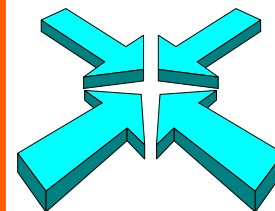


CPMEC Newsletter

Jul-Oct 2010



CPMEC Issues Statement on Internships

CPMEC has issued a statement outlining its position on internships for graduates of Australian medical schools. It highlights the need for a policy response to a number of key issues arising from the increase in numbers of medical graduates.

CPMEC notes that in 2005 1,587 doctors graduated from Australian medical schools (1320 Australian residents and 267 non-resident international full fee paying students (IFFPS)). In 2012 there will be 3430 graduates (2912 Australian resident and 518 IFFPS) followed by a gradual increase to 2014 (3786 graduates (3108 and 678)). This expansion of Australian medical schools has created a requirement for a significant expansion of postgraduate training places. The Australian Medical Association held a meeting in Canberra on September 29 to discuss concerns about the availability of internships for Australian residents and IFFPSs graduating from Australian medical schools over the next 4 years, and expansion of vocational training over

the next decade.

CPMEC was represented by Professor Geoff Thompson, the Chair of the South Australian Institute of Medical Education and Training (SAIMET), and Dr Jag Singh, the General Manager of CPMEC. The meeting was also attended by representatives of a number of Colleges, the Australian Medical Council (AMC), the Australian Medical Students Association (AMSA), Medical Deans of Australia and New Zealand (MDANZ), the AMA Council of Doctors in Training, the AMA Council of Salaried Doctors, the private hospital sector, the Department of Health and Ageing (DoHA), State Health Departments and Health Workforce Australia (HWA).

Internships for Australian resident graduates

CPMEC and its member Postgraduate Medical Councils and Institutes of Medical Education and Training (PMCs) are strongly committed to a generalist intern year. A year of supervised, workplace-based training, incorporating clinical experience in emergency medi-

cine, internal medicine and surgery is one of the strengths of Australian medical training. CPMEC believes that the intern year has a significant impact on the safety and quality of healthcare delivered by junior doctors. It develops the generalist base that allows junior doctors to practise in a range of medical workplaces throughout Australia, and provides the foundation for further career development, either as a vocational trainee or a career medical officer.

The Confederation has been a strong advocate for delivery of a significant component of the intern year (and other pre-vocational and vocational training programs – see below) in ambulatory and subacute settings to better prepare trainees for the work that most doctors do after completion of training. The recent expansion of the Prevocational General Practice Placements Program (PGPPP) is warmly welcomed but much more needs to be done.

Issue 2—2010

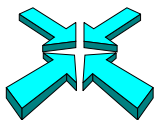
Inside this issue:

CPMEC Issues Statement on Internships	1
News from 'Across the Ditch'	3
PGPPP Accreditation	3
PDRP in WA	5
National Audit of Intern Acceptances	6
Clinical Education of the Year Award	6
National Priorities in Prevocational Training	7
Junior Doctor of the Year Candidates	8
ANZJMO Report	8

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CPMEC Issues statement on Internships

"...all medical students will be offered an accredited intern position...."

Through the Council of Australian Governments (COAG), State and Territory governments have guaranteed that accredited intern positions will be available for all Commonwealth Supported Place (HECS) graduates in each jurisdiction. Over the last few years CPMEC and its member PMCs have worked with State and Territory Health Departments to expand accredited intern positions. PMCs have faced major challenges identifying and accrediting new positions with broad clinical exposure and good supervision. However, most of the additional positions needed for 2013 have been accredited and it is increasingly clear that the COAG commitment will be met.

CPMEC would like to reassure all CSP medical students that they **will** be offered an accredited intern position when they graduate and that they will be eligible for full registration by the Medical Board of Australia when they have completed the intern year. We are also confident that that there will be internships for non-CSP Australian resident graduates.

Internships for international full fee paying students

Australian medical schools have enrolled significant numbers of IFFPSs over the last decade. There will be 512 IFFPS graduates in 2010, 468 in 2011, 518 in 2012, and 678 in 2013 and 2014. Medical schools' recruitment of international students is a response to a number of driving forces, including the need to compensate for Australia's low level of funding for domestic medical students.

Surveys of IFFPSs suggest that approximately two thirds wish to complete an intern year in Australia. In recent years there has been a surplus of accredited intern positions after placing Australian resident graduates, so that there have been enough intern places for all graduating IFFPSs. A review of the progress of State and Territory intern allocations for 2011 suggests that most, possibly all, IFFPSs graduating in 2010 who have applied for Australian internships in 2011 will be successful.

However, State and Territory governments have not made any commitments to provide accredited intern positions for IFFPSs. Without a change to current policy settings it is likely that many IFFPSs graduating in 2011 and subsequent years will not be able to obtain accredited Australian intern posi-

tions.

The Australian community continues to experience significant medical workforce shortages, particularly in outer metropolitan, regional and rural locations. State and Territory governments continue to invest substantial resources in recruitment and training of International Medical Graduates (IMGs) to address these workforce shortages. Many of these doctors are recruited from developing countries with much more severe medical workforce shortages than Australia.

Experience over the last decade has demonstrated that IFFPSs are very well trained and have an excellent understanding of Australian society and the Australian health system. Many IFFPSs who undertake an intern year in Australia stay on to complete postgraduate training and contribute to the Australian medical workforce, often in areas of workforce need.

CPMEC believes that this issue should be addressed as a matter of urgency through a more coordinated approach. An obvious starting place is to define the national medical workforce need. Junior doctor workforce requirements are largely determined by immediate service demands. A more rational approach would consider also the overall medical workforce requirement and use this as a major determinant, not only of intern numbers but also of undergraduate places and, in turn, vocational trainee numbers. HWA

From 'Across the Ditch'

2011 Forum update

The 16th Australasian Prevocational Medical Education Forum will be held in Auckland, NZ in 2011.

The Medical Council of New Zealand Education Committee will be hosting the Forum.

Event Dynamics have been appointed as the preferred conference service provider and MCNZ are currently negotiating service agreements and comprehensive costing for preferred venues.

Nominations are being sought for the forum Organising Committee and Scientific Committee in the coming months through CPMEC channels.

Health Workforce NZ

The Council are currently collaborating with Health Workforce NZ on a number of initiatives, with the current key priorities being:

- i) the review of general practice training programmes and pathways
- ii) the review of rural hospital medicine training programmes and pathways
- iii) an assessment of the utility of graduate-entry medical educational programmes in NZ

PMAF

Staff have conducted a gap analysis of the PMAF against current stan-

dards, policy and process. The identified gaps are being considered at the upcoming Education Committee meeting with a view to priorities being set for moving these forward. Overall the current NZ framework is very much aligned with the PMAF and the largest gap is a policy to reflect an appeals process for accreditation decisions.

Farewell

It is with regret that we note the departure of the long-serving Principal Officer of the MCNZ Education Committee, Ms Mere Just. She is moving to settle in Brisbane.



CPMEC to Discuss PGPPP Accreditation

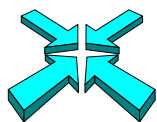
With the Australian Government announcing a big increase in funding for the PGPPP, CPMEC and its members are mindful of the need to ensure that interns and other prevocational trainees undertaking general practice rotations and rotations in other ambulatory settings receive appropriate supervision, support and education.

Expansion of medical schools and the PGPPP program has provided opportunities for prevoca-

tional trainees to gain much needed exposure to general practice. It is important that this is a positive experience, which encourages them to choose a career in general practice.

CPMEC is equally cognisant of the need to ensure that accreditation is not unnecessarily burdensome for the general practices and other organisations providing clinical placements for the trainees.

To this end, CPMEC has had a series of meetings to explore mutual concerns with General Practice Education and Training Ltd (GPET) and representatives of the Regional Training Providers. A further meeting is scheduled for Adelaide on 13 December to continue the progress made to date.



CPMEC statement on Internships (Cont'd)

"A significant expansion of vocational training programs is required .."

has begun to undertake this task and will be necessary to work with both levels of government, medical schools, PMCs, Colleges, medical students and junior doctors to find a mutually satisfactory solution. This solution should be based on an analysis of medical workforce needs over the next decade and may involve an agreed upper limit on the number of internships available for IFPPSs. A cap on internships for IFPPSs would have significant implications for recruitment of IFPPSs by medical schools and therefore for funding of Australian medical schools.

Expansion of vocational training

A significant expansion of vocational training programs is required if the Australian community is to benefit from the expansion of medical schools. CPMEC believes that this is now the most critical issue facing medical education in Australia; we need two to three times the current number of vocational posts to train all of the medical students graduating from our universities over the next 5 years.

The length of postgraduate training programs varies from 4 to 8 years, which means that we

need to create several hundred **new** accredited vocational training posts **every year** for most of the next decade. Recent Commonwealth government announcements of an expansion in general practice, emergency medicine and specialist registrar training are very welcome but will only provide training programs for one quarter to one third of the additional graduates.

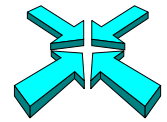
This is a major challenge for Australian medical training. Some jurisdictions have already responded with funding approaches that recognise the need for additional vocational training places for each new intern post. Nevertheless it seems unlikely that current training programs, which are mostly based in acute metropolitan hospitals, will be able to absorb the number of junior doctors applying for training positions over the next 5 to 10 years.

The need for new training positions is also a once in a generation opportunity to address some long standing, previously intractable workforce and training problems:

- workforce maldistribution with severe shortages in rural, regional and outer metropolitan Australia;
- severe shortages in several specialties, including general practice, aged care, general medicine, psychiatry, and academic medicine;

- a declining number of generalists – both general practitioners and generalist specialists - to manage the increasing burden of patients with multiple medical problems;
- inappropriate clinical exposure in many hospital-based vocational training programs – many trainees receive relatively limited training in ambulatory medicine, which will occupy most of their time after completing their training;
- limited use of the private health system for training – both private hospitals and specialists' rooms.

The expansion of Australian medical schools means that many of these issues can finally be addressed by well planned, targeted vocational training programs. Development of these training programs will require a comprehensive analysis of workforce and training needs at national, regional and discipline levels, and a much more flexible approach to vocational training than currently exists. Without a significant change in approach it will be very difficult for graduates of the new regional and outer metropolitan medical schools to complete more than a few



CPMEC Professional Development Program successfully rolled out for WA Registrars

The highly popular CPMEC Professional Development Program was run in Perth for the first time on 5-6 August 2010 at the University of Western Australia Club Seminar Room. 12 registrars drawn from a range of specialties participated in the program that was organised by the Postgraduate Medical Council of Western Australia (PMCWA).



The WA program was directed by Dr Jag Singh, General Manager of the Confederation of Postgraduate Medical Education Councils (CPMEC), and the developer of the PDPR. Inputs were provided by Prof Alistair Vickery, Prof Lou Landau and Dr David Oldham. Prof Richard Tarala also participated as an observer. The administrative coordinator of the program was Dr Natalia Lizama of PMCWA.



The program achieved a very high overall rating of 6.5 out

of 7 which was further supported by extremely positive qualitative comments from the participants. It was also clear that the participants found the

program contents and examples relevant, training delivery methods of effective and engaging, with good opportunities for trainee participation. A number of the participants felt that the program should be made available to all junior doctors.

The very positive response to the program is consistent with the feedback that the PDPR has received in all other states and territories where it has been rolled out. PMCWA is considering mounting CPMEC's PDPR Trainer Accreditation Program to ensure that there is pool of qualified trainers available in WA to rollout the PDPR on a sustainable basis. CPMEC is assisting to facilitate this process.

For enquiries relating to the PDPR, please contact the Program Director, Dr Jag Singh at jsingh@cpmec.org.au.

"...the program should be made available to all junior doctors."

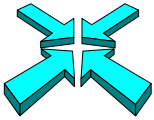
CPMEC statement on Internships (Cont'd)

months of their vocational training in the outer metropolitan, regional and rural settings where they are needed most. The quality and relevance of their training would be considerably improved if they were able to undertake at least some of it in ambulatory settings, including specialists' rooms,

and in private hospitals. There is potential for reducing the length of training by development of robust processes for recognition of prior learning.

HWA has recently announced that it will develop a national health workforce training plan with the goal

that the Australian health system should be self sufficient by 2025. CPMEC strongly supports this approach and is ready to work with Colleges, PMCs, both levels of government, the private healthcare industry and the broader medical community to achieve this goal.



"...there were potentially 42 positions which could have been freed up...."

National Audit of Internship Acceptances

The acceptance of intern positions in multiple states by the same candidate has created difficulties for hospitals, who are uncertain whether their posts have been filled, and for graduates, who may not have the opportunity to be offered a post which might otherwise have been available.

Under the auspices of a CPMEC Working Party chaired by Prof Geoff Thompson, all jurisdictions have this year agreed to share information on the number of applicants who had accepted intern positions in more than one jurisdiction for 2011 to help establish extent of interns holding multiple job acceptances. Four jurisdictions - NSW, NT, SA and ACT - agreed to take this process further by contacting applicants with multiple acceptances to request that they reach a final decision in a timely

manner.

All jurisdictions sent in their information about their intern acceptances for the clinical year 2011 to a central administrator. The first snapshot of the situation regarding acceptances was taken in late August this year. Analysis of the data indicated 41 graduates having made multiple acceptances across states from 2697 applicants in the audit. It is also to be noted that in the case of QLD, only half of the applicants were in the audit as they opted to stay out of the process for local administrative reasons.

CPMEC notes that at the time of the audit, there were potentially 42 positions which could have been freed up if all of the duplicate acceptances were resolved. In a situation where training capacity is a major issue, this number is significant. It is also to be noted that the data are interim with later offers to come, and there is potential to free up more posts with

audit of later acceptances.

Prof Thompson has noted that the National Audit pilot has been successful in establishing a process that has shown the potential to free up a very significant number of internships, so providing more timely and conclusive filling of posts for hospitals and of availability of intern posts for other applicants. Secondly, the audit has assisted in developing a highly collaborative approach between jurisdictions which saw rapid resolution of a range of difficulties such as privacy legislation, jurisdictional processes in information sharing and agreement of protocols. This collaboration should provide a strong basis for further agreement on national aspects of intern allocation.

Further information on the national audit may be obtained from Ms Kirsten Campbell, the Audit Project Manager at kcampbell@ceti.nsw.gov.au

New Clinical Educator of the Year Award

In recognition of the contributions made by clinical educators in the prevocational domain, CPMEC has instituted a new award this year to acknowledge an individual who has made a major contribution to the education and training of junior doctors.

Each state and territory selected their division winner based on the following criteria: the individual should have made a significant contribution to teaching and mentoring of junior doctors; has a track record as an advocate for junior doctor education, training and well being in the workplace and beyond; and developed innovative programs and approaches for junior doctors.

The 2010 division winners were: Dr Steve May (NSW); Dr Kishan Pandithage (NT); Dr Carl O'Kane (QLD); Dr Chris Clohesy (SA); A/Prof Terry Brown (TAS); Dr Laila Rotstein (VIC); and Dr Richard Tarala (WA).

The winner will be announced at the 2010 Prevocation Forum official dinner.



CPMEC Identifies National Priorities in Prevocational Training

CPMEC has identified national priorities in prevocational medical education and training based on extensive consultation with all State and Territory PMCs. Considerations taken into account in the development of this paper included national applicability; clearly identified training needs of prevocational trainees; relevance to a broad spectrum of prevocational trainees; promotion of vertical integration; long term sustainability; and linkages to other initiatives in medical education and training.

The key priority areas identified by CPMEC include the following:

- The establishment of national standards for internship and a sign-off process for satisfactory completion of internship by the Medical Board of Australia (MBA)
- Continued progress in the implementation of the Australian Curriculum Framework for Junior Doctors including national assessment tools, and resource development for the ACF capabilities
- Development of a nationally consistent approach to prevocational accreditation using the Prevocational Medical Accreditation Framework that includes expanded training settings.
- The feasibility of accrediting PGY2 and PGY3+ prevocational training positions to ensure that all prevocational doctors receive appropriate supervision, support and education
- The impact of increased graduate numbers on the quality of teaching and supervision for prevocational trainees
- Achieving greater national consistency in intern allocation processes
- Developing funding models to establish the actual costs of PGY1 and PGY2 prevocational training, including accreditation costs and super-

vision costs

- Development of national 'on-the-job' training and support programs for International Medical Graduates to accelerate their integration into the Australian health care system

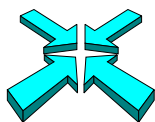
CPMEC has noted that in previous years MTRP project funds have been used to develop projects that have had a very significant impact on Australian prevocational medical education and training. These have included the Australian Curriculum Framework for Junior Doctors, the Professional Development Program for Registrars, Teaching on the Run, and the Prevocational Medical Accreditation Framework. The benefits of these projects have flowed well beyond the prevocational domain.

Those wishing to obtain a copy of this paper on national priorities are to contact CPMEC General Manager, Dr Jag Singh at jsingh@cpmec.org.au

"...CPMEC has identified national priorities in prevocational medical education and training"

For any queries or comments regarding the CPMEC Newsletter, please contact Barbara Butterworth on (03) 9419 1217 or

butterworth@cpmec.org.au



Junior Doctor of the Year candidates

The 2010 CPMEC Junior Doctor of the Year Award winner will be announced during the 15th National Prevocational official dinner on Tuesday, 9 November in Melbourne.

The state and territory winners, who will also be recognised, are as follows:

Tasmania:
Dr Jodi Glading
Royal Hobart Hospital

New South Wales:
Dr Matthew Stanowski Nepean Hospital.

New Zealand:
Dr Joshua Sevaio

Victoria:
Dr Patrick Mahar
Alfred Health

South Australia:
Dr Thomas Cundy
Royal Adelaide Hospital

Western Australia:
Dr Emma Allanson

Women and Newborns Health Service, Osborne Park Hospital

Northern Territory:
Dr Pallas O'Hara
Royal Darwin Hospital

Queensland:
Dr Bill Liley
Cairns Base Hospital

ANZJMOC

The National JMO Forum in Tasmania 2008 passed a resolution calling upon CPMEC to establish a national committee of JMOs with representation from each state/territory JMO Forum including New Zealand. At the conclusion of the National JMO Forum in the Gold Coast 2009, the inauguration of the Australia and New Zealand JMO Committee (ANZJMOC) was announced with secretariat support to be provided by CPMEC.

In its inaugural year, the eleven members of ANZJMOC have been working hard to represent Australia and New Zealand's prevocational doctor's interests in education, training and welfare. Attendance by all members at a face-to-face meeting in April and several teleconferences, as well as collaborating with AMACDT and jurisdictional JMO Forums/PMCs/IMETs, has allowed comprehensive discussions of current issues affecting junior doctors. As a result, draft resolutions have been developed to be presented then deliberated and finalised by JMOs attending the

National JMO Forum in Melbourne on November 7. The resolutions focus on nine key areas: ACFJD, Prevocational Accreditation, National Internship Standards, Capacity Expansion, Simulation Training, Clinical Supervision, Interprofessionalism, Workplace Flexibility & Doctors' Health, Funding for Prevocational Training.

In order to continue enhancing the national profile of prevocational education and training, the resolutions will be presented during the final session on the second day of the National Prevocational Medical Education Forum (PMEF) in Melbourne which follows the National JMO Forum. After the PMEF the resolutions will be disseminated to jurisdictional JMO Forums as well as key stakeholders including DoHA, MBA, AMC, HWA, CPMEC and jurisdictional health departments and PMCs/IMETs.

In addition to steering the National JMO Forum, ANZJMOC has

provided ongoing support to the MSOD project as well as collaborating with *beyond-blue* regarding the Doctor's Mental Health Program including involvement in a profession-wide survey investigating the mental health of medical practitioners in regards to prevalence, risk factors, help-seeking behaviour and attitudes.

Given the number of issues affecting prevocational doctors' education, training and welfare it has been an auspicious time for the commencement of ANZJMOC and very gratifying to be involved in its achievements this year. Finally, ANZJMOC is very appreciative of CPMEC's excellent secretariat support and regular updates of current national developments within CPMEC and in medical education and training generally.