



# CPMEC Newsletter

Confederation of Postgraduate Medical Education Councils

## Issue 2 - 2008

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### Junior Doctor Contributions To Be Recognised

CPMEC and its affiliated Postgraduate Medical Councils or equivalent have agreed to introduce annual awards to provide national recognition to junior doctors who make significant contributions to postgraduate medical education and training. The award arose out of the need to acknowledge that contributions made to education and training by junior

doctors were an integral and important part of their development as clinicians.

The CPMEC junior doctor awards will have a two-tiered structure. Each member Postgraduate Medical Council will identify a state level winner. This will be done by 1 September 2008. A CPMEC Sub-Committee will then select a national award recipient from the state winners. The national winner will be presented with a medal at the 13<sup>th</sup> National Prevocational Forum in Hobart in November. State winners will also be recognized at the Forum.

CPMEC Executive Committee has recommended that eligibility for the award should be limited to PGY1 or PGY2 trainees unless there are outstanding reasons for someone outside this group but who is still a prevocational trainee.

The award will be made to a prevocational doctor with capable clinical performance who has made a significant contribution to teaching and education activities of their hospital, their PMC or equivalent and in other settings. Cognizance will also be taken of any special contributions the person has made to enhance education and training.

### CPMEC Australian Curriculum Framework Sydney Meeting

A meeting of the Australian Curriculum Framework for Junior Doctors (ACF) Project National Steering Group and its three Working Parties held in Sydney on 17-18 March, 2008 was attended by over forty participants representing a wide range of organisational stakeholder



The ACF Workplace Implementation Working Party meeting in discussions at the Sydney meeting.

groups including Postgraduate Medical Councils, Medical Schools and Medical Deans of Australia & New Zealand (MDANZ), Medical Colleges and the Committee of Presidents of Medical Colleges (CPMC), AMA Doctors in Training, Australian Medical Students' Association (AMSA), state health departments, and the Department of Health & Ageing (DoHA). The group included Directors of Clinical Training, Medical Education Officers, Clinical Academics Junior Medical Officers, and Medical Administrators.

The meeting set out to develop a clear perspective of the context in which the ACF is to be implemented, consider existing and emerging barriers and constraints impacting on the ACF project, and develop strategies to address them. It also provided the National Steering Group and the three Working Parties dealing with Assessment, Workplace Implementation and Curriculum & Learning Resources Development, the opportunity to develop a common understanding and consolidate the work done to date.

In his welcoming remarks, Professor Lou Landau, Chair of CPMEC, highlighted the ACF as a very significant milestone in prevocational training in Australia. He noted that there were significant challenges in implementing the ACF in an environment where there were ongoing concerns about the duration of postgraduate training, especially amongst jurisdictions.

Dr Greg Keogh, CPMEC Project Director for the ACF project, highlighted a number of

key issues impacting on the progress of the project. Amongst these were varying levels of commitment to the ACF amongst the various stakeholders in prevocational medical education and training. It was noted that many had embraced the ACF and were using it to improve their prevocational training processes whilst some remained ambivalent. In this regard, CPMEC acknowledges the initiatives undertaken by Queensland Health to utilise the ACF as a driver to changes in quality and capacity of prevocational medical education.

A second major concern relates to assessment processes linked to the implementation of the ACF, with a particular issue being resource requirements for implementing a national assessment strategy. While recognizing that there has always been assessment for recommendation for general registration, junior doctors have been assertive about not introducing additional barrier assessments although they support assessment designed

to provide feedback on performance. Other issues that Dr Keogh highlighted were the constant need for communication with stakeholders at all levels; the challenge of integrating national and local initiatives; the need for curriculum integration across the medical education and training continuum; and that implementing national initiatives was a time consuming process.

It was also noted that work being undertaken by the ACF project needed to dovetail with other national initiatives such as the COAG IMG Assessment process, and the National Medical Education Accreditation processes. Dr Keogh also highlighted the need to adequately identify resource requirements for both implementation and assessment of the ACF and that jurisdictional input was essential in this regard. It was also recognised that the ACF project was an important, long-term project in postgraduate medical education which required ongoing national support and funding.



The ACF Assessment Working Party at work.

Inputs were also provided by other stakeholders. Professor Judy Searle speaking on behalf of the Medical Deans of Australia and New Zealand suggested that prevocational training offered medical graduates the capacity to learn 'how to be a doctor', provide health care in a complex system, work in teams and to understand safety in systems.

She also emphasised the need to work collaboratively as it was often the same teachers delivering education and training at undergraduate, prevocational and vocational levels. Dr Ian Graham of the Postgraduate Medical Council of Victoria also made a presentation on what made the prevocational years unique. His presentation covered prevocational training arrangements in Australia and comparisons were made with international experiences in UK and Canada.

Arising out of the deliberations of the meeting, the National Steering Group will focus on the strategic issues to maintain the momentum of the ACF project; secure ongoing funding; determine a process for reviewing the ACF with recommended timelines; and improving stakeholder communication with postgraduate colleges, health departments and medical schools. Each of the Working Parties will also focus on identified short-term outcomes over the next six months.

It was agreed that the Assessment Working Party would develop a National end-of-term Assessment tool based on the capabilities outlined in the ACF to provide consistent

and improved junior doctor performance feedback and add rigour to current assessment practices. As part of its activities, it would need to develop principles for the tool which facilitated feedback, direct observation of performance and input from not only the supervisors but also the prevocational doctor.

The Implementation Working Party would focus on two key areas. The first relates to the need for National Guidelines on how to use the ACF and implement it successfully at a local level. In addition, there is a need to develop a communication strategy to improve implementation of the ACF. In this connection CPMEC is working with the Australian Medical Students Association to ensure that every medical student will receive a copy of the ACF at the commencement of their studies.

The Curriculum Development and Learning Resources Working Party would continue to assist the work being undertaken by the University of Queensland as part of a MTRP project that is identifying resources currently available to support the rollout of ACF. Amongst the activities will be the need to identify gaps in current resources as well as access barriers. It was agreed that a priority area should be the identification of ways in which to share resources amongst jurisdictions and facilities where possible.

CPMEC is grateful to the Australian Government Department of Health and Ageing for their support in making this workshop possible. Further details relating to this

meeting can be obtained from our website or by contacting our National Project Coordinator, Ms Deb Paltridge at [dpaltridge@cpmec.org.au](mailto:dpaltridge@cpmec.org.au).

## **MTRP Clinical Training Study Report**

CPMEC, in conjunction with its member Postgraduate Medical Councils or equivalent, completed a study to provide an overview of prevocational clinical training arrangements and highlight some options being considered for expanding capacity in prevocational medical education and training to cater for the increasing number of medical graduates. The Clinical Training and Education Policy Section of the Australian Government Department of Health and Ageing (DoHA) had commissioned the study. The CPMEC study complemented an equivalent study undertaken for undergraduate training by the Medical Deans of Australia and New Zealand (MDANZ).

The study considered the range of clinical training activity in prevocational years across the jurisdictions, how it was organised in each state, and the outcomes of any recent reviews of these activities.

The study also considered existing prevocational accreditation frameworks including compulsory and optional terms. In this regard, PMCs identified some of the key problem areas that have emerged from prevocational interactions between primary allocation and secondment centres.

The CPMEC report also highlighted a number of initiatives that are in place to address the issue of the projected increased numbers of medical graduates, including changes to compulsory term rotations; re-evaluating and adapting PGY2 positions such that some may be suitable for PGY1 training; increasing numbers of GP placements; alternative training sites such as Drug & Alcohol rehabilitation units and community centres; training in skills laboratories; restructuring of clinical skills training programs; split terms; increased breadth of terms; and spreading the clinical supervision workload.

### **AMC Accreditation Of PMCS**

The Australian Medical Council has agreed that it would be appropriate for them to facilitate the development of a set of standards for the end of intern training, the point at which general registration is granted. This grew out of discussion about what the AMC would accredit, and to what standards, if it were to take on an accreditation role of Postgraduate Medical Councils or their equivalent.

The statement would build on locally available documents, such as *Australian National Training and Assessment Guidelines for Junior Medical Doctors: PGY1 and PGY2*; the *Australian Curriculum Framework for Junior Doctors (ACF)*, and other documents such as the General Medical Council and the Medical Council of New Zealand standards for completion of the first postgraduate year. This is seen as a useful first step in the

move to a national registration system as well as helping reduce overlaps and identify gaps and weaknesses in the various stages of medical education.

CPMEC is working with AMC to identify work being done that is relevant to developing this statement and avoid unnecessary duplication. It is anticipated that the ACF will inform the content of the document and the solution will be an Australian modification of the relevant international standards. AMC will prepare a discussion paper that will form the basis of further consultations with CPMEC, PMC and other key stakeholders. Integration with the ACF project and other work being done by CPMEC (such as the PMAF) will be pursued in the coming months.

### **CPMEC Professional Development Of Registrars Program**

The Professional Development of Registrars (PDR) project

continues to be rolled out through Australia with the CPMEC General Manager, Dr Jag Singh supporting the rollout of the program. The PDR project which was initially funded under the MTRP has gained a high level of support throughout Australia. It is pleasing to note the support being provided by state health departments to roll out the programs in conjunction with our state Postgraduate Councils.

In Queensland, CPMEC, in conjunction with PMCQ and Queensland Health has conducted six PDR programs since September last year with almost a hundred registrars attending. In Victoria two PDR programs have been conducted for PMCV since March this year with twenty four registrars participating. Further programs are scheduled in both Queensland and Victoria. PMCSA is planning two PDR programs for registrars in South Australia later this year. In addition, a number of other



One of the Professional Development Program for Registrars course in action.

training networks have incorporated the program as part of their registrar training program. A pleasing feature of the rollout has been the sustained positive reaction to the program from participating registrars and referrals from previous program attendees.

Given the enthusiastic take up of the program, future sustainability of the PDR is dependent on having more presenters trained to deliver this program throughout Australia. To this end, CPMEC has developed a Trainer Accreditation Program (TAP). Two TAP programs were conducted last year. A national program was run last year in Victoria and a separate one specifically for PMCQ to train presenters in Queensland. Further programs are planned for Queensland, Victoria and South Australia this year.

A particularly pleasing feature of the TAP programs has been the active involvement of those trained under TAP in conducting PDR programs in Queensland, Victoria, and South Australia. Most of the presenters are clinicians. It is envisaged that CPMEC will help their member PMCs build the capability to run the program using its own facilitators. CPMEC would then focus on continued program research, development and refinement.

For further details regarding the PDR project, please contact Dr Jag Singh at [jsingh@cpmec.org.au](mailto:jsingh@cpmec.org.au).

### **Prevocational Medical Accreditation Framework (PMAF)**

In our last issue, we had highlighted the fact that CPMEC had set up a National Technical Group (NTG) set up to develop a Prevocational Medical Accreditation Framework (PMAF). We had also noted that the NTG had considered a project plan, and two papers were being developed for external stakeholder inputs – a paper on the *Principles of*

*Accreditation* and a second paper proposing a *Framework of Accreditation Principles, Policies and Processes*. These documents have been circulated to PMCs.

Feedback is now being received from PMCs and collated. CPMEC hopes to send the two papers out for an extensive consultation with all key stakeholders involved in medical education accreditation. In this regard, CPMEC and its affiliated members are cognizant of the need to develop and implement an accreditation framework which maintains standards without being overly burdensome to the individuals and organisations being accredited.

In this regard, and as part of the PMAF process, the NTG have reviewed the proposed new AMC Accreditation Standards for Specialist Medical Training Programs. CPMEC and its members have been generally supportive of the changes being proposed in the AMC standards.

It is anticipated that stakeholder inputs on the two papers will be sought both through targeted letters and via the CPMEC website.

### **Bridging Project**

CPMEC had provided support for the 'The Bridging of Medical Education and Training in Australia' project that focused on 'Doctor as Educator'. A comprehensive statement of competencies related to the role of 'doctor as educator' had been prepared as part of the project which identified the educational competencies that should be acquired at each of the medical student, prevocational, vocational and independent practice levels.

The preparation of the competency statements was guided by an extensive literature review and a survey of all curricular documents from medical schools, prevocational programs and college specialty programs in

Australia and New Zealand.

CPMEC supported the Project Director, Prof Gordon Page in helping put together two focus group meetings to evaluate the potential usefulness of the competency statements for 'Doctor as Educator' in the process of curricular development. A group comprising the CPMEC General Manager Dr Singh, the ACF National Project Coordinator, Ms Paltridge and four volunteers from the ACF Working Parties met with Prof Page to discuss the integration of the competency statements with work being undertaken under the ACF. A second focus group discussion of 6 clinical teachers met with Prof Page to elicit teachers' views of the accuracy, use and usefulness of the competency statements for 'Doctor as Educator'. This group was organised through the Clinical Dean at Dandenong Hospital, Dr Andrew Block.

### **MABEL Survey**

CPMEC has formally endorsed the MABEL (Medicine in Australia: Balancing Employment and Life) longitudinal survey of Australian doctors. The project is funded by NHMRC and being conducted by Monash and Melbourne Universities. This new longitudinal survey aims to improve understanding of how changes in the working lives of Australian doctors are influencing the provision of healthcare. Details on the projects can be obtained from their website [www.mabel.org.au](http://www.mabel.org.au).

### **Staffing**

Ms Louise Connelly-Creek has joined CPMEC as Administration Officer with effect from 7 February 2007. Louise held administrative roles with Illawarra ITeC and the Australian College of Commerce and Management prior to joining CPMEC. She can be contacted at [cpmecadmin@cpmec.org.au](mailto:cpmecadmin@cpmec.org.au).

## MTRP Projects

In this newsletter we highlight another of the projects that has been funded by the MTRP. The project titled **National Prevocational Accreditation Framework for General Practice and Community Settings** is being undertaken against the backdrop of increased number of domestic medical graduates and an increasing demand to deliver medical education in general practice and community-based placements. There is an identified need to align general practice training curricula, governance structures and accreditation criteria with those of the public hospital sector.

The project aims to document the training opportunities available to prevocational doctors undertaking a general practice term and to map them to the Australian Curriculum Framework for Junior Doctors. Recommendations on the development of national standards and accreditation criteria which can apply to junior doctors training in general practice and community settings in Australia will be made to relevant stakeholders (including the CPMEC).

The project will involve a review of the accreditation standards throughout the States, and the standards and training curricula offered by both the Royal Australian College of General Practice (RACGP) and the Australian College of Rural and Remote Medicine (ACRRM). Commonalities and gaps between general practice and hospital accreditation standards and education and supervision requirements will be identified.

A revised accreditation instrument will then be developed and piloted in general practice and community settings in Victoria and another State (to be determined in consultation with National Steering Committee). A report of the outcomes of the pilot visits and a set of proposed accreditation standards for prevocational training positions in general practice and community settings will be submitted to the National Accreditation Network (NAN) to inform and assist with the development of the overall National Accreditation Framework for Junior Doctors.

To ensure alignment with the work being undertaken by CPMEC and within other states, a National Steering Committee will be established to provide guidance for this project. Membership will be drawn from the NAN and state postgraduate medical councils where general practice terms are already established.

The key benefits anticipated from this project including developing and promoting national standards; inform the work being undertaken by the CPMEC National Technical Group undertaking the development of the Prevocational Medical Accreditation Framework in developing a National Accreditation Framework for Junior Doctors; and set out the requirements for establishing good quality and meaningful general practice placements which have appropriate education and supervision standards for junior doctors participating in these terms.

The final report of the project and the Survey instrument will be made available to the National Accreditation Network, state jurisdictions and the Confederation of Postgraduate Medical Education Councils.



## Confederation of Postgraduate Medical Education Councils

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