

CPMEC Chair Brown Outlines Vision



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Incoming Chair Associate Professor Terry Brown has reaffirmed CPMEC's continuing commitment to be a constructive contributor in supporting initiatives to enhance the quality of prevocational medical education and training. He emphasised CPMEC's strong track record of working collaboratively with a number of organisations on solutions to streamlining accreditation processes, promoting education and training, providing better data on internships, and developing the prevocational workforce and supervisory capacity.

A/Prof Brown noted that there were a number of factors impacting on the nature and quality of the educational experiences of the prevocational medical workforce in Australia. These include changing needs and expectations of the community, advancements in medical technology, innovations in models of health care delivery, workforce changes, and a range of national economic and political developments.

A/Prof Brown noted that CPMEC acknowledged that these factors may necessitate modifications or even reengineering current models of prevocational training. He added that CPMEC was uniquely placed to provide authoritative, well informed and independent advice in the prevocational medical training domain based on experience and collaboration with groups actively involved in the space. However, he emphasised the need for any changes to proceed from a process of well-informed consultations and a rigorous review of the available evidence. He also cautioned against adopting solutions derived from political expediency or based on the, often skewed, views of groups and organisations not familiar with this area. In this regard, he noted that CPMEC itself had considered whether changes should include a move towards more outcomes-based internship and the PGY2 year. This would also require significant review of the highly regarded *Australian Curriculum Framework for Junior Doctors*.

A/Prof Brown observed that the necessary focus over the past few years on ensuring sufficient intern places for domestic graduates had unfortunately diverted attention from the equally important implications of increased graduate numbers beyond the intern year. In this regard he was pleased that CPMEC had been able to advocate for a policy focus on the PGY2 year and beyond for trainees who were not in a vocational training pathway. In an environment where the shortage of generalists across the medical specialities continued to be highlighted as a deficiency in the medical training system, A/Prof Brown added that it was only logical that the generalist experience obtained through the PGY2 year is something that should be retained and encouraged. He highlighted a related CPMEC initiative in this regard which has successfully brought together all key stakeholders to consider optimal mechanisms to promote career planning information

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CPMEC Chair Brown Outlines Vision *cont.*

for junior doctors, their supervisors, and others with a stake in the medical workforce.

A/Prof Brown noted that the accreditation of Postgraduate Medical Councils initially for internship was a very positive development and he looked forward to working with the Australian Medical Council and its Prevocational Standards Accreditation Committee to establish a productive relationship. He also signalled CPMEC's ongoing commitment to work with medical schools, colleges and regional training providers to promote efficiencies in accreditation processes and reduce the burden on health services and supervisors.

Another area that he would like to see developed further in the prevocational medical education sector is work to support the Closing the Gap agenda. Some states have done excellent work but there needed to be more concerted effort to implement the Collaboration Agreement between CPMEC and the Australian Indigenous Doctors' Association (AIDA) and provide mentoring and other support for Aboriginal and Torres Strait Islander prevocational doctors.

A/Prof Brown highlighted the work of CPMEC in pioneering professional development programmes for registrars, directors of clinical training and medical education staff. He noted that the key motivator of these programmes was to improve the quality of teaching and supervision provided to prevocational doctors. Nevertheless, the feedback from all these programs was that the participants also derived significant personal benefits. A/Prof Brown noted that having train-the-trainer programs has been effective in multiplying the benefits of these programs.

During his tenure, A/Prof Brown stressed that he intended to continue with existing CPMEC forums for external stakeholder engagement such as the annual Advisory Council and the Prevocational Forum. He would also continue to seek direct talks with stakeholders on specific issues.

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Finally he thanked the Commonwealth Government's Department of Health and Ageing for their support for the CPMEC. Without the funding from the Australian Government, a number of the initiatives would not have been possible and he looked forward to their continuing support for CPMEC's activities in the future. A/Prof Brown noted that CPMEC was run as a very lean and efficient organisation that delivered value and he intended that to remain in place.

A/Prof Brown graduated from Liverpool University, UK, in 1985 and completed vocational training as a General Practitioner before returning to hospital practice. He obtained dual certification in Emergency Medicine and Intensive Care Medicine in 1996 and practiced as a specialist in the UK for 6 years before emigrating to Tasmania, where he works as an Staff Specialist in Emergency Medicine at the Royal Hobart Hospital. He has a longstanding interest in medical education, working as a Director of Clinical Training in both the UK and Tasmania over the past 15 years. He has been Chair of the Postgraduate Medical Education Council of Tasmania for the past 10 years, is the longest serving member of the CPMEC Board, and has been Deputy Chair of CPMEC for the two years prior to becoming the Chair. The incoming Deputy Chair of CPMEC is Clinical Professor Richard Tarala, the Chair of the Postgraduate Medical Council of Western Australia.

CPMEC Undertakes 2014 Strategic Review

CPMEC undertook the regular biennial strategic review of its activities and operations on 17th February 2014 in Sydney. The meeting was attended by all CPMEC members and key CPMEC internal stakeholders including junior medical officers, supervisors, medical education, and accreditation staff. Former CPMEC Chairs were also invited to contribute to the day's proceedings. Prior to the meeting, CPMEC had generated a discussion paper identifying a range of key issues pertaining to CPMEC's activities and prevocational training generally. Priority areas identified by the CPMEC's member Postgraduate Medical Councils (PMCs) also helped significantly in the development of consensus on issues to progress at the organisational level.



The key issues that CPMEC has identified as priorities include comparing outcomes-based models of internship with current arrangements; education and training in the PGY2 year and beyond for those doctors not in a vocational training pathway; and providing better career planning information about the junior medical workforce. There was particular interest in focusing on the PGY2 year and beyond as that was the area of greatest concern currently in prevocational medical education and training. CPMEC and PMCs have particular expertise in the prevocational domain and look forward to working with other stakeholders to consider the challenges of, and solutions to addressing data gaps, community workforce needs, career planning information and related policy matters.



The strategic review also looked at CPMEC's governance model and membership structures with regard to its role as the peak body for prevocational training in Australia and New Zealand. Subsequently, the CPMEC Board has established sub-committees to refine the potential scope of work in these areas.

Other areas that CPMEC and PMCs will focus its attention on in the future include: ongoing implementation of the Collaboration Framework with the Australian Indigenous Doctors' Association (AIDA); continuing support for prevocational educational supervisors and medical education staff, based on the "light touch" model of providing short courses and networking opportunities; and ongoing engagement with key external stakeholders with an interest in prevocational medical education and training.



CPMEC Chair A/Prof Terry Brown has noted that the CPMEC strategic review day was very productive for the organisation in reinforcing current strengths and identifying key gaps that needed addressing. He noted that changes were being mooted for prevocational training and it was important to recognise that future models of prevocational education may differ from those currently in place, and that CPMEC was able to provide meaningful and constructive contributions in this regard. A/Prof Brown further added that through CPMEC, PMCs have a bi-national body that is respected by key stakeholders despite its limited resources and despite the heterogeneity of its membership. He stressed that CPMEC's influence had been built largely on being able to speak authoritatively and provide constructive solutions on prevocational training matters and would continue to do so in the future.

Prof Willcock's Contributions Acknowledged



The Board of Directors of the CPMEC have noted their appreciation for the outstanding leadership of outgoing Chair Professor Simon Willcock who headed the organisation from 2011 to 2013.

CPMEC Chair A/Prof Terry Brown has noted that during his tenure, CPMEC implemented a number of important initiatives that significantly raised the national and trans-Tasman profile of CPMEC as the peak body for prevocational medical training in Australasia. He highlighted Prof Willcock's exceptional ability to guide discussions and steer consensus on issues where significant differences of views amongst members were evident. This was reinforced by his vast experience in leadership roles with a number of other national and state organisations dealing with education, workforce and doctor welfare matters.

2015 Prevocational Forum to be held in Darwin

CPMEC's Board has awarded hosting rights for the 20th Annual Prevocational Forum to the Northern Territory Postgraduate Medical Council (NTPMC). The Chair of NTPMC, Assoc. Prof Elizabeth Chalmers noted that NTPMC had worked hard to get support within the Territory for running the Conference in Darwin in 2015. This will be the first time that the Forum will be held in NT and is keeping with CPMEC's commitment to ensure that all states and territories had an opportunity to host the prestigious event.

JMO Resolutions 2013

The Australian Junior Medical Officers' Committee (AJMOC) of the Confederation of Postgraduate Medical Education Councils (CPMEC) runs an annual JMO Forum every year on the Sunday preceding the annual Prevocational Forum. This year's JMO Forum was held in Adelaide on 3rd November 2013 and a number of resolutions were adopted to articulate the concerns of JMOs on issues relating to prevocational medical education and training.

The resolution development process was managed by AJMOC under the 2013 Chair, Dr Elaine Zaidman (then from SA) with inputs from a wide cross-section of junior doctors from throughout Australia and New Zealand. The document highlights the process of development of the resolutions as well.

**The 2013 JMO resolutions document is available to download from
the CPMEC website:
(<http://www.cpmec.org.au/files/ajmofresolutions2013-final.pdf>)**

Positive Response to AMC Accreditation of PMCs

CPMEC Chair Associate Prof Terry Brown is delighted that years of advocating for the AMC to accredit Postgraduate Medical Councils (PMCs) came to fruition in 2013 with the pilot reviews of the Postgraduate Medical Education Council of Tasmania and South Australian Medical Education and Training. Whilst the current AMC accreditation is confined to the internship year, it represents a significant step forward in the integration of accreditation of the medical education and training continuum. The feedback from the two PMCs who underwent the accreditation was positive, both in terms of process and outcomes.

The accreditation of PMCs was always going to represent a different challenge for the AMC compared with medical schools and colleges with defined educational and training programs. In the case of PMCs, the AMC were accrediting an accrediting body. No doubt this created some anxieties before the pilot reviews including concerns that the previous work and expertise acquired by PMCs may be overlooked. Furthermore, funding and governance structures mean that issues relating to independence and stability had to be viewed from slightly different lenses. Unlike medical schools and colleges, PMCs are often dealing with a constant sense of vulnerability and endemic reviews. Whilst the PMCs represent a broad church in terms of scope, activities and influence, work undertaken by the CPMEC through the Prevocational Medical Accreditation Framework (PMAF) has ensured a degree of national consistency.

A/Prof Brown has noted that based on the feedback provided to members by the PMCs in the pilot reviews, most of the earlier concerns have been allayed. He expected that this process would become even more effective as PMCs obtained a better understanding of the AMC processes and vice versa through the normal learning and refinements from future reviews. Some of the early lessons from the reviews included having team leaders with experience in prevocational education and AMC accreditation. The collegial nature of the process with the AMC had also greatly assisted in the process although the work involved in the preparation of submissions was substantial especially for smaller and less resource endowed PMCs.

A/Prof Brown added that the reviews had highlighted areas of improvement for PMCs including the involvement of consumer groups and use of interstate surveyors in PMC accreditation processes to promote a greater sense of independence. In response to the latter, he highlighted an initiative of CPMEC to establish a pool of interstate surveyors that PMCs can call upon in their accreditation surveys of health services.

A/Prof Brown noted that accreditation of PMCs was also very important in strengthening the position of PMCs at the jurisdictional level. Furthermore, the AMC reviews were very useful in providing an additional layer of evaluation and refinement of existing processes. He reiterated CPMEC's commitment to work with AMC and its Prevocational Standards Accreditation Committee.

2013 CPMEC Awards

CPMEC held its annual awards ceremony to recognise junior doctors and clinical educators that have made a significant contribution to prevocational medical education and training in Australia and New Zealand. The awards were presented during the 18th National Prevocational Forum Gala dinner at the National Wine Centre in Adelaide.

2013 Australasian Junior Doctor of the Year - Dr Nicholas Webb (NSW)

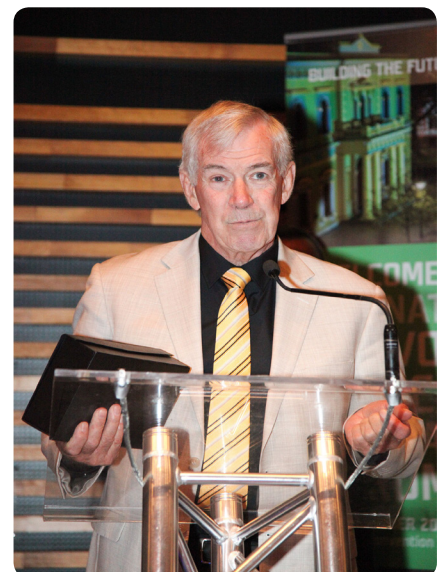


Nicholas is a PGY2 at St Vincent's Hospital in New South Wales where he was a founding member and co-director of the mentoring program for prevocational trainees. He has also contributed to hospital wide organisation of education through his membership of the General Clinical Training Council, the Network Education Committee and the St Vincent's Education Party. At the end of 2012 Nicholas contributed to an extensive review of the JMO Education Program, in effect introducing the Unified Lecture Series which has strengthened the education program and is now used as a model across the network. He was the Chair of NSW HETI JMO Forum, Deputy Chair of AJMOC and council member of both the HETI Prevocational Training Council and HETI Prevocational Workforce Advisory Committee. He has also made significant contributions as an accreditation surveyor, as well as providing representation at the National Medical Intern Summit and National Supervision Summit.

2013 Australasian Clinical Educator of the Year - Dr Pat Alley (NZ)

Pat is an Intern Supervisor and the Director of Clinical Training at Waitemata District Health Board. He is a highly regarded clinical leader who over many years has consistently and effectively contributed to teaching & learning programs for resident medical officers including surgical skills teaching, CV writing and interview skills. He has also had a key role in the development of an integrated formal teaching program with three core strands. Pat's keen interest in the health and wellbeing of doctors has been a valuable asset in providing pastoral care and a pragmatic approach to any problem. He has also shown great dedication to providing excellent mentoring and support for Maori doctors.

Pat has also had considerable consultative involvement with the Medical Council of New Zealand (MCNZ) on educational issues and within the National Intern Supervision Network. He has also been greatly involved in healthcare management and has written a number of papers on the relationship between clinicians and management.





The Junior Doctor of the Year state winners (from left): *Hashrul Rashid (VIC), Golsa Adabi (TAS), Kerri Benn (NT), Leigh Warren (SA), Nicholas Webb (NSW), Christopher Wilson (WA)*



The Clinical Educator of the Year state winners (from left): *Pat Alley (NZ), James Edwards (NSW), Patrick Russell (SA), Susie Sangas (VIC), Penny Stewart (NT), Stephen Walker (QLD)*

The prestigious Geoffrey Marel medal was also presented at the award ceremony. This award honours the exceptional national and trans-Tasman contribution that the recipient has made to promoting prevocational training.

2013 Geoffrey Marel Medal - Dr Jagdishwar (Jag) Singh

Jag has been a key contributor to prevocational education and training in Australia for over a decade. In his citation for the award, outgoing CPMEC Chair, Prof Simon Willcock noted the following:



“The duration and scope of Jag’s contributions to the CPMEC place him in a position where he has arguably made the greatest contribution of any individual in the history of the CPMEC. His contributions demonstrate his versatility as an advocate, educator, and administrator.

Jag has consistently sought to expand the role and influence of the CPMEC, and has worked tirelessly to ensure that the profile of the organisation is highly visible for an organisation of this size that has limited resources available. He has consistently expanded the resource pool for the organisation – no mean feat in an era of fiscal frugality. He has also ensured that the internal governance of the

organisation is clear and meets the highest accountability standards.

Jag has worked with a wide variety of personalities, including many different Chairs and PMC representatives, and has literally performed miracles in facilitating the development of consensus across all of the key issues that has been relevant to the prevocational period of a medical career. He has provided consistency and reliability in an environment where turnover among stakeholders can be frequent and unpredictable.

In my opinion recognition of Jag’s contribution to prevocational medical education and training in Australia through the award of the Geoffrey Marel Medal is a fitting acknowledgement of his work up to this point, and a recognition of his commitment to the future role of the CPMEC.”



CPMEC Explores ACF Electronic Database Feasibility

CPMEC has commissioned a feasibility study on the development of a database and App to support the implementation of its Australian Curriculum Framework for Junior Doctors (ACF). In 2013 the CPMEC developed a limited functionality application (App) to provide mobile access to the ACF in conjunction with South Australian Medical Education and Training (SAMET). That version is available on iPhone and Android devices, along with an e-book version.

Subsequently, an IT Reference group convened by CPMEC discussed the opportunities for future development of the ACF App. Through a public tender process, Intelligent Software and Systems (Intelsoft) has been contracted to undertake a feasibility study to both validate the proposed benefits to junior doctors and other stakeholder groups, and to determine functionality specifications for it to be effective. CPMEC felt that before seeking any substantive investment in an electronic database, it was important to establish the likely extent of usage by key stakeholders.

“CPMEC has commissioned a feasibility study on the development of a database and App to support the implementation of its Australian Curriculum Framework for Junior Doctors (ACF)”

The study is consistent with CPMEC’s commitment to support the education and training of prevocational doctors. It is anticipated that the study will explore the potential of the electronic database both as an application and a platform to allow JMOs to record experiences in real time and therefore to provide them with information regarding, inter alia, their experiences against ACF capabilities, term descriptions, and college portfolio requirements, and to assist them in the development of personal learning plans.

CPMEC anticipates that the data collected could also provide valuable information for junior doctors, clinical and educational supervisors, local medical education units, PMCs, CPMEC and Medical Colleges. A key feature of the feasibility will be consultation with CPMEC’s key stakeholders in the coming months to test the validity of CPMEC’s views and also identify functional requirements from both system and individual perspectives.

Further information on this feasibility study can be sought from CPMEC’s ACF Project Coordinator, Debbie Paltridge at dpaltridge@cpmec.org.au

Release of the NZ Prevocational Training Curriculum

The New Zealand Curriculum Framework for Prevocational Training (NZCF) has been released by the Medical Council of New Zealand (MCNZ) and is available from their website at www.mcnz.org.nz. Prof John Nacey, Chair of MCNZ's Education Committee has acknowledged the support of Confederation of Postgraduate Medical Education Councils (CPMEC) in allowing them to use the Australian Curriculum Framework for Junior Doctors (ACF) as a basis for the development of the New Zealand prevocational curriculum.

MCNZ have advised CPMEC that a staged implementation of the NZCF will commence in November 2014 for those entering PGY1. Interns, Prevocational Educational Supervisors and others involved in prevocational training will be able to use the learning outcomes in the NZCF as a guide for training and educational programmes.

The NZCF was released early in 2014 by the MCNZ to allow training providers to prepare for implementation which will be phased in over a 12 month period commencing November 2014. Full implementation cannot occur until clinical attachments have been accredited, which is scheduled for November 2015. Accreditation of clinical attachments will ensure that every clinical attachment provides quality training and learning opportunities. The learning outcomes available on each clinical attachment will be made transparently available in an attachment profile. Training providers will need to ensure that each Intern gets an appropriate mix of clinical attachments to allow them to substantively achieve the learning outcomes over the course of the year.

The NZCF builds on the prior learning, experience, competencies, attitudes and behaviours acquired during medical school in NZ, particularly the Trainee Intern (TI) year. A mix of clinical attachments, and other educational support, over PGY1 and PGY2 will ensure a breadth of exposure and opportunity to achieve the learning outcomes.



MCNZ is implementing changes to doctor's training and education that will improve patient safety and the performance of doctors. The changes are being phased in over the next two years and each of these is described in detail, along with the reasons for Council's decisions in the **Report on the feedback and decisions following the consultation of: A review of prevocational training requirements for doctors in New Zealand: Stage 2**. The first change is the release of the New Zealand Curriculum Framework for Prevocational Medical Training (NZCF).

CPMEC Chair Terry Brown has welcomed the development of the NZCF and is pleased to see its strong links to the ACF. This was further evidence of the strong trans-Tasman links that have developed in prevocational medical education in which CPMEC had played a key facilitating role. He was confident that the experiences in NZ would help inform future directions and developments in the ACF and prevocational training in Australia. MCNZ Education Committee's membership in the CPMEC ensured that these lessons were shared.

CPMEC's First Bi-national Professional Development Program for MEOs

The first bi-national professional development program targeting medical education officers (MEOs) from Australia and New Zealand was conducted by CPMEC at the Glenside Health Services in Adelaide on 2 November 2013. Thirty MEOs participated in the program which was an initiative of CPMEC's Australasian MEO Committee (AMEOC). A major impetus for the program had been the positive feedback provided by Directors of Clinical Training (DCTs) who had attended their own national programs, also organized by CPMEC. The MEOs who participated in the program were drawn from Western Australia, South Australia, Tasmania, New Zealand, Queensland and Northern Territory.

The overwhelming reaction of the participating MEOs was that it had been an extremely valuable program. This was reiterated in post-program feedback from participants. Each one of the participants completing the program noted that they would recommend the program to other MEOs. This was reinforced by a desire to make the program an annual event for MEOs and suggestions were offered for future program topics.

All the program topics covered were considered valuable. Sessions dealing with MEO roles and challenges, conflict resolution, leadership, and building greater self-awareness were singled out by the majority of the participants as being particularly useful. There were also a number of positive comments about the mix of training methodology used including group work, self-reflection, and discussions (especially on the prepared scenarios). There were a number of comments on the professional manner in which the program was organized and facilitated. Participants also appreciated the unique opportunity to network and discuss the challenges facing them in their MEO roles with peers.

Many participants commented that the program had significantly exceeded their expectations and was well worth the effort to attend the annual Forum for an extra day. They also were grateful to CPMEC and AMEOC for organising the bi-national program and it was a great boost for the professional development of MEOs to have the opportunity for some professional development and knowledge sharing. A number also commented on the workshop having positive outcomes for them professionally and also at a personal level.

The program was conducted by CPMEC's CEO, Dr Jag Singh, and organized by Ms Kirsteen Knevitt from South Australia in conjunction with Mrs Lucy McEwan from CPMEC.

Earlier, a professional development program conducted by Dr Singh for Victorian-based MEOs was also very well received and considered extremely valuable. A number of comments from the national program were echoed by the Victorian MEOs who attended the program organised by the Postgraduate Medical Council of Victoria.



ANZMET 2014 Update

The Health Education and Training Institute (HETI) would like to extend a warm welcome to all prospective delegates to the 2014 Australian and New Zealand Medical Education & Training Forum (ANZMET2014) being held at the fabulous venue of Cypress Lakes in the Hunter Valley NSW.

ANZMET2014 (incorporating the 19th National Prevocational Medical Education Forum) links medical school training with college based training and is supported by the Confederation of Postgraduate Medical Councils of Australia and New Zealand.

Themed Outcomes: Recipes for Success, ANZMET2014 will incorporate speakers and participants from the general and specialist medical training areas. Over four great days, Forum delegates will:

- **hear from international and national thought leaders in medical education**
- **discuss the national agenda for medical education for the coming year**
- **learn about new ways and technologies for driving educational outcomes in their organisation**
- **see and participate in exciting innovations in medical education, such as the Golden Scalpel Games and supervision workshops.**

HETI is excited to announce that five keynote speakers have already been confirmed, with others to be announced.

Prof Linda Snell (Canada)
Prof John Collins (UK/New Zealand)
Prof Kichu Nair (University of Newcastle)
Dr Cliff Reid (Resus.me blog)
A/Prof Victoria Brazil (Bond University)

The ANZMET2014 Organising Committee now invites the submission of abstracts for original work for consideration as an oral, electronic poster, workshop or masterclass presentation in this year's Forum program. All abstracts are to be submitted using the online form via the [Forum website](#).

Abstract authors will be requested to submit their abstract under one of the following themes:

- Technology in medical education - making it to work for you!
- Delivering outcomes in medical workforce - pipelines, pathways, generalist versus specialist?
- Interprofessional learning – does it truly make a difference in medical education? If so, who, what and

where?

- Interprofessional learning – does it truly make a difference in medical education? If so, who, what and where?
- Rural medical education - outcomes for everyone!
- Evidence based learning – applying what works, curriculum and pedagogy are not dirty words!
- Safety and quality – how my program made a difference to patient care!
- Critical conversations and open disclosure – getting to yes!
- Indigenous outcomes in medical education – how are we contributing to closing the gap?
- #MedEd Pledge – something that worked (or perhaps it didn't!)
- ANZMET fringe – for those who have something interesting or unique to share

Early Bird Registration Opens Monday 2 June 2014!

HETI and the Organising Committee are delighted to announce the sponsorship and exhibition opportunities for ANZMET2014 are now available.

ANZMET2014 will provide sponsors, supporters and exhibitors with direct business networking opportunities, front of mind exposure and premium brand positioning throughout Australia's largest medical education Forum.

HETI knows from previous years that this Forum always brings together a diverse and influential group of leaders from across the continuum of doctors-in-training including medical educators, hospital educators and administrators. As the only event of its kind, the ANZMET Forum is the key annual forum where the agenda and program for prevocational medical education is set and discussed.

For bookings and enquiries, contact Drew Whait on 02 9265 0764 or email dwhait@arinex.com.au

The ANZMET2014 Organising Committee has put together the **#MedEdPledge** to encourage delegates, between the 2013 and 2014 Forums, to take up the challenge to try meaningful change in medical education within their local environment. Take the pledge prior to ANZMET2014 and report back to us on your achievements. The best stories will be invited to come present at a special session at ANZMET2014. You can also take the pledge via Twitter through **@ANZMET2014**.

Key Dates 2014:

Conference Dates – **9-12 November**
Abstract Submission Open – **Monday 3 March**
Abstract Submission Close – **Monday 2 June**
Registration Open – **Monday 2 June**
Author Notifications – **Thursday 10 July**
Early Bird Registration Close – **Monday 11 August**
Registration Close – **Sunday 2 November**

For any queries or comments regarding the CPMEC Newsletter, please contact Lucy McEwan on (03) 9419 1217 or lgilbert@cpmec.org.au



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