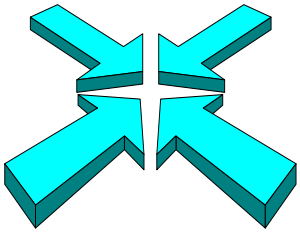


Confederation of Postgraduate Medical Education Councils (CPMEC)

Chair's Report to the CPMEC Consultative Council Meeting

15 November 2009

Sheraton Mirage Resort, Gold Coast

1. INTRODUCTION

a. It is with pleasure that I present my final report as Chair to this Consultative Council. 2008-09 was another year of significant achievement for the Confederation of Postgraduate Medical Education Councils. We continued to build on the collaboration that has been evident over the past few years amongst Postgraduate Council members by agreeing on a national framework for prevocational medical education and training and there has been very significant progress in working towards a national approach to internship and registration.

b. It has to be noted that the increased level and scope of achievements have been delivered against a backdrop of limited staffing and resources. This has been possible through the hard work of the CPMEC staff supported by the voluntary contributions made by state and territory Postgraduate Medical Councils (or equivalent). In addition to the visible outcomes of CPMEC activities over the period of the review, one needs to recognise the enormous amount of unseen work that takes place behind the scenes to achieve those outcomes.

2. KEY ISSUES IN PREVOCATIONAL EDUCATION & TRAINING

In the changing context of medical education and training in Australia, some of the key issues facing CPMEC, PMCs and prevocational education and training generally are as follows:

a. Increased Intern Numbers

The number of medical graduates in 2014 will increase by over 132 percent compared to the 2006 figure (excluding international students) as new medical schools come online with their graduates and increased numbers at established schools move through their programs. This will have immediate implications for intern clinical training capacity in terms of additional clinical capacity including supervision. Given that other health professions will also have increased numbers, existing training approaches and models will require significant changes and innovative approaches to address the issue of high quality clinical training placements for increased medical graduate numbers. The imperative of maintaining effective accreditation processes to ensure that the educational aspects of the placements are maintained will remain critical.

b. National Registration & Accreditation

With the National Registration and Accreditation Scheme (NRAS) for health professionals becoming operational, it is an opportune time to consider arrangements for prevocational registration and accreditation under a national scheme. These extend to current accreditation processes, the role of the Australian Curriculum Framework for Junior Doctors, a nationally consistent approach to internship and the sign-off process for its completion, and supervisory capacity.

The need to ensure that the PMCs are adequately funded under transitional arrangements has been repeatedly highlighted by CPMEC in its submissions to the Medical Board of Australia. There is the additional issue of the nexus between prevocational training and the AMC given that the latter has been assigned the accreditation functions of the Medical Board of Australia.

c. NHHRC Final Report

The final report of the National Health & Hospitals Reform Commission in June 2009 has made a number of recommendations in relation to the development of a well trained and supported workforce. Of particular interest is the call for investing in the management and skills development of managers and clinicians at all levels; developing a flexible, multi-disciplinary approach to the training of all health professionals; creation of a National Clinical Education and Training Agency; enhancing greater clinical engagement and explicitly recognising teaching and learning as core principles for all health professionals.

d. Health Workforce Australia

The establishment of the Health Workforce Australia to provide significant funding and other support for the delivery of clinical education and training and carry out health workforce related research is another significant national development. CPMEC has maintained dialogue with HWA and its predecessor, the National Health Workforce Taskforce, but there have been very limited opportunities to report back from this to date. It is fortunate that a number of CPMEC executives also have other roles within their jurisdictions and are therefore familiar with developments during the consultation processes. There have also been some concerns to ensure that HWA did not add another layer to the health bureaucracy.

e. Vertical Integration

This has been a recurring theme in health workforce policy which was again highlighted at the recent MedEd09 conference in Sydney. Of interest to the prevocational phase has been the constant call to improve efficiency in postgraduate training across the continuum including issues of streaming and streamlining. There have been some views expressed about compressing the internship year into the final year of medical school. The latter also raises questions about the appropriate forum for achieving vertical integration that will ensure an effective voice for prevocational training.

This makes it all the more imperative to define what is added in PGY1 and in the PGY2 year. In this regard, it is pertinent to emphasise that the *Australian Curriculum Framework for Junior Doctors* does **not** stipulate that there has to be two years of undifferentiated generalist training.

f. International Medical Graduates

The assessment and up-skilling of the large number of international medical graduates continues to occupy the attention of most of our member PMCs. A major challenge will be to develop a feasible model for workplace based assessments for IMGs on the Standard Pathway. For PMCs the issue of IMGs is particularly relevant as a large number are in prevocational or non-vocational positions.

g. Funding of CPMEC and PMCs

Whilst there has been a significant increase in funding for clinical placements at the undergraduate level, concerns remain about the level of funding for the prevocational phase of the medical education and training continuum. This has become more apparent as we move towards a NRAS where current state and territory contributions to PMCs need to be maintained and increased in light of increased intern numbers coming through the pipeline.

There is also a need to adequately resource CPMEC to allow it to function effectively as the peak body for PMCs or equivalent. We have a proposal before DoHA for extension of funding. For many PMCs funding has become a more acute issue since MTRP project funding grants have been put on hold pending the outcome of MTRP review and an early resolution on this matter is required.

3. SUMMARY OF KEY ACTIVITIES

In this section I will highlight some of the key activities undertaken by CPMEC over the past twelve months.

a. Strategic Planning Workshop

Amongst the issues raised at the 2008 CPMEC Strategic Planning Workshop that have been followed up include the definition of national registration requirements at the end of PGY1, changes to CPMEC governance issues and portfolio structure, establishment of a national JMO Forum, AMC accreditation of PMCs, and building clinical supervisory training capacity.

b. CPMEC governance

Some of the key changes being proposed in the new structure include the following: Establishment of a Board, a Management Committee, a Principal Officers' Committee and a National JMO Forum Committee; and streamlining of the current portfolio structure to cover Accreditation and Registration*;* Education & Training; and Workforce matters.

c. National Registration & Internship Working Party

Under the Chairmanship of Prof Brendan Crotty, CPMEC formed an internal Working Party to consider the nature, purpose and duration of the internship; the nature and duration of mandatory clinical experience to be undertaken during the internship; and the sign-off process for satisfactory completion of the internship. CPMEC acknowledges the support of NSW IMET in providing project assistance through the services of Ms Louise Rice as the Project Manager.

d. National Intern Allocation Process

CPMEC is continuing to progress this issue and a meeting was scheduled just prior to the Consultative Council meeting to identify and prioritise key issues and concerns from jurisdictions in moving towards a national intern allocation process. The meeting will also consider opportunities and actions for collaboration in both the short and long term. Dr Geoff Thompson and Ms Kylie Ward of SA IMET have worked with CPMEC General Manager, Dr Jag Singh in the organisation of this workshop.

e. Australian Curriculum Framework for Junior Doctors

Implementation of the ACF project continued, albeit at a slower pace, as discussions on funding with DoHA for the project continued. Whilst some of the work relating to the ACF implementation will involve ongoing coordination and monitoring that will become part of CPMEC's core activities, there still remains some development work, particularly with regard to national assessment. DoHA has provided funding to ensure the continued employment of the National Project Coordinator, support the meetings of the National Steering Group and Working Parties and cover website development costs until June 2010. The first revision of the ACFJD has also been completed and will be launched at the 2009 National Forum.

The ACF national assessment tools that were developed in 2008 have been piloted at twelve identified sites to ensure adequate representation of metropolitan and rural facilities and a mix of both large and small sized facilities. Supervisors were provided with training in the use of the tools and their links to the Term Description documents. A formal evaluation process has gathered data on both the tools, resources required for implementation and supervisor training requirements prior to national rollout. Findings from this will be presented at the Gold Coast Forum.

We acknowledge the work of the ACF National Project Director, Dr Greg Keogh, and the Chairs of the Working Parties, Prof Richard Ruffin, Prof John Wilson and A/Prof Fiona Lake. A special mention also must be given to the enthusiasm and work of the ACF National Project Coordinator, Ms Deb Paltridge.

f. Prevocational Medical Accreditation Framework (PMAF)

CPMEC has now achieved its objective of developing a national framework to guide prevocational medical education and training in Australia. The development of PMAF followed extensive consultations internally within CPMEC and with external stakeholders. As with the ACFJD, utilisation of this framework will need to be monitored to assess its usefulness in guiding prevocational accreditation practices in a rapidly evolving medical education and training environment. CPMEC will undertake a formal review of the PMAF after 12 months in this regard. The work of the PMAF Co-convenors, Dr Richard Tarala and Ms Deb Le Bhers and Dr Singh in developing the final version of the PMAF is acknowledged along with the earlier contributions of the project staff, Dr Doug McKitrick and Ms Ranj Jagadish.

g. Professional Development Program for Registrars (PDPR*)*

The PDPR is now a nationally accepted program aimed at building clinical supervisory capacity for registrars who are increasingly responsible for the supervision of prevocational trainees. Initial support from DoHA was critical in the development phase and the rollout of this program is now being supported by state and territory health departments and individual health service employers. A series of Trainer Accreditation Programs have been attended by over 60 clinical educators throughout Australia who are now helping roll out the program. Trainers are being supported by a website developed by CPMEC. Dr Singh's role in the development and rollout of this Program is noted.

h. Junior Doctor of the Year Awards

CPMEC introduced an award in 2008 to acknowledge the contributions of prevocational doctors to education and training. Each state and territory winner is presented with a medal at the National Forum dinner and an overall winner is recognised. In 2009 the award has a trans-Tasman flavour with NZ participating in the awards along with NT. CPMEC is considering extending the awards to DCTs and MEOs in the future.

i. Stakeholder Engagement

We are pleased that a National JMO Committee has now been set up to foster communication between JMOs & CPMEC members**,** promote collaboration between JMO Forums with respect to policy matters and provide support to smaller JMO Forums.

CPMEC continues to engage with a wide range of stakeholders in medical education and training. CPMEC worked with MDANZ and other stakeholders to present a combined paper on medical accreditation to COAG. With MDANZ, other collaborations related to the organisation of MedEd09, the MSOD project, and LIME (Leaders in Medical Education) Network. MDANZ have also endorsed the ACF as the educational template for prevocational education and training.

With CPMC, the CPMEC Chair is invited to the open session of the CPMC President's meeting and the Deputy Chair sits as an observer on their Education Committee. We also continue to work with Colleges in relation to ACF implementation and the Professional Development Program for Registrars.

CPMEC continued to have discussions with AMACDT on a range of issues and CPMEC initiatives including implementation of the ACF, National Registration and Internship, the PDPR and PMAF.

CPMEC and AIDA have been engaged in ongoing discussions on ways of promoting indigenous health education and supporting indigenous doctors in prevocational years. AIDA has accepted a CPMEC invitation to join the CPMEC Consultative Council.

CPMEC has also been an active participant in the PGPPP National Advisory Council in its current format until 22 July 2009 in Melbourne. Given the likelihood of increased usage of community and primary care settings for internship, it is important that CPMEC remain involved in any new strategic configuration for the PGPPP.

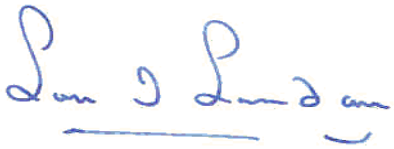
CPMEC also continued to advocate actively for prevocational training through submissions to, *inter alia*, the COAG, Medical Board of Australia and COAG in relation to national registration and accreditation of prevocational doctors; the National Health Workforce Taskforce; the NHHRC; and the Australian Commission on Safety & Quality in Healthcare's draft National Safety & Quality Framework.

j. Finance & Administration

CPMEC is thankful for the contribution and support of DoHA in financing its core funding activities and implementation of the ACF project. There has also been direct financial contribution from member PMCs most of whom are significantly constrained in their ability to increase contributions. However, it is important to emphasise the contributions that members make to CPMEC through voluntary services as CPMEC Executive Committee (State Chairs and PMC Principal Officers), Portfolio heads, and via inputs provided through the various CPMEC sub-committees. The Postgraduate Medical Council of Victoria has provided CPMEC space for a national office on terms considerably below market rates. Most state and territory PMCs also contribute to CPMEC projects by making available staff to support CPMEC, its Project officers and Junior Medical Officers on Working Parties, Technical Groups and other consultative forums on a *pro bono* basis.

k. Thanks

I would like to thank you all personally for your friendship and support in achieving the fantastic outcomes from CPMEC over the past 2 years. The collaboration amongst all the members of CPMEC is truly inspiring.



Professor Louis I. Landau
Chair

10 November 2009