

## CPMEC Chair highlights risks of ignoring prevocational medical workforce training needs

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CPMEC Chair Prof Tarala has lamented at the lack of enthusiasm at the national level to tackle issues for the medical workforce in their third postgraduate years and beyond who were not in a vocational training program. He noted that whilst individual jurisdictions had taken up some initiatives, there seemed to be a lack of will at the national level to focus on this cohort. He added that prevocational doctors themselves had been highlighting concerns in this domain for some time and the lack of traction on this issue at the National Medical Training Advisory Network meetings was disappointing.

Prof Tarala noted that there were lessons from the United Kingdom should we continue to ignore the risks of trainees in the PGY3 year and beyond who were not in a vocational training program. Disengagement and alienation; under-utilisation of graduates; exploitation of a vulnerable group; CV inflation; poorly informed career decisions; and fragmentation of supervision, assessment, and curriculum were some of the issues that needed to be addressed.

He noted that the prevocational training scene had been dominated by the release of the Final Report of the Review of Medical Intern Training over the past year. The consequence had been that focus had remained on internship and to a lesser degree, the second postgraduate year. There had been incremental progress to date on the recommendations relating to a national training survey and intern work readiness. CPMEC had co-sponsored a workshop which had expressed unequivocal support for a national medical training survey. There was strong agreement regarding the benefits of a national survey and that it should include pre-vocational (intern & PGY2), vocational trainees and supervisors. There was also support for the survey results being published, although the level of reporting was not determined. The workshop also saw the merits of streamlining the number of existing surveys. CPMEC understands that discussions are ongoing about the implementation of a national survey including funding, scope of coverage, governance models and sustainability.

The other area where there had been significant progress was the embedding of accreditation of postgraduate medical councils by the Australian Medical Council. CPMEC had developed a very good working relationship with the AMC through their Prevocational Standards Accreditation Committee (PreVAC).

Prof Tarala expressed his disappointment that the lack of funding for CPMEC had stymied progress in relation to the development of a national curriculum, e-portfolio,

## CPMEC Chair highlights risks of ignoring prevocational medical workforce training needs *cont.*

and other pressing issues in the prevocational training space. He was envious that New Zealand had taken CPMEC's work and developed and implemented it to improve the quality of education and training in the prevocational years. He noted that the lack of federal funding for CPMEC has resulted in significant contractions in its activities and further reductions in the secretariat would increase the strain on the organisation.

In relation to governance matters, Prof Tarala informed the Forum that the Board of CPMEC agreed that the organisation should continue to operate in future as an information sharing community amongst its various constituent groups including DCTs and JMOs. It would also continue its advocacy in national forums and on issues pertaining to the prevocational medical workforce. He hoped that CPMEC would continue to offer professional development programs and would need the continuing goodwill of its members. In this regard, he noted that the success of internal CPMEC reforms will determine whether a national outlook on prevocational matters would remain a reality in future and was optimistic in this regard. He also acknowledged the hard work of the outgoing CEO, Dr Jag Singh, in building the national profile of CPMEC over the past decade.

In summary, Prof Tarala noted that the prevocational space was becoming increasingly crowded with many groups involved with limited and at times, competing mandate and influence. The absence of a strong coordinating body would result in duplication, loss of efficiency and reduced knowledge sharing. There were very significant challenges facing prevocational trainees and having more medical schools will add to these complexities. He called for leadership, ownership and investment in prevocational medical education and not contraction of cost-efficient existing support structures for this sector of the medical workforce.



## 2016 Prevocational Forum a Success

The Postgraduate Medical Education Council of Tasmania (PMCT) has reported that feedback from the end of conference survey forms and other formal and informal feedback indicate that the 2016 Prevocational Medical Education Forum that was held in Hobart from 6-9 November was very successful. 310 delegates attended the conference.

There were a number of comments about this being one of, if not the best prevocational conference that delegates had attended and the meeting having surpassed their expectations. A number of comments also highlighted the practical nature of the conference and being able to take skills and ideas back home.

There were also many positive comments about the content, structure, and delivery of the sessions, including some of the more innovative approaches like the 'Hear Me' play and the Human Library session. The slides from all of the presentations and several of the sessions, including all of the keynotes, that were recorded have been made available through the conference website ([www.prevocationalforum2016.com/](http://www.prevocationalforum2016.com/)) and also

## 2016 Prevocational Forum a Success *cont.*



through the PMCT website ([www.pmct.org.au/pmef-2016](http://www.pmct.org.au/pmef-2016)).

In keeping with the desire for a more modern conference, there was an active twitter presence, with ‘#prevoc 2016’ trending at number 5 of all healthcare conferences worldwide. The social events were extremely well received, with the reception at Government House and having the conference dinner at MONA being mentioned as additional highlights.



**Congratulations to Associate Professor Terry Brown, Dr Lynn Hemmings and the PMCT team on this resounding success.**



**Over to Queensland now for 2017!**  
**([www.prevocationalforum2017.com](http://www.prevocationalforum2017.com))**



## 2017 CPMEC Australasian Junior Doctors' Forum Resolutions Released

Since 2010, prevocational doctors through their state and territory Junior Medical Officers' Forums have annually released a set of agreed resolutions that capture their key concerns especially as they pertain to education and training matters.

The development of the 2017 resolutions follows an extensive consultation process amongst state and territory JMO Forums and was co-ordinated by the Australian Junior Medical Officers' Committee (AJMOC), comprising the Chairs of each Australian state and territory Junior Medical Officers' Forum, and a JMO representative from the Medical Council of New Zealand. AJMOC is a subcommittee of the Confederation of Postgraduate Medical Education Councils (CPMEC). In 2016, AJMOC was chaired by Dr Adil Syed from Tasmania.

At the heart of these resolutions is a desire by all JMOs to ensure that all doctors in Australia and New Zealand have access to continued employment and training that is personally and professionally rewarding, and that has no detrimental impact on their wellbeing.

The resolutions cover better medical workforce planning and development; accreditation of health services that host prevocational trainees; junior doctor health and wellbeing; career planning; prevocational education and training; advocacy for prevocational education and training; and redesign of healthcare systems.

Dr Syed on behalf of AJMOC acknowledged the contributions of all junior doctors who participated in the development of these resolutions throughout the year and at the 2016 AJMOF in Hobart. He also thanked the state and territory JMO Forum Chairs and the support provided by CPMEC and its Chief Executive Officer, Dr Jag Singh.

A copy of the full set of resolutions will soon be accessible from the CPMEC website.

## Gajen wins CPMEC 2016 Junior Doctor of the Year Award



**Dr Gajen Perry** from the Lyell McEwin Hospital (LMH) in South Australia was the 2016 recipient of CPMEC's Junior Doctor of the Year Award. This award is presented annually to a junior doctor who has made a significant contribution to teaching and learning as a prevocational trainee in their workplace.

*Photograph (left) Dr Gajen Perry accepting his award from Prof Richard Tarala, Chair CPMEC*



## Gajen wins CPMEC 2016 Junior Doctor of the Year Award *cont.*

The CPMEC award winner is selected from state and jurisdictional winners. In addition to Gajen, the other junior doctors nominated in 2016 were:

- Dr Kerry Jewell (VIC)
- Dr Justin Bui (WA)
- Dr Nicole Choroszy (TAS)
- Dr Quan Findlay (ACT)
- Dr Jerry Abraham Alex (QLD)
- Dr Tessa Finney-Brown (NT)
- Dr Hannah Kempton (NSW)
- Dr Margot Mulcahy (NZ)

*Photograph (right) The Junior Doctor of the Year state/ jurisdictional winners at the conference dinner at MONA in Tasmania.*



In his nomination Gajen's passion for teaching, education and a commitment to lifelong learning was highlighted. His enthusiasm for learning has been described as infectious; the quality of his presentations exceptional and memorable; and his exemplary communication style sustains attention from his audience, colleagues and students. Interns who have been rostered to surgical night duty have noted that he has assisted, supported, mentored and engaged in a process of professional development that has enabled them to further develop and extend their professional knowledge, clinical skills and technical expertise. He has been positively role modelling the importance of education and the role of the doctor as teacher to patients, colleagues and the community.

Gajen has initiated, planned and implemented teaching/learning activities with colleagues and other individuals during Intern year, more specifically as a surgical resident in 2015 and was a key driver in the development and delivery of a weekly tutorial program for interns and residents on Surgical rotations. He has contributed to intern orientation and had a positive transformational effect on a very disillusioned intern who had just finished an unpleasant prior rotation. With that intern he took on an advocacy and support role that allowed the individual to regain enthusiasm for medicine.

Gajen is actively involved in providing teaching and learning activities, support and supervision for interns and medical students including clinical skills and techniques. He has actively sought and developed strategies for improving communication and interactions between JMOs, nursing staff and allied health staff. He has been described as inspiring, enthusiastic, proactive, enterprising, generous with his time, and a person who motivates colleagues and students to seek the best quality outcomes in their daily work-life. He has been nominated by colleagues and elected to numerous committees which have valued his commitment and contributions as a JMO advocate.

In 2014 he was named the Lyell McEwin Hospital (LMH) Intern of the Year. The award is conferred by senior clinicians in recognition of the professional and personal commitment to excellence in practice and continuous improvement during the Intern year. In 2015 he was acknowledged by the 2015 Intern cohort and presented as Best Resident Medical Officer 2015 which distinguishes him from his contemporaries, many with significantly more years of experience.

## Gajen wins CPMEC 2016 Junior Doctor of the Year Award *cont.*

Chair of CPMEC, Prof Tarala, noted that it was clear that Gajen was an exceptional junior doctor who was passionate and committed to training and education and improving the standards and quality of safe patient care. He was a most worthy recipient of the 2016 CPMEC National Junior Doctor of the Year Award. Speaking to CPMEC, Gajen felt truly honoured to have been selected for the CPMEC award and was overwhelmed by the outpouring of recognition and support that he had received. He also reaffirmed his commitment to fostering medical education in Australia.

## 2016 CPMEC Clinical Educator of the Year Winner



The 2016 CPMEC Clinical Educator of the Year Award winner is **Dr Monica Gope** from Western Australia. This award is given to an individual who has contributed extensively to the teaching of junior doctors; mentored and provided career advice to junior doctors; built a track record as an advocate for junior doctor education, training and wellbeing in the workplace; and developed innovative programs and approaches for junior doctors training.

*Photograph (left) Dr Monica Gope receiving her award from Prof Richard Tarala, CPMEC Chair*

Other jurisdictional nominees were:

- **Dr Jacob Alexander (SA)**
- **Prof Randipsingh Bindra (QLD)**
- **Dr Logan Carroll (NSW)**
- **Dr Rachael Coutts (VIC)**
- **Dr Jules Schofield (NZ)**
- **Dr Simon Quilty (NT)**



*Photograph (above) The Clinical Educator of the Year state/ jurisdictional winners and representatives for those not present at the conference dinner at MONA in Tasmania.*

## 2016 CPMEC Clinical Educator of the Year Winner *cont.*

In her citation for the award, it was highlighted that Monica successfully combined two roles as an Emergency Department Physician at Royal Perth Hospital and as the Director of WA Country Health Service (WACHS) Postgraduate Medical Education Unit to fulfil her passion for medical education and training of junior doctors across Western Australia.

As Director of WACHS since 2012, Monica introduced multiple education and training programs for supervisors as well as junior doctors. These courses utilized a variety of delivery methods, pertinent to disseminating and delivering workshop material to several regions across a large land mass. In particular blended learning formats incorporated face to face, eLearning and video conferencing content delivery.

She supported the development of a new WACHS Leadership course for RMOs via video-conferencing that was customised to reflect rural and remote hospital prevocational doctor work contexts and situations. The program activities were designed to promote engagement and interaction between the RMOs situated across different rural hospital sites. The courses have been oversubscribed with all surveyed participants agreeing that the course had changed the way they interact with others and that the course should be continued for junior medical officers.

In addition to her leadership role in the delivery of education to the regions, Monica has initiated and expanded Simulation Education in regional areas for junior doctors and simulator educators. She has designed, developed, implemented and evaluated new simulation education programs and developed sustainable processes and quality assurance procedures to ensure the continuation of the programs in WACHS for junior doctors.

Monica is a strong advocate for providing mentoring and career and wellbeing support for junior doctors. In her role as Director of Postgraduate Medical Education she participates in and supports the Rural Practice Pathway working group to facilitate the career development of doctors wishing to train and work in rural areas in country WA in partnership with other stakeholders. She promotes the opportunity for junior doctors to work as part of multi-disciplinary teams, receive one-on-one learning, increase their exposure to procedural practice and gain frontline experience from admission to discharge.

Since 2013, Monica initiated and ensured regular state-wide Term Surveys for WACHS junior doctors who gathered feedback on their experiences of Orientation, Teaching, Simulation, Supervision and Workloads on their rural placements. The feedback from the junior doctor surveys have seen changes incorporated into postgraduate medical education unit's operational activities as well as the types of professional development offered to the regional medical education units.

In presenting Monica with the 2016 CPMEC Clinical Educator of the Year Award, Prof Richard Tarala, CPMEC Chair noted that there are many facets to Monica's contributions as a clinical educator that made her an outstanding recipient of the award.

## CPMEC farewells long-serving CEO Dr Jag Singh



Prof Richard Tarala made a formal presentation on behalf of CPMEC and the prevocational medical community at the 2016 Prevocational Medical Education Forum official dinner in Hobart to acknowledge the work of Dr Jag Singh who leaves his role as CEO of the organisation in December 2016.

In his acknowledgement Prof Tarala noted that Jag had contributed enormously to prevocational medical education and training in Australia and New Zealand since 2005. He added that it would be a major understatement to say that CPMEC and its various stakeholder groups have benefitted enormously from the versatility of Jag as administrator, educator, and advocate in the time that he has managed the organisation.

Prof Tarala noted that as CPMEC Chair he was aware of the respect that many other stakeholder groups in the postgraduate medical community had for Jag. He has also been a fierce advocate for prevocational medical education and training in national meetings and forums.

Prof Tarala added that Jag had always projected a professionalism and pride in the work of CPMEC and could always be relied upon to deliver outcomes and give that extra mile for the organisation. His departure as CEO would leave a very significant gap not only in CPMEC but prevocational medical education generally.

Prof Tarala added that CPMEC would maintain links with Jag, call upon his expertise, and support him in continuing to provide the high quality professional development programs that he has pioneered for prevocational supervisors. He wished Jag and his family the very best for the future.

For any queries or comments regarding the CPMEC Newsletter, please contact  
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