CPMEC News
Issue 1 - March 2012

AMC Working Party on National Internship Training Standards

The Australian Medical Council (AMC) has advised CPMEC of the work they are undertaking for the Medical Board of Australia (MBA) concerning standards for intern training, expectations to meet general registration requirements, and application of a national framework for intern training accreditation.

AMC and the Medical Board of Australia have identified two streams of work. The first relates to creating a national framework for intern training accreditation and the second stream is focusing on defining the requirements for the first postgraduate year. AMC has convened a working party to oversee this work with representation from jurisdictions, junior doctors, postgraduate medical councils (PMCs), and AMC chosen accreditation and medical education experts.

AMC have advised CPMEC that the work required to develop a national framework for intern training accreditation would involve development of three elements: consistent national standards for intern training; consistent national process for accreditation of intern posts; and a process for assessment of PMCs/intern training accreditation authorities against national standards/process.

CPMEC has already made significant progress in promoting nationally consistent prevocational accreditation standards through the development and implementation of the Prevocational Medical Accreditation Framework (PMAF) which aligns the various state and territory standards and criteria. AMC have noted that while it will take account of the PMAF, it will be using the AMC accreditation standards for specialist medical training as the model for the structure of standards for intern training delivery and accreditation.

In relation to defining the requirements for the first postgraduate year, the AMC is calling for some differentiation of the Australian Curriculum Framework for Junior Doctors (ACF) into PGY1 and PGY2 requirements whilst acknowledging that the process is 'somewhat artificial'. The AMC has advised CPMEC that the AMC working party is considering the following in determining internship standards: what constituted the consolidation and application of knowledge and skills and how would this be developed while taking increased responsibility under decreasing supervision; what constituted safe, high quality patient care and how it related to the development of diagnostic, communication and management skills and professionalism; and what constituted experience in emergency care, medicine and surgery and the experience that would provide grounding for career development.

The AMC anticipates that these questions would help the working party develop learning outcome statements to guide intern training, and national guidelines for assessing the suitability of posts for intern experience. The AMC also needs to recommend a process for signing off interns as having met the requirements of provisional registration in the national system.

CPMEC and PMCs have indicated their willingness to work with AMC in the both domains. Over the past five years, CPMEC has been working very effectively to promote nationally consistent processes in the prevocational years through the development of the ACF, its accompanying assessment tools, and the PMAF.

Reflections on the Prevocational Education Forum in Auckland

Dr John Adams, Chair, Medical Council of New Zealand

The Medical Council of New Zealand hosted the 16th Australasian Prevocational Educational Forum in Auckland from 7-9 November 2011.

The Forum brought together a wide range of health professionals from around the world who are committed to medical education to debate and discuss the important first years in a doctor's professional life. The Forum theme Bridging the Gap – was a reference to the gap between completion of the undergraduate programme and entering into a vocational training programme. This was supported by three sub themes that ran across each day of The Forum.

Providing the pillars

The first sub theme, 'Providing the Pillars' on day one of The Forum, aimed to discuss the framework for internship, including its purpose, appropriate standards and accreditation of these. This theme is of particular interest to New Zealand and Australia as both countries are considering major reforms in how the internship is structured and accredited. Professor John Collins, who chaired the review of the Foundation Programme in the United Kingdom, discussed the importance of broad based beginnings in a doctors prevocational years and how medical education should be viewed as a continuum from medical school to specialist training instead of the segmented process it is at present.

A more integrated transition from undergraduate training to the medical workforce would be a major step in addressing this, particularly as doctors that are identified with problems at medical school are five times more likely to face similar problems throughout their medical career.

Supporting the journey

On day two the Forum focussed on 'Supporting the Journey' with a discussion on training and supporting the teachers and supervisors, supporting new graduates, addressing the tension between service needs and training needs, resolving sentinel events, and achieving a healthy work life balance.

Dr Stuart Carney, Deputy National Director of the United Kingdom Foundation Programme, discussed the changes that are currently underway to address the deficiencies found in Professor Collins review. He outlined the drivers of change; noting that patient safety can only be achieved by creating a trainee that is fit for purpose and practice and choice of career progression, which was currently experiencing a bottleneck in the UK with too many trainees vying for limited advanced training posts.

Dr Carney also noted the high amount of assessment of foundation doctors, which was designed to provide them with constructive feedback and support throughout their training but was found to be largely a 'tick box' exercise with no evaluative merit.

Dr Rhys Jones (Ngāti Kahungunu) a public health physician and lecturer at the University of Auckland provided an excellent discussion on the often complex subject of teaching cultural competence. Dr Jones asserted that cultural competence should be learnt on a day-to-day basis rather than being aligned with formal teaching. He commented that cultural competence is wider than learning about different ethnicities and doing so in formal teaching programmes can often lead to stereotyping and 'othering.'

Achieving Integration

The last pillar to 'Bridging the Gap, Achieving Integration', examined issues such as achieving excellence, ensuring cultural competence, promoting ethical practice, enhancing professionalism, developing tacit learning, fostering future professional leadership, encouraging "life long career" planning, addressing health inequalities.

Dr Jason Frank, Associate Director, Office of Education at the Royal College of Physicians and Surgeons of Canada led this third pillar. He presented a distinctly different model of prevocational education to that of Australia and New Zealand with his Competency Based Medical Education model. Interestingly, Canada now has no internship and a graduate is expected to select a specialty from day one. Defining competency as

Reflections on the Prevocational Education Forum in Auckland

an observable ability of a health professional, Dr Frank said it is of greater value than the commonly used 'tea bag model' that favoured time spent rather than competencies achieved.

Quaky Tales from Canterbury

Although all speakers provided a wealth of information in the field of medical education, one particular concurrent session, perhaps without intention, encompassed the main aim of what the Forum is trying to achieve – developing strategies to train and educate excellent doctors.

Quaky tales from Canterbury gave attendees an extraordinary insight into the life of first year doctors in Christchurch in 2011. With 273 admissions within 24 hours of the earthquake, 173 of which were major, the Christchurch hospital experienced a month's worth of clinical workload in one day.

At a recent MCNZ workshop for Intern Supervisors, one supervisor reflected on the immense stress placed on his junior doctors throughout the year and his personal belief that the experience in the long run will create superior clinicians. Although we do not want to wish for what we don't want, the situation these junior doctors faced, the experience they gained and their progress in the upcoming years may need to be followed to inform our review on the prevocational years.

The Forum, for myself and those attending from the Council, was a good opportunity to take stock, reflect on where we have come from, and gain some new perspectives on what is needed as we crystalise our thoughts about potential changes for these years.

National Audit of Multiple Job Acceptances

A national audit of multiple intern job acceptances by final year medical students was conducted again in 2011 under the auspices of the National Intern Allocation Working Party (NIAWP) chaired by Professor Geoff Thompson of South Australia.

All students who accepted more than one intern position were contacted by the audit project administrator to encourage a quick decision so that health services were given adequate notice of vacant positions.

The total number of duplicate acceptances identified was double that of 2010 with 80 applicants accepting 2 positions (versus 40 applicants in 2010). Two applicants had accepted 3 positions (1 applicant in 2010). Most of those holding multiple acceptances had decided which position they would accept by late September 2010. The full report can be accessed from the CPMEC website.

In addition to identifying medical graduates holding multiple job acceptances, the NIAWP has also been working to achieve greater consistency in national intern allocation priority rankings, and intern application opening and closing dates.

A national application process has been discussed. Members of the NIAWP have also been involved in discussions with Health Workforce Australia to develop a national response to provision of internships to international full fee paying students graduating from Australian medical schools.

HWA has entered into an arrangement with NSW Health Education Training Institute (HETI) to undertake a manual vacancies support system for unallocated Australian trained medical graduates. HETI is undertaking the task with the support of the NIAWP.

The NIAWP is also working on a scoping paper to explore ways of improving national efficiencies in intern allocation processes. CPMEC is developing a proposal paper with a view to attracting some funding either from DoHA or HWA.

One of the outcomes of the study will be a properly documented analysis of various arguments for and against a national intern allocation system.

CPMEC 2011 Awards

The 2011 Junior Doctor of the Year and 2011 Clinical Educator of the Year Awards were presented at the Gala Dinner of the 16th Prevocational Medical Education Forum held in Auckland, New Zealand, on 8 November 2011.

This is the 5th Junior Doctor of the Year Award which is given to the prevocational doctor who has made an outstanding contribution to teaching and learning and the activities of their Postgraduate Medical Council or equivalent body. The 2011 winner was **Dr Ross Roberts-Thompson** from South Australia.

Professor Simon Willcock, Chair CPMEC, presents Dr Ross Roberts-Thompson with the Junior Doctor of the Year Award for 2011

The Clinical Educator of the Year Award was introduced in 2010 and is chosen using the following criteria: the individual should have made a significant contribution to teaching and mentoring of junior doctors; have 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 2011 recipient of this Award was **Dr David Oldham** from Western Australia.

Professor Willcock, presents Dr David Oldham with his Clinical Educator of the Year Award

In addition, CPMEC also awards the prestigious Geoffrey Marel Medal to a person who has made an outstanding national and trans-Tasman contribution to prevocational medical education and training. The joint winners of the 2011 Medal were **Winthrop Professor Fiona Lake** and **Dr Gerard Ryan**, who developed *Teaching on the Run* which provides quality workshops on teaching and supervision for clinicians.

Mrs Merilyn Marel presents Professor Fiona Lake with the Geoffrey Marel Medal for 2011. Dr Gerard Ryan was unable to attend the Forum

Junior Doctor of the Year Award

Dr Ross Roberts-Thompson, surrounded by the State/ territory/NZ regional winners of the Junior Doctor of the Year Award:

Dr Sally Banfield, Northern Territory
Dr Lucy Cho, New South Wales
Dr Alice Febery, New Zealand
Dr Kelly McNamara, Western Australia
Dr Sennye Mogale, Victoria
Dr Phoebe Stewart, Tasmania
Dr Rosmarin Zacher, Queensland

DoHA sponsors Junior Doctors

Mr Tony Hyland, Director Medical Training Policy Section, Health Workforce Policy and Data Branch of the Department of Health & Ageing with the Junior Doctors sponsored to attend the 2011 Prevocational Medical Education Forum.

The Commonwealth Department of Health and Ageing was very pleased to continue their long-running support for the annual Forum and, in particular, the provision of financial assistance to enable JMOs from each state and territory to attend the 16th Australasian Prevocational Medical Education Forum in Auckland. "We hoped that all Forum participants had an interesting, informative and rewarding experience." Mr Hyland said.

Who was Who at the Forum

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Joint Medical Supervision Project

CPMEC is working with the Committee of Presidents of Medical Colleges (CPMC) and Medical Deans on a project being funded by the HWA to develop curriculum and resources that improve support for supervisors of medical students and medical trainees in clinical settings.

It is envisaged that the Project will assist medical training organisations in moving towards a more common, coordinated national approach to supervision and clinical education in clinical settings A Steering Committee, drawn from the three training sectors of MDANZ, CPMEC and CPMC has been established to coordinate and oversee this project.

A Steering Committee set up to implement the project which will initially be based in SA and work in partnership with ClinEdSA to audit current supervisory materials, undertake a needs analysis of supervisors and develop support resources. The project will involve three phases: development of a supervisory curriculum that support supervisors and evaluate its effectiveness; development of on-line support materials and delivery of local inter-professional face-to-face workshops on key themes of supervision; and ensuring resources developed support and complement resources developed for clinical supervision amongst other health professional training programs.

Streamlined approach to Accreditation of General Practice Training

Following discussions involving CPMEC, PMCs, General Practice and Education Training Ltd (GPET), the two General Practice Colleges (RACGP and ACRRM) and Regional Training Providers (RTPs), it was agreed to consider a more streamlined approach to the accreditation of general practices with regard to prevocational and vocational training posts.

GPET convened a workshop in Melbourne on 19 May 2011 to discuss the issue. Subsequently, it was agreed between GPET and CPMEC to undertake a limited number of pilot joint surveys of PGPPP and vocational training posts.

PMCV, NTPMC and PMCWA agreed to undertake the pilot surveys in their jurisdictions. GPET is funding these pilots while CPMEC is managing the project. A Steering Committee comprising key stakeholders in postgraduate general practice accreditation is assisting in the oversight of the project. Prof Rick McLean is the Chair of this Steering Committee.

The aim of the General Practice Training Accreditation Project is to undertake and evaluate pilots in the Northern Territory (NT), Victoria (VIC) and Western Australia (WA) of models of streamlined and integrated prevocational and vocational training practice accreditation. Each of these PMCs has been developing a project plan and the first meeting of the Project Steering Committee, comprising key stakeholders in prevocational general practice accreditation, was held on 2 March 2012.

The remaining phases of the project involve agreement on the survey and information collection instruments and methodologies; conducting the joint surveys as per agreed numbers in each jurisdiction; and evaluation of pilots by each PMC and the final synthesis report by CPMEC. Amongst the anticipated benefits arising from the program include meeting government objective of streamlining training practice accreditation; reduce the practice accreditation burden for supervisors by eliminating multiple site visits and information collection; and reduced accreditation costs.

CPMEC' final report to GPET will address the extent to which the streamlined and integrated prevocational and vocational training practice accreditation process delivered robust and consistent accreditation outcomes across the pilot medical practices.

The report would also include the perspective(s) of stakeholders, including supervisors, RTPs, Colleges and PMCs involved in accreditation in relation to process and outcome quality; costs; scalability of the process; and other organisational, practice and program impacts.

ACF used in ACRRM and MCNZ Projects

CPMEC notes with interest the increasing use of the Australian Curriculum Framework for Junior Doctors (ACF) in Australia and New Zealand. Recently CPMEC granted permission for the use of the ACF to provide assistance to the Australian College of Rural and Remote Medicine (ACRRM) Work-based Assessment of IMGs and to the Medical Council of New Zealand in its development of a prevocational medical curriculum.

ACRRM has been working on the design and implementation of a pilot of workplace based assessment (WPBA) for eligible doctors in General Practice in Australia as an alternative pathway to the AMC Part 2 exam. The pilot is intended to test methodologies to better address the growing logjam of International Medical Graduates (IMGs) trying to sit the Part 2 AMC exam, and now also has the strong support of Health Workforce Australia.

This pilot of WPBA in General Practice follows five similar pilots for hospital-based doctors including the largest in the Hunter region in NSW.

In order to ensure procedural fairness and consistency of assessment processes (given that the pilot essentially parallels the training and assessment of PGY1 doctors), ACRRM has indicated a strong preference to use formative assessment processes during the pilot that are aligned with those designed and approved by CPMEC for the assessment of the performance of junior doctors against the parameters of the ACF.

CPMEC was approached for permission to utilise the ACF assessment tools for self-assessment, mid-term and end of term assessment and this was duly granted. ACRRM have agreed to acknowledge the work of the ACF project on their forms and in any subsequent reporting on the pilot results. They have also agreed to provide CPMEC with a copy of the pilot results, information regarding the changes made to the forms and the rationale for the changes.

In the meantime, the Medical Council of New Zealand (MCNZ) has established a working group with the primary objective of developing a draft curriculum document for NZ prevocational doctors which will be used to engage further with stakeholders. The working group will base the curriculum on the ACF following an approach made to CPMEC by the MCNZ to this effect. CPMEC is pleased to see that the ACF was being used as the proposed educational template for prevocational doctors in NZ as well.

MBA Review of PESCI

MBA has decided that limited registration can be granted to international medical graduates (IMGs) who are not qualified for general or specialist registration.

One of the requirements in the registration standards for limited registration is that IMGs must provide satisfactory results of a pre-employment structured clinical interview (PESCI) for non-specialist positions, if the Board determines that a PESCI is necessary.

The Board decides whether or not a PESCI is required, based on the nature of the position and the level of risk inherent in it. For example, the Board is likely to require a PESCI if an IMG is applying to work in general practice. If the IMG is applying to work in a junior hospital-based position, which is well supervised and supported it is less likely to require a PESCI.

PESCIs are conducted by organisations accredited by the AMC. The PESCIs involve the IMG undergoing a structured interview to determine whether they have the knowledge, skills and experience.

2011 Prevocational Forum in NZ a Huge Success

The 16th Australasian Prevocational Forum held in Auckland, NZ from 6-9 November, 2011 proved to be hugely successful, especially as it was the first occasion that the Forum was convened outside of Australia. The feedback received from participants was overwhelmingly positive.

A succinct summary of the Forum is provided in this newsletter by Prof John Adams, Chair of the Medical Council of New Zealand.

Preceding the Forum, CPMEC held its annual Advisory Council meeting where key stakeholders are invited to discuss with CPMEC members key issues affecting the education and training of prevocational doctors. Following a report on developments in prevocational training provided by outgoing CPMEC Chair, Prof Brendan Crotty, the meeting addressed three key themes.

The first theme focused on 'national registration and accreditation for internship and prevocational years'. Dr Stephen Bradshaw of the Medical Board of Australia provided an update on the consultations on the draft national internship standards. Mr Philip Pigou gave a presentation on the review of prevocational training in New Zealand.

Junior doctor perspectives were provided by AMACDT Dr Rob Mitchell of the AMACDT and Dr Sophie Plagakis from AJMOC.

Inputs on the second theme of 'support mechanisms for indigenous junior doctors' were provided by Australian Indigenous Doctors' Association President Assoc. Prof Peter O'Mara and Te Ora NZ Deputy Chair Dr Wil Harrison.

The final theme addressed 'key issues and reforms impacting on the education, training and development of the prevocational medical workforce'.

Ms Brenda Wraight from Health Workforce New Zealand, Mr Mark Cormack from Health Workforce Australia, and Mr Tony Hyland from the Commonwealth Department of Health and Ageing provided national workforce perspectives to the deliberations.

The meeting involved a high level of interaction amongst participating members and stakeholders representing peak medical education and training organisations in Australia and New Zealand across the training continuum.

At the end of the meeting, Prof Crotty, having completed his two-year tenure, formally handed over the CPMEC Chair role to Prof Simon Willcock.

Another strong feature of the annual Forum was the special interest groups meetings that also took place on 6 November. These included the Australasian Junior Medical Officers' Forum; the Australasian Directors of Clinical Training Workshop; the Medical Educators Workshop, and the Reference Group of the National Intern Allocation Working Party.

The 2012 Prevocational Forum will be held in Perth from 18-21 November.

The Postgraduate Medical Council of Western Australia has set up the Organising and Scientific Committees for the event. In the meantime, the South Australian Institute of Medical Education and Training has been given the rights to host the 2013 Forum.

MedEd in 2012

Med12 will be held in Sydney on 21 and 22 September, 2012. Proposed themes for MedEd12 are Inclusion, Innovation and Investment. A Steering Committee is working to finalise the program.

CPMEC Undertaking Strategic Review

CPMEC Board is currently undertaking a strategic review of the organisation as the peak body for prevocational education and training in Australasia. The review is taking place in the context of a rapidly changing medical workforce development arena including a shift to achieving greater national consistency in prevocational standards and policies.

Amongst other factors to be considered are the pressure to reduce accreditation burden on health service providers; deal with increased numbers of domestic and international fee paying Australian medical graduates and its impact on the overseas trained doctors in Australia who are not already in a vocational pathway; workforce redesign and reforms; and ensuring a voice for prevocational training in health and medical policy discussions.

Current priorities for CPMEC and PMCs include work around internship and prevocational accreditation standards. This includes the future role of the Australian Curriculum Framework for Junior Doctors and the Prevocational Medical Accreditation Framework. Other areas include building Supervisory Capacity through the Professional Development Program for Registrars (PDPR) and similar programs; diversifying the funding base as a national program through project funding from other sources; building stronger collaborative relationships with key stakeholders; continuing to build the profile of the annual Australasian Prevocational Forum.

The review will also be looking at the current governance structure of CPMEC to ensure that it maintains strong engagement with key organisations responsible for prevocational education, training and education across all Australasian jurisdictions. The review is expected to be completed by the middle of this year.

2011 Australasian Junior Medical Officer Forum (AJMOF) Resolutions

The Australasian Junior Medical Officers' Committee has released its report on the resolutions adopted at the 2011 Australian Junior Medical Officer Forum (AJMOF) which was held at the Sky City Convention Centre in Auckland, New Zealand on 6 November.

The meeting was attended by more than seventy junior doctors, representing all states and territories in Australia, and New Zealand. AJMOF is now a major annual training and education event for junior doctors and is held in conjunction with the annual prevocational medical education forum.

This year was the first occasion that the Forum was held in NZ and it was jointly steered by the Australasian Junior Medical Officers' Committee (AJMOC) members representing both Australia and New Zealand. The report outlines the process used in the development of the 2011 resolutions and a brief description of the rationale for each of them.

The 2011 AJMOF resolutions have been grouped into eight areas as follows: Internship and Prevocational Training Standards; the PGY2 year; Prevocational Accreditation; Training Capacity Expansion; Innovation and Work Reform; Education, Clinical Supervision, Teaching and Assessment; Workplace Flexibility and Doctors' Health; and Consultation with JMOs.

A copy of the full report can be accessed from the CPMEC website or by contacting Dr Jag Singh at jsingh@cpmec.org.au.

Australasian Directors of Clinical Training call for Professional Development Program

A meeting of over 30 Directors of Clinical Training who supervise junior doctors have called for the development of a Professional Development Programme (PDP) for all prevocational training supervisors that has a face-to-face format to be supplemented by having e-learning modules on a common e-learning platform.

This was one of the key recommendations from the 2011 Australasian Directors of Clinical Training workshop held on 6 November 2011 in Auckland, New Zealand.

The Workshop also made a number of other recommendations. These included publishing minimum standard ratios for "DCT equivalent tenths" for all teaching hospitals in Australasia; embedding the ACF as the educational template for the first two years of postgraduate training; and reinforcing that the importance of the experience of Emergency Medicine for PGY1 trainees.

CPMEC is currently exploring the possibility of securing funding for the Professional Development Program for DCTs.

The report of the DCT workshop is being finalised and will be available from the CPMEC website shortly. For further details contact Dr Jag Singh at jsingh@cpmec.org.au.

17th Prevocational Medical Education Forum

Hosted by the Postgraduate Medical Education Council of Western Australia, the 17th Prevocational Medical Education Forum will be held in Perth from 18 - 21 November 2012.

Brilliance and Wisdom in Prevocational Medical Education. This theme aims to showcase brilliant innovations in medical education whilst celebrating the precious wisdom in proven projects/programs and acquired knowledge which have refined the prevocational years into what they are today. This exciting event will provide delegates with the opportunity to listen to an array of high quality key-note speakers and exchange ideas, initiatives and solutions concerning prevocational medical education.
Join colleagues from Australia and overseas on an international stage, at the Perth Exhibition Centre, 18-21 November 2012. Perth, the gateway to Western Australia, is a fantastic destination and you are encouraged to take advantage of this opportunity by combining the stimulation of the forum with WA's unbeatable tourism.

Whether you attend as a presenter, delegate or sponsor, PMCWA look forward to welcoming you to Perth, Western Australian 2012 and promises to deliver an outstanding 17th National Forum.

Call for Abstracts - March 2012
Registration Opens - June 2012

www.prevocationalforum2012.com