CPMEC
CONFEDERATION OF POSTGRADUATE MEDICAL EDUCATION COUNCILS

CPMEC Newsletter - Issue 1 2016

Richard Tarala New CPMEC Chair

In this issue:

Clinical Professor Richard Tarala took over from Associate Professor Terry Brown as the Chair of the Confederation of Postgraduate Medical Education Councils (CPMEC) at the 20th Medical Education and Training Forum held in Darwin in October 2015. He had served as Deputy Chair for the previous two years.

Prof Tarala is currently Chair of the Postgraduate Medical Council of Western Australia (PMCWA) and also the Convenor of CPMEC's Prevocational Medical Accreditation Network (PMAN). He is a Clinical Professor of Medicine at the University of Western Australia and in Clinical practice as a Respiratory Physician.

In his incoming comments, Chair Prof Tarala noted that CPMEC was going through a very challenging phase since the cessation of all federal government funding in June 2014. Through prudent financial management and some diversification of revenue, CPMEC had been able to survive to date. Its ongoing role in the future will be heavily dependent on securing reliable external funding to continue its excellent work in the prevocational medical education and training arena to date. He noted with satisfaction the strong level of grassroot support from junior doctors, directors of prevocational education and training, and medical educators for the work of, and support provided by CPMEC at the 2015 Medical Education and Training Conference in Darwin. It reinforced his belief in the continuing need for a national peak body focused on the prevocational sector. He thanked outgoing Chair, A/Prof Brown, for his steady leadership of CPMEC during a highly turbulent period for the organisation.

Prof Tarala qualified in physiology and medicine in Edinburgh, and trained in Respiratory Medicine in Scotland before joining the University of Western Australia as a respiratory and general physician. He later moved to Royal Perth Hospital where he founded the Department of Respiratory Medicine and then became Director of Postgraduate Medical Education at Royal Perth.

As the Chair of the Accreditation Committee of PMCWA since 2004, Prof Tarala has been very active in promoting the sharing of knowledge and practices in

Richard Tarala New CPMEC Chair *cont.*

prevocational accreditation across Australia and New Zealand. He was the national convenor of the process that culminated in the development of the Prevocational Medical Accreditation Framework (PMAF). All jurisdictions have used the PMAF as the template to review prevocational accreditation training standards and policies. This in turn, has helped promote greater national consistency and alignment of prevocational medical training accreditation and greatly assisted in the review of intern accreditation authorities by the Australian Medical Council.

Prof Tarala was also the first recipient of CPMEC's national Clinical Educator of the Year Award in 2010. The award was introduced by CPMEC to recognise the outstanding contributions by clinical educators in the education training, mentoring and support for prevocational doctors.

The new Deputy Chair will be Dr Anthony Llewellyn, the Medical Director of the NSW Health Education and Training Institute (HETI).

CPMEC Chair Welcomes Final Report of Internship Review

CPMEC Chair Clinical Professor Richard Tarala has welcomed the release of the Final Report of the Review of Medical Intern Training noting that the findings and recommendations contained in the Final Report are largely consistent with CPMEC's own submissions to the review process.

Prof Tarala was pleased that the Final Report had reinforced the value of a foundation year of generalist internship experience to assist medical students to transition to clinical practice under a structured and supervised process. Furthermore, CPMEC was not surprised that there was virtually no stakeholder support for the direct entry model to vocational training.

CPMEC has acknowledged that some reforms are needed in the structure of internship training but would like to see an evidence-based approach to the reforms as the system was not broken. Prof Tarala disputed claims that the current accreditation arrangements were an impediment to changes in internship practices. He pointed to the fact that all intern accreditation authorities were able to accredit numerous intern posts in non-traditional settings to accommodate the doubling in numbers of medical graduates over the past decade. There was also a need to be mindful of patient safety and junior doctor welfare issues in any reforms undertaken.

Prof Tarala commended the reviewers for emphasising the need for high quality supervision of interns. In this regard he noted that there had already been a number of CPMEC initiatives to raise the quality of supervision with national programs for prevocational supervisors and registrars. He agreed that a lot more support was

CPMEC Chair Welcomes Final Report of Internship Review *cont.*

needed but cautioned against creating an overly burdensome approach.

On a role for CPMEC in any reform initiatives, Prof Tarala emphasised its excellent track record of working collaboratively to achieve national solutions in the prevocational medical education and training domain with a wide range of stakeholders. He cautioned that any move away from current term-based structure and leaving internship education to individual health services could raise more problems about the variability of training experiences.

Prof Tarala noted that CPMEC had written to jurisdictional agencies offering its support should it be agreed to proceed with implementation of the recommendations contained in the Final Report. He highlighted the extensive work done by CPMEC in developing the Australian Curriculum Framework for Junior Doctors (ACF) and its subsequent revisions, leaving it well placed to lead and, or, support collaboration across the training continuum to expand it into a two-year capability and performance framework. He added that intern accreditation authorities have indicated a preference to work collaboratively through a national process. Prof Tarala also highlighted the fact that CPMEC has undertaken substantial work exploring the options for an e-portfolio. This has included commissioning a feasibility study to define the requirements and scope of an online ACF App and database system for use by trainees.

Prof Tarala added that CPMEC is uniquely placed to provide independent and constructive advice on issues arising from the Final Report to jurisdictions and assist in providing project management expertise. CPMEC has extensive and unrivalled experience and track record in the prevocational medical education and training field, well established links with all key stakeholders in the profession, and very effective national networks of prevocational doctors, their supervisors, and medical education support staff.

2015 CPMEC Advisory Council Meeting Calls for Consensus on Prevocational Medical Training

CPMEC held its annual Advisory Council meeting with external stakeholders on 30 November 2015 in Melbourne. In addition to Postgraduate Medical Councils, the meeting had representation from Medical Deans, Colleges, Health Workforce Principal Committee, Australian Indigenous Doctors' Association, Australian Medical Council, Australian Medical Students Association, junior doctors and Directors of Clinical Training.

Chair Professor Tarala provided an update to the meeting on the challenges and priorities in prevocational training from the CPMEC perspective. He noted that whilst the review of internship had currently taken

2015 CPMEC Advisory Council Meeting Calls for Consensus on Prevocational Medical Training *cont.*

centre stage, there was real concern amongst many for educational support and structures for prevocational trainees in their second postgraduate year and beyond. This issue would become acute in the coming years as these trainees spent greater dwell time in these prevocational years. Recognition of skills acquired in unaccredited registrar roles; greater transparency in College entry requirements; publication of training competition and completion ratios; more robust career planning information and advisory services; and greater integration with College programs were some of the issues discussed. Prof Tarala noted that at a time of change and disruption, there was a continuing need for a national voice for the prevocational sector that had a degree of independence.

Following Prof Tarala's presentation, the meeting had two panel discussions focused on the future of internship and prevocational training and how best to look after it as part of the medical training continuum. These discussions were facilitated by Prof Tarala and CPMEC Deputy Chair, Dr Anthony Llewellyn. Some of the key themes to emerge from the discussion are highlighted below.

There was a need for broad consensus on future directions for internship and prevocational training at the national level. There was considerable scope for growth, innovation, and development but it was difficult to gain any traction for specific projects without this agreement. It was recognised that there were a number of agendas at work in seeking reforms in prevocational training and invariably some of these were in conflict. They were an amalgam of ideological, economic, educational, workforce and patient safety considerations.

The Final Report of the Intern Review had provided a framework for the internship year (and possibly the second postgraduate year) but there was an urgent need to look at educational and career planning support for junior doctors as they spend more dwell time in prevocational training years. Initiatives such as JDocs by the Royal Australasian College of surgeons were seen as valuable. It was also important to provide some recognition of the skills acquired by trainees working in unaccredited positions. An e-portfolio offered the opportunity to record experiences but it needed to be efficient and workable for employers and not become an electronic suitcase. It was also important to consider the verification burden it could place on time-poor supervisors.

Greater focusing on promoting pastoral care, mentoring and support for indigenous interns and prevocational doctors. It was noted that the Final Report of the Intern Review was largely silent on indigenous health issues. Further, the 2013 Beyond Blue survey of mental health amongst doctors had identified the fear of making and disclosing mistakes, bullying, racism, and work relations as issues for those who had identified as indigenous doctors.

2015 CPMEC Advisory Council Meeting Calls for Consensus on Prevocational Medical Training *cont.*

An integrated approach to career planning information for medical students and junior medical officers was also seen as valuable. The meeting noted that there were a number of initiatives at local jurisdictional levels but a national level could be more efficient. There was concern expressed that more attractive rotations went to junior doctors who streamed early thus providing a disincentive for those seeking a more generalist experience before specialising. This further highlighted the need to support those JMOs who were unsure of what speciality to pursue and wished to spend more dwell time gaining a broader experience. The situation was complicated by the lack of any robust data beyond the PGY2 level.

On developing greater links with the undergraduate phase of medical education and training, greater clarity around what constituted work readiness was needed to avoid unduly inflated expectations of medical graduates. The issue of making the final year of university as the first year of prevocational training would have to be dealt with by medical schools on an individual basis because of the graduate entry model that some but not all universities utilised. This was further compounded by the different health contexts in which the universities operated.

There was potential for significant collaboration and partnership across the training continuum to improving the quality of teaching and supervision especially in non-technical skills. These extended to registrars who were responsible for ongoing supervision of interns and prevocational trainees.

There was support for a national trainee survey and it was important that the questions should reflect issues and concerns of prevocational trainees as well as those in vocational training programs

In his summation, Prof Tarala thanked all panellists and noted that there were very useful pointers for CPMEC on future directions. They would take heed of the message that it was important not to rush into any projects until the prevocational education and training landscape was clearer. CPMEC would continue its collaborative work with other key external stakeholders to improve the quality and efficiency of prevocational training. He also noted that CPMEC's many achievements had been facilitated by a small dedicated team led by the CEO, Dr Jag Singh and supported by pro bono inputs from members and jurisdictions.

Prevocational Medical Education and Training Facing Biggest Challenges in Generations

Outgoing CPMEC Chair Associate Professor Terry Brown has cautioned that prevocational medical education and training in Australia is facing its biggest challenges in generations as increased medical graduate numbers will result in prevocational trainees spending greater dwell time before joining a vocational training program. He made these comments during the 2015 Medical Education & Training Forum in Darwin.

A/Prof Brown expressed disappointment that the rhetoric of the importance of the prevocational phase of medical education and training was not matched by leadership, ownership and investment by government agencies. This was evident in the defunding of CPMEC by the federal government in the 2014 budget and withdrawal of any support for the annual prevocational conferences. He added that it was only through very prudent strategic management that CPMEC was able to continue functioning, albeit in a reduced capacity.

A/Prof Brown noted that whilst a great deal of the current focus was on internship he was of the view that this was misplaced policy. He noted that internship was largely about inculcating a strong professional ethic in the graduates as they transitioned to doctors. Safety considerations, educational progression and junior doctor welfare and support were key considerations. Postgraduate medical councils, working with their respective health departments had largely managed the increased graduate numbers without much fanfare. He cautioned that those advocating major changes to internship were often driven by parochial motives.

A/Prof Brown noted that the bulk of the concerns of those in the prevocational sector related to junior doctors in the PGY2 year and beyond who were seeking but not able to access a vocational training place. The increasing pool of the doctors in the “wilderness years” was compounded by variable quality of education, supervision, assessment and feedback, and vicarious learning. Whilst CPMEC has been advocating consistently for this group, along with a few other key stakeholders, the paucity of data beyond internship made this the least understood demographic in the medical training continuum.

He expressed concern that doing nothing could result in unemployed medical graduates; wasted time in PGY2 and beyond; poor career decisions and disengagement; and further fragmentation of supervision, assessment and curriculum. With the pressures that CPMEC was under, there could also be loss of national advocacy for this vulnerable group. There was need for action and a national training survey would be useful but it needed to also capture the concerns of groups not in training but seeking access. He reiterated that if the desire was to create a mobile and flexible workforce, national coordination was crucial in developing a curriculum and desired learning outcomes; supervision and assessment standards; and career guidance and advice. He noted that the prevocational space comprised many stakeholders with a variety of interests. The need for collaboration was vital and CPMEC was the only body concerned with the totality of the prevocational medical education and training issues.

Prevocational Medical Education and Training Facing Biggest Challenges in Generations *cont.*

A/Prof Brown noted that whilst CPMEC was going through very difficult times, he was very proud of the achievements of the organisation despite its limited resources. It had provided effective advocacy for the prevocational medical education sector nationally and developed and implemented a series of highly regarded educational programs for clinical supervisors, registrars, and medical educators.

2015 CPMEC Award Winners

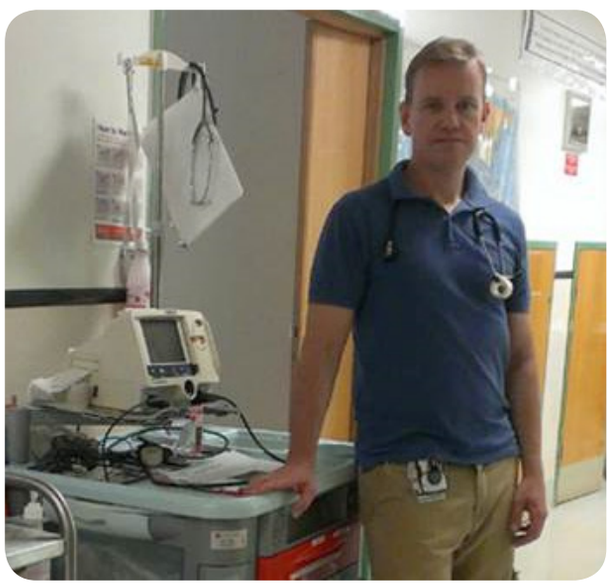
Each year CPMEC recognises a clinical educator and a junior doctor who have made outstanding contributions to promoting teaching and learning in the prevocational medical education and training domain. The awards are determined by a two-tiered process. Each state and territory determine their local recipients and the national winners are then chosen from these jurisdictional winners. In 2015, for the first time ever, we had both national winners from one jurisdiction, the Northern Territory. Given that the annual Prevocational Forum was also held in Darwin for the first time ever, this was most fitting.

The recipient of the 2015 CPMEC Clinical Educator of the Year Award was Dr Mary Wicks. Presenting the award, CPMEC Chair Prof Richard Tarala highlighted the following contributions by Dr Wicks:

Dr Wicks has made significant contributions to teaching at Alice Springs Hospital, seizing every opportunity to deliver teaching both formally and informally. She is always open to delivering bedside teaching to junior doctors while never losing sight of cultural sensitivity. Dr Wicks encourages junior doctors to become the teacher and learn to synthesise issues and teach peers thus increasing their skills through brief presentations on clinical questions. She has provided significant input into the conception and coordination of an after-hours course for hospital staff who wish to learn Pitjantjatjara, one of the main local Aboriginal languages, so as to develop culturally appropriate communication with the large cohort of Aboriginal patients at Alice Springs Hospital. Dr Wicks has an innovative approach to patient centred teaching. Junior members of her team have been known to 'go the extra mile' for their patients because of her modelling and support. She records her orientation presentations and loads these onto USBs that are given to new JMOs and Registrars, which is very useful given the staggered arrivals of both JMOs and registrars throughout the year. Dr Wicks has spent much time supporting and counselling junior doctors and advocating for them to ensure that their experience at Alice Springs Hospital is valuable and representative of what should be required of a junior doctor.

2015 CPMEC Award Winners *cont.*

The CPMEC Junior Doctor of the Year Award is presented to a junior doctor who has made a significant contribution to teaching and learning as a prevocational trainee and the 2015 recipient was Dr Cameron Spenceley also from the Northern Territory. Prof Tarala highlighted the following:



Dr Spenceley taught clinical and procedural skills to students at Tennant Creek Hospital and advocated for the students, facilitating clinical supervision and tutorial style teaching. He has been an exemplary role model of Communication and Professional and Ethical behaviours, a quality desperately needed in the Central Australian Aboriginal Health Context. This is illustrated by his efforts, along with a physiotherapist, to help rehabilitate an Aboriginal Elder that the rehabilitation team decided could not be helped. They worked hard to plan and co-ordinate a weekend visit for the patient back to his home, overcoming numerous challenges. He continued to help his patient negotiate the difficult rehabilitation and now the Aboriginal Elder is back home.

Dr Spenceley has also provided substantial support to the Postgraduate Medical Council in the Northern Territory, for example through his role as a member of the Accreditation and Assessment Panel. He has made significant contributions to the workplace setting at Alice Springs Hospital by taking on the responsibility of co-ordinating the Unit Education Meetings and rewriting the Term Descriptor and Orientation handbook for the ICU rotation in 2014. He has also assisted regional community health education through the promotion of local health care services in a large Pastoral community in an effort to promote community confidence in a system that many local residents had no trust in.

2016 Junior Doctor of the Year state division award winners and proxies with CPMEC Chair, Prof Richard Tarala

2016 Clinical Educator of the Year state division winners and proxies

2015 Directors of Clinical Training Workshop Report

The 2015 Directors of Clinical Training (DCT) workshop was immensely successful with over forty participants attending. The theme of Supervising for Excellence was designed to focus attention on ways that supervisors could create a culture of excellence in prevocational training. It was held as part of the Medical Education and Training Forum in Darwin.

The workshop heard that building a culture of excellence was an interplay of personal, interpersonal, unit and organisational factors. In discussions it was noted that building a culture of excellence required a workplace that valued training and education of prevocational trainees, had demonstrated leadership commitment, trainees felt supported and had access to good training, and supervisors were trained and given time to undertake their roles.

The workshop explored the notion that achieving excellence was not simply the same as avoiding failure. There was discussion about focusing on the strengths of trainees as well as the dangers of over-accentuating the positive with some junior doctors. Others issues discussed included the recognition through awards for junior doctors and supervisors at local levels, and promoting a culture of excellence through training of DCTs and registrars. It was also considered important to recognise that achieving excellence had a contextual aspect to it depending on the location and size of the training unit. It was also noted that the search for excellence was a never ending process and even the best sometimes had a dip in their performance.

The 2015 DCT workshop reiterated the need for supervision of junior doctors to be undertaken more systematically than has been the case hitherto. There was a need to have adequate numbers, time allocation, and just in time training at the right level. The Medical Board of Australia could play a role in mandating a certain level of training. There was also a call for holding senior staff accountable for their supervision and teaching responsibilities. The workshop also acknowledged the excellent work of CPMEC in supporting the professional development of DCTs.

Dr Paul Helliwell, DCT at Alice Springs Hospital and Dr Barbara Bauert, DCT at Royal Darwin Hospital were the co-facilitators of the 2015 workshop and were supported by Dr Jag Singh from CPMEC who provided inputs to guide the workshop discussions.

Medical Education Officers Develop Professional Development Framework

Medical education officers (MEOs) in hospitals play a vital role in the education, training and support of interns and prevocational doctors but their contributions are often under-recognised. There is also a dearth of professional development opportunities for these MEOs. Whilst state Postgraduate Medical Councils or equivalent bodies and CPMEC have provided some opportunities, the 2015 MEO Workshop held during the Medical Education and Training Forum in Darwin agreed that a more systematic national approach was needed. It was recognised that MEOs had widely varying roles and responsibilities that was often context dependent. However it was also agreed that there was still a core set of skills that MEOs needed.

Medical Education Officers Develop Professional Development Framework *cont.*

It was agreed as a first step to develop a professional development framework for MEOs that was built around certain basic capabilities supplemented by a set of specialist skills. The latter capabilities would be influenced by role, personal motivation, institutional support and access to programs. Amongst the basic capabilities were understanding requirements for accreditation, registration, supervision and assessment; emotional intelligence; time and personal management skills; technological literacy.

More specialist areas covered managing performance; knowledge sharing and team work; leading change and role modelling; coaching, counselling and mentoring; career planning and managing transitions; managing budgets and resources; research and scholarship; and instructional design, development and training delivery. CPMEC had helped put together a draft framework to guide discussions based on a review of best practice frameworks for learning and development professionals.

The 2015 MEO workshop endorsed the draft framework for further development and the progress made would be highlighted at the 2016 MEO Workshop in Hobart. MEOs also emphasised the importance of CPMEC continuing as the overarching body to promote and advocate for the role and development of MEOs nationally.

The 2015 MEO Workshop was attended by almost forty participants from throughout Australia. Ms. Amanda Cawthorne-Crosby of Alice Springs Hospital was the meeting Chair. She was assisted by Ms. Marilyn Bullen from Victoria and Dr Jag Singh.

2016 Australasian Junior Medical Officers' Resolutions

The Australasian Junior Medical Officers' Forum (AJMOF) is an annual event that brings together Australasian state and territory JMO Forum representatives and other interested junior doctors to discuss current issues in junior doctor education and training. It is held in conjunction with the annual Prevocational Medical Education Forum. Each year the forum puts together a statement of resolutions addressing the priority educational and welfare needs of junior doctors in training, to improve medical education in Australia and ultimately improve the care of patients.

The 2016 resolutions cover junior medical workforce planning and development; accreditation of health services to provide prevocational training; junior doctor health and wellbeing; career planning; education and training; and advocacy for the prevocational medical training years.

The development of the 2016 AJMOF resolutions was co-ordinated by the Australian Junior Medical Officer' Committee (AJMOC) of CPMEC, which is comprised of the Chairs of each Australian state and territory Junior Medical Officers' Forum. The 2016 AJMOF resolutions can be accessed by clicking here.

Databank of Interstate Prevocational Medical Education Accreditors

The Prevocational Medical Accreditation Network (PMAN) of CPMEC has agreed to establish a database of interstate surveyors with particular expertise in prevocational medical education and training accreditation. The purpose of using interstate surveyors is to provide an independent perspective and address any perceptions of conflict of interest. This is especially but not exclusively the case with smaller jurisdictions.

PMAN agreed on eligibility rules, desirable attributes and experiences, and the operations of the databank. CPMEC will be responsible for maintaining the database. Prof Richard Tarala, CPMEC Chair has noted that with the Australian Medical Council now reviewing internship accreditation, the issue of using independent interstate surveyors has emerged as an issue and PMAN has taken this initiative to facilitate the process.

Dr Bob Brown Keynote Speaker at 2016 National Prevocational Forum Update

The 21st National Prevocational Forum will be held from 6th – 9th November, 2016 in the beautiful city of Hobart. Postgraduate Medical Council of Tasmania (PMCT) Chair A/Prof Terry Brown notes that the 2016 Forum takes place against a background of major changes and challenges in prevocational medical education in Australia and New Zealand, and this is reflected in the themes that have been chosen for the Forum. The main theme is 'The Old and New of Medical Education' and addresses the lessons we can learn from the past while acknowledging the challenges and opportunities of the future. The presence of the famous Museum of Old and New Art (MONA) is an obvious influence, and PMCT looks forward to entertaining delegates with a welcome reception there.

The issues of Workforce (particularly rural workforce), Wellbeing, and New Ideas / Current Issues in Medical Education form the other main themes of the conference, providing the opportunity to share information and discuss challenges in these areas through keynote addresses by expert speakers, free paper sessions and workshops. There will also be plenty of opportunities for networking with colleagues during the pre-conference special interest meetings and the various social engagements. A/Prof Brown is delighted to have confirmed Dr Bob Brown, one of Australia's most thoughtful and recognised public figures, as a keynote speaker.

PMCT Chair A/Prof Brown said that PMCT was looking forward to welcoming delegates to Hobart and is confident that they will find the Forum informative and stimulating and also provide the opportunity to sample some of the many delights that Tasmania has to offer.

2016 National Professional Training & Development Program (NPTD) for DCTs/DPETs

13-14 May 2016, Brisbane

The Confederation of Postgraduate Medical Education Councils (CPMEC), in response to numerous requests, is once again offering its immensely successful National Professional Training & Development Program for DCTs/DPETs in 2016. We have teamed up with Queensland Prevocational Medical Accreditation (QPMA) to host the program in Brisbane from **13-14 May 2016**.

The NPTD is the only national program that supports the professional training and development of DCTs/DPETs. It provides DCTs/DPETs with the requisite skills and knowledge to discharge their educational and clinical supervisory roles more effectively. A unique feature in the development of this program has been that DCTs/DPETs themselves have been directly involved in the design and development of the program.

The program will again be offered as a day and-a-half workshop. Because there is no longer any funding support for CPMEC from external agencies, the program will have a fee of $980 per person plus GST. The fees covers all program materials, course meals and refreshments.

As there are limitations on the number that can be accommodated on this program because of its interactive methodology, intending participants are invited to enrol early to avoid disappointment by contacting Dr Jag Singh by at **jsingh@cpmec.org.au** no later than **COB 8 April 2016**.

For any queries or comments regarding the CPMEC Newsletter, please contact Jag Singh on **(03) 9670 4709** or **jsingh@cpmec.org.au**

CONFEDERATION OF POSTGRADUATE MEDICAL EDUCATION COUNCILS
Suite 801, Level 8, 533 Little Lonsdale Street, Melbourne, Victoria 3000
Phone: 03 9670 4709 Fax: 03 9670 1077