The Royal Australasian
College of Physicians

FACULTY OF REHABILITATION MEDICINE

STATEMENT OF STRATEGIC INTENT

Tempo Strategies
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tempo STRATEGIES

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Background and Purpose

The Council of the Faculty of Rehabilitation Medicine (AFRM or the Faculty) convened to discuss the strategic directions for the Faculty over the next two years. The Board met at the RACP offices, in Sydney on the 6th of May 2010.

This report details the thinking of the workshop outcomes, and indicates the strategic directions of the AFRM to 2012.

1. THE CURRENT POSITION OF THE AFRM

1.1 PURPOSE

It is the purpose of the AFRM to ensure the provision of good rehabilitation to patients when and where it is needed and to ensure equity of access, by training and maintenance of the competence of Fellows.

1.2 CORE FUNCTIONS

The core functions of the Faculty include:

1. Education

- Training specialists
- Ongoing professional development for specialists

2. Advocacy

- Advocating for persons with disabilities
- Advocating for Rehabilitation Medicine
- Defining a clinical profile of Rehabilitation Medicine

3. Setting standards for Rehabilitation Medicine

- Setting standards for trainees and specialist standards

4. Peer Support

- Individual
- Workforce sustainability

1.3 KEY STAKEHOLDERS

The Faculty has a number of key stakeholders who will impact upon the success of the entity. These stakeholders have certain expectations of the AFRM and the direction it takes. These include:

Members and trainees:

- Opportunities for employment

- Training in relevant areas with adequate funding
- Use our subscription money efficiently
- Represent us and build our profile

RACP

- Function effectively
- Continue to integrate/align with policy and strategy
- Engage issues for the College as a whole

Department of Health and Ageing (DoHA)

- Deliver models of care and new packages
- Develop and monitor robust standards of governance
- Faculty is run efficiently

1.4 THE CURRENT POSITION FOR THE FACULTY OF REHABILITATION MEDICINE

Well positioned	Not well positioned
• Education program has a clear structure • Faculty is represented within the Deanery • Highly efficient & responsive operational staff • Policy & Advocacy Committee functions well • Standards and guidelines in place	• AMC accreditation shifts from colleges to universities • Workforce spread and numbers across geographic coverage • Public and government profile of rehab physicians is undeveloped/undervalued • Research profile does not attract high levels of funding • Shifting perceptions of lifetime competencies • Reactionary policy posture

2. THE CURRENT OPERATING ENVIRONMENT

2.1 TRENDS, DRIVERS AND PLANNING ASSUMPTIONS

Trends & drivers	Planning assumptions
Health reform agenda • Subacute care drive for alternative models of care • 1,316 rehab beds or equivalents • 1,200 packages under subacute/aged care • Governance (PHCOs) • Workforce trainees NZ: • Current system faces policy and fiscal crisis	• Health system will be shifting very quickly • Independent pricing authority and regulatory authorities in place by July 2011 • Faculty will need to develop a coordinated subacute care proposition to DoHA • Opportunity to shape the subacute care agenda • Use 'the alliance' to provide multidisciplinary approach/advocacy • Threat of loss of rehab. Services in NZ • Shrinking of NZ Branch
Workforce • Health needs are changing • Large student/trainee numbers coming through • Assure places for trainees	• Plan to secure and address increased medical graduate numbers
National registration and mandatory CPD • New criteria and requirements	• Demonstrate both specific and broad clinical performance criteria • Deal with inappropriate/ incompetent practice effectively and proactively - Peer review, cultural competence

2.2 OUTCOMES AND MEASURES OF SUCCESS

By 2012 the following outcomes and measures of success will indicate the achievements of the AFRM:

Workforce:

- Establish the scope and nature of the need for Rehabilitation Medicine
- Workforce projection (trainee numbers by State)

Education and training:

- Plan to secure trainees
- Maintain full accreditation for the Faculty with the AMC

- Develop policy on CPD

Advocacy:

- Clear documentation published and transmitted
- Stronger profile
    - Increased research/academic profile
    - Stronger profile for trainees

Peer support

- More systematic and formalised process in place
- Clear value for members

2.3 SWOT

Strengths to nurture	**Weaknesses** to overcome
• Education program is well structured • Emerging alliances with external professional bodies (the alliance) • Standards work well with good links to AROC	• Variable relationship with State Departments of Health • CPD – lack of component for active learning • Relationship with other physician groups (palliative care, geriatrics, GPs)
Opportunities to exploit	**Threats** to plan to avoid
• National health reform agenda • National disability insurance scheme (provide models of care) • National Rehabilitation Strategy • Increased medical student numbers	• Disproportionate power in Local hospital networks • Funding models • Lack of subacute care focus in funding

CRITICAL SUCCESS FACTORS

An analysis of the strategic environment (SWOT) for the AFRM reveals the following critical success factors for which the Executive will develop strategies to guide the direction of the Faculty:

1. Relationships/engagement

2. Shape the agenda

3. Better market/attract physicians of the future

4. Strengthen internal Faculty systems (standards, education)

3. FACULTY STRATEGIC FRAMEWORK 2010 - 2012

GOAL	STRATEGY	PRIORITY ACTIONS	WHO
1. Improve relationships with key stakeholders - Rehab Coalition - Sub acute care associations - Government	1.1 Craft a broader coalition of interests in Rehabilitation Medicine.	- Consolidate 'the Alliance' - Engage the NZRA - Foster links with international rehabilitation organisations	Chair Policy Advocacy Committee (PAC) President International Affairs Committee
	1.2 Strengthen the capacity to negotiate/advocate for subacute care sector.	- Establish an association of subacute care organisations as a peak body - Consolidate relationship with subacute branch in Commonwealth Government - Strengthen relationships with State Health Departments	President State Chairs
2. Better shape the agenda	2.1 Develop and implement a RACP/AFRM communication strategy that: - articulates a clear subacute strategy - communicates Rehabilitation Medicine to the public - clarifies the Rehabilitation Medicine brand		PAC
3. Identify the workforce requirement of the future	3.1 Identify Fellow & Trainee numbers and their intent. - length of stay - sub-specialty - mode of practice - location	- conduct valid survey to ensure focus is on future planning	PAC Lead Fellow for Workforce (Jennifer Mann)

GOAL	STRATEGY	PRIORITY ACTIONS	WHO
	3.2 Population needs analysis (distribution and areas of need).		PAC RRSIG
	3.3 Attract medical students and junior doctors to Rehab Medicine.	- define the value proposition	Education Committee
4. Strengthen Faculty services & systems Education Standards	4.1 Streamline pathways into rehab medicine for general practitioners and other specialists.	- Identify physicians available for training - Improve the integration with the RACP to explore integrated basic training and specific faculty training.	Steve (Education)
	4.2 Adopt educative model to meet demands for reduced training time.	- Explore options for reductions in training time	Steve (Education)
	4.3 Enhance Fellows' engagement with the Faculty.	- Develop a more systematic approach to peer support	President President elect Executive
	4.4 Strengthen the professional development component of CPD.		Education

4. THE NEXT STEPS

Following the workshop the Faculty will plan for the following steps to implement the Statement of Strategic Intent:

1. Finalise Strategic Plan (June)

   - agree document with major projects and milestones

   - finalise allocation of work to committees

   - restructure Council agenda to reflect strategic priorities

2. Provide input into RACP Board planning & RACP SOSI (July 29)

3. Review strategies and effectiveness of the strategies in ameliorating the SWOT (November)

4. Communicate with Fellows