Prevocational Medical Education and Training – CPMEC update

Prof Richard Tarala, Chair - CPMEC

21st Prevocational Medical Education Forum

9 October 2016, Hobart
The Situation

- Dominated by release of the Final Report of the Review of Medical Intern Training incremental progress to date on the recommendations.
- Focus has remained in the PGY1 and to a lesser extent the PGY2 year.
- Lack of enthusiasm at the National Medical Training Advisory Network meetings to consider issues of the PGY3 year and beyond.
- Being driven by governments
- Many players in the market – each with limited mandate and influence
Internship Review

Progress

• National Training Survey (NTS)
• Intern Work Readiness
• AMC review of PMCs

Little progress

• National curriculum
• E-portfolio
• Funding of national peak body for prevocational training
• Indigenous health issues
**Outcomes of NTS workshop**

- Unequivocal support for a national medical training survey
- Strong agreement regarding benefits of a national survey
- Strong agreement that the survey include pre-vocational (intern & PGY2), vocational trainees and supervisors
- Strong support that survey results should be published, with the level of reporting to be determined
Outcomes of NTS workshop

- Strong agreement that a national survey could fully or partially replace existing surveys.
- Evenly divided views as to whether a national survey should be voluntary or mandatory.
- Further examination of a governance models and structure is required.
CPMEC role going forward

- Information sharing amongst constituent groups
- Advocacy in national forums and issues
- Professional development opportunities
- Will need to do so based on goodwill of members
Risks of ignoring PGY3 and beyond

- CV inflation
- Under-utilised graduates
- Inefficient use of PGY2 and beyond
- Poorly informed career decisions
- Fragmentation of supervision, assessment, curriculum,
- Advocacy for a vulnerable group reduced – risks for safety and welfare
Terry Brown in 2015 Forum

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

No new funding – although CPMEC inputs always sought

Part-time secretariat in future

Continue to organise conferences and professional development activities

PMCs to take greater roles and responsibilities in supporting the Special Interest Groups

Advocacy role to continue at national level
Challenges facing prevocational trainees – new medical schools will add to complexities

Need for leadership / ownership / investment

Success of internal CPMEC reforms will determine whether a national outlook on prevocational matters is still the reality in future