



ACT Health  
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Health Education and Training Institute, NSW  
Northern Territory Postgraduate Medical Council  
Postgraduate Medical Council of Western Australia  
Medical Council of New Zealand Education Committee  
South Australian Medical Education and Training

ACN 144 489 038 ABN 49 144 489 038

4 July 2013

Prof John Nacey  
Chairperson  
Medical Council of New Zealand Education Committee  
Wellington  
New Zealand

Dear John

**RE: Response to the Medical Council of New Zealand Consultation Paper: A Review of Prevocational Training Requirements for Doctors in New Zealand: Stage 2**

The Confederation of Postgraduate Medical Education Councils (CPMEC), as the peak body for prevocational training in Australia and New Zealand is vitally interested in initiatives aimed at enhancing the quality of clinical placement and training, supervision and performance of prevocational doctors. CPMEC had provided comments on your initial discussion paper and are pleased to be able to do the same on this paper. At the outset, CPMEC would like to commend MCNZ for undertaking what seems to have been a very thorough and inclusive consultation process in the development of this paper.

The review of prevocational training requirements in New Zealand has been very timely and has obviously coincided with changes to internship regulatory arrangements in Australia through the establishment of national internship standards under the aegis of the Medical Board of Australia (MBA) and the development of a national intern training framework through the Australian Medical Council. In this regard, it is pleasing to note that MCNZ has chosen to deal with both PGY1 and PGY2 issues whilst the focus in Australia has remained largely on the internship year.

Decisions taken at your Council meeting on 13 December 2011 (pp. 9-10) reinforce CPMEC's view about the key tenets of high quality prevocational training. I will confine my remarks to some general issues highlighted in your Stage 2 consultation paper.

1. We are pleased to have been able to assist the MCNZ by making available the *Australian Curriculum Framework for Junior Doctors* (ACFJD) as the basis for the development of your curriculum framework. Obviously, we would welcome inputs from a NZ perspective on the insights that you gained in adapting the ACFJD to the NZ context. We are committed to reviewing the ACF every three years.

2. We are very interested in seeking ways of enhancing the robustness of education and training in the PGY2 year. Just as you have noted NZ concerns in your paper, there are also issues here in Australia as well of the drop-off in the training requirements after the internship year. This need to focus on the education and training requirements will become imperative in the future as trainees seeking vocational training reach unprecedented levels arising from the growth in medical graduate numbers.
3. The structure and settings for internship and prevocational training are very relevant issues in Australia as well. The need to develop a workforce responsive to the healthcare needs of the community is critical in shaping future directions in medical workforce education and training. Within Australia, the success of the Prevocational General Practice Placement Program has provided prevocational trainees with excellent exposure to community settings. Currently there are consultations underway about community-based internships. An additional dimension in this regard is the role of simulation in accelerating skills acquisition.
4. The challenge of putting in place an assessment process for time-poor prevocational educational and clinical supervisors is an issue that we are grappling with in Australia as well. In this regard, it may be pertinent to note the dangers of putting in place an assessment system that is too onerous and unwieldy that it is reduced to a mechanistic exercise. There are various initiatives being trialled here as well and your experiences will no doubt help further inform the process.
5. CPMEC is very supportive of having robust accreditation processes to ensure patient safety and ensure proper supervision, education and training, and welfare support for junior doctors. At the same time though, there is need to ensure that as training expands into community and other settings, there is a need to integrate accreditation processes across the medical training continuum to reduce accreditation fatigue on health services. In Australia, CPMEC has been involved in a project aimed at integrating of accreditation general practices as an example in this regard in conjunction with General Practice Education & Training (GPET) in Australia.
6. Building the supervisory capacity of the prevocational medical workforce is one of the key strategic priorities of CPMEC. Recently, we undertook for the first time ever, a national program aimed at enhancing the Professional Development of Directors of Clinical Training. We have previously undertaken a lot of work in enhancing the supervision and teaching skills of registrars who supervise prevocational trainees. CPMEC also notes with interest that you are looking at a PDP at the PGY2 year as this is something we have been discussing with a number of our Postgraduate Medical Councils in Australia.
7. As you have noted, one of the key issues that all education bodies have to deal with in the prevocational training space is dealing with the service delivery – education tensions. We would be very interested in work that you have undertaken that has yielded results in achieving greater accountability for training. There has been some work being undertaken through the Independent Hospitals Pricing Authority although that is still very much in its embryonic stages.
8. I note that you have highlighted the need for better vertical integration on the continuum of training. This disjuncture is even more marked in Australia where multiple jurisdictions exacerbate the situation. In recent times Health Workforce Australia has set up the

National Medical Training Advisory Network that may help promote integration but it is too early to comment.

Finally, I would like to reiterate my invitation for the MCNZ to make a presentation to the 18<sup>th</sup> Prevocational Forum in Adelaide this year on the excellent process that has underpinned your work in reviewing prevocational training requirements.

Yours sincerely,

A handwritten signature in black ink, appearing to read "Simon Willcock". The signature is fluid and cursive, with a large initial 'S'.

Prof Simon Willcock  
*Chair, CPMEC*