

JAN-FEB 2010

# CPMEC Newsletter

## CPMEC Chair Crotty Addresses 14<sup>th</sup> National Prevocational Forum

In his address as incoming CPMEC Chair, Prof Brendan Crotty has highlighted the transformation of CPMEC from an organisation that engaged in limited information sharing between Postgraduate Medical Councils (PMCs) and *ad hoc* education and training projects to one that is now playing an increasingly important role in coordinating prevocational training issues of national significance. He made these comments at the 14<sup>th</sup> National Prevocational Forum held on the Gold Coast in November 2009.

Prof Crotty noted that CPMEC and member PMCs would confront major challenges in prevocational training over the next few years, including the expansion of medical graduate numbers; the introduction of the national registration and accreditation scheme for all health professionals; achieving greater vertical integration in medical education and training; further promoting Indigenous health in the prevocational curriculum; and securing funding to ensure long-term sustainability of CPMEC and PMCs.

Prof Crotty noted that first report of the MTRP Report in 1997 had specified the goals of PGY1 & 2 as follows:

*"The first two years after graduation should be a*

*time when the medical graduate consolidates and develops skills and knowledge; takes increasingly independent responsibility for patient care; works within the ethical and legal framework learnt at medical school; further develops personal career goals and expectations; plays a role in the multidisciplinary health care team; and first experiences and develops strategies to deal with the professional and personal pressures associated with being a medical practitioner."*

He suggested that more than a decade later, despite enormous expansion of technical and clinical knowledge, the goals have remained largely the same but the context has changed significantly. Issues facing today's doctors in training include an ageing population; an increasing burden of chronic disease; the increasing cost of health-care; more focus on prevention; complex interactions between Commonwealth and State governments; changing patterns of acute, subacute, and ambulatory care; inequitable access to health care services such as mental health, dentistry and elective surgery; declining generalism and increasing sub-specialisation; poor Indigenous health outcomes; an increased focus on quality and patient safety; and workforce shortages, particularly in rural and outer metropolitan areas.

Prof Crotty suggested that a



number of recent enquiries will have a major impact on delivery of healthcare in Australia and on training for health professionals: the National Health and Hospitals Reform Commission (NHHRC); the National Preventative Health Taskforce; the National Primary Care Strategy; reviews of Rural Clinical Schools and University Departments of Rural Health, and the Medical Training Review Panel; the Bradley report on Higher Education; and the Cutler report on innovation.

Prof Crotty added that the Medical Board of Australia will have a critical role in shaping medical education requirements for prevocational trainees. Health Workforce Australia is likely to be a key organization in developing a national approach to training programs to address workforce issues.

He noted that the NHHRC report emphasises the importance of education and training as 'a core principle for health services' and calls for a 'modern, learning and sup-

Issue 1—2010

### Inside this issue:

Professor Crotty Address	1/4
AMES Study Report Released	2
CPMEC endorses national assessment approach for JMOs	3
CPMEC Consultative Council Meet-	3
CPMEC 2009 Awards	5
14th Forum Welcome Cocktail Party	6
14th Forum Gala Dinner	7
15th National Prevocational Education Forum	8

Level 9  
Aikenhead Wing  
St Vincent's Hospital  
27 Victoria Parade  
FITZROY VIC 3065

Phone: (03) 9419 1217  
Fax: (03) 9419 1261  
E-mail:  
bbutterworth@cpmec.org.au

[www.cpmec.org.au](http://www.cpmec.org.au)



## Australian Medical Education Study Synthesis Report Released

CPMEC welcomes the release of the Australian Medical Education Study (AMES) synthesis report, which highlights a number of issues in the Australian medical and education training context, including underfunding, expansion in trainee numbers, supervisory constraints, service-education tensions, workforce maldistribution, and changes in scope of practice and curricula.

CPMEC notes with interest that submissions to AMES 'indicated widely divergent appraisals of the overall medical education arrangements in preparing graduates for internship in the current Australian context'. These differences were epitomised in 'the role of basic medical science knowledge in contributing toward the readiness of graduates for internship, and regarding the ways in which different undergraduate medical curricula can best enhance this role'. In this regard the report notes that a 'theme in the negative comments was reference to inadequate or poor preparation in the basic medical sciences, but this was contradicted by other comments which referred to sufficient basic science knowledge'.

The report further stresses that 'clinical education is seen as a cornerstone of successful preparation for a medical career and was considered the most effective method of learn-

ing; this included various forms of clinical education such as 'teaching with the patient present', clinical skills laboratories, supervised patient care and simulation.'

It further argues that 'there have been no predetermined standards or definitions which could improve the necessary articulations between medical schools and the clinical environment of practice, although the Australian Curriculum for Junior Doctors and the AMC's 2006 Standards document provide widely agreed listings of those skills and attributes'.

As two key strands of the AMES report were designed to address the extent to which undergraduate medical education prepared students for internship and subsequent postgraduate training, prevocational trainers and educators will view the report with considerable interest as recipients of students from undergraduate education and suppliers to vocational training.

The report notes that participants in the AMES empirical research 'did not generally make strong connections between undergraduate education' and preparation for specialist training. The AMES report acknowledges that 'prevocational medical education is a critical phase in the continuum from medical un-

dergraduate to vocational training'. Indeed, the report notes that 'the intern year was seen as playing a key role' in this process. This view was particularly emphasised by supervisors who considered that preparation for specialty training commenced in the intern year and beyond, rather than during medical school education.

A more consistently negative feature was the apparent 'lack of "work readiness" among interns' with the consequence that resources had to be expended to address this problem. The report highlights as 'noteworthy that lack of work readiness is a recurrent theme in the submissions provided by state health departments, which are the initial employers of graduates in their roles as interns'. The report goes on to argue that this shortcoming is broadly consistent with the findings of the AMES researchers in focus groups and interviews.

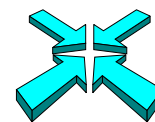
It is interesting to note that interns were generally satisfied with the process and contents of their undergraduate education although some had expressed a lack of 'emotional readiness' and confidence about the transition to actual medical practice.

*"....intern year was playing a key role..."*



The Australian Curriculum Framework for Junior Doctors, Version 2.2 was officially launched at the 14th National Prevocational Medical Education Forum in November 2009.

All PGY1 Interns will have received a copy and further copies can be obtained at a cost of \$5 (plus GST) by contacting Ms. Debbie Paltridge on [dpaltridge@bigpond.com](mailto:dpaltridge@bigpond.com) or 0413 563 327



## CPMEC Recommends National Approach to Assessment of Junior Doctors

At its Executive Committee meeting on 10 December 2009, all CPMEC members agreed to work towards a nationally consistent approach to performance standards through workplace-based assessment. It was agreed that a national approach would be consistent with the introduction of a national registration scheme. Member PMCs will play a lead role in engaging state and territory health departments in the promotion of the national assessment tools, which are based on rotation learning objectives derived from the Australian Curriculum Framework for Junior Doctors (ACF).

A national assessment approach would further support the work undertaken by CPMEC to develop a national prevocational curriculum and a nationally accepted accreditation framework. The assessment will be integrated with current end of rotation feedback and appraisal processes.

To promote this national approach CPMEC has endorsed the assessment tools developed by the ACF Assessment Working Party. Further, it was agreed that CPMEC and PMCs would advocate for the necessary resources from State and Federal Governments to

enable successful implementation of a National Assessment System, including resources for and recognition of Supervisor roles in JMO training.

CPMEC also endorsed the development and maintenance of an online assessment mechanism and an online credentialing system for supervisors. There is agreement that such a system should be integrated with other assessment mechanisms across the training continuum. It was also agreed that an evaluation of the new assessment, training and credentialing systems was necessary to allow for progressive improvements to be made.

*“... a nationally consistent approach to performance standards”*

## 2009 Consultative Council Meeting notes CPMEC Achievements

Prof Louis Landau, in his outgoing Chair's report to the 2009 CPMEC Consultative Council at the 14<sup>th</sup> Prevocational Forum highlighted the following achievements of the Confederation over the previous twelve months:

**Embedding** the revised ACF as the template for prevocational education and training, and working towards implementation of a national approach to assessment of junior doctors.

**Reaching** unanimous agreement on a Prevocational Medical Accreditation Framework by all members.

**Developing** a discussion paper by the CPMEC National Registration & Internship Working Group to provide guidance to the Medical Board of Australia on a national approach to internship registration and sign-off process.

**Continuing** discussions about the feasibility of accreditation of PMCs by the AMC.

**Promoting** greater efficiency in intern workforce recruitment through greater data sharing amongst jurisdictions thereby reducing the extent of multiple offer acceptances by interns.

**Establishing** a National JMO Forum to consolidate state level structures and provide a national voice in prevocational education matters to junior doctors.

**Continuing** support for IMG assessment, supervision and training in both the Competent authority and Standard pathways

**Ongoing** national rollout of the Professional Development Program for Registrars and Teaching on the Run.

**Continuing** advocacy for the prevocational phase of medical education and training and building a national profile for CPMEC

**Developing** of a new governance structure to ensure inputs from all jurisdictions

In a departure from previous CPMEC Consultative Council meetings, stakeholders were invited to provide inputs on some key issues of relevance to prevocational education and training.

Mr Jamie Alexander, speaking on behalf of the Australian Medical Students Association (AMSA) provided a student perspective on a national intern allocation process. Prof Richard Murray representing the Medical Deans of Australia and New Zealand (MDANZ) highlighted the continuing issues of maldistribution and geographic imbalances and



## New Chair addresses 14th Forum

ported workforce'. The report's recommendations to reinvigorate clinical leadership and governance, to provide a new flexible, multi-disciplinary framework for education and training, to ensure dedicated funding streams for undergraduate and postgraduate clinical placements, and to create a national training agency are highly laudable. However, implementation and provision of sufficient resources will be significant challenges.

### **Expanding Training Capacity**

Prof Crotty commented that the number of Australian resident medical graduates will grow from 1448 to 2442 between 2005 and 2012. He suggested that increased graduate numbers provide an opportunity to address long-standing geographical and speciality maldistribution and the continuing decline in generalist practitioners. New training positions are needed in outer metropolitan and regional public hospitals, in disciplines with more severe workforce shortages, in private hospitals, and in general practice, community health centres and specialist ambulatory practice. A shortage of supervisors is emerging as a critical problem and provision of support for hard pressed clinicians and defining the role of simulation-based training will both be important if this is to be addressed.

This expansion has also created significant pressures for prevocational accreditation agencies to create additional positions for interns, with flow-on effects for PGY2s

and vocational trainees in subsequent years. CPMEC has developed the Prevocational Medical Accreditation Framework to promote a uniform national accreditation processes.

### **Vertical Integration**

Prof Crotty noted that vertical integration was a recurring issue at almost all medical education conferences but there has been limited progress to date. A large number of stakeholders with interests in medical education and training creates many challenges to integration of training programs across the continuum. Development of processes for recognition of prior learning and measures to avoid duplication of resources are important goals. Training needs which are generic to all stages of medical training can be addressed by wider use of proven initiatives such as CPMEC's Professional Development Program for Registrars.

### **Sustainability**

Prof Crotty noted that continuing funding uncertainty remained a major issue for CPMEC. There has also been a lack of project funding during the current prolonged review of the Medical Training Review Panel. Reliance on a limited number of full time staff and on *pro bono* contributions from member postgraduate medical councils and clinicians add to concerns about long term sustainability. Some PMCs have concerns about the transition to the National Registration and Accreditation Scheme and its implications for the funding they receive for accreditation activities

from their state and territory medical boards.

### **Opportunities**

Prof Crotty concluded by pointing out the opportunities arising from the current healthcare reforms. CPMEC and PMCs are well placed to build on their previous successes to improve medical education and training by promoting: a better balance between service and education and between work and leisure; increased emphasis on education and training by incorporating the Australian Curriculum Framework into registration and assessment processes; increased resources for training in expanded settings; and educational research that makes a difference.

### **About Prof Crotty**

Before taking on the role of Chair of CPMEC, Prof Crotty had been Deputy Chair for two years. He has been a member of Postgraduate Medical Council of Victoria since its establishment in 1999, chaired the PMCV Education Subcommittee from 2001 until this year, and chaired the Planning Committee for the 9<sup>th</sup> National Prevocational Forum in Melbourne in 2004. He has been Chair of the PMCV Committee since 2005.

In 2006 he was appointed Foundation Dean of the Deakin Medical School. The medical school commenced a four year graduate entry program in Geelong and Western Victoria in 2008.

Previously, Prof Crotty was Director of Physician Training at Austin Health for more than 10 years and Chair of the Victorian and Tasmanian Directors of Physician Training from 1997 to 2006. He was Secretary of the Royal Australasian College of Physicians Committee for Examinations from 2003 to 2007.

**"...provision of support for hard-pressed clinicians..."**





## Geoffrey Marel Medal and Junior Doctor of the Year Awards

Professor Lou Landau was awarded the 2009 Geoffrey Marel Medal at the 14th National Prevocational Education Forum held on the Gold Coast in November 2009. Professor Landau was presented the medal by Mrs Merilyn Marel.

The Geoffrey Marel Medal is given to honour the exceptional contribution that a recipient has made to the advancement of prevocational medical educational training.

The Award is made by the Confederation of Postgraduate Medical Education Council in consultation with the State and Territory Post Graduate Medical Councils.

To recognise those junior doctors who make a significant contribution to medical education and training, CPMEC now has a two-tiered award structure to acknowledge state winners and select an overall national winner from them each year.

Dr. Caroline Rhodes from Western Australia was named the CPMEC Junior Doctor of the Year at the Gala Dinner at the Forum. Also present were the State/Territory winners. Dr. Rhodes was presented with her award by Professor Brendan Crotty, Chair of CPMEC.



*Professor Lou Landau with Mrs Merilyn Marel*



*Dr Caroline Rhodes, Junior Doctor of the Year, together with the State Finalists and Professor Brendan Crotty, CPMEC Chair*

For full details, please check out our website at <http://www.cpmec.org.au/Page/cpmec-awards>



## 14th Forum Welcome Cocktail Party

*Getting to  
know you ....*



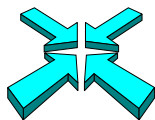




## 14th Forum Gala Dinner



*And a  
good time  
was had  
by all*



## 2009 Consultative Council Meeting ... Cont'd

the continuing decline in generalist practice. In relation to increased numbers, he noted that apart from finding increased placements, there was the additional issue of dealing with the significant growth in postgraduate numbers beyond PGY2. He also highlighted an MDANZ project exploring the translation of AMC medical graduate outcomes to competencies, noting that it would require close collaboration between MDANZ and CPMEC. Dr P White, representing the Committee of Presidents of Medical Colleges (CPMC) noted that current workforce reform issues were providing a unique opportunity to make significant changes and, in relation to vertical integration, there was a need to move beyond rhetoric to practical implementation.

A/Prof Peter O'Mara noted that the areas for CPMEC to consider in future collaboration with the Australian Indigenous Doctors Association (AIDA) were: promoting an indigenous health curriculum premised on cultural safety for junior doctors; cultural training in all prevocational years; mentoring and support for prevocational indigenous

doctors; and a position statement by CPMEC as an advocate for "Closing the Gap".

Dr Andrew Perry, as the Australian Medical Association's Committee of Doctors in Training (AMACDT) representative, highlighted the benefits and concerns of a national approach to the assessment of prevocational doctors. He noted that benefits of a national approach included improved reliability and validity; it was linked to the ACF; it would improve intra-hospital, inter-hospital and inter-state consistency; and greater consistency may allow comparability which, in turn, may motivate improvement. Concerns included the methods and tools to be used, frequency, timeliness, payments and incentives, creating additional time burden for junior doctors and their supervisors, motivation, remediation and appeals process; and its improper use by employers and colleges.

Prof Landau noted that AMC had

deferred consideration of accreditation of PMCs pending the outcomes of a workshop to be held in 2010 to consider the issue of accreditation of prevocational training by AMC.

It was also noted that a number of groups were working on building supervisory capacity, including CPMEC, through the ACF project and the Professional Development Program for Registrars. There was a case for cooperation across the sectors to consider the best way to get supervision done, and a uniformly applicable model could prove very useful. Those who attended expressed satisfaction with the revised format of the CPMEC Consultative Council meeting. At the end of the meeting incoming Chair Prof Brendan Crotty presented a gift to Prof Landau of behalf of the Council and paid tribute to the achievements of CPMEC under his guidance and inclusive leadership style.

## About Professor Crotty .... Cont'd

Professor Crotty graduated from the University of Melbourne in 1979 and completed physician training in gastroenterology at St Vincent's and Alfred Hospitals in Melbourne in 1986, followed by an MD in hepatic drug metabolism in liver disease. From 1989 to 1991 he worked at the Radcliffe Infir-

mary in Oxford in the United Kingdom, where he developed a research and clinical interest in inflammatory bowel disease. He returned to the University of Melbourne's Department of Medicine at the Heidelberg Repatriation Hospital in 1991, working in general medicine and gastroenterol-

ogy at the Austin and Repatriation Hospitals. He was appointed Clinical Dean of Austin Health / Northern Health Clinical School in 1998 with responsibility for University of Melbourne medical students at the Austin, Northern and Bendigo Hospitals.

**7-10 November 2010**  
Melbourne, Australia

**15TH NATIONAL  
PREVOCATIONAL MEDICAL  
EDUCATION FORUM**

*Racing to the Future*  
Innovation, Integration and Transformation

[www.pmcv.com.au](http://www.pmcv.com.au)