

AUG-OCT 2009

Outgoing Chair Outlines Challenges for Prevocational Medical Education and Training

In his final report to the CPMEC Consultative Council, outgoing CPMEC Chair, Prof Lou Landau has highlighted a number of key challenges that face CPMEC, PMCs and prevocational education and training generally.

Amongst the key issues include the significant increase in the number of medical graduates over the next four years. This will have immediate implications for intern clinical training arrangements in terms of additional clinical capacity including supervision. Given that other health professions will also have increased numbers, Prof Landau noted that existing training approaches and models will require significant changes and innovative approaches to address the issue of finding high quality clinical training placements

for the increased numbers. In this regard, he stressed the imperative of maintaining effective prevocational accreditation processes to ensure that the educational aspects of the placements are maintained.

Prof Landau noted that with the National Registration and Accreditation Scheme (NRAS) for health professionals becoming operational in July 2010, it is an opportune time to consider arrangements for prevocational registration and accreditation under a national scheme. These extend to current accreditation processes, the role of the Australian Curriculum Framework for Junior Doctors, a nationally consistent approach to internship and the sign-off process for its completion, and building supervisory capacity.

He also drew attention to the

need to ensure that the PMCs are adequately funded under transitional arrangements, adding that this has been repeatedly highlighted by CPMEC in its submissions to the Medical Board of Australia. Prof Landau also called for resolution on the issue of the nexus between prevocational training and the AMC given that the latter has been assigned the accreditation functions of the Medical Board of Australia.

He further noted that the final report of the National Health & Hospitals Reform Commission in June 2009 had made a number of important recommendations in relation to the development of a well-trained and supported workforce. Of particular interest is the call for investing in the management and skills develop-

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2009 Junior Doctor Award Division Winners

CPMEC agreed in 2008 to recognise the contributions of junior doctors who made significant contributions to prevocational medical education and training. It was agreed that a two-tiered award structure be put into place with winners selected by each CPMEC member and an overall winner selected from

these jurisdictional winners.

In 2009, the competition for the CPMEC award has been even stronger with participation from New Zealand and Northern Territory for the first time. Postgraduate Medical Councils have responsibility for managing their area winners and the CPMEC Recognition Sub-

Committee determines the winner of the Trans-Tasman award.

All state winners and the overall winner are recognised at the National Forum official dinner. Division winners will be presented with a medal and certificate and the overall winner receives a trophy.

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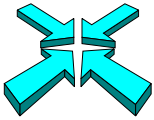
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coasting to gold

14TH NATIONAL PREVOCATIONAL MEDICAL EDUCATION FORUM

15-18 November

Sheraton Mirage & Spa, Gold Coast

***There have
been over 350
Registrations***

The 14th National Prevocational Medical Education Forum will be held on 15-18 November 2009 at the Sheraton Mirage Resort on the Gold Coast. Workshops are on offer on Saturday afternoon 13 November and on Sunday morning 14 November, with a number of Special Interest Group meetings on Sunday afternoon.

Registrations

Since opening, there have been over 350 registrations ensuring that this event will be a great success. If you are still interested in attending and have not registered, it is best to do so quickly. Accommodation at the Sheraton Mirage Resort is nearing capacity so you will need to get in early to secure a room there. The Gold Coast offers other accommodation within walking distance of the Sheraton including Palazzo Versace, Sea World Resort, Xanadu Resort, and Paradise Resort. Families are welcome.

Workshops

Workshops will be run on Saturday 14 November and Sunday 15 November offering delegates the opportunity for additional

professional development. There will be four workshops held on Saturday afternoon (2 three hour and 2 ninety minute) and five workshops held on Sunday morning (1 three hour and 4 ninety minute). Workshops will be interactive and informative. Some workshops are filled. Please register quickly if you are interested in attending a workshop as places are filling up.

SIG meetings

Special Interest Group meetings will be held on Sunday afternoon 15 November for most from 2 – 5pm. Meetings are for DCTs, MEOs, Jurisdictions, JMOs, JMO Managers and Medical Boards. Meeting outlines will soon be posted on the conference website.

If you are interested in attending one of these meetings please register your interest as soon as possible to assist our leaders in finalising arrangements. Reports from each group will be presented on Wednesday morning 18 November.

CPMEC will also be holding three separate meet-

ings which are invite only. The Principal Officers meeting will be held on Saturday at 4pm, the National Interns Allocation meeting will be held on Sunday morning and the Consultative Council Meeting will be held on Sunday at 2pm.

Concurrent Sessions

With 79 abstracts accepted the next challenge has been to schedule these presentations. Innovation in Medical Education and Enhancing Capacity were the two most popular themes. Scheduling has been done via topic streams and interest group focus. Topic streams include: curriculum and assessment, enhancing capacity, information technology, accreditation, rural and GP, IMG, and clinical innovations. Special interest streams focus on JMOs and PGY2 and beyond. The presentations are scheduled over 4 sessions on 2 days of the conference.

Panel Sessions

There will be four panels held. Discussion will relate to issues of Nationalising Registration and Accreditation, Supervision

From 'Across the Ditch'

Accreditation

The Education Committee continues to work on its review of standards for the accreditation of intern runs, along with the process for ongoing reaccreditation.

This review will in part be informed by the CPMEC Prevocational Medical Accreditation Framework (PMAF).

Changes to the standards and the process for accreditation, along with the draft guideline for detecting and helping the underperforming intern, is expected to be distributed to relevant stakeholders for feedback early in the new year.

Intern Supervisor workshops

We have also held the second of our annual intern supervisor workshops which are always a valuable forum to raise issues with supervision and education along with ideas for resolution.

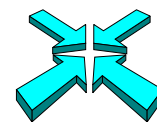
The key themes raised surrounded access to funding for education, the management of interns with ongoing health issues and the assessment of interns throughout rotations.

Reports on workforce issues

There have recently been a number of reports to the Minister of Health that impact on prevocational edu-

cation and training. These are all accessible at the Ministry of Health website (www.moh.govt.nz) and include:

- *Meeting the Challenge*
- *A proposal for reconfiguration of the clinical training agency*
- *Foundations for excellence: the report of the Medical Training Board*
- *Treating people well (the Resident Medical Officer report)*



Nau mai, Haere mai Dr. John Adams



Dr John Adams has recently joined the CPMEC Executive Committee as the representative of the Education Committee of the Medical Council of New Zealand.

John was appointed Dean of the Dunedin

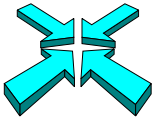
School of Medicine in 2003. He is a University of Otago graduate, subsequently training in psychiatry, gaining his Fellowship of the Royal Australian and New Zealand College of Psychiatrists in 1984 and working for many years at the Ashburn Clinic in Dunedin, where he was appointed Medical Director in 1988.

He has had extensive involvement with the New Zealand Medical Association, initially as a Council delegate, then Board member and subsequently NZMA Chairman from 2001 to 2003. A long

term interest in professionalism and ethics then led to John becoming Chair of the NZMA Ethics Committee, and leading the current review of the NZMA Code of Ethics.

John is a member of the RANZCP Ethical Practice Committee and teaches in the Professional Development Programme in the undergraduate course in Dunedin. He is also a Trustee on the NZ Institute of Rural Health, the Ashburn Hall Board of Trustees, and the Alexander McMillan Trust.

Note: (Nau Mai, Haere Mai is Maori for Welcome)



Coasting to Gold (Cont'd)

and Enhancing Capacity. To tie all aspects discussed at the Forum, there will be a Panel to close the conference.

Poster Presentations:

There will be many posters on display with the opportunity to review and discuss posters and issues with their presenters during breaks.

Sponsorship

The Department of Health and Ageing (DoHA), our Platinum sponsor, is not only sponsoring important operational aspects of the Forum but are enabling two JMOs with remote and rural experience from each state

and territory to attend this event. Queensland Health is also providing considerable sponsorship at the Silver level. ACRRM and PMCQ are also sponsoring aspects of this Forum. Other companies are providing satchel inserts or advertisements in the Forum Handbook. We warmly thank our sponsors and supporters.

Welcome Function

The Welcome Function will be opened by Emeritus Professor Laurie Geffen on Sunday 15 November at 5.30pm on the South East Lawn at Sheraton Mirage Resort. This is a great opportunity to network with your fellow peers in a relaxed environ-

ment.

Gala Dinner

The Gala Dinner will be held on Tuesday 17 November at 7pm at the Sheraton Mirage Resort Grand Ballroom. The Dinner is White and Gold themed. The CPMEC JMO Award and Geoff Marel Medal will be presented. This event offers excellent networking opportunities with entertainment from Groove Inc, dancing and delicious food.

Additional Information

For further information on the National Forum please visit the conference website through www.pmcq.com.au and follow the 'Coasting to Gold' links or contact Convention Wise on 03 6234 1424 or email mail@conventionwise.com.au

The CPMEC JMO Award and Geoff Marel Medal will be presented

New Principal Officer in SA IMET



Brendan Peek has recently joined SAIMET as Manager, Medical

Workforce, Education and Training.

Brendan has worked in the area of education and training for health professionals for the past 12 years.

He originally qualified as a podiatrist and worked for several years in both the private and public sectors. After gaining a Bachelor of Adult Education and Training, he moved into undergraduate teaching, working in Australia and the United

Kingdom with podiatry and medical students.

Brendan completed a Masters Degree in Education in 2003, and since that time has been involved with training and support for general practitioners. For the past few years, Brendan has held the position of State Manager (SA/NT) with the Royal Australian College of General Practitioners.

ACF Project Update



CPMEC continues to progress this important national initiative through its implementation of the ACF and most significantly with the upcoming launch of the revised ACF version at the 2009 Prevocational Forum.

The ACF National Steering Group endorsed a change to the governance of the project at its June 2009 meeting. The Workplace Implementation Working Party (WIWP) and Curriculum Learning Resources Working Party (CDLWP) have completed their work. These working parties will be replaced by two new working parties.

A Vertical Integration Working Party (VIWP) has been established to promote the vertical integration of the ACF at both the undergraduate and postgraduate training levels. The Teaching and Education Working Party (TEWP) has been set up to address the training of junior doctors, educators, supervisors and administrators necessary to see sustainable implementation of the ACF.

There were very positive responses to our call for nominations for the Working Parties from each PMC and other

stakeholder groups. It is with pleasure that we announce that Prof Fiona Lake will chair the VIWP and Associate Prof Terry Brown will chair the TEWP. The first meetings will take place late November and early December and further information will be provided once their work is underway.

The Project Officer Working Party (POWP) has been formalized and is now officially within the project govern-



ance structure and chaired by the ACF National Project Coordinator, Ms Debbie Paltridge. This group previously met informally as a group of state based ACF project officers. The POWP is currently preparing to implement a National Survey of DCTs and MEOs regarding the ways in which the ACF is being used.

The NSG have also finalised the revision of the ACF which will be available in brochure and booklet format and on the CPMEC website. Special thanks to the Revision Group for their

hard work in reviewing the ACF and sifting through the subsequent feedback.

The Assessment Working Party (AWP) has completed the National Assessment Tool Pilot program and results will be presented at the 2009 Forum along with recommendations from the AWP for the National rollout. Overall there was a very positive response to the Supervisor training from both Supervisors and JMOs with increases in the quantity of feedback provided at mid and end of term, and the amount of direct observation in the workplace.

There was support for the National Tools including the JMO self assessment tool, four point rating scale and link to the ACF capabilities. National rollout will need to closely consider the supervisor and JMO training required to support the process.

The AWP will be undertaking two assessment workshops at the 2009 Forum in response to feedback from the pilot program where a similar calibration exercise was highly regarded.

CPMEC realises a great deal of work still remains in relation to the implementation of the ACF. Clearly with limited resources CPMEC is reliant on continued funding support for ongoing implementation.

"...NSG have finalized the revision of the ACF."



2009 CPMEC Junior Doctor Award

**2009 Junior
Doctor Award
Division
Winners**

Northern Territory:

Dr. Samuel Goodwin

Samuel is finishing his last two years at Northern Territory Clinical School, has been integral to the formation of the NT JMO Forum and he is enthusiastic and motivated to bring about change for junior doctors.

Victoria:

Dr. Angela Marsiglio

Angela has been a strong supporter, contributor and advocate of medical education activities conducted by the PMCV such as Teaching on the Run and Learning on the Run. At the Hobart Forum she made a presentation on "Self-Assessment of the Australian Curriculum Framework: JMO Perspectives on the GPrime E-learning Tool".

South Australia:

Dr Mau Nam Wee

Mau developed an online Web-based application tool to assist in the centralisation of all essential, non-critical medical tasks that allows the JMO to view, assess and plan daily tasks. This allows the JMO to respond to messages facilitating "two-way" communication between the JMO and other staff members enhancing collegial relationships, improving efficiency, timeliness and decreasing stress.

New Zealand:

Alexandra Greig

As the Secretary of the Resident Medical Officers (RMO) Forum at Rotorua Hospital, Alexandra was also closely involved with the RMO project which analysed workforce demands and tasks undertaken by RMO's within the hospital. The project provided insights beneficial to the retention and effective support of junior doctors at Rotorua Hospital and could be used to implement changes to the role of the junior doctor, their education, both formal and on the ward, and quality assurance activities.

Western Australia:

Caroline Rhodes

In 18 months at Royal Perth Hospital, Caroline has been actively involved in the education of other junior medical officers and was a key contributor to the 2009 RPH Intern Orientation week, assisting in its organisation and giving two presentations.

Caroline is an accredited Support Surveyor and encouraged other JMOs to take on this role given the importance of the accreditation process in ensuring quality jobs for junior doctors. She also provides informal teaching to interns and medical students and co-authored a JMO Charter.

New South Wales:

Farzan Fahrtash

Farzan has shown his commitment to teaching others by setting up 'Teaching on the Run' programs with the DPET

at The Children's Hospital in Westmead, as well as arranging for multimedia to record JMO education sessions.

Farzan has been involved in working with Westmead's Medical Clinical Superintendent on weekend handover reports for sick patients; is instrumental in organising a mentorship program for PGY1s and has set up a system for communication between JMOs regarding shift swaps and other roster information.

Tasmania:

Dr Robert Smithers

As an intern Rob has excelled both clinically and professionally and provides strong leadership to his peers in an informal and engaging way

Rob was chosen to mentor medical students needing remediation and the students have provided feedback that they found Rob an exceptional mentor. He has also made a valuable contribution as a co-examiner for the year 5 OCSE's; a role he was invited to fill as a result of his known abilities.

Queensland:

Dr Michael Wong

Michael has consistently found numerous ways to improve the educational experience for his peers and for future junior doctors. During 2009, he has continued to be the Facility JMOF representative at The Prince



CPMEC Junior Doctor Awards (Cont'd)

Charles Hospital.

He has also continued attendance at the local The Prince Charles Hospital (TPCH) 'After Hours Working Group', 'Medical Education Committee', and RMO society. Over the two years, he has been involved in several RMO pres-

entations at both facilities.

In the first half of 2009, Michael carried out IMG Surveys across many Queensland Hospitals and collated and published this information on the PMCO website with a link to the Queensland Health RMO Cam-

paign. He has also participated as a Junior Doctor Surveyor on two accreditations in 2009.

CPMEC is planning to expand the awards in the near future to recognise the contributions of clinical supervisors and medical education officers.

Outgoing Chair Outlines Challenges for Prevocational Training (Cont'd)

ment of managers and clinicians at all levels; developing a flexible, multi-disciplinary approach to the training of all health professionals; creation of a National Clinical Education and Training Agency; enhancing greater clinical engagement and explicitly recognising teaching and learning as core principles for all health professionals.

The establishment of the Health Workforce Australia to provide significant funding and other support for the delivery of clinical education and training and carry out health workforce related research is another significant national development. CPMEC has tried to maintain dialogue with HWA and its predecessor, the National Health Workforce Taskforce. He noted that there were some concerns that HWA did not add another layer to the health bureaucracy.

On the issues of vertical integration, Prof Landau noted that this had been a recurring theme in health workforce development policy debates which was again highlighted at the recent MedEd09 conference in Sydney. Of interest to

the prevocational phase has been the constant call to improve efficiency in postgraduate training across the continuum including issues of streaming and streamlining. There have been some views expressed about compressing the internship year into the final year of medical school. The latter also raised questions about the appropriate forum for achieving vertical integration that will ensure an effective voice for prevocational training. In this regard, Prof Landau emphasised that the *Australian Curriculum Framework for Junior Doctors* does **not** stipulate that there has to be two years of undifferentiated generalist training.

Prof Landau reiterated ongoing concerns in relation to funding of prevocational training. Whilst there has been a significant increase in funding commitments for clinical placements at the undergraduate level, concerns remained about the level of funding for the prevocational phase of the medical education and training continuum. This has become more apparent as we move towards national registration and accreditation where current state and territory contri-

butions to PMCs need to be maintained and increased in light of increased intern numbers in future.

He also highlighted the need to increase resourcing of CPMEC to allow it to function effectively as the peak body for PMCs or equivalent. He was hopeful that the proposal before DoHA for extension of funding for CPMEC would be viewed favourably given the very significant achievements of CPMEC with lean resources. Prof Landau added that for many PMCs funding has become a more acute issue since MTRP project funding grants for national priority projects were put on hold pending the outcome of MTRP review. He called for an early resolution on this matter.

Prof Landau noted that achievements of the CPMEC would not have been possible without the voluntary contributions of numerous State PMC Chairs, Principal Officers, Clinical educators, medical education staff and junior doctors. This was in addition to the hard work being put in by a very small pool of very dedicated staff.

"... some views expressed about compressing the internship year...."

Medical Schools Outcomes Database (MSOD) & Longitudinal Tracking Project

CPMEC has been very supportive of the initiative by medical schools to create a national tracking system for all medical students in a venture to reduce guesswork in medical workforce planning and to evaluate the effectiveness of various Commonwealth funded medical education initiatives.

The MSOD, funded by the Commonwealth Department of Health and Ageing, has been a resource providing data on demographics, training experience and career intentions over the last five years, from 11,500 students at this stage. Data is collected longitudinally on entry to medical school, during the medical course, on exit from the course and will be collected in the postgraduate years. It is currently collecting data for the first cohort at the end of internship to document the impact of this year on their career plans.

Professor Louis Landau, who has taken up a role with the MSOD as Project Director, said the data the MSOD provides will help identify patterns in students' training, and in the way courses from different medical schools and different states are structured. This will help us to develop profiles of the patterns of practice that are likely to result from these different clinical training settings and experiences in different medical schools. This then will allow the postgraduate medical councils in each state and territory to design more relevant and productive training programs for interns that add value and address potentially critical gaps.

For instance, a student who has had clinical placements with a rural general practice may have developed skills in getting first-hand information from a no triaged patient, as well as in ordering tests and in billing procedures. Someone who has worked only in a large metropolitan hospital may not have, and may need to develop, such skills.

Postgraduate medical councils will not have access to individual student information provided to the MSOD as a lot of time and effort has gone into ensuring that the privacy of participants is protected. However, a postgraduate medical council will be able to provide a hospital with a profile of prior clinical experiences. Based on that, the hospital will be able to provide more personalised training programs that are consistent with national guidelines of capabilities to be achieved from the Australian Curriculum Framework for Junior Doctors and of the national framework for accreditation of satisfactory training placements for the needs of junior doctors.

The Project has published its first academic articles in two leading journals. Professor Humphreys was co-author of 'Predicting medical students intentions to take up rural practice after graduation', published in *Medical Education*, and 'From medical school to medical practice', published in the *Medical Journal of Australia*. 'Initial results

show that length of residence in a rural area, generalist practice intention and financially supported study (but not a bonded arrangement) are the strongest predictors of intention to take up rural medical practice,' he said.

This year marked the fifth anniversary of recruiting the first cohort for the MSOD Project, with the pilot group of medical students who completed their entry questionnaire in 2005 nearing the end of their internship.

'The commitment of medical students, schools and our stakeholder organisations to this project has resulted in its outstanding success', said the Chair of the MSOD Project Board, Professor Justin Beilby. The Project is a collaboration of a number of key stakeholder organisations representing students, postgraduate education and training, rural and indigenous health, and workforce planning. A national forum was held in Sydney on 29th October 2009 for medical schools, students and the stakeholder organisations, to commemorate five years and presentations analysis of the MSOD data.

For information on the MSOD Project: Ms Bal Kaur, Project Manager, T 61 2 9036 3365 or visit http://www.medicaldeans.org.au/MSOD_Webpages/msod.html