

Rescuing academic O and G

The role of RANZCOG committees

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Academic medicine is in trouble. The specialty of obstetrics and gynaecology, together with the basic sciences that underpin our speciality, is not exempt. The career path that combines original research with teaching is clearly under-represented in the Fellowship of 2008.

The reasons academia has become less attractive are likely to be many, not least the significant income differential between a university appointment and full time private practice. As academic salaries are unlikely to be doubled overnight, other solutions must be found to readdress this imbalance.

Predicting the required number of specialists and subspecialists for the future is problematic, but it is certain that academics will continue to be required to lead teaching and research. It is therefore timely that this issue of *O&G* focuses on this topic.

To what extent can the RANZCOG and its standing committees influence the choice of career path of our trainees? How can potential academics be nurtured and encouraged?

The areas of college activities relevant to career choice include Curriculum, Education, Training, Accreditation and Assessment. The two RANZCOG committees that are concerned with these matters as they pertain to Trainees are the Education and Assessment Committee (EAC, formerly the Examination Committee) and the Training Accreditation Committee (TAC). 'Career choice' in the context of this discussion is distinct from specialisation and sub-specialisation: a Fellow can choose an academic pathway in any of the general or specific fields of O and G, be it the pure science of follicular hormones or the 'big picture' of labour ward research or operative procedure audit.

A few candidates will need no directing or encouragement, having started O and G training either from an academic background or with the specific intention of pursuing a research and teaching-based career. However, the numbers who fit this category are insufficient to fill the void in our university departments, so other ways to increase that number must be found.

There are five areas in which the College Education and Assessment Committee and the Training Accreditation Committee can promote academic skills:

1. The selection of entrants to the Integrated Training program who have academic aptitude.
 - The recently (2007) updated Trainee Selection Criteria (accessible via the RANZCOG website at www.ranzcog.edu.au/prospective/pdfs/) specifies academic ability and interest as one of three core attributes sought in applicants, in line with the curriculum. Experience in either teaching and/or research are 'desirable', rather than 'essential' attributes in the selection process. This could be revisited.
2. Curriculum content relevant to academic training, in particular the compulsory Research Project.
 - This has proven a vexed topic. It is important to remember that a compulsory research component of the pre-Membership training is not new: the two commentaries of the previous curriculum arguably had equally rigid criteria to effect a 'pass', and involved a small study with appropriate statistics, or a case study with thorough referencing to reach acceptable standard.
3. The summative (six-monthly) in-training assessment in its current format may be inadequate in its ability to assess academic attributes and skills. At present there is only a token question relating to journal reading and 'knowledge of the current literature'; an accurate appraisal of which is well beyond the scope of a busy supervising consultant when reporting on the progress of each trainee. Revision of this assessment tool is planned by the EAC in the near future, and could place increased emphasis on academic skills acquisition.
4. Opportunities to pursue academic projects as elective training (years 5-6)
 - Following the introduction of the Research Project (2004), the EAC, via its Assessment Subcommittee, recently modified the regulations governing this assessment, without reducing its aim of providing all Trainees with a basic competency in research. The responsible committee has reaffirmed to Council its confidence that this requirement should remain essentially unchanged, and improvements made in the support structures and mechanisms to enable candidates to complete this project within the stated time frames. (see 'Re-accreditation of Training Sites' below for further discussion)
 - Epidemiology, basic statistics and bioethics continue to be a component of the curriculum covered in the FLP (Flexible Learning Program) and examined in the MRANZCOG Written Examination.
 - In broader terms, the current RANZCOG Curriculum includes 'academic abilities' as one of three main characteristics of the specialist obstetrician and gynaecologists in 2008, (the other two being 'clinical expertise' and 'professional qualities').
5. Given that the basic tools of academia should be acquired in the first four years of training, the development of an academic module of six or 12 months would be an ideal way to develop the interest and skills of those trainees who might be considering an academic career, or who wish to take more advanced skills into public or private O and G practice on completion of Fellowship. The British College of Obstetricians and Gynaecologists (BCOG) model can be viewed online at www.rcog.org.uk/index.asp?PageID=1958. Proposed restructuring of the elective program in 2008-9 could include a module on similar lines. Fellows who completed such a module will go on to provide much needed support for pre-Membership trainees undertaking the compulsory research component.

5. Ensuring appropriate support and facilities for research are available in the training institutions.
- The Training Accreditation Committee started the re-accreditation of teaching sites in Australia and New Zealand in January 2007. Over a three-year cycle we will visit some 88 sites, including the base hospital and one peripheral site of each ITP. Standard Five (of nine standards against which each site is assessed) reads:

'Hospitals shall support Trainees to undertake their compulsory research project. Major teaching hospitals with a substantial range of academic activities are expected by the College to provide Trainees with access to research opportunities with appropriate guidance, mentoring and supervision.'

This standard aims to define the requirements for trainees to undertake both their compulsory research project, and ongoing academic pursuits. To date the facilities available have, with a few notable exceptions, been found wanting. Many Fellows who are involved in supervising and teaching (who form the genuine 'backbone' of the RANZCOG training process) lack the skills and confidence to support and encourage research of even a basic nature. In addition, the facilities and support (access to biostatistics, negotiation with ethics committees, etc) are often below that required to encourage academic work by our trainees. Development of an academic module available to elective trainees as accredited training, and Fellows as a CPD project, will go a long way to resolving this.

'Every Trainee should be given adequate opportunity to develop and expand any talent, natural or nurtured, for the pursuit of an academic career. Our speciality will be all the better if this aim is achieved.'

The approach taken by the College and its committees could be either narrow, focused on those Trainees who show commitment and aptitude for solely an academic career (pure research and/or a university appointment leading to a professorial appointment), or more broad, seeking to instil in all Trainees the ability to contribute to the academic environs. Currently our approach is the latter, but may need to include a more specific 'stream' that identifies and nurtures the academics of the future.

Initiatives outside the current remit of the Education and Assessment or Training Accreditation Committees, but well within the RANZCOG strategic plan, could include:

- Using the College administrative system to identify those Fellows currently involved in academic work and co-ordinating their efforts to promote academic career development.
- Using the British College model as a template, develop a 'module' in academic O and G suitable for years 5 to 6 (post-Membership, Elective training). This might allow potential academic careerists to 'taste the waters' so to speak, without fully committing to this path and prior to the opportunity to dip (or dive) into the more lucrative waters of private medicine availed them by the Fellowship and associated provider number.
- Through the College Continuing Professional Development (CPD) Committee, increasing the availability and attractiveness of academically oriented projects. This would capture those Fellows who enjoy a limited academic exposure, improve their skills, provide them with valued CPD points, and increase the available

- resource in the teaching sites for support of trainees undertaking the compulsory research component of their training.
- Continuing to promote the involvement of those Fellows who are predominantly in private practice within the teaching environment. The 'town and gown' divide is the antithesis of promoting academic medicine to the general workforce.
- Promoting access for trainees and Fellows to the essential ancillary elements of academia such as biostatisticians, ethicists and those with editorial skills.
- Develop the mechanisms to allow 'career diversity'. Just as some Fellows come to the speciality later after work in other medical or related fields, potential academics might well blossom several years after attaining Fellowship and entering the (non-academic) workforce.

The Workforce Survey 2006 of Trainees found that 38 per cent of Trainees intended to subspecialise, but 31 per cent of those were uncertain in which area. When questioned on 'Intended type of Practice', 20 per cent chose 'academic appointment'. Perhaps this is something on which the College could profitably build: it may be just a matter of finding effective strategies.

Conclusion

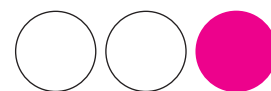
Just as the new Fellow is expected to possess a broad competency in most aspects of clinical O and G, knowing that many of these skills will not be exercised further, it is essential that the appropriate RANZCOG committees ensure that the new Fellow is competent in the basic academic processes of research and teaching. Every Trainee should be given adequate opportunity to develop and expand any talent, natural or nurtured, for the pursuit of an academic career. Our speciality will be all the better if this aim is achieved.

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