HUNTER NEW ENGLAND
NSW HEALTH

Advanced Training in General medicine

The Newcastle program

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John Hunter Hospital

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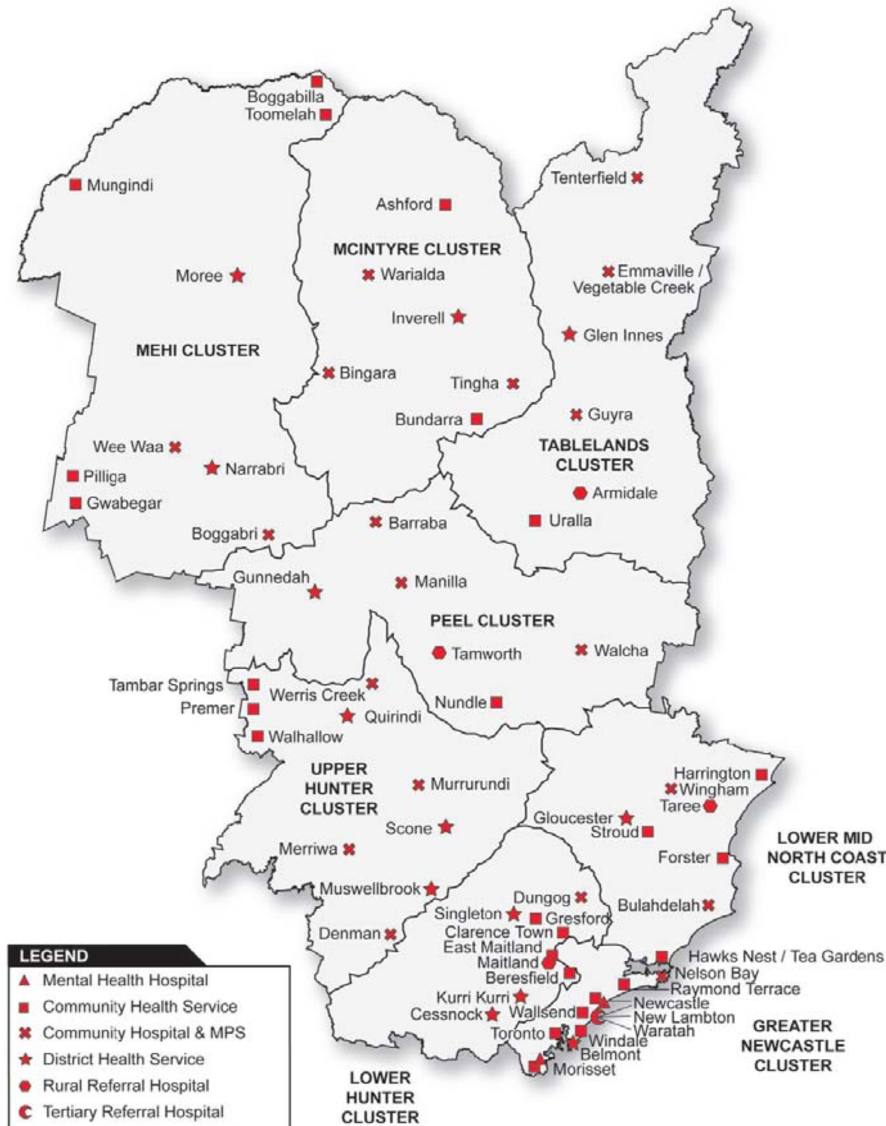

Covers 130,000 km^2

840,000 people

12% of NSW population

20% of NSW aboriginal population

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The call for general medicine

- **IMSANZ "Restoring the Balance": 4 recommendations**
- **To promote the creation of departments of general medicine**

  - in particular, to appoint consultant physicians in general medicine in all hospitals with greater than 150 beds.
- **To improve physician training in general medicine**

  - especially by developing a structured curriculum for advanced training and by mentoring.
- **To improve regional, rural, and remote services in general medicine**

  - establishing hub and spoke networks and using rotations to regional and remote hospitals.
- **To raise incentives for non-procedural physicians.**

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General Medicine in NSW

- **Provides 35% of all advanced training positions nationally, but only 15% of general medicine positions (9/59 in 2005)**
- **Only 15/672 (2.2%) advanced training positions nationally are located in rural centres, and only 2/15 are in NSW (2005)**
  - Neither of these 2 positions are in general medicine
  - Funding for 1 rural based advanced trainee position but post unfilled.
- **Lack of vibrant general medicine departments in most NSW centres after years of neglect**

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General Medicine in Newcastle

- **General Medicine admitting within Mater and Belmont Hospitals, but not Royal Newcastle Hospital**
- **John Hunter Hospital opened 1991, replacing Royal Newcastle Hospital – General Medicine re-established JHH**
- **By ~ 2000 General Medicine strengthened within JHH**
- **Strong General Medicine in Newcastle (John Hunter/ Mater/Belmont) with core group of dedicated physicians**
- **2005 – commitment of funding for 4 Advanced Trainees in General Medicine by Area Health Service, then NSW Health**

  - appointment of academic director of General Medicine to lead program
- **Funding linked to trainee (not Department)**
- **Agreement with subspecialty units to take General Medical trainees for special skills training**

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Structure of the GIM Program- 1st year

- **Gen Med inpatient work**
  - 6 months at John Hunter/Belmont
  - 6 months at Mater
  - “Junior consultant”, leading team
- **Outpatient work**
  - 3 half-day clinics/week
- **Teaching program**
  - Fortnightly session on EBM and research methodology
- **Research Project**
  - Mentor

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Structure of the GIM Program- 2nd year

- **Opportunity to fill in gaps or tailor program to specific interests**
- **3-6 month rotations in sub-specialty areas:**

  - neurology, respiratory, gastro, etc.

  - ICU/acute care

  - geriatrics/community care

  - diabetes
- **Research project**

  - neurology, respiratory, gastro, etc.

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Structure of the GIM Program- 3rd year

- **4 streams to choose from:**

  - academic: courses or start PhD (benchwork/clinical)

  - Rural/regional: spend year in Tamworth/Taree/Armidale or Port Macquarie

  - Clinical skill: learn a particular skill, e.g. endoscopy, cardiac echo, etc.

  - Dual accreditation: complete 2 core years in another sub-specialty

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Funding sources

- **1st intake: AHS (2007)**
  - Response to workforce issues
  - Response to local issues, i.e. increase in elderly pts with multisystem disease
  - Visionary CE who was supportive
- **2nd intake: NSW Health (2008)**
  - Special representation
  - Strong support from insiders and AHS CE
  - Leverage from AHS money
- **3rd intake: Commonwealth (2009)**
  - Leverage from NSW money
  - Extended settings specialist training scheme (ESSTP)
  - Still under negotiation

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Experience to date

- **1st intake (2007):**
  - 1 year gen med/ 1 year gastro
  - 1 year gen med/ 2 years resp/ 1 year gen med
  - 1 year gen med/ 1 year gen med/ 1 year nucl med
  - 1 year Gen med/2 years endo/1 year gen med (extra)
  - Maternity leave then 0.5 year endo/ 2 years gen med
- **2nd intake (2008)**
  - Gen med/gastro (x2)
  - Gen med/ endo
  - Gen med
  - Elective year (x1)

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Lessons learned

- **Need support from peak bodies**

  - IMSANZ, FRACP, IMET, NSW Institute of Rural Clinical Services and Teaching

- **Need to expose basic trainees to strong Gen Med role models**

  - Most ATs are “home grown”

- **Need new funding rather than diverting existing money**

- **Need to be flexible to respond to opportunities:**

  - NSW Health money needed to have rural bent

  - Commonwealth money needs to have outpatient and private setting bent

- **Need to create a strong identity:**

  - ATs feel pressure to sub-specialise in other areas

  - Issue of respect

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Lessons learned (cont'd)

- **Need supportive colleagues**

  - Share workload

  - Create stimulating environment

  - Model sustainable workload/lifestyle, job satisfaction

- **Need designated person**

- **Need network of rural contacts**

  - Easier if within the same AHS

- **Dual accreditation attractive from perspective of employers**

- **Supportive Chief Executive**

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