

MBA TO RELEASE DRAFT NATIONAL INTERNSHIP REGISTRATION STANDARDS FOR CONSULTATION

The Medical Board of Australia (MBA) has announced that the draft national internship standards will be released for consultation shortly. This is contained in their communique released after their meeting on 22 June 2011.

The Board notes that 'it has been the usual practice for graduates of Australian medical schools to undertake a 12-month period of supervised practice in a broad range of positions that have been accredited by the state or territory equivalent of a postgraduate medical council. At the completion of the supervised "internship", interns who have performed satisfactorily apply for general registration.'

With the transition to the National Registration and Accreditation Scheme, the Board noted the 'variation in the requirements for internship across the country' and 'some variation in the way that the positions have been accredited'. Consequently, the Board asked the Australian Medical Council (AMC) to advise about:

- The standards for intern training
- Expectations of interns at the completion of the period to enable the Board to grant general registration and
- Applying a national framework for intern training accreditation to the state and territory based accreditation processes of postgraduate medical councils
- A term of at least 10 weeks that provides experience in medicine
- A term of at least 10 weeks that provides experience in surgery
- A range of other approved terms to make up the minimum 47 weeks service

The Board and the AMC formed a working group to progress this work and have developed a draft registration standard for granting general registration as a medical practitioner on completion of the intern year. Once approved, all Australian interns, in all states and territories, will be required to meet the same registration standard before applying to the Board for general registration.

The MBA notes that the draft registration standard will require interns to complete a minimum of 47 weeks full time equivalent service in the following terms:

- A term of at least eight weeks that provides experience in emergency medical care

The MBA proposes that all terms be accredited against accreditation standards for intern training. It notes that 'the draft registration standard provides additional flexibility, moving away from experience in "general medicine" and "general surgery" and describing the type of experience that must be obtained and medicine and surgery. In the case of emergency medical care, it will be possible that the experience is obtained outside of the emergency department'.

The Board notes that guidelines were currently being developed on the proposed standards and they would also be released for consultation. It adds that the draft standard provides for part time internship and parts of the internship being undertaken outside Australia.

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CPMEC SUPPORTS STREAMLINED PGPPP ACCREDITATION PROCESS

CPMEC and its member Post-graduate Medical Councils (or equivalent bodies) have been actively working with other key stakeholders in the development of a streamlined approach to PGPPP accreditation to reduce the burden on the general practice and its education supervisors.

At the same time PMCs want to ensure that the welfare, education and supervisory needs of prevocational doctors will continue to be met.

Mandates for PGPPP accreditation for PMCs derive from their delegated responsibility from the Medical Board of Australia (for PGY1) and state health departments (PGY2 and beyond) to ensure that there is oversight of prevocational trainees and that the best mechanisms are in place for receiving appropriate support and training.

As PMCs have been involved in accreditation processes for jun-

ior doctors for more than a decade, they have built up significant expertise in assuring the quality of internship and PGY2 training by setting standards and monitoring their implementation.

In relation to PGPPP accreditation, CPMEC has noted the following:

- The development of different jurisdictional approaches to PGPPP accreditation has been driven by historically different levels of involvement in the program.
- It is highly desirable that prevocational doctors continue to have the opportunity to experience a general practice GP rotation irrespective of the subsequent specialisation as a great deal of health care delivery occurs in

the community setting.

- CPMEC would encourage all jurisdictions to incorporate the PGPPP into their training programs for prevocational doctors.
- Any move towards a streamlined accreditation processes should ensure that the specific demands and requirements of prevocational doctors, such as supervision, will be addressed.
- Any streamlined accreditation model will need to acknowledge the role and responsibilities of the various groups involved in PGPPP accreditation

CPMEC acknowledges that the details of the accreditation process may require some degree of flexibility to reflect local jurisdictional imperatives.

UPDATE ON INTERSHIPS

CPMEC continues to actively monitor the situation regarding internships in anticipation of the increase in medical graduate numbers. Recently, Health Workforce Australia set up a project to address short term management of employment demand for increasing medical and nursing graduates. CPMEC was invited to participate in

the Expert Reference Group for Medicine. Amongst other contributions, CPMEC coordinated information on the number of internship positions available nationally in 2012 to inform the work of this group. As all Commonwealth Supported Place (HECS) graduates in each

jurisdiction are guaranteed internships, the information provided by CPMEC will help estimate the expected shortfall in internship positions for other applicants, especially international full-fee paying students.

CPMEC previously noted

“... need to acknowledge the role and responsibilities of the various groups ...”

INTERNSHIPS (CONT'D)



that Postgraduate Medical Councils (PMCs) have worked closely with State and Territory Health Departments to expand accredited intern positions. PMCs have faced major challenges identifying and accrediting new positions with broad clinical exposure and good supervision. However, most of the additional positions needed for 2013 have been accredited and it is increasingly clear that the COAG commitments will be met.

CPMEC believes that the intern year has a significant impact on the safety and quality of health-care delivered by junior doctors. It develops the generalist base that allows junior doctors to practise in a range of medical workplaces throughout Australia, and provides the foundation

for further career development, either as a vocational trainee or a career medical officer.

CPMEC has also been working with other stakeholders to expand training settings for internships. The Confederation has been a strong advocate for delivery of a significant component of the intern year (and other training programs) in ambulatory and subacute settings to better prepare trainees for the work that most doctors do after completion of training. The recent expansion of the Prevocational General Practice Placements Program (PGPPP) by the Commonwealth is to be commended. CPMEC has also been discussing with other stakeholders, the possibility of increased rotations for interns

in rural, regional and remote settings and Aboriginal Medical Services.

In considering these expanded settings for internship, CPMEC is very mindful of the need to ensure that the education, supervision and welfare needs of the junior doctors are properly addressed. All parties agree that positive learning experiences in these expanded settings will provide encouragement for other junior doctors to participate in these rotations in future.

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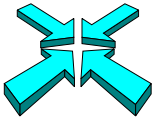
PREVOCATIONAL MEDICAL ACCREDITATION FRAMEWORK (PMAF) USED AS NATIONAL FRAMEWORK

All Postgraduate Medical Councils or equivalent bodies (PMCs) agreed in October 2009 to the Prevocational Medical Accreditation Framework (PMAF) as a national framework for accreditation standards and policies practices in the prevocational medical education and training domain. All PMCs began to use the PMAF immediately to evaluate and review their accreditation standards and policies in Australia. In some instances such as in South Australia, the PMAF has been used as a vehicle to completely

revise existing prevocational accreditation standards.

CPMEC notes the fact that **all** PMCs are already using the PMAF to help develop new standards and policies, revise existing policies, and map their existing standards and policies and identify gaps. A recent survey of all PMCs undertaken by CPMEC has reinforced the value of PMAF as a unifying national framework to guide prevocational medical accreditation processes in future.

- PMAF is *de facto* already being used as a common national framework. Use of the PMAF would facilitate transition to a national process smoothly.
- A significant body of work and resource investment by CPMEC, PMC's, and the Commonwealth Department of Health Ageing (through project funding) underpinned the



NATIONAL AUDIT OF MULTIPLE INTERN JOB ACCEPTANCES

CPMEC convened a meeting during the 14th Prevocational Forum on the Gold Coast in November, 2009 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.

As there was little data to support the extent of this practice, a series of subsequent meetings of a National Intern Allocation Working Party (NIAWP), chaired by Prof Geoff Thompson of SAIMET, saw in-principle agreement reached eventually amongst all jurisdictions to share acceptance information to establish the numbers of applicants who accepted multiple offers.

Ms Kirsten Campbell of NSW CETI has been providing project support. All jurisdictions were in-

involved either through their PMC or health department.

There was very high participation rate by final year students in the 2010 audit. A total of 2697 job acceptances were reported by jurisdictions. Of these, 2313 were examined in the national audit.

Analysis of the data indicated 41 graduates made multiple acceptances across states. This meant that potentially at least this number of positions which could have been freed up if all of the duplicate acceptances were resolved quickly.

The NIAWP agreed that the audit had contributed to minimise the number of vacant intern positions at the commencement of the clinical year. Survey feedback from interns who participated in the 2010 national audit is strongly supportive of the process.

The 2010 audit 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 2011, all jurisdictions have agreed not only to participate in the national audit but also to participate in contacting the multiple job holders, subject to resolution of any outstanding privacy and legal concerns.

In the meantime, the NIAWP will continue to explore ways of achieving greater consistency in the national intern allocation priority rankings and intern application opening and closing dates. It also has been liaising with the HWA and Health Workforce Principal Committee who are also represented on the Working Party.

A copy of the final report of the first national audit can be accessed at <http://www.cpmec.org.au/files/externalreportontheoutcomeofthenationalauditofinternshipclinicalyear2011.pdf>.

"...the audit had contributed to minimize the number of vacant intern positions ..."

JOINT NATIONAL MEDICAL EDUCATIONAL SUPERVISION PROJECT

CPMEC has agreed to join with the Committee of Presidents of medical Colleges (CPMC) and Medical Deans to develop a coordinated approach to supervision standards and supervision training for supervisors at all levels in the training continuum. The project team is led by Prof Kevin For-

syth, previously Dean of the Royal Australasian College of Physicians. CPMEC Chair, Prof Brendan Crotty is representing CPMEC on the project governance team along with Prof Justin Beilby (Medical Deans). A proposal has been submitted to Health Workforce Australia for project funding.

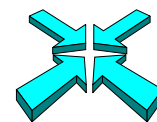
FROM ACROSS 'THE DITCH' - 2011 PREVOCATIONAL FORUM

Arrangements for the 2011 Prevocational Forum in New Zealand are well underway and further information regarding Forum, registrations and submission of abstracts can be obtained from the event website at [http://](http://www.prevocforum.org.nz/)

www.prevocforum.org.nz/

The program is close to being finalised with a mix of Australian, New Zealand and international keynote speakers. Abstracts submissions are due to close on 8

July and the Scientific Committee has a plan for managing the review and selection of abstracts. Arrangements for poster presentations and judging are also in hand.



PMAF USED AS NATIONAL PREVOCATIONAL ACCREDITATION FRAMEWORK (CONTINUED)

development of the PMAF. Furthermore, an extensive consultation process with all key stakeholders in medical education and training informed its development.

- PMAF has demonstrated its usefulness and flexibility in comparing prevocational accreditation practices across states and this has been supported by active knowledge sharing amongst PMCs through CPMEC's Prevocational Medical Accreditation Network that has the involvement of all jurisdictions.
- In the development of the PMAF, there was significant

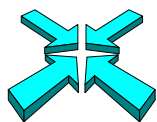
consideration given to AMC standards especially as they related to prevocational training.

- PMAF has been used as a tool by PMCs to assist in the development and/or modification of accreditation processes by identifying gaps in existing processes.

CPMEC is mindful that currently discussions are taking place about how the AMC might apply a national framework for intern accreditation to replace the current State-based accreditation processes to ensure that appropriate and consistent standards are in place for all jurisdictions.

CPMEC would like to emphasise that through the PMAF, a national framework is already in place that has been practically tested. CPMEC urges the Medical Board of Australia and the Australian Medical Council to utilise the PMAF in the establishment of a national framework to underpin prevocational medical accreditation.





2010/2011 CPMEC AWARDS

The process for selection of CPMEC's Junior Doctor of the Year and the Clinical Educator of the Year for 2011 is underway. Each jurisdiction manages their winner and CPMEC selects the overall trans-Tasman winner of the two awards.

This will be the fourth Junior Doctor of the Year Award which is given to a prevocational doctor who has made an outstanding contribution to teaching and learning and the activities of their Postgraduate Medical Councils or equivalent bodies. The 2010 winner was Dr William Liley of QLD.

The Clinical Educator of the Year 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; has 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 recipient of the inaugural award was Dr Richard Tarala of WA.

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 2010 award was presented to Ms Debbie Paltridge.

The winners of the 2011 award will be announced at the Prevocational Forum official dinner in Auckland, New Zealand on 8 November 2011.



Mrs Marilyn Marel presents Ms Debbie Paltridge with the 2010 Geoffrey Marel Medal



*Dr Bill Liley
Junior Doctor of the Year 2010*



*Dr Richard Tarala
Clinical Educator of the Year 2010*

And the winners are

....



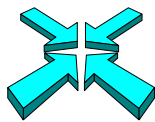
2010 PREVOCATIONAL FORUM—GALA DINNER



*Judging by
the smiles ... a
good time was
had by all*

BETWEEN SESSIONS





CPMEC PROFESSIONAL DEVELOPMENT PROGRAM FOR REGISTRARS

The two-day Professional Development Program for Registrars (PDPR) delivered directly by CPMEC continues to be extremely well received by participating registrars.

Since the beginning of 2010 CPMEC General Manager, Dr Jag Singh has delivered a total twenty-one PDPR programs. In most of these programs he has worked with PDPR accredited trainers. These programs have been run throughout Victoria and also in Darwin, Perth, Adelaide and Mackay.

Whilst the program contents and delivery format have undergone some changes since the initial version was launched in 2006, the ethos of the program remains unchanged in that it is designed to equip registrars supervising junior doctors with teaching and supervision skills to help manage a key career transition to being medical managers. The participant feedback to the PDPR has been overwhelmingly positive since inception and its growth has been largely based on word-of-mouth publicity.

Themes emerging from this feedback include: the program exceeding expectations; being relevant and practically useful; effectiveness of the program design and the variety of training methodologies used; experience of program directing staff; the opportunity to reflect on their strengths and development needs; and that it should be a mandatory part of post-graduate training.

CPMEC is working with PMCs, Health Workforce Australia, Colleges, Medical Deans, training networks, and state/territory health departments to ensure that the program becomes even more widely available to the medical managerial workforce. It is gratifying to note that some Colleges are actively promoting the PDPR as

part of the training requirements for their trainees.

