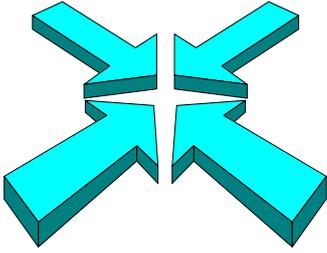


Confederation of Postgraduate Medical Education Councils

ACN 096 253 422

ABN 458 627 929 65



Postgraduate Medical Council of Victoria
Postgraduate Medical Institute of Tasmania
Postgraduate Medical Council of Queensland
Postgraduate Medical Council of South Australia
Northern Territory Postgraduate Medical Council
Medical Council of New Zealand Education Committee
Postgraduate Medical Council of Western Australia
New South Wales Institute of Medical Education and Training

19 September 2008

Ms Bronwyn Nardi
Chair
Practitioner Regulation Subcommittee
Health Workforce Principal Committee
HWPC Secretariat
Level 12/120 Spencer Street
Melbourne, VIC 3000

Dear Bronwyn

We refer to your invitation dated 13 August 2008 seeking submissions in relation to the size and composition of the national board for health professions and use of existing bodies for undertaking the accreditation function in the profession.

Attached please find the Confederation of Postgraduate Medical Education Council's (CPMEC's) submission on the subject which highlights the need to use and build upon existing accreditation processes for prevocational training by taking advantage of the considerable expertise that exists within Postgraduate Medical Councils. Should you require any clarification in relation to our submissions, please contact our General Manager, Dr Jag Singh on 03 9419 1217 or via email at jsingh@cpmec.org.au.

Yours sincerely

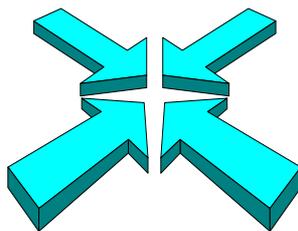
Professor Louis I. Landau

Chair

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Confederation of Postgraduate Medical Education Councils



CPMEC Submission on National Registration & Accreditation Scheme for the Health Professions

As the peak body for prevocational medical education and training in Australia, CPMEC advocates on behalf of postgraduate medical education councils (PMCs) and their equivalent. We welcome the opportunity to comment on:

1. National Boards

CPMEC notes with interest the proposed role of the National Agency vis-a-viz the Australian Medical Practitioners Board (AMPB) as one of the ten proposed National Boards. As we raised at the National Forum on 4th September 2008, there is some ambiguity in the proposed relationship between AMPB and the National Agency; in particular the level of autonomy of the AMPB is unclear. CPMEC is particularly interested in the role of the Australian Medical Council (AMC) in the new structure (see below).

In relation to the composition of the Board, CPMEC would like to reiterate our concerns about the need to understand the importance of the prevocational phase of medical education and training. We suggest that the composition includes a voice for this critical phase of the medical training continuum.

CPMEC supports a profession-led National Board but is mindful of the need to involve community members to enhance transparency. It is important that resources and support are provided for community members to allow for their effective participation in these Boards.

2. Accreditation Processes in Prevocational Medical Education & Training

CPMEC notes COAG's commitment to assign accreditation functions to bodies that are already in place in the initial stages of the transition to a national scheme. We also note the twelve month time frame for accrediting agencies to meet standards set by the national agency and the plan to make decisions on the continuance of initial arrangements after the first three years.

A key role for all PMCs is the accreditation of Postgraduate Year 1 (PGY1) internship training positions which medical graduates must complete to be eligible for general registration by Medical Boards. In most states and territories, PMCs are also accrediting PGY2 positions to ensure that all prevocational positions are of acceptable quality. New accreditation instruments are being developed for the increasing number of pre-vocational posts in ambulatory settings. PMCs are also heavily involved with the assessment and upskilling of international medical graduates (IMGs) entering the hospital-based medical workforce, who are not enrolled in vocational College training programs. This group is particularly important in health care delivery in outer metropolitan, rural and regional settings. It is CPMEC policy that all pre-vocational training posts are accredited and this is important for consideration in the immediate future in relation to the new COAG initiatives for IMG assessment processes.

CPMEC strongly recommends that PMCs continue to be responsible for accreditation of prevocational medical positions under the new arrangements. Accreditation against agreed

standards ensures all pre-vocational doctors and hospital-based IMGs receive appropriate supervision and training as they progress towards general registration and vocational training programs. These standards are integral to the provision of high quality and safe patient care. Accreditation visits are complex and require careful coordination with contributions from a range of individuals involved in prevocational employment, supervision and training; clinicians, medically trained clinical supervisors and educators, hospital managers, (non-medical) educators and prevocational trainees. PMCs are the only bodies capable of coordinating these visits.

In connexion with national accreditation processes under development as part of the COAG agreement, CPMEC would like to highlight a current initiative to develop a national Prevocational Medical Accreditation Framework for prevocational medical training. This initiative has been supported through federal government funding. It is intended to have this draft national framework available for stakeholder consultations by early November this year. We strongly recommend that the outcomes of this initiative are incorporated in any national accreditation process.

Whilst recognising that it is envisaged that National Boards will ultimately be responsible for accreditation under the new scheme, CPMEC strongly recommends that the AMC continues to play a major role in the accreditation of all levels of medical training. The AMC has developed robust and widely accepted processes for the accreditation of Medical Schools and Specialist Colleges. We believe it is logical to allow current arrangements that are functioning effectively to continue to operate.

At the request of medical educators, the AMC is currently exploring the possibility of extending its responsibilities to include the prevocational phase by developing accreditation processes for PMCs. CPMEC strongly supports this initiative and recommends that any accreditation process under the new arrangements should cover the roles of PMCs in all years of prevocational training, not just the intern year.

Having all the medical education and training accreditation processes under the aegis of the AMC will ensure that the expertise that underpins medical accreditation is utilised efficiently, and that the relevant standards for each phase of medical education and training are applied and monitored in a meaningful and integrated manner. CPMEC believes that the aims of the new scheme are most likely to be achieved by agreement of a set of standards to be met by health services employing doctors in training across the training continuum - prevocational trainees through to advanced trainees completing a vocational fellowship.

In considering the transition to national accreditation arrangements, CPMEC would like to highlight the following:

- a. The importance of maintaining the independence of the accreditation process. CPMEC supports wider community participation to ensure that independence is maintained.
- b. The importance of a continuing role for both the AMC and PMCs in any future accreditation process for prevocational doctors given the critical role that prevocational doctors play in the delivery of health services.
- c. The importance of ensuring that new accreditation processes do not lead to loss of valuable expertise and corporate knowledge of a complex and highly specialized training program. There is a significant risk that this will occur if individuals and organizations currently involved in accreditation processes perceive that they have been marginalised.

- d. The importance of clarity about funding arrangements in the transition to a national scheme. Current funding arrangements are complex. Support for prevocational accreditation is provided by State and Territory Health Departments and Medical Boards. The broader functions of PMCs and CPMEC, including development of national strategic priorities are funded by State and Territory Health Departments and the Department of Health and Ageing through the MTRP. Any interruption to funding arrangements would have serious consequences for the quality of prevocational training in Australia. It is essential that funding is carefully considered by the jurisdictional Transition Coordination Groups.
- e. The importance of ongoing consultation with all key institutions involved in accreditation in each jurisdiction is essential during the implementation of the scheme.
- f. A national approach to coordination and vertical integration of medical education and training is needed to complement these much needed national developments in accreditation and registration.
- g. The importance of a clear and consistent process for the certification of completion of internship that respects the expertise of postgraduate medical councils and is consistent with the requirements of the *Australian Curriculum Framework for Junior Doctors*.

Prepared by CPMEC

19 September 2008.