deliberations.

Kind regards



Levinia Crooks
Chief Executive Officer
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