

2013 CPMEC Advisory Council Meeting



**3 NOVEMBER 2013
ADELAIDE CONVENTION
CENTRE**

**CHAIR'S REPORT: PROF
SIMON WILLCOCK**




Outline of Report



- 1. The broader context of postgraduate medical education and training**
- 2. Developments and challenges in prevocational medical education and training**
- 3. Achievements of CPMEC**
- 4. Future challenges and opportunities**
- 5. Personal Reflections**
- 6. Handover**





“We have outrun an educational system framed in simpler days and for simpler conditions. The pressure comes hard enough upon the teacher but far harder upon the taught, who suffer in a hundred different ways”.



William Osler, 1913

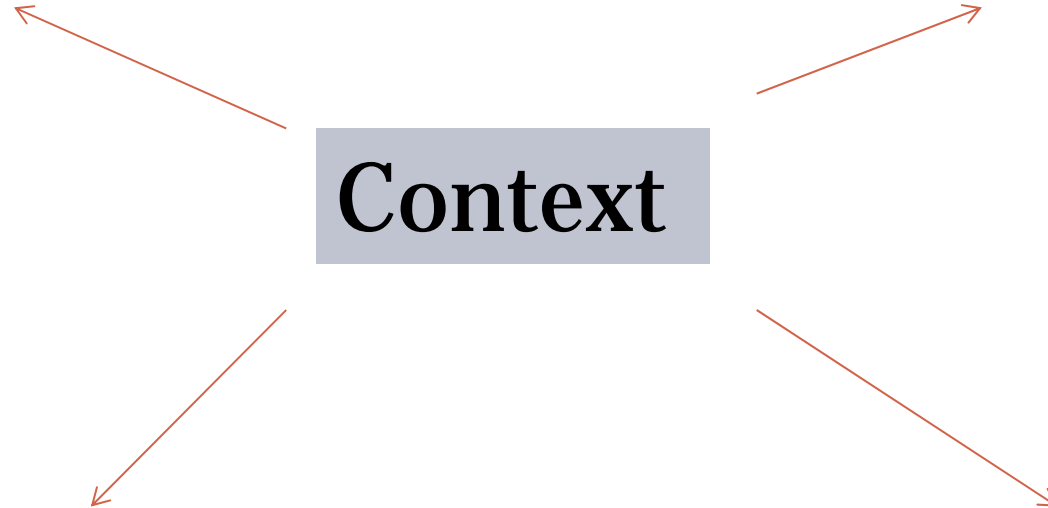
Technological Possibilities

Medical workforce demographics

Context

Doing more for less

Political & legal dimensions



Medical workforce requirements



- Ability to service diverse and changing patient profiles
- Range, life experience and expectations of professional entry medical graduates (and clients)
- Competitiveness and suitability for specialty of choice
- Career flexibility?
- Readiness of workplace and supervisors
- What about indigenous health education in the prevocational years & support for indigenous doctors?
- Utilisation of IMGs – workforce “filler” or globalisation ?
- Number of generations in medical workforce simultaneously



Technological possibilities



- **e-learning**
 - Promising the world but some caution needed – blending
 - Presents opportunities – implications for pedagogy and mentoring
 - Risk of self-preservation/parochialism/”propaganda”
 - Avoiding a digital divide in the community
- **Role of simulation**
 - Would you like to be treated by someone whose sum of experiences are largely simulation-based?
- **Impact on service delivery**
 - Retaining currency
 - The need to make decisions



Doing more for less



- **Where can efficiencies be obtained by adopting a unitary approach?**
 - Accreditation
 - Professional development
 - Career planning
 - Supervisory training
 - E-portfolio
- **What are some of the prerequisites?**
 - No artificial barriers
 - Breaking down parochialism
 - Who will lead change? – technical and adaptive aspects of change need to be factored
 - Move away from silo thinking (jurisdictional and professional)



Politics and Legal dimensions



- Privatisation of medicine and flow on effects on education and training
- Access to vocational training positions – review of selection and entry requirements?
- Dealing with the national-jurisdictional divide
- Innovation and role of regulatory authorities – serving societal or political expectations
- Evidence-based policy versus policy -based evidence
- Prevocational training increasingly contested space but who will manage the space?
- Role of regulatory authorities in promoting innovation



Prevocational Education and Training



- Global outcome statements
- National standards and guidelines for intern rotations
- National assessment process for interns
- Quality framework for review of intern accreditation bodies
- Communication and consultation has been a major concern
- Developments in NZ prevocational training (John Nacey)

Prevocational education and training

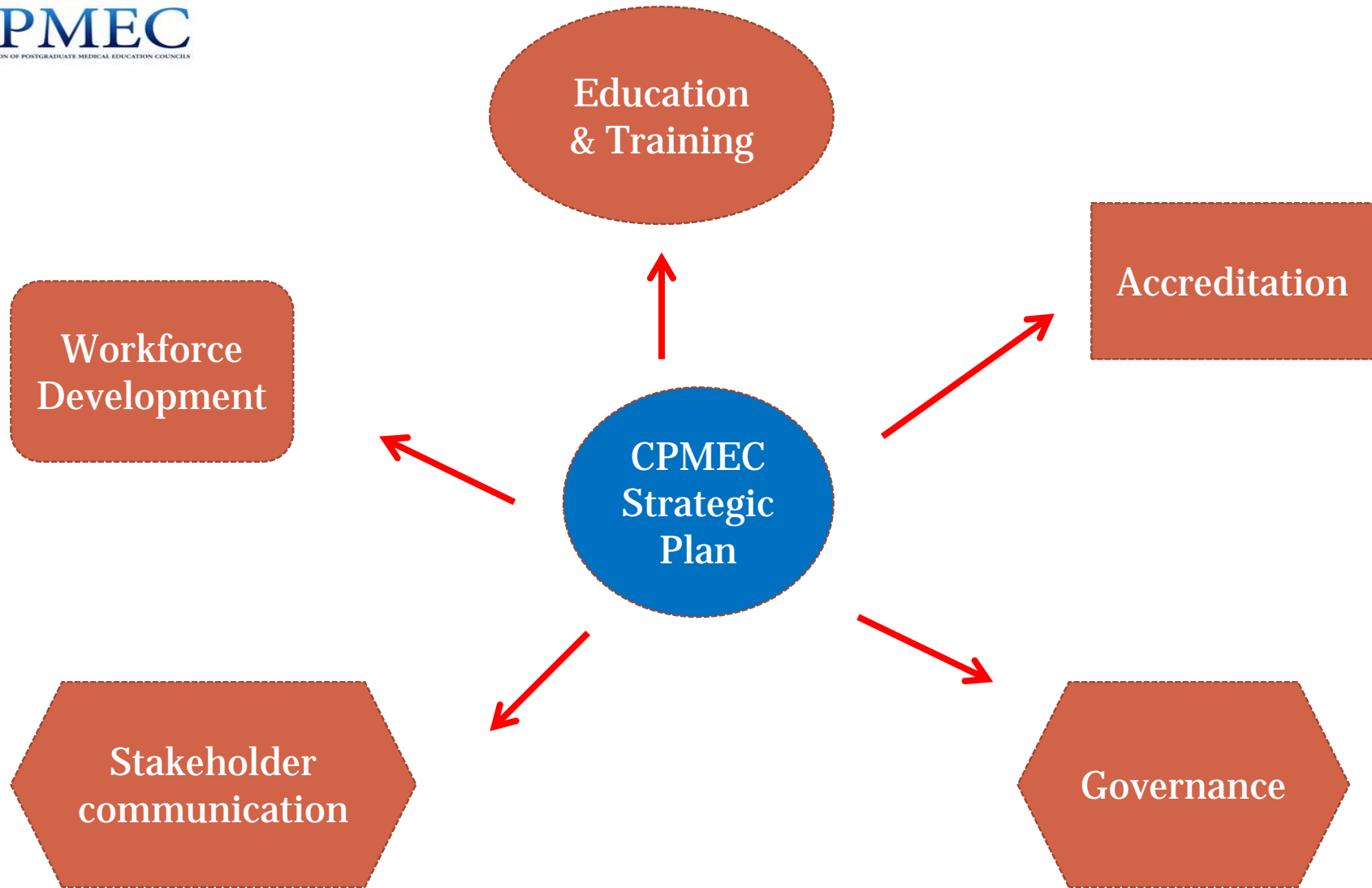


Australian Health Ministers' Advisory Council Health Workforce Principal Committee

- National Medical Intern Data Management Working Group (previously CPMEC's Intern Allocation Working Party)
 - Providing unprecedented data
- National Internship Summit - reviewing arrangements for internship and prevocational training
 - "The Summit outcome, that a paper would be drafted for the Standing Committee on Health, leaves attendees with a concern that their hard work, thoughtful input ... will be cannibalised into something that fits more effectively with the political outcomes required" (Michael Bonning -AMACDT)



CPMEC



Key achievements



- **Accreditation**
 - Working with AMC on review process
 - General Practice Training Accreditation Pilot (GPTAP) project
- **Education & Training**
 - Work with AMC including assessment framework
 - (ACF National Coordinator has worked closely in the implementation process) Strong links with NZ – made ACF available for development of the NZ curriculum framework
 - Feasibility of development of ACF App



Key Achievements ...2



- **Workforce Planning & Development**
 - Successfully launched national program for DCTs
 - National program for MEOs arising from the DCT sessions
 - Professional Development Program for Registrars revised extensively and continues to be rolled out
 - Work done under the National Intern Allocation Working Party taken up by HWPC
 - Organised stakeholder meeting on Career Planning Information for Junior Medical Officers



Key Achievements...3



- **External stakeholder communication and advocacy**
 - Strong relationship with Australian Government Department of Health and Ageing
 - Support from Health Workforce Australia and inputs on various consultations including the National Medical Training Advisory Network
 - Good working relationship with Medical Deans, CPMC, GPET, AIDA, AMACDT, MBA, AMC and AMSA
 - Developing good working relationship with HWPC and jurisdictional groups
 - Position statements reflect collective views of membership
 - Very strong consultative structures for PMC Chairs, Principal Officers, prevocational JMOs, DCTs, MEOs, and Accreditation managers
 - Participation in key meetings, Website and newsletters
 - Recognition of contributions



Key achievements



- **Governance**

- Revised strategic plans
- Establishment of risk assessment structures independent from CPMEC leadership
- Limited number of independent directors
- Promote strong culture of knowledge sharing
- Stability in key staffing
- Limited amount of success in diversifying revenue



Future challenges and opportunities



- Are PMCs in a “holding pattern”?
- Accreditation –QLD tender model a sign of the future?
- Where will the ACF fit once the AMC/MBA frameworks are in place?
- Consensus vs. Innovation
- The influence of PMCs (and CPMEC) in shaping policies in the prevocational domain –**funding; meaningful engagement; scope of work, etc.**
- Engagement of the private sector – on what terms?



Future challenges and opportunities



- **Linking across the continuum**
 - Accreditation; professionalism; supervisory development; career planning information; e-portfolio
- **Forward and/or backward integration of medical schools/colleges into the prevocational space**
- **Pressures to retain generalist PGY1 and PGY2 versus reduction of postgraduate medical training time**
- **Supervisory and Assessment pressures on time-poor clinical supervisors**





CPMEC

- CPMEC's influence has largely been based on playing the role of a catalyst working with a wide range of stakeholders in prevocational education and training. It has developed a reputation for providing reliable inputs often at very short notice and with limited resources. Its future effectiveness is based on continuing to operate as an efficient provider of effective solutions to address identified gaps in prevocational education and training

Personal Reflections



“Up Close and Personal”



The Bowls Club or the Dentist?



CPMEC

Handover

