Confederation of Postgraduate Medical Education Councils

June 2013 Newsletter

CPMEC

Issue 2

National Program for DCTs Successfully Launched by CPMEC

CPMEC has completed its first-ever national training and professional development program for Directors of Clinical Training (DCT) or equivalent roles. The pilot programs were held on 2-3 May and 17-18 May in Melbourne and Sydney respectively. A total of 39 DCTs from every state and territory throughout Australia participated in the two programs which were funded by Health Workforce Australia (HWA).

The programs were developed by CPMEC in response to a call for enhanced professional development activities from the DCTs attending their annual workshop held in conjunction with the Prevocational Forum. CPMEC approached HWA for support under the Clinical Supervision Support Program and we were pleased to receive project funding to offer two pilot programs nationally and, if justified, establish an online platform to assist DCTs.

In developing the national program, CPMEC had undertaken a survey of all DCTs attending the 2012 Forum to identify and prioritise learning needs for their DCT roles. Respondents were also asked to identify those components of the learning needs that would be best served through a face-to-face workshop and those topics that could be addressed through online resources.

The development of the national program was spearheaded by Dr Jag Singh who worked with a Project Steering Committee (PSC) comprising key stakeholders and a Program Advisory Committee (PAC) which had representation from DCTs from every jurisdiction in Australia. The role of the PAC was to ensure that the program met DCT needs. In the design and development of the national program, CPMEC also utilised subject matter experts with extensive background in the facilitation of professional development programs in the identified priority need areas. The combination of using the DCTs plus the experts from other domains ensured that there were sufficient contextual discussions as

NTPD

Continued P. 2

Inside this issue:

National Program for DCTs Successfully Launched by CPMEC *cont.*

well as developmental opportunities for the course participants.

The program was offered as a 1.5 day program in accordance with the advice provided by the PSC and PAC. This meant that it was a tightly run program delivered in a residential format. However, extensive learning resources were also provided to the trainees that they could utilise post-program. The pilot programs used a range of training methodologies and were conducted in a highly interactive manner with a mixture of presentations and discussions, individual and group exercises, audio-visual aids, self-assessment questionnaires and reflective activity. The emphasis was on giving participants the opportunity to network with other DCTs. The groups were quite heterogeneous in terms of DCT role experience, which whilst challenging was also beneficial to the participants.

The program covered DCT roles, educational challenges faced, working as part of a team, building greater self-awareness, coaching, counselling and mentoring, providing career advice, stress management and mindfulness practice, handling conflict and dealing with a range of scenarios. The latter had been prepared by CPMEC based on extensive discussions with DCTs from all over the country.

Feedback from the DCTs on the pilot programs has been overwhelmingly positive. The overall end of program reaction rating for the two programs averaged at 6.5 out of a maximum of 7. Participants were also asked to indicate the additional insights, knowledge and skills that they had acquired through participation in the program. It was pleasing to note that on all the topics, participants as a group perceived that they had increased their knowledge and capabilities to function more effectively as DCTs. Participants also provided a range of suggestions that could be included in an online platform for DCTs. A full report on the program is being prepared and will be available soon.

"Feedback from the DCTs on the pilot programs has been overwhelmingly positive."

CPMEC Chair Prof Simon Willcock, in noting the success of the first two national programs, highlighted the critical role of DCTs in overseeing the support, education and training of the prevocational medical workforce. He added that programs for DCTs were a key plank in CPMEC's strategy of building the supervisory capabilities of clinicians responsible for the teaching and education of junior doctors. Noting that CPMEC already had in place a well-established Professional Development Program for Registrars, Prof Willcock emphasised that these programs were designed to augment work being undertaken at jurisdictional levels for DCTs and other prevocational supervisors. He was also thankful for the support provided by HWA and was hopeful that workforce development funding agencies saw the need and value to continue supporting education and training for DCTs.

For further information on the national DCT programs contact either **Dr Jag Singh** at jsingh@cpmec.org.au or **Ms Lucy Gilbert** at lgilbert@cpmec.org.au

Training and Professional Development Program for MEOs Proposed

The Australasian MEO Committee have been extremely interested in the national training and professional development program for DCTs that was piloted in May and are currently looking at the possibility of adapting the program for MEOs. The logistics of holding such a program and the program content are currently being discussed by the MEO Committee and CPMEC.

Career Planning for Junior Doctors

CPMEC is looking at improving career planning advice available to junior doctors in recognition of the widespread concern about continuing internship growth creating potential 'blockages' in the training pipeline. It is widely acknowledged that the prevocational period is an important time for career determination and selection, with a majority of current medical graduates having no firm career plan upon graduation. CPMEC has a role in supporting JMO transitions, and acknowledges that the transition to vocational training in many cases is complex with a range of stakeholder and individual factors to be considered. Nevertheless, junior medical officers and their supervisors have indicated that improved access to information regarding career opportunities and career planning is becoming particularly important in an increasingly competitive environment.

Preliminary discussions with JMO trainee groups and some specialist colleges indicate in-principle support for the concept. However, CPMEC is mindful of a wide range of stakeholder interests in a career planning initiative including leadership, generating stakeholder support, considering workforce, legal and accreditation implications, data collection and management systems that ensure integrity, and an evaluation process to review its effectiveness.

CPMEC sees this as an excellent opportunity to collaborate with other key players in this space and has agreed to develop a proposal for consideration and consultation with key stakeholders. For further information please contact CPMEC General Manager, **Dr Jag Singh** at jsingh@cpmec.org.au

"CPMEC sees this as an excellent opportunity to collaborate with other key players in this space "

AMC & MBA National Intern Training and Framework Communication

The Australian Medical Council and the Medical Board of Australia have released a newsletter regarding the development of the national intern training framework. The MBA notes that over the past two years it has worked with the Australian Medical Council (AMC) to develop a national framework for the intern year that included global outcome statements for the intern year; national standards for intern training, and draft guidelines for rotations during the intern year.

The MBA goes on to note that a national process for regularly assessing the progress of each intern will be the basis of the sign off at the end of the year. The newsletter notes that the standards and guidelines developed incorporate a number of existing documents, including the Confederation of Postgraduate Medical Council's (CPMEC) Australian Curriculum Framework for Junior Doctors. In line with current practice in each jurisdiction, all intern training programs and positions will undergo periodic accreditation against these national standards. A new feature of the national framework is that the accrediting bodies will also undergo periodic review by the AMC. The newsletter is available on the AMC website at http://www.amc.org.au/images/Accreditation/Newsletter-Intern-framework-developments-2013-05-29.pdf

Any queries regarding the newsletter should be directed to interntraining@amc.org.au

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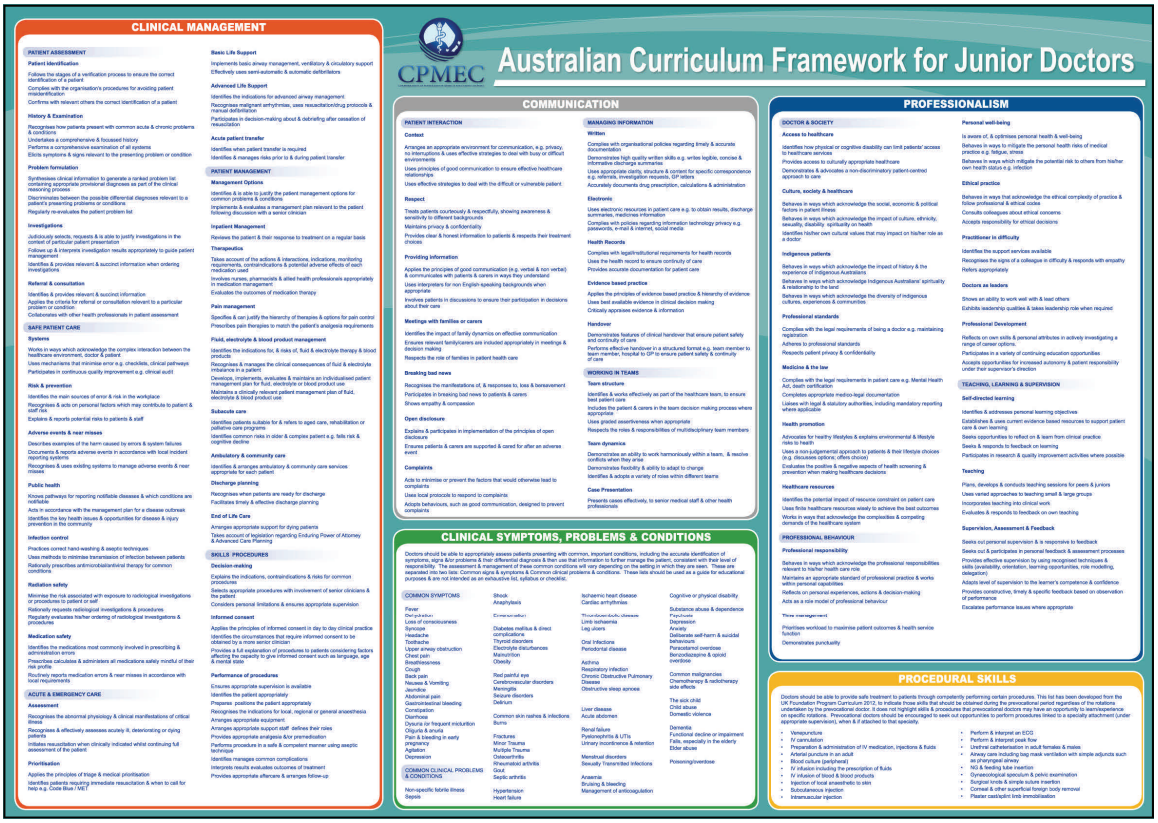
New ACF Poster

The ACF was updated in 2012 and as part of ensuring the supporting documentation is also up to date a new ACF poster has been commissioned. We have taken on board feedback on the previous version to ensure that the new poster has good readability and meets the needs for promoting the ACF in medical education environs. CPMEC would particularly like to thank the Logan Hospital Medical Education Unit for their insightful feedback on the poster which has helped in the development.



An A1 poster will cost $105 excluding GST. Price reductions are available for multiple copies. For information on the poster or to order please contact the ACF National Project Coordinator, Ms Debbie Paltridge at dpaltridge@cpmec.org.au

ACF App on its way!

"CPMEC has started work on the development of an ACF Application..."

CPMEC has started work on the development of an ACF Application to ensure its utility in a rapidly evolving learning environment for junior doctors. The need for the ACF App arises from the greater use of technology in medical education and healthcare and the development will allow for an increased level of interactivity with the curriculum framework that is not currently possible. The development also takes cognisance of feedback provided to CPMEC at various medical education forums and meetings.

CPMEC believes that the development of an ACF Application is consistent with its philosophy to ensure that the ACF remains the pre-eminent guide for prevocational education and training in Australia and retain compatibility in the contemporary learning environment for junior doctors.

Continued P. 5

ACF App on its way! *Cont.*

A Working Group has been convened by CPMEC to drive the development of the App which will occur in stages. The Working Group is chaired by Dr Greg Keogh and has representation from PMCs and junior doctors to ensure that the needs of all stakeholders are factored into its development.

Stage 1 of the process has seen the development of a limited functionality application which provides mobile access to the ACF in an electronic format. This application is available now via the iTunes store and can be accessed by visiting:

https://itunes.apple.com/au/app/acf-for-junior-doctors/id591708797?mt=8

The Android version is also available through Google Play and can be accessed by visiting:

https://play.google.com/store/apps/details?id=com.appbuilder.u213825p464397&feature=nav_result#?t=W251bGwsMSwyLDNd

Stage 2 will see the scoping of a more interactive application and CPMEC hopes to present the outcomes of this work at the 18th National Prevocational Forum to be held in Adelaide in November 2013.

If you have any queries regarding the ACF app and Working Group, please contact the ACF National Project Coordinator, Ms Debbie Paltridge, via her email at dpaltridge@cpmec.org.au

CPMEC Reviews Governance Structure

CPMEC has made some incremental changes to its governance structure to reflect its continued growth and profile as the peak body representing prevocational education and training organisations in Australia and New Zealand. Amongst the key changes has been the provision for Directors to elect up to two members to the Board who do not hold a position within any of the member PMCs (or equivalent agency), are not employed by a Postgraduate Medical Council or CPMEC, and do not have any contractual or material relationship with CPMEC. This is in keeping with current corporate governance philosophy that encourages the appointment of directors with appropriate and diverse skill sets to boards.

This provision gives the Board the discretion to appoint a person who can contribute a broad strategic and national perspective on prevocational training issues, has demonstrated national leadership roles in prevocational medical education and training. In addition, the person would be expected to have significant experience of serving on Boards of similar organisations and be able to commit reasonable time to the activities of CPMEC as a Board member.

The other change to reflect CPMEC's growing role is the establishment of two Board Sub-Committees to oversee its functioning and assist the General Manager. The Executive Committee will have direct oversight of the operations of the organisation between Board meetings whilst the Finance & Risk Assessment Committee will provide an independent assessment of financial and other risks within the CPMEC governance structure and provide consequent advice to the Board.

"...to reflect its continued growth and profile as the peak body..."

CPMEC

National Program for DCTs—Melbourne

National Program for DCTs—Sydney

CPMEC

An update from New Zealand

"MCNZ has undertaken a national road show over the last two months.."

The consultation paper 'A review of prevocational training requirements for doctors in New Zealand: Stage 2' (available at www.mcnz.org.nz) was released to stakeholders on 28 February 2013. The goal is to improve the quality of prevocational training, and thereby public safety and quality of care.

This is the second stage of the review of prevocational training undertaken by the Medical Council of New Zealand (MCNZ). Changes are proposed to the following aspects of prevocational training:

- Implementing a curriculum framework
- Elements of assessment focusing on a professional development plan, and achieving the learning outcomes from the curriculum framework
- A national consistent record of learning via an e-portfolio
- Requirements for PGY2 to complete a professional development plan
- Required experience, including time to be completed in a community setting
- Structure of clinical attachments and clinical settings, with an increased focus on strengthened standards for accreditation of clinical attachments, and strengthened standards for accreditation of training providers
- Requirements to gain a general scope of practice.

MCNZ has undertaken a national road show over the last two months, meeting with the profession and key stakeholders to discuss the proposed changes. Feedback has been very positive, with general agreement that the proposed changes are the changes needed to improve the quality of prevocational training. Some of the challenges to implementing such changes have been highlighted, however there seems to be general consensus that we can work through these.

The closing date for submissions was 6 May 2013. It is expected that the feedback will be considered at the MCNZ meeting in July, and further information will be provided at that time.

CPMEC Staff

Ms Lucy Gilbert is the new Executive Officer for CPMEC, having commenced her role in the organisation at the beginning of July last year.

Before joining CPMEC she had worked at the Postgraduate Medical Council of Victoria, during which time she developed a keen interest in the education programs being run for junior doctors and consultants. Lucy holds a BSc (Hons) in Anthropology from University College London, specialising in Medical Anthropology in her third year. She also has a Diploma in Education & Theory.

Over the past 12 months she has been busy with all facets of CPMEC, including the organisation of projects such as the National Training Program for DCTs.

National Intern Allocation Working Party Role Subsumed Under HWPC

CPMEC has been advised by the Health Workforce Principal Committee (HWPC) that they have established a Medical Intern Data Management Working Group to provide oversight of the national audit of intern applications and multiple job acceptances. The HWPC Working Group will replace CPMEC's National Intern Allocation Working Party which was instrumental in initiating the national audits under the leadership of its then Chair, Professor Geoff Thompson.

CPMEC convened a meeting during the 2009 Prevocational Forum on the Gold Coast to discuss concerns about interns accepting multiple job offers across jurisdictions at a time when intern positions were at a premium due to increased graduate numbers. A series of subsequent meetings saw in-principle agreement reached eventually amongst all jurisdictions to share acceptance information to establish the numbers of applicants who accepted multiple offers. All jurisdictions were involved either through their PMC or health department.

The initial audit identified a number of graduates who had made multiple acceptances across states, meaning that positions could be freed up if all duplicate acceptances were sorted. However, it was limited by the fact that not all jurisdictions agreed to participate in the part of the process which involved contacting the participants identified as having multiple acceptances. However, for the 2011 audits, all jurisdictions agreed not only to participate in the national audit but also to participate in contacting the multiple job holders. The 2012 audits build on that by having a national audit of intern applications as well. It may also be useful to note that CPMEC was instrumental in seeking funding for the 2012 national audits from Health Workforce Australia.

In a letter to CPMEC, Dr Peggy Brown, Chair of the Australian Health Ministers' Advisory Council (AHMAC), has noted that "AHMAC and HWPC are most grateful for the work that has been undertaken by the National Intern Allocation Working Party and look forward to working with CPMEC in the future". Prof Simon Willcock noted that CPMEC had been pleased to have been a catalyst in seeking to provide more robust data to help shape policies for dealing with the increased medical graduate numbers. He added that it was satisfying that CPMEC, Postgraduate Medical Councils and junior doctors will continue to play an active role in the Working Group set up under HWPC. Whilst acknowledging that jurisdictions have always chosen to develop their own priority listings, he encouraged jurisdictional workforce agencies to seek a nationally consistent model. This could help address some of the anxieties expressed to CPMEC and other PMCs by those seeking internship. In this regard, CPMEC has noted that over the past twelve months there has been a divergence rather than harmonisation of intern priority rankings across jurisdictions.

The current Chair of the NIAWP, Associate Prof Terry Brown, will be CPMEC's representative on the HWPC Working Group.

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National Medical Training Advisory Network Consultations

CPMEC's submission on the current consultation on Health Workforce Australia's proposed establishment of the National Medical Training Advisory Network (NMTAN) has noted that the current medical training system continues to produce high quality doctors delivering health outcomes that compare very favourably with any other country.

In relation to prevocational medical training specifically, CPMEC notes the general consensus amongst practitioners that internship and the early prevocational training years enhance the general professional development of recently graduated doctors and prepare them for vocational (specialty) training programs. During this period, prevocational doctors acquire practical experience and develop increasing responsibility for delivery of safe patient care under supervision. Prevocational training posts enable graduates to acquire general clinical knowledge and skills, and to develop the confidence and maturity of judgment necessary for safe, competent, independent medical practice.

Robust and independent accreditation processes of the Postgraduate Medical Councils (PMCs) ensure that the education and training received by junior doctors allows them to meet the requirements of the Medical Board of Australia for general registration and to progress to vocational training.

CPMEC is of the view that the current prevocational system has the flexibility for junior doctors to gain experience in a broad range of clinical disciplines, but also provides opportunities for the development of more focussed skills for graduates interested in early streaming. At the same time, CPMEC recognises that there is a need for prevocational training to be responsive to changing health care needs as well as community and workforce expectations. The expansion of the PGPPP model to allow junior doctors to experience well-supported and meaningful terms in rural, remote and other community training settings was highlighted as one avenue for expansion of terms.

"there was a need to ensure that all entities had adequate input ..."

CPMEC has also noted that there can be disconnect between entities with a predominantly local or jurisdictional focus with those working at a national level and there was a need to ensure that all entities had adequate input into the development of a cohesive and consistent prevocational education and training period. Whilst CPMEC is mindful of not making the size of NMTAN unwieldy, it is of the view that member Postgraduate Medical Councils (or equivalent agencies) should have the opportunity to be represented on the NMTAN if they so desired.

National Medical Supervision Summit

A national summit on medical supervision was held in Melbourne on 20th March 2013 as part of a joint initiative of the Committee of Presidents of Medical Colleges (CPMC), the Confederation of Postgraduate Medical Education Councils (CPMEC), and Medical Deans of

Continued P. 11

National Medical Supervision Summit *cont.*

Australia and New Zealand to promote excellence in clinical supervision. This Clinical Supervision Support Partnership (CSSP) project has been funded by Health Workforce Australia.

The Melbourne summit had three themes. The first was to discuss aspects of clinical supervision that need to remain discipline and sub-discipline specific and those that were generic across the medical education and training continuum. The second explored the adequacy of the generic clinical supervision support resources that have been developed for use across medical education and training, how to address identified gaps, and determining a process of sharing clinical supervision support resources across medical disciplines and the training continuum. The third key strand of the meeting was to consider a cost-effective sustainable model to support and develop clinical supervisors and improve the quality and consistency of clinical supervision across the education and training continuum.

Professor Kevin Forsyth, Project Director of the Clinical Supervision Support Partnership, noted that the changes in the medical sector were bringing increasing pressure to bear on clinical supervisors and it was important to find ways to deal with these pressures to protect and support the critical role of supervisors, and ensure access to supervision resources needed for the next generation of students and trainees. He added that in doing so we were looking not just to the future of medical education but to the future of medical care. Prof Forsyth added that the purpose of this summit was to develop productive ways to deliver coordination and harmonisation of clinical supervision resources across the system in future.

"..we were looking not just to the future of medical education but to the future of medical care."

The workshop had a number of speakers providing their perspectives on supervision which was then followed by extensive discussions in small groups. Topics canvassed in the discussions included: the core generic competencies of clinical supervision; discipline/sub-discipline specific competencies of clinical supervision; common experiences of clinical supervisors across the various health care settings; motivations for becoming supervisors; addressing the training and development needs of current and future clinical supervisors; the pros and cons of creating a 'specialty society' for clinical supervisors; the essential elements of a cost-effective sustainable supervision model; the need for annual meetings around clinical supervision; promoting safety and quality through a skilled supervisory workforce; impact of AMC standards on supervisory training and provision of a supervisory workforce; promoting innovation and reform in clinical supervision; and data development and research needed around supervision. A strong theme of the summit was to create a community of practice for those involved in clinical supervision across the medical continuum.

The CSSP Project Steering Committee is now working through the deliberations of the Summit to develop recommendations to provide future directions with regard to clinical supervision for the medical workforce. Critical in next steps will be ensuring that clinicians providing supervision of junior doctors are supported, equipped, and trained in skills of supervision.

For further details on the project please contact Ms Andrea Lloyd, Project Officer at andrea.lloyd@adelaide.edu.au

CPMEC

18th National Prevocational Medical Education Forum

3-6 November 2013, Adelaide Convention Centre

The 18th National Prevocational Medical Education Forum is progressing into an innovative and exciting forum. The Program is currently being developed and will include inspirational international keynote speakers, including Dame Lesley Southgate, Mr Derek Linsell and Professor Lambert Schuwirth. The program will provide delegates with quality panel debates and interactive audience participation.

Please ensure you visit the website www.prevocationalforum2013.com.au and sign up for the newsletter. You can also connect through Facebook and Twitter to keep up to date on the forum progress.

Abstracts are Open!

The Scientific Committee invites the submission of abstracts for original work for consideration as an oral, poster or workshop presentation in this year's Prevocational Medical Education Forum program.

The theme of this year's forum is *Building the Future: Quality, Capacity, Creativity.* Abstracts will be required to address the following themes which will allow delegates to explore and examine how we can build a robust future for prevocational medical education, by creating capacity, providing quality training and continuing to be innovative in our approaches.

Click here to submit an abstract!

Key Dates:

Call for Abstracts Open – NOW!

Call for Abstracts Close - June 2013

Registrations Open - June 2013

THEME DESCRIPTIONS

What is the future?

Generational impact on training and working
Changing clinical practices, environments and regulations
Mitigating future problems and challenges
Championing and managing change

Training for quality

Striving for quality and excellence in medical education
Developing high-performance teams
Fostering JMO well-being, resilience and adaptability
Creating efficient and effective career pathways

Building capacity

Equipping doctors with educational knowledge and skills
Creating effective learning and educational spaces
Fostering expertise in medical education
Developing novel environments for training

Creativity in medical education

Networking beyond traditional relationships
Embracing and adapting technology and simulation
Learning from industry
Expanding education research