

Development of the Australian Teaching and Training Classification – public consultation

Pathology Queensland

1. Are the current variables included in the ATTC Version 1.0 relevant to clinicians, health service managers, and other stakeholders?

Yes

2. Are there any further considerations in relation to the proposed structure?

No

3. Are there other variables which should be considered in future versions of the ATTC?

If training is fulltime or part time as well as area of clinical focus. Allied Health should have greater granularity, possibly slicing as patient facing and non-patient facing. The former would require greater supervision. This level of supervision would potentially reduce over time. Patient contact hours for each year level would further inform level of supervision and associated costs.

4. What supporting material would be beneficial for the ATTC?

Review of exactly what is covered by block funding in training programs such as Pathology where all costs are supposed to be covered by block funding but are not. Also, involvement of the Colleges (e.g. Royal College of Pathologists of Australasia) regarding national training placements, needs and shortfalls in training places (e.g. Microbiology) or over-subscription in trainees in certain specialties and what additional funding may be upcoming to address the issues.

5. What communication avenues and methods should IHPA consider in order to inform and engage stakeholders of the ATTC and future ABF for teaching and training?

Communication should be done primarily via the relevant Colleges (e.g. RCPA), via Executives for the Hospital and Health Services and also via Executives for Health Support Agencies; e.g. HSQ and pathology organisations which are not part of a HHS (e.g. Pathology Queensland)

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?

Pathology training is currently funded by community service obligation or block funding arrangement. As this does not fully cover costs, this is supported by the organisation and in some cases, funding from the

Department of Health and Ageing. A realistic costing of training pathology registrars is required to ensure the costs are met for direct, indirect, embedded and overhead activities.

7. Are there any further considerations that should be taken into account when developing the ATTC?

Considering either an incentive payment or supplement to cover the initial cost (first three months) of training and salaries would be beneficial to all groups as new staff are non-productive at this time. A return on investment can be noted and benefits realised over three months.

Each of the major class codes (e.g. Medicine) may include trainees that are not working within a HHS such as Pathologists, and some working in remote sites which increase organisational overheads that are not funded.

Consideration should be given to rurally or remotely located staff (and the associated cost of travel etc.) to ensure they have an equitable experience and exposure to varying specialties and levels of patient acuity. Rural and remote sites have already been identified in Queensland and could be utilised.