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THE UROLOGICAL SOCIETY OF AUSTRALASIA

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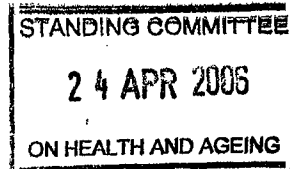
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March 27, 2006

Hon Alex Somlyay
Chair
House of Representatives
Health & Ageing Committee
Parliament House
Canberra ACT 2600



Dear Alex,

I write to you following our conversation last week and your invitation to provide further information relevant to what we spoke about.

I believe I need to alert you to a significant problem associated with the initial training and continuing education of urologists which thus far is not widely recognised. I would be surprised if the issues I will raise are not also issues for other medical specialties.

Urologists want to be involved in the training of new urologists and the continuing education of urologists. The reality is that there is nobody else qualified to do this as the few academic urologists in the country could not cope with the volume of work required to be done. In any event most of the academic urologists are researchers rather than educationalists.

The VMO appointments to public hospitals have long recognized the need for these specialists to have the education of new urologists as part of their responsibilities. For the most part this is well done as it concentrates on the supervision and assessment of practical surgical skills.

However, the understandable demands for more accountable training and continuing education put enormous strain on the voluntary contributions of urologists. Part of the problem is that while the urologists obviously know urology, they do not have expertise in curriculum construction, the development of instructional materials, the modern ways of delivering these and the assessment of competency in urology theory. Assessment of competence in theory obviously needs to be comprehensive as well as valid and reliable and inevitably this puts even more demands on the voluntary time of those who supervise. Contemporary medico-legal standards also demand that if a trainee or consultant is found to be below the required standards that proper due processes are in place which can withstand legal challenge if necessary.

The Society needs access to medical educators who have a grasp of the educational issues who can work with urologists to develop the materials I have referred to above. The Society needs the capacity to pay a group of urologists (who are obviously foregoing income from their practice while still absorbing ongoing costs) to set aside a period of time to work with the medical educators to write and update these materials. For example 10 urologists might need to be freed for 2 separate weeks each year to be in a residential school to write these materials. With payments to the participating urologists and educators and their residential accommodation, this might cost in the order of \$350,000 per year.

The consultant supervisors of registrars are very visible to those in the medical environment but those who have to provide the materials I have spoken of are unseen and therefore not well recognized for the essential contribution they make. The demands on this group have escalated in the last three years and there is no sign of this going away. One only has to look at the demands of the ACCC and the impact of the assessment of international medical graduates to realise what has been happening. It will very surprising if this is not a continuing need.

I am grateful to you for the opportunity of putting this matter before you. The Society would be pleased to pilot such a program for the Government if this was thought to be worthwhile. Frankly, I am concerned that the current scheme might become unworkable if the pressures on these volunteers are not recognized and addressed sooner rather than later.

Yours sincerely,



Ross A. Cartmill
President