



MAR-APR 2009

CPMEC Identifies Priorities in Prevocational Medical Education

CPMEC has identified a number of projects as high priorities in supporting high quality prevocational medical education and training in Australia and New Zealand. Some of these projects involve ongoing implementation whilst others will provide important benchmarks as the country moves towards national registration and accreditation in 2010. Prof Lou Landau, CPMEC Chair, has noted that these projects are crucial in developing sys-

tematic approaches to prevocational training nationally that will still provide local postgraduate medical councils with the scope to adapt to local circumstances. The priority projects include:

- ongoing implementation of the Australian Curriculum Framework for Junior Doctors (ACF) project.
- piloting the implementation of the Prevocational Medical Accreditation Framework
- defining end of year competencies ex-

pected of PGY1 and PGY2 trainees

- providing resources and support for prevocational training supervisors and medical education officers
- continuing rollout of the Professional Development Program for Registrars

In relation to the ACF project, CPMEC and the National Steering Group overseeing the project have recognised the need to review current implementation structures

Continued P.4

CPMEC Working Party on National Registration and the Internship

CPMEC has set up a Working Party to provide advice in relation to the structure, format and content of the internship in the context of a national registration scheme for medical practitioners.

Australia will soon establish a national medical board and

medical register in place of the current state and territory boards and registers. The Medical Board of Australia is expected to be appointed in mid-2009 and the new national registration and accreditation scheme will commence on 1 July 2010.

The composition of the intern year and a na-

tionally agreed process for sign off after satisfactory completion of internship will be a matter for the new board to decide.

There is an opportunity to introduce a stronger educational focus as the new structure is introduced and the Working Party

Continued P.3

Issue 2—2009

Inside this issue:

NHRC Response	2
CPMEC and Medical Deans	2
News from Across the Ditch	3
ACFJD Project	5
Junior Doctor Awards	5
National Prevocational Forums	6
PDPR	7
Changes in Member PMC Leadership	7
CPMEC Governance and Administration	8
PMAF	8

CPMEC
PO Box 2900
St Vincent's Hospital
FITZROY VIC 3065

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

www.cpmec.org.au



CPMEC Responds to National Hospital & Health Reform Commission Interim Report

Prof Lou Landau, Chair of CPMEC has commended the Interim Report of the NHRC Commission for highlighting better use of workforce capabilities and improved clinical training infrastructure as key drivers of quality performance in the health sector.

CPMEC's response noted that effective leadership and management skills were key ingredients in the building the capabilities and providing effective supervision for all health workers. In this regard, CPMEC highlighted the success of its Professional Development Program for Registrars (PDPR) which focuses on building the leadership and management skills of registrars and has rolled out across a number of states in Australia.

Whilst expressing support for the need to bring about greater efficiencies in education and training, CPMEC emphasised the need to build partnerships with existing structures rather than duplicate them. CPMEC also highlighted the need for dedicated funding streams for prevocational training to be emphasised, as too often discussions moved straight from undergraduate to vocational training in the medical profession. CPMEC also highlighted the importance of addressing clinical training infrastructure needs across all settings given the increase in health student numbers with flow-on effects for prevocational and vocational training places.

In relation to a National Clinical Education &

Training Agency, CPMEC highlighted the need for the proposed entity to play a lead role in facilitating discussions between stakeholders. Its role would be best served by supporting those educational arrangements that were working well and focusing attention in areas where big-step improvements are required.

CPMEC also expressed support for moves to encourage increased numbers of indigenous health graduates, provide better support for them, and embed indigenous education across all phases of the medical education and training continuum. Similar support was expressed for educational strategies that would positively impact on increasing access in remote and rural areas.

"...effective leadership and management skills were key ingredients..."

CPMEC and Medical Deans

CPMEC is extremely pleased that the Medical Deans of Australia & New Zealand have endorsed our Australian Curriculum Framework for Junior Doctors, noting that the framework is an important component of the transition from medical school to pre-specialist training.

CPMEC and MDANZ

have agreed to work closely to ensure vertical integration of the medical education and training continuum.

In the meantime, CPMEC continues to actively support the MedEd09 Conference in Sydney from 30-31 October. CPMEC has been working with the MDANZ secretariat to ensure that there is

greater level of participation from junior doctors at this year's conference than was the case previously. Details on the Conference can be accessed from the website at <http://www.medicaldeans.org.au/MedEd09%20Conference.html>.

CPMEC Working Party on National Registration and the Internship (Cont'd)



has been convened to investigate these issues.

The Working Party is chaired by Prof Brendan Crotty, the Chair of the Postgraduate Medical Council of Victoria, and will include representatives of PMCs and doctors in training.

Dr Joanna Flynn will represent the Australian Medical Council and the Joint Medical

Boards Advisory Committee. Ms Louise Rice of IMET has been appointed as Senior Project Manager.

The working group will report to CPMEC in June, 2009 and it is anticipated that a consensus position will be developed for subsequent discussions with the Medical Board of Australia.

For further information please contact Ms Louise Rice, Senior Project Manager on (02) 9844 6535 or email lrice@imet.health.nsw.gov.au.

News From Across the Ditch

The Medical Council of New Zealand Education Committee has established a Intern Run Accreditation Review Working Party. The working party will review the current criteria for accrediting intern runs. Part of this review will include consideration of how to assess these runs as part of the broader process of hospital re-accreditations.

The NZ Ministry of Health has established a Resident Medical Officer (RMO) Workforce Commission to consider and offer recommendations regarding issues affecting the RMO work-

force. MCNZ have provided a submission to the Commission's initial consultation document and stressed the importance of the following:

- Development of a modified apprenticeship model where there is greater emphasis on the attainment of competencies
- Greater exposure to clinical experience and a lesser clerical component to training
- A broader based education and training at PGY1 and/or PGY2.
- More structure and accountability for funding agencies

- Greater opportunity for inter-professional learning
- Greater opportunity for private sector exposure and experience
- Introduction of compulsory primary care experience in the early post graduate years
- The need for up-front financial investment to successfully develop and implement the above mentioned goals and strategies
- Providing incentives for RMO retention





CPMEC Identifies Priorities in Prevocational Medical Education (Cont'd)

“Increased trainee numbers are significantly increasing the workload of clinicians ...”

and that will address ongoing implementation of the ACF. Key areas of focus for the project will include ongoing monitoring and coordination of ACF applications throughout Australia; progressing resource development to support the capabilities contained in the ACF for both learners and clinical educators; promoting vertical integration with medical schools and colleges; and building supervisory capacity through a national program. A fuller report on the progress in relation to this project is included on page 5 in this newsletter.

The Prevocational Medical Accreditation Framework (PMAF) developed under the auspices of the CPMEC is close to being finalised. CPMEC is currently reviewing the extensive feedback received on the PMAF and the final version is expected to be finalised by June this year. There will be a need to test the PMAF nationally to ascertain its effectiveness as a national instrument to underpin accreditation of prevocational medical training positions in Australia.

There is also a continu-

ing need to establish scope for linking with existing undergraduate, and vocational training as well as other accreditation undertaken at medical workplace training sites. In addition CPMEC also sees the need to consider accreditation of all prevocational training positions including resourcing implications.

An important piece of work that needs to be undertaken in developing accreditation of prevocational training relates to developing nationally accepted definitions of end of PGY1 and PGY2 competencies. CPMEC is hoping that will also provide an opportunity to work with stakeholders across the medical education and training continuum. This issue has been brought up when discussing what AMC or any other body would accredit in relation to prevocational training.

Increased trainee numbers are significantly increasing the workload of clinicians and medical education support staff responsible for supervising and supporting prevocational trainees. To provide the resourcing and support for supervisors and medical educators, CPMEC considers a project is warranted that addresses

two issues. The first involves development of resource guidelines to support prevocational training positions including the appropriate level of supervision and educational support. The second aspect would relate to the development of a project that outlines resources available nationally to support prevocational clinical supervisors and medical educators.

CPMEC's Professional Development Program for Registrars (PDPR) will continue to build on the multiplier model to be disseminated throughout Australia. State health departments in Queensland, South Australia and Victoria have actively supported this rollout. Other states are involved in discussions of the same. CPMEC is pleased to note that some Colleges and other agencies are interested in the PDPR.

CPMEC will also continue supporting projects that will help develop more robust data on prevocational training in Australia. This is particularly the case beyond the internship year.

CPMEC is in the process of identifying sources to support the implementation of these priority projects.



The Australian Curriculum Framework for Junior Doctors Project

The ACF project continues to make a very significant contribution to improving consistency in prevocational medical education and training throughout Australia under the coordination of the project's National Coordinator, Ms Deb Paltridge.

It was pleasing for CPMEC to note that a total of 26 presentations, workshops, free papers, and posters at the November 2008 National Prevocational Forum in Hobart focused on the ACF. This highlighted the ever-increasing applications of the ACF in medical education and training throughout Australia.

Projects related to competencies in safety and quality, mapping of competencies achieved in different discipline posts, and development and evaluation of assessment tools. It reinforced CPMEC's contention of the practical value and utility of the ACF for the organizations using it to improve the quality of

training provided to prevocational doctors.

Since our last report, the first review of the ACF has been undertaken since its launch in 2006. This included redrafting the capabilities in order to make assessment easier.

The draft revised version has been circulated for stakeholder comment and feedback. A PDF copy of the revised ACF is available for review, and can be downloaded from our website at <http://www.cpmecc.org.au/files/Brochurev2.pdf>.

The other major activity currently underway with the ACF project relates to piloting the national assessment tools to support the ACF.

CPMEC is currently working with Postgraduate Medical Councils (PMCs) to pilot the tools at twelve identified sites that will ensure adequate representation of metropolitan and rural facilities and

a mix of both large and small sized facilities.

Supervisors will be provided with training in the use of the tools and their links to the Term Description documents. A formal evaluation process will gather data on both the tools, resources required for implementation and supervisor training requirements prior to national rollout.

CPMEC has sought funding from the Australian Government Department of Health and Ageing for the extension of funding for the project. Current funding expires at the end of June 2009.

Feedback on the revised curriculum framework can be provided in writing to Ms Deb Paltridge at dpaltridge@cpmecc.org.au or alternatively you may use our [feedback form](#) on the website. Ms Paltridge can also be contacted for further information on the assessment pilots.

“...highlighted the ever-increasing applications of the ACF ...”

CPMEC Junior Doctor Awards

Following the success of the inaugural CPMEC Junior Doctor of the Year awards, CPMEC is in the process of finalising the process for selection of the 2009 winners which will be released in early May.

Amongst the significant changes to the 2008 criteria, all Postgraduate Medical Councils have agreed to limit the eligibility criteria for the awards this year to PGY1 and PGY2 trainees only.

There was consensus that opening the award to more advanced trainees significantly disadvantaged the prospects of trainees in the first two years of postgraduate training for the award.



National Prevocational Forums



COASTING TO GOLD

14th Annual Prevocational Medical Education Forum

15—18 November 2009

Sheraton Mirage Resort

Gold Coast QLD



“CPMEC has been extremely pleased with the level of feedback received to date.”

PMCQ host the 14th National Prevocational Medical Education Forum to be held from 15-18 November 2009 at the Sheraton Mirage Resort and Spa on the Gold Coast.

The Forum target audience are medical students, prevocational doctors, vocational trainees, supervisors of JMOs, medical educators, JMO managers, medical boards, educationalists and academics as well as PMCs or their equivalent. Attendance by many jurisdictional representatives who work with PMCs is particularly encouraged.

The themes and issues for this conference are Supervision, Innovation in Medical Education, Doctors Health & Well Being, Enhancing Capacity and Nationalising Medical Education.

The Call for Papers will be take place later this month. The presentation formats will

be 30 or 20 minute research-based oral presentations and poster presentations.

PMCQ is hoping to offer a Weekend Program of Pre Conference Workshops or Master Classes on Saturday 14 November and Sunday 15 November.

Facilitators will be allocated a total of 1.5 or 3 hours to offer an interactive, skills-based workshop.

The driving force behind the decision-making for this Forum, are the Scientific Committee, Queensland Committee and Organising Committee. PMCQ has also obtained the services of Convention Wise to ensure efficient organisation for the smooth running of this Forum.

Important dates:

CALL FOR PAPERS:
Late **April**

REGISTRATIONS:
Registrations open on **15 June**, to allow par-

ticipants to apply for leave early.

Contact Information:

For further information on this Forum, registrations and call for papers details please visit our website pmcq.com.au 'Events & News' or contact Convention Wise on mail@conventionwise.com.au. To enquire about the Forum Committees, please email NationalForum@pmcq.com.au

Meanwhile, CPMEC is disappointed that the Postgraduate Medical Council of Northern Territory had to withdraw its intentions of hosting the 2010 Forum because of lack of support from their state health department. The 2010 Forum will now be hosted by the Postgraduate Medical Council of Victoria in Melbourne.

CPMEC members are exploring having the 2011 Forum in New Zealand.



CPMEC's Professional Development Program for Registrars (PDPR)

The Professional Development Program for Registrars (PDPR) continues to be rolled out nationally. Particularly pleasing from the CPMEC perspective has been the participation of trainers who have completed the PDPR Trainer Accreditation program being involved in the delivery of the program.

Dr Jag Singh, General Manager of CPMEC has been providing support to these trainers.

CPMEC is

pleased that there have been expressions of interest from some Colleges and other stakeholders about the possibility of linking the PDPR with their professional development activities.

In a situation where the need to build clinical supervisory capacity is seen as vital in supporting increased numbers of medical

graduates, the PDPR has proved to be an effective vehicle in this regard.

The PDPR program has been adapted to meet requirements of different groups and has significant potential to build supervisory capacity across the medical education and training continuum.



Participants at a recent PDPR in Melbourne organised for the Postgraduate Medical Council of Victoria by CPMEC

“PDPR continues to be rolled out nationally”

Changes in Member Postgraduate Medical Councils Leadership

There have been a number of changes recently in the leadership of state and territory Postgraduate Medical Councils. Prof Laurie Geffen has replaced Dr Robin Mortimer as Chair of

the Postgraduate Medical Council of Queensland. Prof Dick Ruffin has stepped down as Chair and has been replaced by Dr. Geoff Thompson. Assoc. Prof Simon Wilcock has replaced Prof

Mark Brown as Director of NSW Institute of Medical Education and Training (IMET). Dr Marie-Louise Stokes is now the General Manager of IMET



CPMEC Governance and Administration

The expansion of CPMEC and its role in postgraduate medical education and training in Australia has resulted in a review of its governance and administrative structures. CPMEC is being re-established as a Company limited by guarantee with a new Constitution.

Under the proposed new structure, CPMEC will have a Board that will comprise Chairs of each member PMC. The focus of the Board will be strategic. A Management Committee will be responsible for making all decisions between meetings of the Board on behalf of the Confederation, other than those

required by the Constitution to be made by the full membership. The current Consultative Council will be retained and renamed the CPMEC National Advisory Committee (NAC). The NAC will meet at the National Prevocational Forum. The CPMEC Principal Officers Committee (POC) will be established as a Standing Committee.

CPMEC is also exploring the establishment of a National Junior Medical Officers' Committee.

In terms of strategic priorities for CPMEC three key domains were established: Accreditation; Education & Training; and Workforce. Accreditation is considered a core activity of all PMCs and

includes a focus on issues relating to national registration and accreditation. Education & Training would cover the following: Australian Curriculum Framework; Patient Safety Education; Professional Development Programs; Vertical Integration including RPL; and Indigenous Health Education.

Workforce Issues would cover: IMGs; Clinical Placements & Training Capacity; Internship Allocation; National Workforce and Maldistribution issues. Each of the three domains would have a Liaison Head and they would be members of the CPMEC Board.

"...three key domains were established: Accreditation, Education & Training and Workforce."

The Prevocational Medical Accreditation Framework

The consultation period for the draft Prevocational Medical Accreditation Framework (PMAF) was extended to allow stakeholders to consult more widely within their organisations to provide feedback and endorsement.

CPMEC has been extremely pleased with the level of feedback received to date. Respondents have included the Medical

Deans of Australia & New Zealand and a number of medical schools; Medical Colleges; the AMA Council for Doctors-in-Training National and State committees; Postgraduate Medical Councils; State Health Departments; Individual Hospitals Health services; and a number of Medical Boards.

Responses are currently being compiled and will

be considered by the PMAF Project Team before final sign off by member Postgraduate Medical Councils. It is anticipated that the final version of the Prevocational Medical Accreditation Framework will be available by the end of June 2009.

