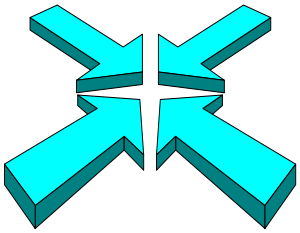
Confederation of Postgraduate Medical Education Councils



Feedback on Interim Report of the National Health and Hospitals Reform Commission

27 March 2009

Introduction

The Confederation of Postgraduate Medical Education Councils (CPMEC) represents State and Territory Postgraduate Medical Councils (PMCs) who develop, support and implement the education of prevocational doctors, and, provide education and support to International Medical Graduates (IMGs) and Career Medical Officers (CMOs).

At the outset, CPMEC is pleased to note that the Interim Report of the Commission has highlighted better use of workforce capabilities and improved clinical training infrastructure as key drivers of quality performance in the health sector. Our comments address Chapter 14 of the report with a particular focus on your proposed **Reform Directions for the Health Workforce.** We address each of the seven recommendations below.

14.1 Supporting our health workforce

(a) CPMEC has long recognised that effective leadership and management skills are key ingredients in the building the capabilities and providing effective supervision for all health workers. Our focus has been on prevocational doctors but the competencies in this domain are transferable across all health professionals. In relation to your request to provide feedback on proven mechanisms, we would like to highlight CPMEC's Professional Development Program for Registrars (PDPR) which focuses on building the leadership and management skills of registrars. This program is now being rolled out across a number of states in Australia with a supporting Trainer Accreditation Program to ensure its sustainability. There is a supporting website and training materials to support its delivery. The program has already been adapted and used to train medical consultants and we believe that it has significant potential for use across the health professions.

14.2 Facilitating access to care

(a) CPMEC considers that public interest is best served by recognizing the specific skills which require the level of training provided to specialists in the medical profession, particularly to protect the public from misdiagnosis, inappropriate treatment or poorly performed procedures.

(b) CPMEC is mindful that workforce shortages have encouraged the use of nurse practitioners and physician assistants who are trained to work in specific areas of either making a provisional diagnosis, providing some therapies and performing some procedures. Where proven to be effective, this will blur traditional demarcations. CPMEC acknowledges the importance of developing multidisciplinary health care teams to deal with the complexities of clinical practice.

14.3 New education framework for all health professionals

(a) CPMEC supports a need to bring about greater efficiencies in education and training, but we would like to emphasise the following:

i. CPMEC would reiterate the need to build partnerships with existing structures rather than duplicate them. In this regard, we would like to highlight the fact that for prevocational medical education and training, the *Australian Curriculum Framework for Junior Doctors* is now being

widely used by clinical and medical educators throughout Australia. Additionally, the desire to move towards achieving competencies is already a feature of Australian Medical Council and Postgraduate Medical Councils accreditation processes.

ii. In developing a competency framework, cognisance must be taken of the varying needs of each health profession. There is a need to differentiate between generic and profession-specific competencies.

iii. CPMEC would like to see dedicated funding streams for prevocational training emphasised as too often discussions move straight from undergraduate to vocational training in the medical profession.

iv. The need to address clinical training infrastructure across all settings is important given the increase in health student numbers with flow-on effects for prevocational and vocational training places.

14.4 Clinical Education & Training Agency

(a) Recently there have been a number of reports making recommendations for restructuring clinical training and education in Australia and in particular jurisdictions. The National Registration & Accreditation Scheme, the Garling inquiry, and the NHHRC reports are just some of these. In addition, there has been the creation of Health Workforce Australia. Stakeholders in education and training would need some clarity in relation to the proposed roles of the range of agencies and their integration, without duplication, with those already in the system.

(b) There is clearly a need for any national education and training agency to play a lead role in facilitating discussions between stakeholders. CPMEC would suggest that the agency should seek to support those arrangements that are working well and focus attention in areas where big-step improvements are required.

(c) In relation to accreditation standards, it is important to work with existing arrangements that are working well and are seen to be independent, rather than create additional structures. CPMEC is of the view that accreditation in medical education and training is generally well structured. However, we strongly believe that prevocational training should be subject to similar AMC accreditation processes as medical schools and Colleges.

(d) CPMEC would like to re-iterate the importance of regular interface between academic and clinical service staff and recognition of the focus on teaching and supervision as a KPI for all clinical staff as happens in some jurisdictions.

14.5 National Registration

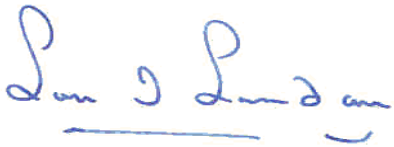
(a) CPMEC is supportive of moves towards a level of national registration. However, we have voiced our concerns about the need for details on arrangements as a result of this transition. As an illustration, in prevocational medical training, interns are conditionally registered and on completion given general registration by state and territory Medical Boards. In some jurisdictions funding for intern accreditation is provided by state Medical Boards. As we move towards national arrangements, there are concerns about the role of state bodies and funding arrangements under the national scheme.

14.6 Indigenous Health Education

(a) CPMEC supports moves to encourage increased numbers of indigenous health graduates, provide better support for them, and embed indigenous education across all phases of the medical education and training continuum.

14.7 Access to education in rural and remote areas

(a) CPMEC supports educational strategies that will positively impact on increasing access in remote and rural areas.



Professor Louis I. Landau
Chair
CPMEC
27 March 2009