RACGP

Royal Australian College *of* General Practitioners

RACGP response to the Australian Medical Council and Australian Digital Health Agency Consultation on a Digital Health in Medicine Capability Framework

May 2021

Healthy Profession.
Healthy Australia.

Section 1: *Principles of a Digital Capability Framework in Medicine*

See pages 11-12 of the Digital Health in Medicine Capability Framework *(Consultation Version).*

How relevant do you think these principles are to guiding the development of a capability framework in digital health in medicine?	Very Important	Important	Less Important
Align the Framework with Broader System Change, Strategic Goals with a Focus on Consumer Expectations and Needs	X		
Build the Case for Why Change	X		
Build the Capability Framework based on Current Frameworks		X	
Innovate in Workforce Development Based on Current Good Practice Innovations in Medical Education, the Broader Education and Health Education Literature		X	
Ensure the Approach is Flexible and Future Proofed	X		
Ensure the Approach is Simple and Able to be Delivered Agilely	X		
Build a Framework that Provides Guidance for the Tasks Doctors Do, Learning Outcomes, Teaching and Learning, Assessment, Evaluation, and Implementation Considerations	X		
Ensure that the Framework is Implementable Across the Continuum of Learning and Across a Range of Contexts	X		

Reviewing this list is there anything you would wish to Add or Change?

Regarding *Criterion 1 'Align the Framework with Broader System Change, Strategic Goals with a Focus on Consumer Expectations and Needs'*, the RACGP believes that there is opportunity to better define this criterion.

This criterion could be improved by defining which other system changes and strategic goals it intends to align with.

While the RACGP agrees any framework needs to address the expectations and the needs of the consumer, the examples provided of what the framework hopes to achieve are not relevant.

The RACGP would like the framework to acknowledge the need for widespread adoption of secure methods of sharing health information between GPs and other healthcare providers through secure electronic communication tools. My Health Record can provide information to healthcare providers that may not be available via other communications channels, however this is a tool that allows patients to share information and should not be utilised as a communications tool for sharing information between healthcare providers. Creating opportunities to better share information across healthcare settings about the consumer, for their benefit, is essential.

Section 2: *Why a Model for Digital Health in Medicine that Crosses the Continuum*

See pages 13-18 of the Digital Health in Medicine Capability Framework (Consultation Version).

How important is it

	Very Important	Important	Less Important
To develop capabilities in digital health across the generations in medicine?	X		
To have a flexible model that focuses on assisting education providers who have identified a gap in digital health and supports more advanced programs to continue as they are?	X		

What do you see to be the advantages and disadvantages of a flexible model as described above?

The RACGP believes flexibility of the proposed model is not elaborated clearly enough in the framework.

A model should be underpinned by an educational framework such as Miller's pyramid. Miller's pyramid identifies four stages of clinical competence, described simplistically as *knows, knows how, shows how,* and *does*. The foundational capabilities across the continuum could draw on the lower two steps in the pyramid, being *knows* and *knows how*.

Any model will need to address the digital capability needs of the medical workforce and provide training that addresses identified and emergent gaps. As such, future proofing is essential to reduce the risk of redundancy in a curriculum.

A flexible model will likely come at a higher cost and risks not addressing the learning needs where *one does not know what they do not know*. Where a lack of proactivity exists in identifying knowledge gaps, a learning opportunity may be missed.

A mixed model approach would allow for flexibilities but have at its core, built-in digital learning modules for learners to explore.

Acknowledging medical educators, will have strengths and weaknesses in their knowledge, there must be a focus on upskilling medical educators on the use of digital technologies to support patient care for any model of education to be effective. A model whereby digital champions are available to each workplace, be that via PHN's or local training organisations, would be valuable.

Section 3: *Current State Analysis Across the Continuum*

See pages 19-29 of the Digital Health in Medicine Capability Framework (Consultation Version).

Are there any further key points to consider in thinking about the current state in digital health in medicine across the continuum?

When developing and implementing digital technologies in the Australian health care system, healthcare provider satisfaction is critical. If patients are satisfied by a digital change, but providers are not, the change will not be lasting. To be widely adopted digital technologies must provide tangible benefits for providers. Workforce satisfaction is critical to maintaining a sustainable and productive workforce.

Any future framework must address the current inequity in digital access in Australia, for both providers and their patients. As a foundation, appropriate access to reliable high speed internet Australia wide is a bare minimum. As new digital technologies are introduced, there cannot be a growing divide between the *digital have's* and the *digital have not's*, whereby those with internet access benefit from advancements, and those without operate in a digital vacuum. Improved patient digital literacy, while not the remit of GPs, will have many benefits for patients, but in the absence of digital literacy and access the system must ensure their healthcare needs are equally met.

For digital technologies to be truly effective within a health system there needs to be broad implementation and adoption across the sector. Early adopters of new digital technologies can become disillusioned when there is a lack of integration and data is unable to be shared.

The RACGP believes there needs to be realistic expectations articulated to both providers and their patients about digital technologies in health by the initiating body, i.e., government. For example, some GPs, many of whom were early adopters of the My Health Record system, are now disillusioned with the system due to the lack of useable information to be found in the system after years of use. They also encounter patient expectations whereby there is a belief that all their medical records are now accessible by the GP from other providers. Where new technologies are introduced, there needs to be education about the realities of a product, i.e., where the product is at, where it intends to be, and how the benefits may be realised and when.

Section 4a: *A Framework to Take Us Forward - Domains*

See pages 30-43 and Appendices 1-3 of the Digital Health in Medicine Capability Framework*(Consultation Version).*

The draft framework is useful as a sample approach to identify and support the development of foundational digital health capabilities across the medical education and practice continuum.

Strongly Agree
Agree
Neutral
Disagree
Strongly Disagree

The proposed *Digital Health in Medicine Capability Framework (Consultation Version)* comprises 8 domains of learning and three tasks aligned with the National Digital Health Workforce and Education Roadmap.

Please review and rate the importance of the domains in the proposed capability framework.

	Very Important	Important	Less Important
Future proofing (current challenges in health; Opportunities and risks; horizon scanning)	X		
People and Value Based Care (experiences, needs and expectations and lifelong health and learning journeys)	X		
Health System (Current state; future state and continuous improvement)		X	
Workforce (medical; inter-professional and intra-professional)	X		
Health Context (Hospital; community and personalised)		X	
Technology (Critical appraisal of technologies; privacy and security and implementation barriers and solutions)	X		
Data and Information Quality (Data management; information creation and use and augmenting practice)	X		
Clinical Practices (Clinical processes and pathways; expertise and lifelong learning and ethics and the law)	X		

Do these domains focus on what matters in digital health in medicine?

Strongly Agree
Agree
Neutral
Disagree
Strongly Disagree

Are there any domains that you believe should be added, deleted or changed?

The RACGP believes that *Horizon 3: Personalised Technologies,* potentially places an unfair and unrealistic onus on GPs. GPs cannot be expected to research and assess all the different personalised technologies available and provide their patients with education on their use., Current funding models for general practice do not support individual GPs to play this role, with all funding tied to consultation times, and not professional development.

While there is an expectation that GPs and other health care providers will have foundational digital capabilities, the intricacies of more advanced personalised technologies may be too onerous for many clinicians and take away from clinical time with their patients.

GPs should not be expected to "endorse" digital products and should be provided the education on any new technologies that may impact their work.

Regarding *EPA 2 - Critically appraises and uses an emerging technology for effective decision making in Healthcare*, critical appraisal should address the use of clinical decision support tools. Clinicians must be able to trust the quality of the tools being used and understand their limitations. Many factors will come to play here including the technology itself, the quality of the data entered into the system and clinical management.

Section 4b: *A Framework to Take Us Forward - Tasks*

The proposed tasks, based on ten Cate's medical education innovation of Entrustable Professional Activities (EPAs), are aligned with the three horizons of the National Digital Health Workforce and Education Roadmap.

Do you believe that these tasks focus on what matters in digital health in medicine workforce capability development?

Strongly Agree
Agree
Neutral
Disagree
Strongly Disagree

Are there any tasks that you believe should be added, deleted or changed?

Please refer to answer for question 4d

Do you believe the teaching and learning, assessment and measurement of impact strategies in this framework align with good practice in medical education?

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Teaching and Learning		X			
Assessment		X			
Measurement of Impact			X		

Do you have further comment about teaching and learning, assessment, and measurement of the impact of digital health in medical education programs?

In the context of developing a digital health curriculum, the RACGP reflects on educator Malcolm Knowles theory of adult learning and believes that key drivers of success will include two of Knowles' five assumptions, that being that learning must be relevant to one's role and that the student must be motivated to learn.

Evaluation of impact may include embedding digital health as part of the medical curriculum. Assessment of digital health competence for the medical workforce should be undertaken by accrediting bodies.

The RACGP believes there needs to be an emphasis on the sharing of information with other healthcare providers using digital tools. This includes secure electronic communication and use of shared patient records such as the My Health Record system.

Section 5: *Next Steps*

See pages 44-46 of the Digital Health in Medicine Capability Framework (Consultation Version).

How important are the implementation strategies below for digital health?

	Very Important	Important	Less Important
Pilot Design and Implementation of Capability Framework		X	
Communication	X		
Technology	X		
Education Resources	X		
People Training (Awareness and Skills Development Training)	X		
Impact Evaluation		X	
Research		X	
Implementation Plans	X		

How could the medical education sector work together to improve digital health curriculum development in medicine?

The RACGP believes adopting a well-funded, well resourced, phased, and central approach is critical to improving the digital health curriculum in medicine. While any training must consider local environmental factors, the overarching curriculum should be relevant for all clinicians.

Together with the RACGP, Primary Health Networks (PHNs) and GP training organisations are well placed to identify expectations and needs for digital health education at a local community level and deliver locally relevant education.

Learning must be supported, not only by the curricula, but ongoing resource development, on the ground support, learner/educator feedback loops, regular needs analysis, regular post-implementation analysis and engagement by all relevant bodies at a local, state, and national level. The upskilling of medical educators will be critical to the success of an effective curriculum rollout.

Please provide any further comments about this capability framework or more broadly about digital health in medicine.

The importance of developing capabilities in digital health across the generations in medicine is evident to the RACGP but may not be to all medical professionals. Effective articulation of the benefits of a Digital Capability Framework in Medicine to both patients and providers is critical to gaining traction in its development and roll out.

Change management needs to be acknowledged in any educational program. Effective change management has the capacity to win the hearts and minds of many and the RACGP is pleased to see this acknowledged in the framework.

While technological innovation will inevitably radically change the way all health professionals work, changes must be made in a manner which allows GPs to adjust workflows and systems in a sustainable way and the curriculum must support GPs to adapt in this increasingly digital environment.

GPs have historically been early adopters of technology in medicine, as evidenced by their early participation with the My Health Record system, with GPs remaining the key contributors of clinical information to the system. However, the broader health system must be taken on the same digital journey, as ongoing GP participation and motivation relies on them seeing the benefits of their contributions. For example, GPs need to see that their electronic prescriptions will be dispensed by a pharmacy, that their e-pathology request will be accepted, or that another healthcare provider will read the Shared Health Summary they upload to My Health Record.

Any initiative should have built in evaluation assessments to determine the impact on both behaviour change and on outcomes of patient care – whether at practice, local, state or national levels.