

**Confederation of Postgraduate Medical Education
Councils (CPMEC)**



CPMEC

**Standard Funding Agreement between CPMEC and
the Commonwealth of Australia as represented by the
Australian Government Department of Health and
Ageing**

FINAL REPORT

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CPMEC is facing a very challenging period as the peak trans-Tasman body for prevocational medical education and training following the loss of all federal funding under the 2014 Budget. It has come at a time when the prevocational phase is under unprecedented scrutiny as the impact of increased numbers of medical graduates flows through the medical workforce and a national review of medical internship is underway. This final report provides an opportunity to reflect on the numerous achievements of the organisation over the reporting period of the three-year funding agreement between CPMEC and the Department of Health and Ageing (DoHA) which expired on 30 June 2014. These have included the following:

- Providing informed expert advice on issues and developments in prevocational medical education and training to DoHA and other national bodies
- The accreditation of Postgraduate Medical Councils (PMCs) by the Australian Medical Council (AMC) was the culmination of many years of advocacy by CPMEC
- Convened national meetings of all major stakeholders in postgraduate medical education and training with an interest in providing more accurate career planning information for junior medical officers
- Through our National Intern Allocation Working Party (NIAWP), undertook the initial groundwork to provide accurate national data on the extent of multiple applications and acceptances for internship
- Developed a collaboration framework with the Australian Indigenous Doctors' Association (AIDA) to provide support and mentoring programs for Indigenous medical graduates
- Embedding of the Australian Curriculum Framework for Junior Doctors (ACF) as the educational template for the prevocational medical training years
- Managed a project which aimed to undertake and evaluate models of streamlined and integrated prevocational and vocational general practice training accreditation across the country
- Ensured a national voice for prevocational medical education and training through participation and advocacy at all major national conferences and national meetings
- Within the prevocational training community, encouraged knowledge sharing and promoted collaboration amongst junior doctors, their prevocational supervisors, educators, and other key constituents on a regular basis
- Implemented educational programs aimed at enhancing the quality of supervision and teaching of junior doctors

The loss of federal funding has been a major setback to the aspirations of the prevocational medical education community nationally and my Board has been dealing with the fallout from these budgetary cuts. The current federal government considers prevocational training to be the domain of states and territories and have reduced the work of CPMEC and PMCs in prevocational training to accreditation matters. We believe that the federal government's decision will have adverse consequences for the quality of junior doctor training in the immediate future and beyond. CPMEC's role in providing coherence to the previously fragmented nature of prevocational training has been acknowledged by a number of stakeholders. A recent *Medical Journal of Australia*¹ publication highlighted CPMEC's ability to get things done "despite lacking any legislative authority".

1 L Geffen, A Brief History of Medical Education and Training in Australia, *MJA* 201 (1), 7 July 2014

FOREWORD BY CPMEC CHAIR

The loss of the federal funding has meant that progress on the priority projects that CPMEC was working with PMCs and other stakeholders has been hindered massively. Whilst reserves built through educational programs offered by CPMEC have provided sufficient reserves to keep the organisation afloat in the short to medium term, difficult decisions have had to be taken including reduction of staff in an already very lean structure.

With the cessation of all MTRP funding for priority projects in prevocational training since 2008, this year's budget decision has also effectively cut off any discretionary national funding for this phase of the medical education continuum to undertake innovation and reform.

Nevertheless, I would still like to acknowledge the support from DOHA in providing funding for CPMEC from 2007 until 2014. Our disappointment at their decision to cease this funding from 2014 does not lessen our appreciation of the fact that a lot of the achievements of CPMEC over the past seven years would not have been possible without the very substantive DOHA support. I would also like to acknowledge the hardworking CPMEC staff led by Dr Jag Singh in elevating CPMEC's national profile through their diligence and commitment.

Associate Professor Terry Brown
Chair, CPMEC



ACRONYMS

Abbreviation	Description
ACF	Australian Curriculum Framework For Junior Doctors
AIDA	Australian Indigenous Doctors Association
AJMOC	Australasian Junior Medical Officer Committee
AMA	Australian Medical Association
AMACDT	AMA Council of Doctors in Training
AMC	Australian Medical Council
AMSA	Australian Medical Students' Association
ACSQHC	Australian Commission on Safety and Quality in Health Care
ASCMO	Australian Society for Career Medical Officers
ATSI	Aboriginal and Torres Strait Islander
CPMC	Committee of Presidents of Medical Colleges
CPMEC	Confederation of Postgraduate Medical Education Councils
CRPMC	Canberra Region Prevocational Management Committee
CSSP	Clinical Supervision Support Program
DCT	Director of Clinical Training
DoHA	Australian Government Department of Health & Ageing
FRAC	Finance & Risk Assessment Committee of the CPMEC Board
GPET	General Practice Education and Training Ltd
GPTAP	General Practice Training Accreditation Pilots Project
HETI	Health Education and Training Institute of NSW
HWA	Health Workforce Australia
HWPC	Health Workforce Principal Committee of AHMAC
IMG	International Medical Graduate
JMO	Junior Medical Officer
MBA	Medical Board of Australia
MCNZ	Medical Council of New Zealand
Medical Deans	Medical Deans of Australia and New Zealand
MEO	Medical Education Officer
MSOD	Medical Schools Outcomes Database
MTRP	Medical Training Review Panel
NIAWP	National Intern Allocation Working Party
NMTAN	National Medical Training Advisory Network of HWA
NRHA	National Rural Health Alliance
NTPD	National Training Program for Directors of Clinical Training
NTPMC	Northern Territory Post Graduate Medical Council
PDPR	Professional Development Program for Registrars
PGPPP	Prevocational General Practice Placement Program
PGY	Postgraduate Year (1, 2, 3)

Abbreviation	Description
PMCT	Postgraduate Medical Education Council of Tasmania
PMAF	Prevocational Medical Accreditation Framework
PMAN	Prevocational Medical Accreditation Network
PMCs	Postgraduate Medical Councils or equivalent agency looking after the accreditation, education and training of the first two years of prevocational training
PMCQ	Postgraduate Medical Education Council Queensland
PMCV	Postgraduate Medical Education Council Victoria
PMCWA	Postgraduate Medical Council Western Australia
POC	Principal Officer's Committee
PreVAC	Prevocational Standards Accreditation Committee of AMC
SAMET	South Australian Medical Education and Training

1. INTRODUCTION

This is the Final Report as per the funding agreement between the Confederation of Postgraduate Medical Education Councils (CPMEC) and the Commonwealth of Australia as represented by the Department of Health and Ageing (DoHA) which expired on 30 June 2014.

CPMEC's activities are reported below against Schedule A of the Funding agreement including the requirements for the Final Report as contained in Clause 11.4. An audited end of financial year report approved by the Annual General Meeting of CPMEC Ltd is attached.

Currently the membership of CPMEC comprises the following:

- **NSW Health Education & Training Institute (HETI)**
- **Postgraduate Medical Council of Queensland (PMCQ)**
- **South Australian Medical Education & Training Council (SA MET)**
- **Postgraduate Medical Council of Victoria (PMCV)**
- **Postgraduate Medical Council of Western Australia (PMCWA)**
- **Postgraduate Medical Education Council of Tasmania (PMCT)**
- **Northern Territory Postgraduate Medical Council (NTPMC)**
- **Canberra Region Prevocational Management Committee (CRPMC)**
- **Education Committee, Medical Council of New Zealand (MCNZ)**

During the period of the agreement, Prof Brendan Crotty (November 2009 - November 2011) and Prof Simon Willcock (November 2011- November 2013) completed their two-year terms as honorary Chairs of CPMEC. Associate Prof Terry Brown is the current Chair with Clinical Prof Richard Tarala his Deputy Chair.

2. AIM OF THE PROJECT

- (a) The project required CPMEC **'to represent at a national level and in a range of Forums the views of the prevocational sector on medical education and training matters as well as informing, delivering and supporting projects of national benefit.'** As part of its obligation CPMEC undertook to help achieve **'the outcomes and objectives of improving the quality and capacity of prevocational medical education and training nationally including developing vertical integration across the continuum to contribute to medical workforce development.'**
- (b) With regard to the aim of the project, CPMEC is of the view that prevocational medical education and training currently enjoys a higher national profile than ever before. DoHA support has been vital in achieving this outcome and CPMEC has at all times acknowledged this funding and support. In this regard one of the numerous achievements has been the realisation of CPMEC's aspiration for prevocational medical education to be accredited by the Australian Medical Council (AMC) as has been the case with professional entry and vocational training.

- (c) Regular half yearly progress reports were provided to DoHA in accordance with the agreed schedule outlining achievements during the course of the funding agreement. The final report is a consolidation of those reports, but it also highlights some contemporary issues and those likely to shape the future of prevocational training in Australia.
- (d) The agreement provided CPMEC with three years' funding from 1 July 2011 to 30 June 2014 totalling \$1,138,762 excluding GST, averaging just over \$380K per annum. As has been articulated to DoHA on previous occasions, the capacity of CPMEC to raise revenue through other sources is significantly constrained. Despite this, CPMEC has sought to generate some revenue over the past few years but without DoHA funding, it would be difficult to sustain the current level of operations of CPMEC Ltd. For a relatively modest annual budgetary outlay, CPMEC has been able to build a strong track record of achievements in promoting a national approach on prevocational training matters.
- (e) We believe that CPMEC consistently met DoHA performance requirements with very limited resources. This delivery of 'value for money' has been achieved through a very lean staffing structure, by fostering a strong culture of cooperation and support with key stakeholders, and by generating some revenue to augment the funding received from DoHA.

3. KEY ACHIEVEMENTS OF THE PROJECT

CPMEC has played an important role in a number of key developments in prevocational medical education and training during the reporting period. These have included the following:

- The second revision of the Australian Curriculum Framework for Junior Doctors (ACF) in 2012 and the refinement of the Prevocational Medical Accreditation Framework (PMAF). These documents have informed the development and implementation of national internship framework by the AMC and the Medical Board of Australia (MBA).
- Convening a meeting of all key stakeholders to discuss ways of providing better data on employment patterns and career intentions of prevocational doctors including an agreed approach to communicating a set of information about vocational training and workforce opportunities.
- Continuing to build the capabilities of the prevocational supervisory and education workforce through the national program for directors of prevocational training (National DCT Program), the Professional Development Program for Registrars (PDPR), and the National MEO program.
- Providing various reports on internship and prevocational training matters to the Medical Training Review Panel (MTRP).
- Initiating the National Audit of Multiple Applications for, and Acceptances of Internship Positions. This program has now been incorporated into the Health Workforce Principal Committee's (HWPC's) activities under their National Intern Data Management Working Group.
- Working with GPET, Regional Training Providers, RACGP and ACRRM to develop a more streamlined approach for the accreditation of prevocational and vocational training posts through the General Practice Training Accreditation Pilots (GPTAP) Project. CPMEC also provided major inputs to a national symposium that was organised to present the findings from the project.

- Raising the issue of nationally consistent changeover dates for registrars and residents that was taken up by the MTRP and the HWPC.
- Developing a Collaboration Framework with Australian Indigenous Doctors' Association (AIDA) to develop support structures and mentoring of indigenous prevocational doctors across all states and territories. All PMCs are now using the framework to look at their own policies and practices in this domain.
- Every state and territory continues to participate in the CPMEC activities and projects through their equivalent prevocational educational body. CPMEC has established strong cost-effective national consultative structures to discuss local and national developments in prevocational training and encourage transfer and sharing of knowledge and practices amongst PMCs through more regular meetings of PMC Chairs and Principal Officers, Junior Medical Officers, Directors of Clinical Training/DPETs, Medical Education Officers, Accreditation Committee Chairs and managers, and others responsible for supervising and managing the education, training and welfare of prevocational doctors.
- Introduction of trans-Tasman awards to recognise the outstanding contributions of junior doctors, clinical educators and individuals to prevocational medical education and training.
- Raising the profile of the annual Prevocational Forum including the successful hosting of the first Forum outside of Australia (in NZ in 2011). In 2012 and 2013 CPMEC also managed the component dealing with sponsorship of JMOs from rural and remote areas to attend the Forum. As part of its continuing commitment to rotate the event, the 2015 Forum is to be held in Darwin.
- Working with Medical Deans and CPMC to develop national standards for medical educational supervision.
- Raising the importance and national profile of prevocational training with a range of external stakeholders in medical education & training through participation in medical education meetings, and other national medical education forums. CPMEC also made submissions on a range of topics to ensure that concerns of the prevocational medical education & training sector were articulated in national policy making.

4. PROJECT DELIVERABLES

In the Section 5 and onwards we report more specifically on CPMEC's activities and achievements against the project deliverables as outlined in the Funding Agreement Schedule as they relate to staffing; providing expert advice; responsibility for the Australian Curriculum Framework for Junior Doctors; CPMEC priority objectives; meetings and representation; and communication and information sharing. We have tried to avoid repetition given that some of our activities could be reported under a number of the items listed in the Schedule.

5. CPMEC STAFFING

- (a) CPMEC's Secretariat continued to be headed for the full term of the agreement by Dr Jagdishwar Singh. As General Manager and Chief Executive Officer (CEO), he has overall responsibility for management and administration of CPMEC; fulfilling all reporting requirements; ensuring coordination between the various projects and activities of CPMEC; stakeholder relationship management; directing all of CPMEC's professional development programs; and dealing with all CPMEC Board matters.
- (b) Ms Lucy McEwan has been the Executive Officer since 25 July 2012 with responsibilities for daily office management and administration and supporting Dr Singh. Ms Barbara Butterworth had filled that role previously.
- (c) Ms Debbie Paltridge has been engaged as the ACF National Project Coordinator for the duration of the agreement. She was also heavily involved on behalf of CPMEC with work undertaken by AMC in the implementation of the national internship framework.

6. CPMEC EXPERT ADVICE

CPMEC provided expert advice to DoHA through its regular progress reports and periodic departmental requests on specific issues. In relation to the latter, some of the advice provided included:

- Progress report on internship placements across states and territories in Australia including qualitative and quantitative data on internship placements and allocations.
- Advice on prevocational medical accreditation costing (in the context of creating posts for prevocational trainees in the private sector)
- An outline on a national approach to streamlining the accreditation of general practice training sites
- Work undertaken on national internship standards and a national approach to prevocational accreditation by the AMC and the MBA
- Nationally consistent changeover dates for registrars and hospital medical officers
- Specific requests on developments in prevocational training which has attracted national media comment
- Matters affecting prevocational medical workforce allocation, education, training and assessment of prevocational doctors.
- Trends and developments locally and internationally relevant to prevocational training in Australia.

Some of these issues will also be discussed under the 'CPMEC Priority Objectives' segment of this report.

7. AUSTRALIAN CURRICULUM FRAMEWORK FOR JUNIOR DOCTORS (ACF)

In keeping with a commitment to maintain the currency of the Australian Curriculum Framework for Junior Doctors (ACF) on a triennial basis, a further revision of the ACF occurred in 2012. The review was timely given the consultations initiated by the MBA on a national internship framework. The revised version of the ACF was launched at the 17th Prevocational Forum in Perth in November 2012.

CPMEC continued to support the implementation of the ACF by providing expert advice regarding implementation strategies, mapping of capabilities to term descriptions and education programs along with provision of hard copy booklets and posters. The CPMEC website contains a dedicated ACF section which is kept up to date and has additional resources to assist both junior doctors and their supervisors.

Interest expressed by many stakeholders on the potential to capture data from junior doctors on their achievement of ACF capabilities prompted CPMEC to consider the development of an ACF App and a supporting electronic database and web interface. Evidence suggested that some groups had already commenced some work in a limited way and in order to have a national approach to the development of the application under the auspices of CPMEC, a decision was made to explore the potential for this development. An ACF Application is consistent with CPMEC's philosophy to ensure that the ACF remains the pre-eminent guide for prevocational medical education and training in Australia. The development of the App has been motivated by several factors. These include having a portable learning log that may inform postgraduate training requirements in subsequent years, assist clinical supervisors and junior doctors in development of learning plans, and ensure that as junior doctors move into a more technologically driven environment the ACF continues to retain currency.

However, before seeking to embark on the full scale development of the App itself, and to mitigate risk, CPMEC considered it prudent to first undertake a feasibility study on the development of such a platform including an estimate of the likely cost and utilisation of an ACF App that had the functionality to operate as an e-learning log. CPMEC was provided with a comprehensive report that includes information for CPMEC to make a decision on the feasibility of the ACF project including total project costs (development and ongoing), cost-benefit analysis, risks involved, predicted uptake, and requirements for administrative or technical support.

An open national tender process was initiated requesting a detailed scoping document from bidders outlining the feasibility of developing the described database, interfaces and associated functions. Fourteen bids were received and Intelsoft was engaged to undertake the feasibility study. As part of the consultations, an IT reference group was established along with a System Beneficiary group which included representatives from Postgraduate Medical Councils (PMCs), AHPRA, postgraduate colleges and hospital representation. A survey of junior doctors was undertaken to determine the functional specifications including usefulness and practicality. There has been strong interest in developing an App that supports both prevocational training and entry into vocational training. The final report of the Feasibility was submitted to the CPMEC Board for consideration and findings presented at the 2014 ANZMET Forum.

CPMEC continued to provide expert ACF input into a number of national vertical integration initiatives including the Writing and Reference groups of the Medical Deans of Australia and New Zealand (MDANZ) competencies project which mapped the graduate competencies against the

ACF and developed levels of competency relevant to undergraduate and prevocational doctors and developed assessment blueprints.

CPMEC granted the Australian College of Rural and Remote Medicine (ACRRM) permission to use the ACF assessment tools for self-assessment, mid-term and end of term assessment in the design and implementation of a pilot of workplace based assessment (WBA) for eligible doctors in General Practice in Australia as an alternative pathway to the AMC Part 2 exam. The pilot intended to test methodologies to address the growing logjam of International Medical Graduates (IMGs) trying to sit the Part 2 AMC exams.

CPMEC also provided advice to the Medical Council of New Zealand (MCNZ) on their proposed reforms to prevocational training arrangements in NZ and allowed them to use the ACF to guide the development of their national curriculum for prevocational training. More recently CPMEC was invited to a meeting where reforms to prevocational training in NZ were discussed including curriculum, accreditation standards, assessment, training of supervisors, and changes to requirements for the PGY2 year.

CPMEC’s work with the AMC in the development of internship standards is reported in the next section.

8. CPMEC PRIORITY OBJECTIVES

As the peak body for prevocational medical education and training CPMEC seeks to develop, by consensus, national standards and programs for the promotion and support of prevocational medical education and training. It also enables CPMEC to engage in advocacy with external stakeholders on behalf of its members, seek to promote exchange of information between members on matters of common interest, and promote excellence in prevocational training and recognize outstanding contributions by issuing national awards. An additional role is the promotion of vertical integration. Following a strategic review undertaken in 2012, five strategic priority areas for CPMEC were defined as follows:

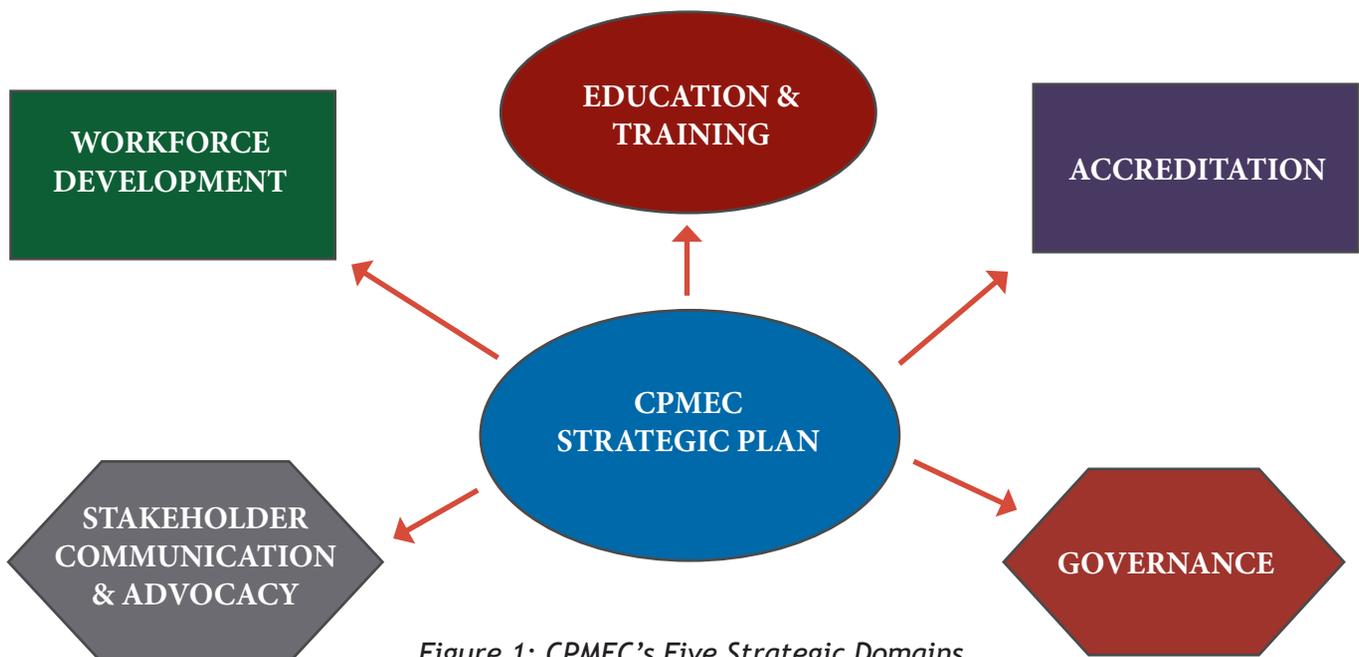


Figure 1: CPMEC’s Five Strategic Domains

These domains are consistent with the priority objectives outlined in Schedule A of the Funding Agreement.

i. Leadership on Assessment Standards and Processes

The work undertaken by CPMEC in developing and refining a national accreditation framework has significantly assisted in the accreditation of PMCs by the AMC. There was significant interaction with AMC to highlight the nuances of prevocational medical training in the implementation of an accreditation framework to review PMCs. The Prevocational Medical Accreditation Framework (PMAF) has been used by all PMCs to help identify gaps; review their standards; develop new standards and policies; and revise existing policies. A survey of all PMCs reinforced the value of PMAF as a unifying national framework to guide prevocational medical accreditation processes. A 2012 CPMEC survey also helped obtain a better understanding of accreditation scope of PMCs, funding sources, and key aspects of survey practices.

The Prevocational Medical Accreditation Network (PMAN) has met regularly during the reporting period to consider developments in prevocational accreditation, consider implementation issues arising from AMC involvement in prevocational accreditation, accreditation implications for cross-border movement of prevocational trainees; maintaining independence of the accreditation function; funding models; outcomes of accreditation; creating a databank of interstate prevocational surveyors; and streamlining of accreditation practices.

In conjunction with GPET, CPMEC managed the General Practice Training Accreditation Pilots (GPTAP) project which aimed to undertake and evaluate pilots in the Northern Territory (NT), Victoria (VIC) and Western Australia (WA) of models of streamlined and integrated prevocational and vocational training practice accreditation. A Symposium was held in 2013 to discuss the final report and consider ways of building on the progress made. CPMEC provided the keynote presentation at the symposium on the project achievements and lessons from the pilots.

ii. Work with AMC

CPMEC has engagement with the AMC at various levels including ex-officio membership on the Governing Council, membership of AMC's Prevocational Standards Accreditation Committee (PreVAC), and the AMC Medical Schools Accreditation Committee. CPMEC is in regular contact with the AMC PreVAC Chair Prof Liz Farmer, who has also attended a CPMEC Board meeting.

Through the ACF National Coordinator, CPMEC has been extensively involved with the AMC in the implementation process for the national internship framework which was undertaken on behalf of the Medical Board of Australia (MBA). This included membership of the initial Intern Working Party; the AMC Implementation Group and its sub-group guiding the transition to these new processes; the Intern Assessment sub-group which oversaw the development of a National Intern Assessment form (based on the previous work undertaken by CPMEC) along with a process for assessment, certification and sign off for internship; the editorial group ensuring consistency and clarity of the suite of documents produced by the AMC for the national internship framework; and the Intern Assessment Evaluation Working Party currently evaluating both implementation of the National Intern Assessment Form and the National Assessment Processes.

CPMEC also recognised the need to support the implementation of the new assessment processes for prevocational medical education officers (MEOs) and Directors of Clinical Training (DCTs)¹ and convened a small working party to develop resources for the supervisors, interns and medical education personnel to assist them in the transition to the new processes. These resources are

1 or equivalent positions

now available through the CPMEC website and will continue to be updated as feedback is received.

iii. Support for Clinical Supervisors and Medical Educators

CPMEC continued to support clinical supervisors in a number of ways. Quarterly meetings of the Australasian Directors of Clinical Training Committee (ADCTC) provided a conduit to gauge “field concerns” from supervisors on implementation processes for the national internship framework and ensured a steady flow of information to CPMEC.

With support from Health Workforce Australia (HWA), the first-ever national professional development programs were run for DCTs with outstanding success. CPMEC is building on the success of the programs by establishing an online national platform where DCT’s can obtain, within a secure environment, information relevant to their duties as a DCT and to quickly and easily communicate within a secure environment about issues pertaining to their duties as a DCT. This would include the ability to submit questions to a dedicated forum that would be managed by authorized moderators. It is envisaged that the portal would also act as a central repository for digital information for DCTs and MEOs.

Another positive outcome of the DCT program was that Medical Education Officers (MEOs) requested CPMEC to run a similar professional development session for them prior to the Prevocational Forum in Adelaide in 2013. CPMEC put together a one-day program that was attended by over thirty MEOs from all over Australia attended. The program was also very well received and there have been calls to mount similar programs in future.

iv. Career Planning Information for JMOs

In 2013, CPMEC convened a meeting in Melbourne of all major stakeholders with an interest in career planning information for JMOs. Participants included the AMA Council for Doctors-in-Training (AMACDT), Committee of Presidents of Medical Colleges (CPMC), Health Workforce Australia (HWA), Health Workforce Principal Committee (HWPC), Medical Board of Australia (MBA), NSW Dept. of Health Workforce Division, and the Commonwealth Dept. of Health & Ageing. Medical Deans could not attend due to a clash with their annual Conference in NZ but sent a briefing paper and support for the concept. Representatives from CPMEC’s Australasian Junior Medical Officers’ Committee (AJMOC) and the Australasian Directors of Clinical Training Committee (ADCTC) also attended.

Amongst the key outcomes from the discussion was a consensus on agreed priorities that could be addressed at the national level. CPMEC was given the responsibility to develop a more detailed paper on implementation of the priorities. In June 2014, CPMEC convened a second meeting of the Stakeholder Group which endorsed a draft project proposal prepared by the CPMEC in conjunction with the National Medical Training Advisory Network (NMTAN). Steps are being taken to procure funding for the proposal.

v. CPMEC Awards

To encourage excellence in prevocational medical education and training, CPMEC continued to recognise the contributions of individuals through the trans-Tasman Junior Doctor of the Year and the Clinical Educator of the Year awards. The criterion for the Clinical Educator of the Year award was modified in 2012 to encourage outstanding Medical Education Officers to also be nominated for the award. These two awards are in addition to the Geoffrey Marel Medal which is presented to a person who has made an outstanding contribution to prevocational medical education and training at the trans-Tasman level.

vi. Vertical Integration - Medical Schools

CPMEC continued to work with the Medical Deans at executive and secretariat levels and participated in the following Medical Deans meetings, consultations, and projects during the reporting period:

- *The Annual Medical Deans External Stakeholder Conference.*
- *Membership of the Steering Committee for the Review of the Indigenous Health Curriculum Framework and Healthy Futures Report, a joint project of AIDA and the Medical Deans.*
- *The joint CPMC/Medical Deans/CPMEC Clinical Supervision project funded by the HWA to develop a coordinated approach to supervision and training of clinical supervisors in medicine.*
- *Medical Schools Outcomes Database & Longitudinal Tracking (MSOD) Project Stakeholder Advisory Committee.*
- *Leaders in Indigenous Medical Education (LIME) Network Steering Committee.*
- *The various stages of the Medical Competencies Project Reference Group, Writing Groups, and the Consensus Conference.*
- *AIDA Indigenous National Medical Education Review Steering Committee*
- *Indigenous Academic Leadership Forum and Indigenous Health Expert Advisory Group*
- *MedEd12 Steering and Program Committees*

vii. Vertical integration - Colleges

During the period under review, CPMEC's relationship with the Committee of Presidents of Medical Colleges (CPMC) strengthened considerably through the support of former President Prof Kate Leslie and the current incumbent A/Prof Michael Hollands. They signalled their willingness to build on a strong relationship with CPMEC including attendance. Other engagement with Colleges included:

- *CPMEC Chairs attending the quarterly CPMC meeting and highlighting key issues in prevocational training.*
- *CPMEC's Professional Development Program for Registrars (PDPR) continues to be a bridge in the postgraduate training space between prevocational doctors and registrars.*
- *Work with individual Colleges to discuss linkages with the ACF and address workshops dealing with leadership, teaching and supervision.*
- *Participation in the CPMC workshop held in 2013 in Melbourne on the indigenous health content in the current College training workshops.*

- *Meeting with the Royal Australasian College of Surgeons (RACS) to consider how they could support and engage with the prevocational sector to better prepare junior doctors aspiring for a career in surgery and enhance readiness for the College's Surgical Education and Training (SET) including the J-Docs program.*

viii. Medical Training Review Panel (MTRP)

CPMEC continued to provide updates on developments in prevocational medical education and training at scheduled MTRP meetings and is also represented on its Data Sub-Committee.

ix. Health Workforce Australia (HWA)

During the reporting period CPMEC actively engaged with the HWA on a range of consultations and initiatives to ensure the articulation of the prevocational medical education voice on the following groups:

- *National Medical Training Advisory Network (NMTAN)*
- *Standing Advisory Committee for Higher Education and Training (SACHET)*
- *Rural Medical Generalist (RMG) Framework Policy Advisory Group*
- *Health LEADS Australia consultations*
- *Expert Reference Group - Medicine: Short-Term Employment Demand*
- *Expert Reference Group - Simulated Learning Environments*
- *HWA Clinical Supervision Support Program (CSSP) Discussion paper consultations*
- *Inputs into the development of the National Training Plan.*
- *National Online Portal for Clinical Education project consultations*
- *National Competency Framework for Clinical Supervision Project consultations*
- *IMG Orientation and Supervision Project Advisory Group*

The abolition of the HWA will necessitate that views of prevocational sector continue to be articulated in policy formulation.

x. Community-based Prevocational training

CPMEC continued to support initiatives aimed at encouraging prevocational trainees to undertake terms in general practice and other community settings and was represented on GPET's PGPPP

National Advisory Committee. CPMEC also provided extensive inputs to the project team undertaking the feasibility study into community-based internship training (FITCH project) and highlighted the following:

- *The need for the model to have flexibility to be adapted to local contexts.*
- *That interns in the proposed program do not feel professionally isolated and disadvantaged in terms of vocational training opportunities*
- *The appropriate ratio of hospital to community time needed to be considered*
- *Ensuring that any scheme met the regulatory internship requirements of the MBA*
- *Selection of initial cohort should be voluntary.*
- *To investigate the feasibility of a preferential recruitment process along the lines of similar rural recruitment programs*
- *The need for effective marketing communications to allay concerns of medical graduates including having clear provisions to manage situations when things go wrong (e.g. sudden loss of supervisor)*

CPMEC also provided extensive advice to the National Rural Health Alliance (NHRA) in relation to their call to expand internships and junior doctor rotations in rural and remote sites. We also supported the Commonwealth initiative to expand internships in the private sector by providing advice on accreditation requirements and acted as a conduit with Postgraduate Medical Councils.

xi. Policy debates

Policy debates within CPMEC were shaped by national issues as well as the broad range of activities that PMCs were involved in. Traditionally PMCs were only involved in intern accreditation but all (except PMCQ) have a broader remit now. These include accreditation of PGY2 training posts, varying responsibilities for provision of education programs for local graduates and IMGs, training and support for clinical supervisors and medical educators, identification of new training positions, and management of computer matches for interns and other junior medical staff. Most PMCs also support prevocational trainee committees. HETI and SAMET have roles in vocational medical training. CPMEC had robust internal discussions and made a number of contributions and/or public submissions in the following areas:

- **With regard to accreditation systems, discussions have included:**
 - *The need to streamline accreditation processes such as the GPTAP initiative highlighted earlier*
 - *Issues relating to national internship accreditation framework and the need to factor in differences in prevocational training compared to professional entry and vocational training*
 - *Registration and accreditation standards and processes to address expansion of prevocational training to non-traditional and international settings, etc.*

- *The perceived role of PMCs in future prevocational training, accreditation arrangements*
 - *Measuring the quality of training arrangements beyond the internship year in PGY2+*
- **With regard to the ACF:**
 - *Defining the aspects of the ACF that are PGY1 capabilities versus those that should be more appropriate at the PGY2 level*
 - *Considering whether the ACF should move from being just a framework to a fully-fledged curriculum*
 - *Considering the feasibility of developing an e-portfolio to support implementation of the ACF and link with vocational training.*
- **In relation to training outside teaching hospitals:**
 - *Supporting initiatives to expand prevocational training settings provided issues of patient safety and junior doctor supervision and welfare oversight are addressed.*
 - *Ensuring appropriate clinical training exposure as per the ACF and appropriate levels of supervisory capacity for trainees in non-traditional settings*
 - *Addressing incentives for non-teaching hospitals (private sector; GPs) to take on prevocational trainees*
 - *The desirability of encouraging more community/GP terms for all junior doctors (recognizing that there may be logistical challenges to make it mandatory)*
- **With regard to competition in medical training provisions:**
 - *Considering ways of more effectively communicating data on intentions of prevocational doctors, workforce needs, college training requirements, competition ratios for various vocational training programs, whilst ensuring that the career development responsibility continued to rest with the junior doctor*
 - *Protecting the value of the generalist nature of prevocational training (especially the role of the PGY2 year) given the concerns about the duration of postgraduate medical education and training*
 - *Expanding capacity to ensure sufficient vocational training places for those completing internship and PGY2+ including alternative training pathways*
 - *Ensuring that funds for expanding clinical training capacity and supervision are provided for prevocational trainees*
 - *Expanding the base of prevocational clinical supervisors, by providing professional development opportunities and support. This include the potential roles of Career Medical Officers in the teaching and supervision of junior doctors*

- *Ways that PMCs can work with Colleges to enhance readiness for particular vocational training programs*
- **In relation to medical internship availability and management of workforce allocation:**
 - *CPMEC played a key role through the work of its National Intern Allocation Working Party (NIAWP) to provide accurate data on the extent of multiple applications and acceptances for internship. This helped to significantly reduce the degree of obfuscation on this matter. As noted earlier, the NIAWP has been subsumed by the National Medical Intern Data Group (NMIDG), which reports to the HWPC. It is worth reiterating the contribution CPMEC made in setting up the processes that the NMIDG has adopted using without any significant change.*
 - *Revisiting the purpose and efficacy of current models of internship and general registration (e.g. time versus outcomes-based internship)*
 - *Concerns that current discussions on efficacy of current models of internship and prevocational medical training seem to have pre-empted a move towards the North American model without fully looking at other options including the strengths of the current Australian model.*
- **Other areas discussed have included:**
 - *Intergenerational issues in relation to the current and future medical workforce*
 - *Implications of the increased feminisation of the medical workforce for prevocational training*
 - *Support for international medical graduates displaced by the surge in medical graduate numbers*
 - *Managing the service - education/accreditation tensions*
 - *Measuring the quality of prevocational training*
 - *The role of CPMEC to function as an authoritative peak body for prevocational training including its strengths and weaknesses*
 - *Ensuring sufficient incentives to have a pool of trained supervisors for prevocational doctors*

xii. Evaluation Plan

CPMEC has a multi-tiered review structure to evaluate its various strategies, projects and activities. Apart from half-yearly progress reports to DoHA, there have been regular reporting and reviews as follows:

- *CPMEC Executive Committee (Chair and Deputy Chair) review activities on ongoing basis in conjunction with General Manager/CEO*
- *The CPMEC Board has set up an independent Finance and Risk Assessment Committee to provide advice to the Board on the risk profile of CPMEC.*

- *Quarterly meetings of the Board review operations and approve new initiatives consistent with its strategic domains*
- *Quarterly meetings of the PMC Principal Officers' Committee*
- *Biennial Strategic Planning sessions to review CPMEC progress to date; identify organisational challenges, threats and opportunities; and agree on future directions for the organisation.*

In relation to new projects and programs, an evaluation plan is an inextricable part of the approval process not only within CPMEC but with external providers. In this regard, it is with some pride that we note that most of the CPMEC programs initiated have become positively embedded in the prevocational training in both Australia and New Zealand.

xiii. Research Strategy

Given staffing and resourcing limitations, most of CPMEC's research strategy is designed to support its priority activities and submissions. Because of its extensive internal networks CPMEC is able to access relevant current research and local and international developments. It is supported by a very proactive approach by CPMEC Board and staff to ensure that CPMEC inputs are viewed as a reliable national source of information on prevocational education and training arrangements.

xiv. Australian Indigenous Doctors' Association (AIDA) Collaboration

CPMEC has worked closely with AIDA to support indigenous prevocational doctors and also encourage greater general awareness about indigenous health issues amongst junior doctors. Our collaboration is focused on the following areas:

- *Defining a governance framework to guide the collaboration between CPMEC/PMCs and AIDA.*
- *Help provide Aboriginal and Torres Strait Islander (ATSI) medical graduates with mentoring and support structures to manage the transition to prevocational phase and into vocational training.*
- *Build ATSI cultural training at all years of prevocational training possibly using the Medical Deans Indigenous Health Curriculum Framework as a model.*
- *Promote JMO rotations to Aboriginal Medical Services through a national project.*
- *Invite AIDA participation in the CPMEC Meetings.*

To give greater impetus to the collaboration agreement it has been agreed that PMCs, as a minimum, would undertake the following:

- *All PMCs should make any information regarding guidelines for internship in each state and territory available to AIDA, and CPMEC would act as a conduit if required*
- *CPMEC in collaboration with AIDA explore the possibility of organising a one-day Indigenous*

Knowledge Initiative (IKI) for PMC Chairs and Principal Officers modelled on a similar initiative for Medical Deans and College Presidents.

- *The focus should remain on mentoring and counselling of indigenous prevocational trainees*

CPMEC has also participated in the LIME Connection meetings, the 2013 and the 2013 AIDA Symposium and were invited to provide inputs to the external review of AIDA.

xv. Safety and Quality Training

CPMEC has continued to emphasise safety and quality issues in all aspects of its activities and professional development programs. These have included:

- *The involvement of a patient safety education representative on the Writing Group of the ACF and during its 2012 revision.*
- *Highlighting patient safety and quality as one of the key underpinning principles of robust accreditation processes as prevocational doctors acquire practical experience and develop increasing responsibility for delivery of safe patient care under supervision.*
- *Disseminating materials from the MTRP project that developed the patient safety education module as well as materials developed by the Australian Commission on Safety and Quality in Health Care (ACSQHC).*
- *Patient safety remains one of the core elements of the PDPR program.*
- *CPMEC and ACSQHC have worked collaboratively together to promote safety and quality issues at the prevocational training level.*
- *Emphasising the need for appropriate supervisory safeguards for junior doctors as innovative terms and rotations are developed to accommodate increased graduate numbers.*
- *Ensuring that patient safety & quality is a key theme in the annual Prevocational Forums.*

9. CPMEC MEETINGS & REPRESENTATION

a) Internal Meetings

CPMEC's has developed a very cost-effective internal consultative structure that allows the organisation to gather information on developments in prevocational training in Australia and New Zealand on a timely and reliable basis. These structures include the following:

- i) A Board made up of the Chairs of all state and territory Postgraduate Medical Councils which meets on a quarterly basis.

ii) The Principal Officers Committee (POC) made up the chief executive officers of each PMC which also meets every quarterly. The POC focuses on exchanging information on key developments, issues and practices in prevocational training.

iii) The Australasian Junior Medical Officers' Committee (AJMOC) which comprises the Chairs of state/territory JMO Forums meet face-to-face twice a year supplemented by bi-monthly teleconferences. The primary goal of this group is to consider key educational challenges facing prevocational doctors for consideration by the annual JMO Forum held in conjunction with the Prevocational Forum. One of the key outcomes is the Annual JMO Resolutions pertaining to education and training.

iv) The Australasian Directors of Clinical Training Committee which meets every four months via teleconference (ADCTC) to consider issues relating to the education, supervision and welfare of junior doctors. This group also sets the agenda and program for the DCT Special Interest Group meeting at the annual Prevocational Forum.

v) The Australasian Medical Education Officers' Committee (AMEOC) which meets quarterly via teleconference. Its key brief is to consider key issues facing prevocational medical educators throughout Australia and also to develop the agenda and program for the MEO Meeting at the annual Prevocational Forum.

vi) The Prevocational Medical Accreditation Network (PMAN) which has four meetings annually in a combination of teleconference/face-to-face format depending on the issues. Timing of these meetings is flexible and it focuses on accreditation matters.

vii) CPMEC is considering suggestions to set up a JMO Managers' Group that can share issues relating to junior medical workforce management issues and practices.

b) CPMEC Advisory Council

The Advisory Council (AC) comprises key external stakeholders involved in medical education and training across the continuum. It comprises representatives from DoHA, AMACDT, AIDA, AMC, AMSA, AJMOC, CPMC, GPET, HWA, HWNZ, HWPC, MBA, Medical Deans, a Patient Safety representative, an IMG representative and others with a significant involvement in prevocational training. All PMC Chairs and Principal Officers also attend the meeting.

A particularly pleasing feature of the CPMEC Advisory Council meetings throughout the reporting period continues to be the high level of engagement from the external stakeholders with CPMEC. During the reporting period the themes the AC meetings covered included:

- *National Registration and Accreditation for Internship and Prevocational Years*
- *Outcome of MBA consultation on draft Australian Internship Registration Standard*
- *Review of Prevocational Training in NZ*
- *Junior Doctor perspectives on prevocational training*
- *Support mechanisms for Indigenous junior doctors*

- *Key issues and reforms impacting on the education, training and development of the prevocational medical workforce*
- *Implementation of the national internship framework in Australia*
- *Strategies to accommodate increased graduate numbers from Australian medical schools.*
- *Shifting focus from internship to the PGY2 year and beyond with a focus on supervision and the provision of career planning information for JMOs.*
- *The future of internship and prevocational training.*

c) Annual Prevocational Forums

The annual Prevocational Forum has now become one of the premier medical education and training conferences in Australasia. Rotation of the Forum ensures that all jurisdictions have an opportunity to give their junior doctors, prevocational medical educators and other key stakeholders the opportunity to participate and showcase their achievements.

During the funding agreement, for the first time, the 16th Australasian Prevocational Medical Education Forum was held outside Australia in Auckland, New Zealand in 2011. CPMEC worked very closely with the Medical Council of New Zealand's Education Committee to ensure a very successful event. In 2012 PMCWA hosted the Forum in Perth and in 2013 South Australian Medical Education and Training Council hosted the event in Adelaide.

CPMEC has provided significant inputs, support and guidance to the Organising and Scientific Committees of the various Forums and also managed the JMO sponsorship component of the DoHA funding for the Forum. It is regrettable that DoHA has decided to discontinue this support effective from 2014 Forum in NSW.

In this regard we also note that that the Northern Territory Postgraduate Medical Council (NTPMC) has been awarded hosting rights for the 2015 Prevocational Forum for the first time and it would be good to see them have the support to run it successfully. CPMEC is already providing them with logistical support.

10. CPMEC COMMUNICATION & INFORMATION SHARING

As noted earlier in this report, CPMEC has developed a fairly extensive set of cost-effective consultative structures aimed at informing both internal and external stakeholders about the work being done through CPMEC and PMCs. These include:

- *CPMEC newsletter*
- *Meetings held as part of the Annual Prevocational Forum highlighted elsewhere in this report*

- *Face-to-face meeting of PMCs and key constituents involved in the education and training of prevocational training doctors*
- *Formal presentations to various stakeholder meetings and forums*
- *Regular email broadcasts to members and special interest groups*
- *Teleconference meetings*
- *Distribution of formal reports*
- *Individual meetings and briefings*
- *Regular CPMEC website updates*

The increasing frequency of face-to-face and teleconference meetings involving CPMEC's various committees (PMC Chairs, PMC Principal Officers, JMOs, Directors of Clinical Training, Medical Education Officers, Prevocational Accreditation Network, ACF Project Officer Working Party) is contributing to an unprecedented level of knowledge sharing amongst PMCs on local initiatives with national applicability; effective education, training and accreditation practices; benchmarks to compare local programs and resourcing levels; and innovations in postgraduate medical education and training.

11. SUMMARY

We believe that with the resources provided by DoHA (and augmented by other revenue) CPMEC has been very effective in representing the views of prevocational training sector at a national level. No doubt with a bit more resources, we could have achieved even more. It has come as a surprise that the new directions being pursued by the current federal government do not see the need for continuation of CPMEC funding. We believe that for the relatively small outlay, DoHA and other external stakeholders had received valuable and informed inputs from the prevocational medical training sector. As noted in the report, we have also delivered prevocational projects of national benefit that promoted vertical integration.

In the absence of alternative funding sources, withdrawal of DoHA funding would result in a significant reduction of most CPMEC activities. This would put the achievements of CPMEC in recent years at risk. There is the real possibility that in the absence of a central coordinating body, progress made towards nationally consistent approaches to prevocational education, training, accreditation and assessment could atrophy rapidly. Unlike the CPMC and Medical Deans, CPMEC has limited capacity to raise funds to support its activities. Prevocational trainees do not pay any fees to PMCs who, in turn, are reliant on their state/territory health departments for funding.

12. ACKNOWLEDGEMENTS

CPMEC is thankful for the contribution and support of DoHA in financing its core activities. We would also like to thank the Postgraduate Medical Council of Victoria for continuing to provide CPMEC space for a national office at a concessional rate.

Finally, we would like to thank the inputs of the CPMEC Chairs and Board members during this period who have taken on the responsibility of presiding over the affairs of CPMEC, in addition to carrying out their invariably existing and busy workloads.



Dr Jagdishwar Singh
Chief Executive Officer
CPMEC
25 December 2014