

## CUCP Committee Report – year ending 31/3/2012

March 16<sup>th</sup> 2012

### I. Membership statistics

| <b>Membership analysis</b> |      |      |           |           |           |           |           |          |          |           |           |            |             |
|----------------------------|------|------|-----------|-----------|-----------|-----------|-----------|----------|----------|-----------|-----------|------------|-------------|
|                            | 2001 | 2002 | 2003      | 2004      | 2005      | 2006      | 2007      | 2008     | 2009     | 2010      | 2011      | 2012       | +/-         |
| <b>Active</b>              |      |      |           |           |           |           |           |          |          |           |           |            |             |
| Fully paid up members      |      |      | 169       | 169       | 178       | 173       | 175       | 189      | 190      | 196       | 209       | <b>228</b> |             |
| Members pending            |      |      | <u>27</u> | <u>15</u> | <u>12</u> | <u>15</u> | <u>14</u> | <u>4</u> | <u>5</u> | <u>15</u> | <u>33</u> | <b>33</b>  |             |
| Total paid/pending         |      |      | 196       | 184       | 190       | 188       | 189       | 193      | 195      | 211       | 242       | <b>261</b> | <b>7%</b>   |
| <b>Inactive</b>            |      |      |           |           |           |           |           |          |          |           |           |            |             |
| Membership frozen          |      |      |           |           |           | 4         | 10        | 21       | 24       | 32        | 42        | <b>52</b>  | <b>19%</b>  |
| Retired                    |      |      |           |           |           | 2         | 2         | 2        | 3        | 3         | 4         | <b>4</b>   |             |
| Deceased                   |      |      |           |           |           | 3         | 3         | 3        | 4        | 4         | 4         | <b>5</b>   |             |
| <b>Associate members</b>   |      |      | 46        | 54        | 61        | 57        | 56        | 57       | 57       | 46        | 49        | <b>50</b>  | <b>2%</b>   |
|                            |      |      |           |           |           |           |           |          |          |           |           |            |             |
| <b>Education status</b>    |      |      |           |           |           |           |           |          |          |           |           |            |             |
| <b>Trainees</b>            |      |      | 46        | 76        | 74        | 78        | 52        | 53       | 67       | 79        | 98        | <b>129</b> | <b>24%</b>  |
| Urgent Care Course         | 21   | 20   | 15        | 18        | 15        | 11        | 13        | 15       | 16       | 19        | 24        | <b>37</b>  | <b>35%</b>  |
| UCPEX                      | 18   | 26   | 22        | 21        | 15        | 12        | 19        | 17       | 20       | 16        | 19        | <b>38</b>  | <b>50%</b>  |
|                            |      |      |           |           |           |           |           |          |          |           |           |            |             |
| <b>Fellows</b>             |      |      | 101       | 105       | 113       | 137       | 145       | 153      | 159      | 164       | 171       | <b>172</b> | <b>1%</b>   |
| On recert. programme       |      |      | 95        | 95        | 101       | 96        | 115       | 125      | 114      | 115       | 124       | <b>104</b> | <b>-19%</b> |
|                            |      |      |           |           |           |           |           |          |          |           |           |            |             |
| <b>Peer Groups</b>         |      |      | 38        | 52        | 55        | 56        | 57        | 58       | 58       | 64        | 65        | <b>40</b>  | <b>-63%</b> |

#### Notes

Current year's figures are estimated.

## II. Current standing of Urgent Care Branch

| To March | Trainees   | FCUCPs<br>(CUCP approved) | FCUCPs<br>on MCNZ Register | Rank         |
|----------|------------|---------------------------|----------------------------|--------------|
| Mar 2002 |            |                           | 44                         | 20/34        |
| Mar 2003 | 46         | 101                       | 101                        | 14/34        |
| Mar 2004 | 76         | 105                       | 115                        | 12/34        |
| Mar 2005 | 74         | 113                       | 113                        | 12/34        |
| Mar 2006 | 78         | 137                       | 117                        | 13/36        |
| Mar 2007 | 52         | 145                       | 117                        | 13/36        |
| Mar 2008 | 53         | 153                       | 125                        | 12/36        |
| Mar 2009 | 67         | 159                       | 114                        | 13/35        |
| Mar 2010 | 79         | 164                       | 115                        | 13/35        |
| Mar 2011 | 98         | 171                       | 119                        | 14/35        |
| Mar 2012 | <b>129</b> | <b>172</b>                | <b>120</b>                 | <b>14/35</b> |

## III. Health Workforce New Zealand (HWNZ)

### A. Overview

Change in leadership, goals and style under Prof Des Gorman's leadership. CUCP and HWNZ have met several times over the past year.

HWNZ's emphasis is now on 'generalist' branches, including Urgent Care.

Urgent Care has moved from apparent 'do not fund' status to HWNZ's top third of Branches for funding priority.

HWNZ's ideas (on Generalists) seem to have been adopted and supported by MCNZ.

HWNZ has agreed to fund twenty trainees; the cost per trainee is approximately one twentieth that of other branches.

We have applied for more funded positions because trainee numbers have doubled.

Funding has decreased due to a cut in admin cost

### B. Workforce projections

CUCP put together a simple mathematical model in early 2011. It accounts for trainee and FCUCP attrition, years to train, hours worked per doctor per week, and FCUCP staffing levels for urgent care facilities.

Using mid-range assumptions, CUCP's view is that the desired trainee numbers over the next 15 years are as follows:

|                                       | <u>2011</u> | <u>2012</u> | <u>2013</u> | <u>2014</u> | <u>2015</u> | <u>2016</u> | <u>2017</u> | <u>2018</u> | <u>2019</u> | <u>2020</u> | <u>2021</u> | <u>2022</u> | <u>2023</u> | <u>2024</u> | <u>2025</u> |
|---------------------------------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|
| Year 1 trainees                       | <b>22</b>   | <b>30</b>   | <b>40</b>   | <b>50</b>   | <b>40</b>   | <b>30</b>   | <b>25</b>   | <b>25</b>   | <b>25</b>   | <b>25</b>   | <b>25</b>   | <b>25</b>   | <b>25</b>   | <b>25</b>   | <b>25</b>   |
| Year 2+ trainees                      | <b>98</b>   | <b>106</b>  | <b>117</b>  | <b>137</b>  | <b>164</b>  | <b>176</b>  | <b>175</b>  | <b>166</b>  | <b>159</b>  | <b>152</b>  | <b>147</b>  | <b>144</b>  | <b>141</b>  | <b>139</b>  | <b>137</b>  |
| Trainee losses                        | 3.92        | 4.2         | 4.7         | 5.5         | 6.5         | 7.1         | 7.0         | 6.7         | 6.3         | 6.1         | 5.9         | 5.7         | 5.6         | 5.5         | 5.5         |
| FCUCPs                                | 120         | 122.8       | 130.1       | 138.2       | 147.5       | 159.1       | 174.1       | 190.1       | 205.0       | 217.6       | 228.4       | 237.5       | 245.3       | 252.2       | 258.2       |
| New FCUCPs                            | 10          | 14.7        | 15.9        | 17.6        | 20.5        | 24.5        | 26.5        | 26.2        | 25.0        | 23.8        | 22.8        | 22.1        | 21.5        | 21.1        | 20.8        |
| FCUCP losses                          | 7.2         | 7.4         | 7.8         | 8.3         | 8.9         | 9.5         | 10.4        | 11.4        | 12.3        | 13.1        | 13.7        | 14.2        | 14.7        | 15.1        | 15.5        |
| Combined<br>FCUCPs<br>and<br>trainees | 218         | 229         | 247         | 275         | 311         | 336         | 349         | 357         | 364         | 370         | 376         | 381         | 386         | 391         | 395         |

The model shows a 'catch-up' phase from now until 2017, with a bulge of around 75 new trainees to achieve desired minimum system Urgent Care Physicians, then a steady state figure of 25 new trainees per annum to maintain this desired minimum number.

CUCP suggested to HWNZ:

i) HWNZ fund a 'catchup' group of approximately 75 Urgent Care trainees over the next 5 years, in addition to the current 20 funded positions per annum.

ii) Allow these 75 extra trainees to start at any time in the next 5 years. Allow there to be, for example, 30 'extras' one year, and 10 the next, rather than insisting there be 20 each year.

## **IV. MCNZ**

The MCNZ support the idea of more 'generalist' doctors and more 'generalist' training, and are proposing changes to house surgeon training, such that house surgeons do more runs in community runs.

CUCP wrote supporting the idea and passed on an expression of interest from Clinics for 100 house officer runs.

## **V. Training programme**

### **A. New (2012) training programme**

Steve Adams and Sarah Hartnall have been driving changes in the UC training programme.

Last year CUCP brought in a new training programme, effective from 2012, with three rather than eight University papers, and a compulsory Urgent Care course. This has required changes to ensure all the material is taught. The major changes include:

- 1) Negotiations with the MCNZ – these took far longer than expected, nearly two years, and only ended in April 2011.
- 2) Preparing a 'learning objectives' document, which lists all the topics and standards required for each topic.
- 3) Comparing the Urgent Care course modules with the University papers
- 4) Reviewed of all the written material, adding and deleting papers.
- 5) New Urgent Care Trauma Day
- 6) New Communications Day
- 7) New prescribed text books
- 8) A 'Catch-up module' for the Urgent Care course, to give trainees who completed the UCC before 2012 (and want to qualify under the new pathway) equivalence with the 2012 UCC.
- 9) New lecture on 'The Urgent Care Physician', including administration – to be completed.

This has involved a lot of work. Sarah, Steve and I have met every six weeks or so to discuss and coordinate the update. The College is very grateful to Sarah and Steve for their expertise and the work they have put in.

In addition, we have had to write to all trainees informing them of the new pathway, and assess each trainee's position help each trainee decide which pathway best suits.

### **B. Integration of Urgent Care with Community Medicine training**

As part of its contract with HWNZ, UC funding depends on the CUCP agreeing to integrate its training with a 'new community medicine programme'. CUCP has the option of not integrating, and repaying the 2012 funding. The College plans to carefully assess the new programme, which does not yet exist, and consult with members before making any changes.

So far we have not heard about the new 'Community Medicine Programme', though we are aware of changes that HWNZ and the RNZCGP have agreed regarding GP training.

CUCP, RHM, ACEM, and RNZCGP (Branches seeing 'undifferentiated' patients) met with HWNZ and MCNZ in February 2012, and agreed in principle with a plan to share training.

CUCP wrote to the RNZCGP in May 2011 to talk about shared training, but have not had a response.

In summary it is 'business as usual' for now for CUCP. We await developments.

## **VI. Recertification**

There has been a fall in the number of peer groups and doctors participating in recertification. CUCP is discussing policy for Fellows who do not do recertification.

The recertification and accreditation folders were reviewed and re-composed using CUCP's new format and style.

## **VII. Name change**

### **A. Process**

At the last AGM, the members supported a change of name to one including 'Urgent Care'. During the year, the Executive resolved to change the association's name to College of Urgent Care Physicians.

This has involved a new logo, updating all stationary, signage etc and changing the web site.

We decided to redo the website in its entirety, using new web-design software, a new host and new look. We looked at the web sites of other Colleges and tried to incorporate the best features of each in our new website.

Again it involved a lot of work but the final cost has come in under \$10,000.

The feedback on the name, logo and website in particular has been very positive, from members, government bodies and other we deal with.

## **B. MCNZ Branch name**

We consulted with the MCNZ prior to the name change. They have asked us to consult with the 'related' branches of anaesthesia, emergency medicine, critical care and general practice. We wrote to these Branches, and to Rural Hospital Medicine, and in addition met with ACEM representatives. We have had support in writing from the RNZCGP, RHM, and strong support verbally from the ACEM meeting. ACEM hopes the change will make the difference between our branches clearer.

## **C. Royal application**

After the name change, CUCP applied to the Ministry of Culture and Heritage, for the third time in ten years, for the right to use the word 'Royal' in our name. This time we included letters of support from Prof Gorman and the Minister of Health Tony Ryall (whom we'd also met twice). The latest indications seem positive

*"I have written a recommendation that our Minister refer to the GG who may then refer to Her Majesty the Queen for the conferral of the Royal title on the CUCP."* – email from MCH to CUCP, March 14<sup>th</sup> 2012

## **D. Endorsement of clinic audits**

CUCP endorsed 16 Clinic audits in the current year.

## **VIII. Current issues**

The Committee is considering the following:

### **A. MCNZ Branch recertification**

The NZ and Australian Medical Councils have agreed to align their processes.

This includes Branch recertification, whereby Council checks that Branches are operating well.

Urgent Care is to undergo its 6-yearly recertification this year.

Review of other Branches' recertification suggests this will be an onerous time consuming and expensive process this year. Our preparation will need to begin shortly.

### **B. Overseas doctors outside MCNZ's 'comparable healthcare system' (CHS) list**

CUCP has agreed to send old material to interested doctors from these countries, on a case-by-case basis, and at cost. We are not offering any kind of assessment or qualification to these doctors.

### **C. Overseas doctors within MCNZ's 'comparable healthcare system' (CHS) list**

CUCP plans to expand its training to include doctors from these countries, starting with Australia, where we already have both trainees and Fellows, and with a view, eventually, to making it possible for doctors to train entirely in their home countries.

CUCP met with the ACT's Shadow Minister of Health – they see a need for more Urgent Care facilities and are interested in our training.

### **D. HWNZ**

#### **1. Funding**

As above, we are negotiating to have enough funded training posts to build and sustain a workforce of 250 Fellows. We will continue negotiations for funding of an enhanced supervision programme for trainees, to include seminars and regional supervisors.

#### **2. Other urgent care providers**

HWNZ's view is that providers other than doctors will be needed to meet patient demand. In Urgent Care, this could include nurses and physician assistants. CUCP will need to consider training for these providers (who trains them, and what training?) and how they work with Urgent Care physicians.

#### **3. Community medicine training programme**

As above, CUCP plans to consult with and have input into any shared training programme.

### **E. Clinic audits**

Recently a Clinic succeeded in persuading an auditor to give ACC Standard accreditation without that clinic, in CUCP's opinion, meeting the Standard for opening hours. Facility quality is essential to standards of Urgent Care. CUCP is considering ways of improving Clinic standards.