CPMEC
CONFEDERATION OF POSTGRADUATE MEDICAL EDUCATION COUNCILS

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ACT Health
Postgraduate Medical Council of Victoria
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South Australian Institute of Medical Education and Training

31 March 2011

Professor Robin Mortimer
Chair
Intern Working Party
Australian Medical Council
PO Box 4810,
Kingston ACT 2604

Dear Professor Mortimer

Re: AMC Intern Training Letter to CPMEC

The Confederation of Postgraduate Medical Education Councils (CPMEC) thanks you for updating us on the work on Intern training that the Australian Medical Council (AMC) is undertaking on behalf of the Medical Board of Australia (MBA). CPMEC is pleased to assist the AMC on the Intern Working Party and would like to emphasise the willingness of all Postgraduate Medical Councils (PMCs) to work cooperatively with AMC in developing nationally consistent internship standards and assessment processes.

Your letter also addressed the issue of a national framework for intern training accreditation process and we are writing to you separately on that matter. Your more specific request was for information on state-based assessment forms and processes. All state and territory Postgraduate Medical Councils (PMCs) and equivalent agencies endorsed a combined response, especially because of the extensive collaborative work regarding intern training and assessment already undertaken by CPMEC and PMCs. We thought it would be useful to summarise this work in addition to providing the specific information you requested.

The development of the Australian Curriculum Framework for Junior Doctors (ACF) under the guidance of CPMEC has been a major milestone in prevocational education and training in Australia. As you have noted, it is now well accepted in Australia and we were delighted that the Medical Council of New Zealand (MCNZ) has recently sought permission to use the ACF as the guiding template for the development of the prevocational medical curriculum in NZ as well.

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The development of the ACF was preceded by a sustained period of liaison with all key stakeholders in medical education and training; review of previous state based curricula activities; and consideration of international prevocational curricula, especially the UK Foundation programme. The extensive consultation meant that the ACF has been widely endorsed and is now recognised as the preeminent document for implementing prevocational education in Australasia. There have also been substantive resources developed to help educators, administrators, supervisors and junior doctors implement the ACF. These are available on the ACF website (www.cpmec.org.au).

The ACF is a framework. It is not yet an operational curriculum and its translation into the workplace is ongoing. Key components for operationalisation of the ACF include:

- alignment with assessment processes,
- articulation with the experiences in individual terms,
- determination of overall learning goals in the prevocational phase,
- integration with undergraduate and vocational curricula,
- processes for supporting underperforming JMOs,
- a transparent process for appealing adverse results, and
- effective implementation of all of the above into the workplace.

Once the ACF was in place, in 2009 CPMEC undertook an extensive project to align the end of term intern assessment processes with the capabilities listed, aiming for consistency with the already well developed assessment approaches in medical schools and specialist colleges. This project was especially important as there was at the time no nationally consistent approach to the assessment of prevocational Junior Doctors (JMOs) and Australia was in the process of adopting a national registration scheme. There had for some time been consistency in the requirements for a mid and end of term appraisal but each State had developed its own process to achieve this. SA, Queensland, NSW and WA have some state based tools, with variable but increasing linkages to the ACF. In other states individual hospitals have their own assessment tools which are not consistent across the state. Nevertheless, significant commonality did exist in the diverse tools.

In considering a national approach, a range of issues were identified, some not exclusive to prevocational training. These included validity and reliability of assessment tools and processes, and reliance on time-poor supervisors to undertake the assessments. A particular issue identified by trainees was the inappropriate use of assessment forms by some employers as a tool for ranking trainees for jobs in the coming year. In order to address these issues and implement a national approach to assessment, the Assessment Working Party (AWP) of the ACF project undertook a pilot of three national assessment tools for junior doctors (Mid Term Appraisal, End

of Term Assessment and a Self-assessment tool - Attachment 1) to investigate their acceptability and feasibility for providing a robust assessment of junior doctors' achievements of ACF capabilities. The development incorporated feedback from all stakeholder groups including PMCs, junior doctor groups, clinical supervisors, directors of intern training, and the AMC. The initial stage involved a review of state based and some individual hospital based assessment tools to determine the key elements required in an in-training assessment tool. In addition, the AWP also considered international work from both the United Kingdom and Canada. Once the draft tools were developed they were sent to each PMC for comment and review prior to piloting. A training program for supervisors was developed along with video vignettes of intern performances for calibration purposes and to facilitate discussion about expected performance standards. This Supervisor Training was supplemented by guidelines for supervisors and for JMOs to use when completing the assessment forms.

The National Assessment Tools were piloted in 11 facilities across the country with a mix of large and small, metropolitan and regional/rural, and public and private facilities. A total of 149 Junior Medical Officers (JMOs) and 84 Supervisors participated in the pilot. Training was provided in Term 2 for implementation in Term 3. The workshop emphasised direct observation of the JMO in the workplace and consistency in the standards applied. Feedback from the training workshops indicated that supervisors valued this training and thought that it was crucial to their understanding of how, what, when and where to assess. The calibration exercises highlighted huge variations in expectations between supervisors and were highly valued by the supervisors. The results of the pilot program were presented at the 14th National Prevocational Medical Education Forum, November 2009, where there was widespread support for the three new tools including the JMO self-assessment component. A full report of the pilots is included as Attachment 2.

CPMEC and PMCs endorsed the National Assessment Tools for implementation along with the accompanying supervisor training program and supporting documentation. Despite achievement of national consensus for the first time, and robust evidenced based tools, CPMEC has not been able to finalise the move to a national approach to assessment. As you will see from the attached current state/hospital based assessment tools (Attachment 3), there is still considerable diversity in approaches, not least because there has been limited progress in the operational developments listed above. This lack of progress has been directly related to the move to national registration as practically all funding for the ACF was ceased after the transition. It should be pointed out that, unlike Universities and Colleges, CPMEC has limited access to funding sources and depends on external funding for projects such as the ACF. The halt in ACF development resulting from cessation of external funding has caused frustration for PMCs and CPMEC especially as the need for a uniform approach has been widely accepted. It should be noted that there has been a suggestion that further ACF development is a state responsibility. While successful implementation of the National Assessment Tools will require state-based ownership of the implementation process with adequate supervisor and JMO support and training, it is clear that

jurisdictions have not taken on this role and feedback indicates that there is need for further national coordination in order to achieve this outcome.

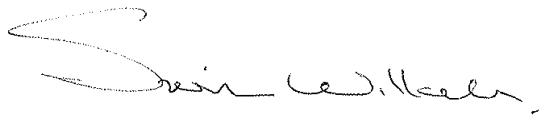
CPMEC continues to develop the ACF despite the resource limitations, and will be undertaking a review of the ACF in 2012 and will be writing to the AMC separately on that matter.

CPMEC would reiterate to the AMC Intern Working Party its desire to have robust national standards and assessment processes for internship. We thank you for the opportunity to have ongoing inputs and look forward to further consultations.

Attached to this response are the National Assessment Tools developed by CPMEC; final report on the national assessment tool pilots; and copies of the current state/hospital based assessment tools as requested. Please note that in the case of Victoria, PMCV has included a summary of key elements of intern assessment tools used in Victorian hospitals.

For any queries in relation to this letter please contact Dr Jagdishwar Singh at CPMEC (jsingh@cpmec.org.au).

Yours sincerely



Prof Simon Willcock
Chair, CPMEC