

Prevocational Medical Education and Training – Challenges and Options

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Challenges

Internship:



"My intern has worked out wonderfully. You really should consider getting one."

- Availability
- National Review

PGY2 and beyond: ‘The Wilderness Years’



Internship

Availability:

- Priority lists
- SA and WA
- Allocation

National Review:

- Motivation
- Recommendations supported, but...
 - Leadership and accountability
 - Looking at the wrong problem



PGY2 and beyond

>7000 doctors (likely to increase)

Variable quality:

- Structure
- Supervision
- Assessment
- Learning
- Ownership



Least understood demographic

Options

Do Nothing

Take action:

- Information
- Advocacy
- Leadership



Do Nothing

Unemployed graduates

Wasted time in PGY2 and beyond

Poor career decisions

Fragmentation of supervision, assessment, curriculum,

Loss of advocacy for a vulnerable group



Take Action

Information:

- National Training Survey

Advocacy / Leadership:

- National coordination
- Curriculum / learning outcomes
- Supervision and assessment standards
- Career guidance

The Problem

Ownership/ leadership:

- Peak body de-funded
- Congested space (medical schools, colleges, AMC, jurisdictions) – **name change suggestions**

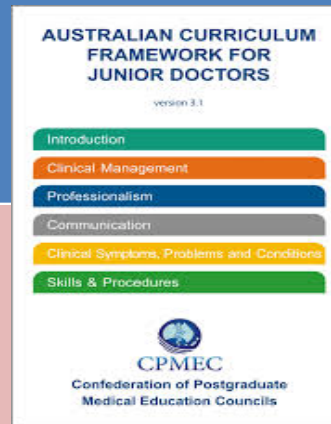
Government uninterested:

- Internship the responsibility of jurisdictions
- No interest from NMTAN about PGY2 and beyond

CPMEC

History:

- ACF
- PMAN
- PDRP
- DCT / MEO / Junior Forums



CPMEC

What we offer:

- Independence
- Advocacy
- Facilitation
- Educational enhancement
- Recent changes to increase flexibility and responsiveness



Summary

Biggest challenge facing prevocational training for a generation

Doing nothing is not an option

Need for leadership / ownership / investment

Acknowledgements

My last address to you as CPMEC Chair will be handing over to Prof Richard Tarala from PMCWA later today



It has been a challenging period but CPMEC continues to survive for now and ensure a national voice for pre-vocational medical education ...but not sustainable