

MAY-JUL 2009

CPMEC Chair responds to NHHRC Report

Prof Louis Landau, Chair of CPMEC has responded positively to many of the recommendations contained in the final report of the National Health & Hospitals Reform Commission, noting that most of the recommendations can be generally supported and are consistent with the direction that CPMEC is pursuing.

He added that the challenges and issues will become more apparent once details of implementation are outlined.

Prof Landau noted that strategies outlined such as mutual respect, constant communication with all stakeholders, a concerted focus on quality improvement, and the involvement of health professionals are imperative in any health reform change implementation strategy.

In relation to the health workforce, the NHHRC has recommended fostering clinical leadership and governance, developing a new framework for health education and training, providing a dedicated funding stream for clinical placements and the establishment of a National Clinical Education and Training Agency.

On the need to build greater clinician engagement, Prof Landau com-

mented that the sense of disenfranchisement and being undervalued was often highlighted by junior doctors and required urgent attention. Opinion surveys were good listening tools but their real value would be gauged by the way health administrators responded to the feedback provided.

With regard to clinical leadership, Prof Landau highlighted the fact that CPMEC and its members had already undertaken a number of initiatives to promote leadership and management skills amongst doctors through programs such as the Professional Development Program for Registrars and Teaching on the Run. In this context it was imperative that opportunities should be provided for doctors at all levels to have equitable access to these programs.

In relation to education of the health workforce, Prof Landau was pleased to note that the final NHHRC report had a stronger focus than the Interim report on dedicated funding for undergraduate and postgraduate training that followed students and supported training in quality environments. CPMEC also welcomed the call for the clinical training infrastructure to be available across

all health settings.

Further, Prof Landau noted that a recommended competency-based training framework may be appropriate when used to encourage greater flexibility in learning, provided that it did not deconstruct the training of doctors to a list of tasks that failed to recognise global skills that were so important in patient care. There was also the need to be mindful of not increasing the burden of assessment for clinical supervisors that competency-based models may require.

In relation to the establishment of a National Clinical Education and Training Agency, Prof Landau noted that this could improve coordination and integration where gaps clearly existed.

He welcomed the recommendation to foster local implementation models and partnerships and added that this should include the management of accreditation of clinical training posts at a jurisdictional level rather than centrally.

In developing implementation strategies, Prof Landau added that data on clinical performance was important but

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CPMEC Chair responds to NHHRC Report (Cont'd)

needed to be valid, rigorous and used appropriately in devising funding models. Activity-based blended funding with dedicated commitments to education, prevention, aged care, mental health and services for

Aboriginal and Torres Strait Islanders and rural remote communities provided a valid model for integrated change.

He concluded that there was justification for moving towards the proposed 'one

health system', promoting leadership and good governance, improving access, funding a healthy start to life, promoting an electronic record agenda and promoting research into health education and service provision.

“..justification for moving towards the proposed ‘one health’ system”

Trans-Tasman JMO Committee

CPMEC is looking at the establishment of a trans-Tasman JMO Committee that will build on the work being undertaken by state and territory JMO Forums. The ANZ Junior Medical Officers Committee (ANZJMOC) will comprise junior doctors representing the interests of prevocational doctors from Australia and NZ with representation from each jurisdiction. Its focus will be on the educational, supervision and training needs of prevocational doctors

The genesis of the ANZJMOC stems from a resolution from the JMO forum, held at the

ANZMET in Sydney in 2007 which called for the establishment of this coordinating group. This was reinforced at the JMO Forum meeting in Hobart in 2008.

Specific goals of the JMO Committee include coordinating the JMO component of National Prevocational Forums; monitoring and supporting the implementation of resolutions from the National Forums across jurisdictions; a focus on JMO welfare issues; and representation on national prevocational projects such as the Australian Curriculum

Framework for Junior Doctors.

In relation to JMO Welfare, the Committee hopes to maintain a focus on improving junior doctor health and wellbeing across Australia & New Zealand; coordinate application of the JMO welfare study within each state; collate results between states and longitudinal data where applicable; and present national results to the National Prevocational Forum.

National Allocation Process for Interns

CPMEC is exploring its potential role in defining a national system for allocation of interns. This issue is to be taken up at a meeting on the national intern allocation process at the 2009 Prevocational Forum in the Gold Coast. State and federal health departments and

Health Workforce Australia will also be invited to provide inputs to the meeting. The meeting will follow up discussions initiated at the Hobart Forum in November 2008.

Dr. Geoff Thompson of PMCSA and A/Prof Simon

Willcock from NSW IMET have agreed to draft a discussion paper on the national allocation process to form the basis of discussions. Ms Kylie Ward on behalf of PMCSA is helping CPMEC coordinate the meeting.



Professional Development Program for Registrars website Launched

CPMEC's highly successful Professional Development Program for Registrars (PDPR) has now been rolled out in Queensland, Victoria, South Australia and Northern Territory and PMCWA will be conducting their first program for West Australian registrars later this year.

CPMEC has developed the PDPR as a national program to meet the professional development needs of registrars making the important career transition to becoming medical leaders and managers. The PDPR is aimed at enhancing the leadership and management skills of registrars who are increasingly taking the responsibility for the teaching and supervision of prevocational doctors. To date, almost 800 registrars have participated. Most of the participants were in some vocational training program. The feedback from participants continues to be overwhelmingly positive.

The 2-day PDPR provides the following benefits for those completing the program: enhanced managerial and leadership knowledge and skills; better self-awareness of personal strengths and weaknesses; techniques to give and receive feedback more systematically; better understanding of team dynamics, empathy and collaborative skills; improved skills in time management, conflict resolution, supervision and teaching; and exploring their role in improving patient safety and quality. The PDPR also provides a unique opportunity for improved networking with peers to exchange views

and experiences and personal and professional challenges. The programs have been delivered in a variety of formats including residential and non-residential programs during the normal week; residential weekend programs; public programs offered through the state and territory PMCs involving all



Participants at a recent PDPR conducted by PMCV

specialities; and programs catering for particular specialities such as those doing the Basic Physician Training program.

The PDPR has been built around a highly interactive methodology that seeks to create a valuable learning experience for participants. It is based on providing a smorgasbord of learning experiences to participants on key leadership and management topics delivered at a pace that allows for provision of practical tools. It includes a mixture of discussions, expert inputs, self-analysis, simulations, experiential learning and reflective activity.

In response to the success of the program, a three-day

Trainer Accreditation Program was developed to facilitate the national roll-out. It has been particularly satisfying for CPMEC and member PMCs that trainers who have completed the CPMEC Trainer Accreditation Program are taking increasing responsibility for the delivery of the PDPR in each of the states. CPMEC General Manager Dr Jag Singh, who developed this program, continues to provide support to the trainers as required. Working with him throughout the development of the PDPR has been Dr Andrew Block, Clinical Dean at Southern Health.

A two-tiered website that supports the delivery of CPMEC's Professional Development Program for Registrars (PDPR) went live in May. The URL to the website is http://elearning.cpmecc.org.au/portals/index_CPMECC.cfm. The first tier is accessible to all those interested in the Registrar program and includes a sample of the workbooks developed for the program. The second tier is only accessible to those who have completed CPMEC's PDPR Trainer Accreditation Program and are ready to deliver the program. It includes the complete set of workbooks, PowerPoint slides, exercises, lesson guides etc. For further details on the PDPR program please contact Dr Jag Singh at jsingh@cpmecc.org.au.

"....aimed at enhancing the leadership and management skills of registrars ..."



Australian Curriculum Framework Project Update

In conjunction with Post-graduate Medical Councils, CPMEC conducted 11 training programs in the National Assessment Tools for 110 prevocational trainee supervisors in selected sites in QLD, VIC, TAS, SA & NSW. Calibration of assessments was an important aspect of the national rollout process.

It was noted that there were differences in understanding of the ACF amongst supervisors across jurisdictions with some being better informed than others, largely because of support for the implementation of the ACF from their state health departments.

CPMEC has also provided funding for two mini-ACF projects. The first project involved the Hunter New Area Health Service undertaking a pilot project to evaluate the challenges to implementation of the ACF across three core rotations. The Pilot involved 51 interns, across six sites, completing the mandatory rotations of Emergency Medicine, General Medicine and General Surgery.

The second project involved the development

of Mini-CEX DVDs for use in the training of supervisors for the ACF National Assessment Tools. The DVDs are designed to elicit acceptable standards for junior doctor performance at the end of PGY1. The Mini-CEX cases were used to calibrate supervisor assessment in the ACF workshops for clinical supervisors.

The first review of the ACF since its launch in 2006 is close to completion. The draft revised version was circulated to all key stakeholders for comments. The feedback received on the ACF revision has been collated and is currently being reviewed by the Working Party.

Overall the feedback has been very positive with many favourable comments regarding the change to the wording of the capabilities making them more behavioural and measurable. It is anticipated that the revised version will be formally re-launched at the National Forum in Gold Coast in November.

The project's National Steering Group has endorsed the plans for changes to the ACF pro-

ject governance structure. The Curriculum Development & Learning Resources and the Workplace Implementation Working Parties have completed their tasks and will cease operation.

The Assessment Working Party continues to have significant work and will continue in its present structure. A major piece of work relates to the roll-out of the National assessment tools.

Three additional groups are in the process of being formed to address Vertical Integration; Training & Education; and PMC Project Officer's Working Party. The latter is designed to facilitate the exchange of information regarding state-based ACF initiatives and assume responsibility for monitoring workplace based implementation of the ACF at a state and local level.

CPMEC is in discussions with the Department of Health and Ageing in relation to continuation of funding for the ACF project to allow for the continued implementation of the ACF. We are grateful to DoHA for their support for the project to date and for providing support for the continued employment of the National Project Coordinator, Ms Deb Paltridge until 2010.

“Calibration of assessments was an important aspect...”



Finalisation of Prevocational Medical Accreditation Framework

CPMEC is close to finalising the Prevocational Medical Accreditation Framework which aims to increase consistency and transparency, and efficiency in prevocational accreditation practices across the jurisdictions, and align prevocational accreditation practices with other appropriate local and international benchmarks. It is consistent with the Council of Australian Governments (COAG) initiatives towards achieving national accreditation in the health professions.

Accreditation of Postgraduate Year 1 (PGY1) internship training positions is a key responsibility for all Australian Postgraduate Medical Councils (PMCs). All graduates are required to complete an accredited intern year as a prerequisite for general registration with Medical Boards. In several jurisdictions PMCs also accredit PGY2 positions.

This accreditation function is delegated to PMCs by State and Territory Medical Boards or Health Departments to ensure that prevocational doctors receive comprehensive training and that they are appropriately supervised. These standards are integral to the provision of high quality, safe patient care.

CPMEC believes that the scope of prevocational accreditation should include

all training positions filled by doctors who have not entered a vocational training program including those filled by International Medical Graduates (IMGs) who are responsible for a significant proportion of health care delivery, particularly in outer metropolitan, rural and regional settings. A number of PMCs make substantial contributions to the assessment and upskilling of IMGs entering the medical workforce.

Increased numbers of medical graduates in the coming years will provide a significant challenge in ensuring appropriate clinical placements for interns. This will necessitate innovation in design and delivery of prevocational training terms.

To ensure that these new posts continue to provide quality educational experience, new accreditation instruments are being developed for the increasing number of prevocational training posts in diverse health care settings, including initiatives aimed at increased community based experience and closing the gap in indigenous health disparities. Having a national framework to guide these developments will be very helpful.

One of the major challenges in developing any national framework is to strike a balance between setting

consistent standards whilst recognising the need for adaptability to local context.

CPMEC had released the first draft of the PMAF for stakeholder consultations at the National Forum in Hobart in November 2008. Feedback was received from a wide range of stakeholders in medical education and training.

Whilst a lot of feedback complimented the development of the draft PMAF as highly desirable, there was a view that the initial draft framework was far too detailed. As a result, the PMAF project team made a number of changes to the draft to make it less prescriptive.

The revised PMAF encompasses recommended principles, standards and policies that should underpin the accreditation of prevocational medical training in Australia. Specific processes and procedures are not included in the PMAF as these would be dictated by the local context of each PMC.

“.....the major challenges ... to strike a balance”



Victorian IMG Orientation Program

The PMCV in consultation with key stakeholders has developed a format for a state International Medical Graduate (IMG) orientation pilot program.

From August 2009 IMGs will be invited to attend a pilot one-day orientation session to be incorporated with the

monthly briefing sessions held at the Medical Practitioner's Board of Victoria (MPBV).

The introduction of a coordinated and centrally delivered IMG orientation pilot program has the potential to provide both implementation a nationally consistent assessment process for IMGs and a de-

crease in duplication of effort by employers across Victoria in relation to IMG Orientation.

The initial pilot program integrates approximately 65 per cent of the non-hospital specific AMC mandated orientation content areas.



Supervision of IMGs Project

A project to develop resources to assist supervisors of IMGs is in progress.

Four educational modules are being developed that include: Supervisors and the AMC Supervision Guidelines;

Teaching and Learning; Assessment and Appraisal; and Cross-cultural Communication.

The modules will be of interest to all supervisors, but will include components that re-

late specifically to supervisors of IMGs.

Piloting of each module will be conducted at various sites around Victoria, and completion is anticipated in late 2009.

“...current level of staffing within EDs was ... inadequate in general ...”

MTRP Project – Emergency Capacity

The final report of the MTRP Project on Emergency Medicine Capacity Assessment Study undertaken by St. Vincent's Hospital in Victoria has now been released. Using interview methodology, the Emergency Medicine Capacity Assessment Study (EMCAS) sought to identify the capacity and strategies of Australian emergency departments (EDs) and staff to support increasing numbers of medical graduates and implement the Australian Curriculum Framework for Junior Doctors (ACFJD). The study also assessed the existing supervision, structure and learning experiences of prevocational doctors during an emergency medicine rotation.

Amongst the findings from the project were that the current level of staffing within EDs was perceived by most interviewees to be inadequate in general, with specific deficits identified in the numbers of Fellows of the Australasian College for Emergency Medicine, interns and nurses. Further, Most ED Directors and Directors of Emergency Medicine Training disagreed that more interns could be absorbed into the department with-

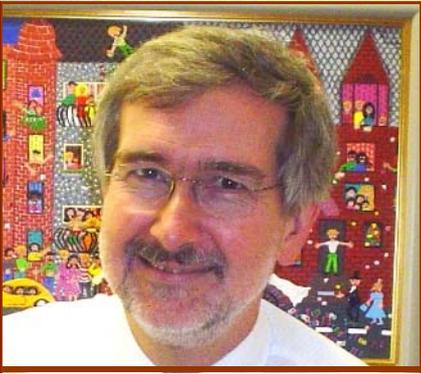
out problems. The majority of participating emergency trainees and interns felt that increased numbers of interns and medical students without extra supervisory staff would negatively affect the intern ED experience and learning opportunities.

EMCAS noted that the majority of staff indicated that interns were adequately supervised with registrars taking most of this responsibility during night shifts. Both feedback and supervision of interns were reported to fluctuate with the service demands of EDs. While several staff reported having structured teaching and feedback in place, qualitative data indicated room for improvement in this area. The study also reported There was limited knowledge and understanding of the relevance of the ACFJD to emergency medicine.

Several recommendations were made to enhance the capacity and strategies of EDs to support increasing numbers of medical graduates and implement the ACFJD. The full report can be downloaded from the CPMEC website under MTRP Projects.



New Chair of PMCSA



Dr. Geoff Thomson has taken over as Chair of PMCSA from Professor Dick Ruffin.

Dr Thompson comes to PMCSA from a broad background in Paediatrics encompassing research, sub-specialist staff appointments and private practice, including substantial time in a range of overseas and

interstate locations.

His early career was heavily dedicated to research in inborn errors in metabolism and he completed an MD thesis in Adelaide before moving to Great Ormond Street in London and the Hospital for Sick Children in Paris to complete a PhD.

He returned to Australia as head of the Inborn Errors of Metabolism Department in Melbourne before coming home to his base hospital, the Women's & Children's Hospital in Adelaide, to further his work in Paediatrics and to vary his practice with a range of private and country commitments.

More recently he has led the Expanded Settings Program with the Department of Health in South Australia. Throughout these various commitments, he has always had a strong interest in Education & Training at a range of levels. In particular, his interests are towards integration of training across different levels as well as through better coordination of internet resources.

CPMEC acknowledges the enormous contribution of Dick Ruffin as Chair of PMCSA, Executive member and Chair of the ACF Assessment Committee.

News from "Across the Ditch"

The NZ Medical Training Board, which has been working closely with the Medical Council of New Zealand, has provided the Minister of Health with its first annual report. Within this report the following recommendations have been made:

- That a national integrated medical training body be established to provide national and regional leadership for the implementation of the system of medical training.
- The numbers entering training need to be increased (initially by 100 between now and 2012).
- The educational philosophy behind the training system should be a balance of

experiential and competency based learning to optimise educational outcomes.

- The needs and requirements of education and training for a sustainable future workforce should be systematically integrated across the entire spectrum of health care organisations in New Zealand.

The medical training body should ensure that training is matched with new and improved models of health care delivery; in particular the move to clinical networks and the increasingly pivotal role of primary and community care.

The Council agrees in principle with the recommendations. The detail of each con-

tinues to require ongoing development, dialogue and consultation with all those involved.

The Council's Education Committee have established a working party to review the criteria required for the accreditation of intern runs. The review will focus on ensuring that sufficient educational opportunities are available to interns along with appropriate supervision and support. Part of this review will also involve developing a process for the ongoing assessment of individual runs as part of wider hospital accreditations.





National Prevocational Forums



COASTING TO GOLD

14th Annual Prevocational Medical Education Forum

15—18 November 2009

Sheraton Mirage Resort

With around 100 days to the opening of 'Coasting to Gold' the 14th National Prevocational Medical Education Forum hosted by PMCQ, medical students, prevocational doctors, vocational trainees, medical educators, JMO supervisors, medical boards, educationalists and academics, PMCs and jurisdictional representatives from Australia and New Zealand are encouraged to secure their place by registering online through the official conference website.

Supervision, Innovation in Medical Education, Doctors Health & Well Being, Enhancing Capacity, and Nationalising Registration & Accreditation, currently topical national issues in medical education, are the themes and issues being addressed at the conference. Keynote speakers Dr Mohamed Khadra, Jason Clarke and Dr Craig Hassed are confirmed.

Pre conference workshops or master

classes, meetings and special interest groups meetings will be held on Sunday 15 November. Should there be sufficient interest these events might also be on Saturday 14 November. Please register your interest online when registering.

The Call for Papers closed on 15 July. The National Scientific Committee will be reviewing submitted abstracts. Notification of success or rejection of abstracts is planned for the 14 August. Speaker's registration is due on 28 August.

Contact information

PMCQ's website's main page (pmcq.com.au) provides a 'Coasting to Gold' link to the official conference website and online registration. Alternatively contact Convention Wise on mail@conventionwise.com.au.

Email NationalForum@pmcq.com.au for information about the Forum Committees.

VALE—CAMILLE MICHENER

CPMEC mourns with great sadness the death of Camille Michener in a motor vehicle accident while returning from a rural O&G placement. She was a passionate advocate for junior doctors, especially in her role as Chair of the WA AMA Council of Doctors in Training. She will be greatly missed.