



2024 RURAL SIG MEETING

CONUNDRUMS AND CHALLENGES FROM THE CENTRE

16-18 August 2024

Voyages Ayers Rock Resort, Uluru

#RuralSIG24



Regional ANZCA training “The Victorian experience”

Dr Greg Henderson

Director of Anaesthetics

Grampians Health

Victorian Regional Anaesthetic Training Network (VRATN)

Commenced in 2021 with these aims:

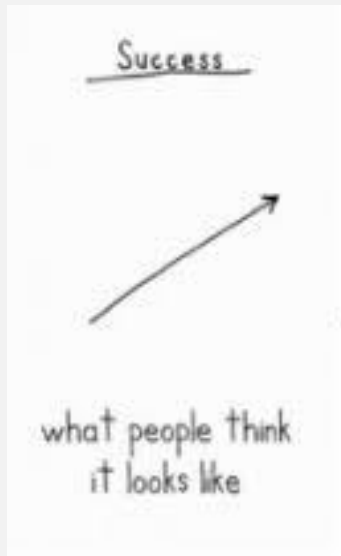
- Increase the number of ANZCA trainees with an interest in anaesthetic practice in Victorian regional locations
- Maximise the amount of training time these registrars are placed in regional hospitals
- Ultimate goal - increase the number of FANZCAs wanting to live and work in regional Victoria

VRATN Hospitals -2025 trainees

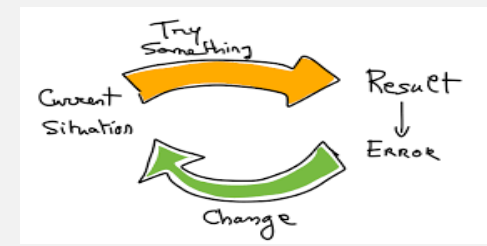
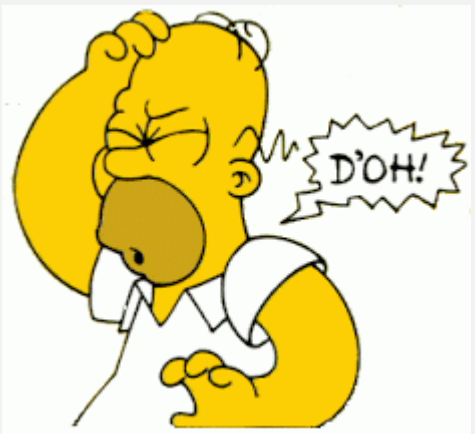
- **Ballarat:** 2 PF, 2 BTY2, 1 ATY1, 1 ATY2 + NorthWest TS trainees
- **Bendigo:** 1 BTY1, 1 ATY2 + Eastern TS
- **Albury Wodonga:** 1 BTY1, 1 BTY2, 1 ATY2 + NorthWest and Canberra TS
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- **Wangaratta** 1 BTY2, 1BTY1 + Monash TS
- **Latrobe** re-enter VRATN 2026 + ? Eastern TS
- **Mildura** 1 BTY1
- **Warrnambool** 1 BTY1 + Monash TS

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Learning the hard way



Registrar selection process

- Centralised through Victorian Anaesthetic Training Scheme (VATS)
- Not a back-door for those that fail to get metro training position
- Regional career interest – how to include in selection process
 - try to create a selection process that is not opaque and can be justifiable
 - upbringing, rural clinical medical school, intern/HMO location
 - “extra points” from recommendations from VRATN hospitals
 - **“It’s the vibe”**
- Applicant calibre:
 - not a second class training program
 - **must be able to pass existing exams**

Volume of Practice (VOP) requirements

ANZCA will not create a rural pathway with different VOP requirements

Agreement from Tertiary Hospitals to support the VRATN:

Austin Health, Royal Melbourne Hospital, St Vincent's Hospitals and Barwon Health

12 month rotation for ATY1 year



VOP challenges

- Cardiac surgery: on-pump bypass
- Paediatric surgery: under 2 years and radiological procedures
- Neurosurgery
- Other complex surgery: e.g. thoracics, vascular



Money, Money, Money

VMST funding helped initiate program:

- what happens when this funding ceases in mid 2025
- which hospitals get funded registrars
- STP and IRTP

Hospitals only interested in current year budget

Regional hospitals totally non-strategic - unwilling to fund workforce solutions that take 4-5 years to eventuate.

No money = No registrar



Money, Money, Money

In Victoria only registrars rotating from metro hospitals:

- receive a “rural loading” on wages
- are provided with almost free accommodation

Accommodation and relocation costs are a major problem!

- limited training time in each hospital (6-12 months)
- metropolitan hospital time
- family versus single
- major shortage of rental accommodation

Education

Statewide education program based out of Ballarat:

- 2 streams - Part 1 and Part 2 teaching sessions weekly
- teaching input from all regional departments



Each VRATN hospital chooses what suits them

- Ballarat has reverted to own internal program
- we do allow registrars from other sites to join on MS Teams
- Other sites mostly dial into metro programs

Education

Teaching is a big problem across **all** ANZCA training sites.

- FANZCA = qualified educator
- “ANZCA accredited training sites should be capable of delivering all required education”

But especially a problem in Rural/Regional hospitals

- fewer FANZCAs
- FFS hospitals – no Clinical Support Time
- mostly IMGs – not familiar with Part 1 examinations

Education

Teaching is a big problem across **all** ANZCA training sites

Only ANZCA can solve this problem

Only solution is statewide/national online education program that provides teaching of the core curriculum.

Then teaching in training sites can concentrate on the clinical relevance of that knowledge etc.

Education

First positive steps – or just tinkering at the edges

Online Centralised Exam Preparation Program (OCEPP)

Understanding the exams

Timing and planning your study

Resources for preparation

Multiple choice questions

Short answer questions

Vivas

Managing exam failure

But no intention to deliver education content

Feedback from the VRATN registrars

ANZCA is totally indifferent to the difficulties trainees face!

- Provision of education
- Training and examination costs

Key problems for regional trainees:

- Accommodation access and costs (including relocation costs)
- Accessing education and examination preparation required
- Geographical instability
- Achieving current Volume of Practice requirements

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National Medical
Workforce Strategy
2021-2031



Investing in our medical workforce to meet Australia's health needs

“Other specialties showing signs of being in oversupply include cardiothoracic surgeons and anaesthetists” !!!

Current growth rate of FANZCA EFT – 1% per annum

Predicted increase in FANZCA EFT need in 2032 (8 years' time) – 47%

Priority Three: Reform the training pathways

“Training programs and curricula that are heavily influenced by metropolitan health settings”

“Increased focus on work-based learning regarding high-stakes exams”

“Accreditation standards are more evidence-based where most specialist training occurs.”



Priority Three: Reform the training pathways

“Once on a program, pathways need to be supported, funded and made easier to transition from beginning to end.”

Where the hell are we



FANZCA versus RGA

Collaboration – not a turf war

