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CPMEC Newsletter

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CPMEC Chair's Address to 2012 CPMEC Advisory Council

Describing the year as a watershed for prevocational training in Australia, Prof Simon Willcock, Chair of CPMEC noted that the Medical Board of Australia (MBA) had established national standards for general registration for Australian medical graduates completing intern training. To support those standards, the Australian Medical Council (AMC) was currently undertaking a consultation process on documents relating to global outcomes statements for the intern year and a national framework for intern training accreditation process.

He noted that these developments have been taking place against the backdrop of finding and accrediting additional internship places for a large number of Australian trained local and international medical students. The release of the Health Workforce 2025 Reports on the medical workforce by Health Workforce Australia has also provided a unique baseline for discussions about the future medical workforce. Whilst the

findings of the report would be open to debate, Prof Willcock noted that for the first time Australia had a national baseline for engagement of stakeholders on medical workforce projections.

He went on to highlight developments in the broader healthcare environment which had partic-



ular importance for those involved in prevocational medical education and training. Supply exceeding demand for internship positions had a series of flow-on effects including expanding settings for prevocational training and pressures to increase vocational training places. There were ongoing debates about the need to reduce the duration of medical training and changing models of care. The implementation of the 4 hour rule and restrictions on

overtime for junior doctors also had implications for postgraduate trainees. In considering these external environmental factors, he noted that reforms were required in postgraduate education. The challenge would be to identify who would drive the required changes and the pace at which the changes would proceed to enable smooth transitions.

For Postgraduate Medical Councils (PMCs) and equivalent agencies, Prof Willcock noted that the late decision to increase internships especially in private sector settings had created pressures to ramp up accreditation activities. However CPMEC and PMCs would continue to support efforts to increase internship places as they have done throughout this phase of increasing medical graduate numbers. He noted that this was in a climate where there were pressures to rationalise accreditation processes. CPMEC and PMCs for their part had already demonstrated their commitment in this

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regard by working with General Practice Education and Training Ltd (GPET) to pilot streamlined accreditation processes for general practices. Prof Willcock noted that most PMCs were under significant funding constraints given the generally tight fiscal environment, although the level of difficulty varied depending on the degree of support they enjoyed with their local health departments. He also noted the concern of

some PMCs in the potential encroachment of medical schools into prevocational training space.

Acknowledging the recognition that CPMEC enjoyed with key bodies involved in medical education, training and workforce matters, Prof Willcock noted that the organisation itself has had robust discussions on its future strategies and roles during the year. Arising out of these discussions, CPMEC had

identified five strategic domains as priority areas. These included accreditation; education & training; prevocational workforce issues; stakeholder communication & advocacy; and governance issues. He also paid tribute to the work of CPMEC staff in being able to maintain a national profile for the organisation with limited resources.

National Internship Standards Released

The Medical Board of Australia (MBA) has released its standards for granting general registration as a medical practitioner to Australian and New Zealand medical graduates on completion of intern training. The standard was approved by the Australian Health Workforce Ministerial Council on 9 November 2012 pursuant to the Health Practitioner Registration National Law Act (the National Law) as in force in each state and territory, with approval taking effect for interns commencing their intern year in 2014. The release of the standards followed two rounds of public consultation by the MBA with key stakeholders including CPMEC and Postgraduate Medical Councils.

MBA notes that completion of the internship leads to general registration which indicates that 'the practitioner has the skills, knowledge and experience to work as a safe entry level medical practitioner able to practise within the limits of their training'.

The national standards stipulate that interns are required to perform satisfactorily under supervision in the following terms:

- A term of at least 8 weeks that provides experience in emergency medical care
- A term of at least 10 weeks that provides experience in medicine
- A term of at least 10 weeks that provides experience in surgery
- A range of other approved terms to make up 12 months (minimum of 47 weeks full time equivalent service)

The term in emergency medical care must provide experience under close supervision in the assessment and management of patients with acute undifferentiated illnesses, including assessment and management of acutely ill patients. MBA notes that this could be a term in emergency medicine or in general practices accredited for intern training by an authority approved by the Board and assessed as providing sufficient exposure to emergency medicine. It goes on to note that the suitability of posts to satisfy these

National Internship Standards Released *cont.*

requirements is to be assessed against guidelines issued from time to time by the Board.

The term in medicine must provide experience under supervision in caring for patients who have a broad range of medical conditions and opportunities for the intern to participate in the assessment and admission of patients with acute medical problems; the management of in-patients with a range of general medical conditions; discharge planning, including preparation of a discharge summary and other components of handover to a general practitioner or a subacute or long term care facility, or ambulatory care.

The surgery term must provide experience under supervision in caring for patients who have a broad range of acute and elective surgical conditions and/or who exhibit the common features of surgical illness including the metabolic response to trauma, infection, shock, and neoplasia.

The range of other approved positions to make up 12 months (minimum of 47 weeks full time equivalent service) could provide experience in additional areas such as but not limited to aged care, anaesthesia, general practice, medicine, palliative medicine, psychiatry, rehabilitation medicine and surgery.

It is pleasing to note that the MBA has stipulated that all terms must be accredited against approved accreditation standards for intern training positions by an authority approved by the Board. CPMEC remains confident that Postgraduate Medical Councils remain the entities best placed to continue to undertake these accreditation activities.

AMC Consultations on Internship Standards

The Medical Board of Australia had asked the Australian Medical Council (AMC) to provide a standards framework for intern training in the national registration and accreditation scheme. The AMC set up an Intern Working Party that developed the following documents:

A) A set of global outcomes statements for the intern year that draws upon the Australian Curriculum Framework for Junior Doctors (ACF)

B) A national framework for intern accreditation process that harmonised different approaches to intern training accreditation across the country. Documents developed for consultation on:

i) National standards for in-

tern training

ii) Guidelines on the experience that interns should obtain during the rotations

iii) A quality framework for intern training accreditation

iv) An outline of the roles and responsibilities in the framework

CPMEC and PMCs were given the opportunity to comment on the documents prior to its release for general consultation and there were some serious concerns raised by members. These were raised in meetings with members of the AMC Working Party and also communicated in writing to the AMC. Following further discussions with AMC representatives at the 17th Prevocational Forum in Perth on 18 Novem-

ber, all PMCs have now been given an additional opportunity to highlight their concerns.

CPMEC had already written to the AMC Working Party in the early stages of its deliberations to highlight the work already done under the ACF project to develop national assessment tools for junior doctors. In relation to prevocational accreditation, CPMEC also urged the Working Party to utilise the work done in the development and implementation of the Prevocational Medical Accreditation Framework (PMAF) to promote nationally consistent standards and processes for prevocational medical accreditation.



CPMEC



CPMEC and AIDA Sign Collaboration Framework

CPMEC and Australian Indigenous Doctors' Association (AIDA) formally signed a historic Collaboration Framework in Sydney on 1 June 2012.



In signing the framework, the outgoing AIDA President Associate Prof Peter O'Mara and CPMEC Chair Prof Simon Willcock agreed that mentoring and support for the prevocational Indigenous doctors was a key priority. The Framework notes the guiding principles for the framework and key commitments and actions that underpin the document. In respect of the latter four key areas were identified as follows: articulating commitments; demonstrating leadership; promoting cultural safety; and supporting prevocational indigenous doctors.

The Annual Prevocational Forums

The 17th Australasian Prevocational Medical Education Forum was held in Perth from 18-21 November 2012. The keynote speaker for this year's Forum was Prof Stephen Bergman who wrote the House of God under his pen-name Samuel Shem. As part of the Forum, CPMEC in conjunction with the Postgraduate Medical Council of Western Australia hosted a series of special interest group meetings. These included the CPMEC Advisory Council (which included all key stakeholders in medical education and

the Directors of Clinical Training (DCT) workshop; the annual JMO Forum; the National Intern Allocation Working Party reference group meeting; the Medical Educators Workshop and the Prevocational Medical Accreditation Network.

CPMEC is grateful to the Australian Government's Department of Health

continued support for the Forum and the sponsorship for sixteen Australian JMOs to attend the 2012 Prevocational Forum. In the meantime, the South Australian Institute of Medical Education and Training (SAIMET) is already gearing up to host the next Prevocational Forum in Adelaide which will run from 3-6 November, 2013.



17th Annual Prevocational Forum Photographs



Photographs courtesy of 'The Scene Team'



17th Annual Prevocational Forum Photographs



Photographs courtesy of 'The Scene Team'

General Practice Training Accreditation Pilot Project

The GPTAP project was an agreement between GPET and CPMEC 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. The pilots were designed to assess the applicability and reliability of a single information and collection process to support the prevocational and vocational accreditation of training practices by the relevant accreditation bodies in the three jurisdictions.

In all three jurisdictions, significant progress was made to implement integrated models. The WA pilots were highly successful and the parties are now looking at scaling the model on a state-wide basis. Part of the suc-

cess in WA was due to the preparatory work previously undertaken by WAGPET before the project.

In NT and VIC, a significant amount of time was required to lay groundwork for cooperation between the various parties involved in the accreditation of general practices. The project was as much about generating culture change as a technical exercise in streamlining accreditation processes and documentation. Despite the very tight time constraints, significant progress was made in both VIC and NT to develop streamlined and integrated accreditation models for general practices. VIC was able to undertake three joint surveys. In the NT specific local issues meant that the tools developed could not be trialed during the project period.

It is pleasing to note that in all three jurisdictions the parties have agreed to continue to work together to build on the progress made under GPTAP. Indeed, in VIC and WA the parties are already using the model developed under GPTAP to accredit general practice sites not included in the pilot studies.

The final report has been sent to GPET with a number of recommendations. One of these is for GPET to consider hosting a symposium on the GPTAP project. CPMEC appreciates the opportunity given by GPET to manage this project which was managed by CPMEC General Manager, Dr Jag Singh.

Prevocational Medical Accreditation

Whilst awaiting the outcomes of the AMC consultation, all PMCs continue to use CPMEC's Prevocational Medical Accreditation Framework (PMAF) as the de facto national framework for prevocational medical accreditation. All state and territory PMCs have mapped their standards and processes to the PMAF to guide their prevocational accreditation practices.

CPMEC's Prevocational Medical Accreditation Network (PMAN) met twice this year. The primary issue of concern to PMAN was the work undertaken by the AMC Intern Working Party to develop a national framework for intern accreditation. CPMEC has repeatedly advised the AMC about the work already undertaken to promote national consistency in prevocational medical accreditation practices.

As part of their collaboration, the PMAN group also undertook an online questionnaire survey to obtain a better understanding of current accreditation scope, funding, and survey practices. Other issues that the PMAN group has been considering include accreditation implications for cross-border movement of prevocational trainees; maintaining independence of the accreditation function; accreditation funding models; accreditation of private sector settings for prevocational training; and streamlining of accreditation practices.



National Program for DCTs

HWA has also provided funding to support the development of a national training program for Directors of Clinical Training (DCTs). A National Steering Committee and a Project Advisory Committee have been set up to implement this project. CPMEC has been concerned for some time that little preparation, training, and support has been provided to DCTs. This issue was raised at the 2010 and 2011 DCT workshops preceding the Prevocational Forums and there was agreement that a national approach was required to reduce unnecessary duplication of effort and resources.

CPMEC approached HWA seeking funding to develop the program for DCTs on the basis that development and support for supervisors responsible for the teaching and supervision of junior doctors was an underserved area. The key objective of the project is to produce a national training and professional development program (NTPD) for DCTs.

A National Project Steering Committee has been set up to oversee the project and CPMEC's Australasian Directors of Clinical Training Committee will act as the Program Advisory Committee for the project. The first meetings of both groups were held in late November and a learning needs analysis for DCTs was undertaken as part of the 2012 DCT workshop at the 17th Prevocational Forum in Perth. CPMEC has already received expressions of interest for hosting the pilot NTPDs in 2013. For further details on this project please contact Ms Lucy Gilbert at lgilbert@cpmec.org.au.

2012 Revisions of the ACF Completed

In line with CPMEC's commitment to review the Australian Curriculum Framework for Junior Doctors (ACF) every three years, CPMEC convened a writing group in 2012 to consider stakeholder feedback and make recommendations on the revised framework. The Writing Group agreed on the following:

- Retention of the three learning areas of Professionalism, Clinical Management and Communication, with patient safety continuing to be integrated throughout the document rather than listed as a separate domain.
- Retaining the ACF as a two year framework to guide the learning throughout PGY1 and PGY2, as separating the capabilities into one or the other year would not recognise that junior doctors acquire these capabilities at different stages throughout the prevocational period of training and beyond.
- Refinement of the "skills & procedures" and "common conditions & signs & symptoms" to produce a more realistic and achievable list by the end of PGY2, regardless of the rotations undertaken.
- Specific feedback on gaps and omissions and suggested changes to wording. A number of the suggestions were incorporated. Those not included were primarily because the Writing Group considered that the suggestions were already adequately covered or were too detailed or discipline-specific.

Following further consultations with stakeholders, the final version of the revised framework (version 3.1) was launched at the 17th Prevocational Forum in Perth in November this year. The new version of the ACF Booklets are now available and can be purchased by contacting our National Project Coordinator, Ms Debbie Paltridge at dpaltridge@cpmec.org.au. ACF posters in the new version are under development and will be available early 2013. More information will follow in the next newsletter.

2012 CPMEC Award Recipients



Photograph courtesy of 'The Scene Team'

2012 CPMEC Junior Doctor of the Year

Dr Amanda Poprzeczny (SA)

Amanda is a Resident Medical Officer in the Department of Obstetrics and Gynaecology at Lyell McEwin Hospital. She has made a significant contribution to teaching and learning at Lyell McEwin Hospital and Adelaide University as a Clinical Tutor, Assessor and Presenter. She is particularly committed to improving the standards and quality of safe patient care, working with the LMH Incident Review Panel to teach junior doctors about critical incidents and prevention.

2012 CPMEC Clinical Educator of the Year Joint Winners

Amanda Cawthorne-Crosby (NT) and Lynne Denby (VIC)



Photograph courtesy of 'The Scene Team'

Amanda is a Medical Education Officer at Alice Springs Hospital. She has shown great initiative in developing programs tailored to improving the junior doctor learning experience and has found innovative ways to improve term handover for JMOs. Amanda wants Alice Springs Hospital to become a teaching and learning hub for Central Australia and consequently was instrumental in writing the successful submission to secure \$5.8 million for a designated Clinical Training and Teaching building at the hospital.

Lynne is a Medical Education Officer at The Alfred Hospital. She shows great dedication to junior doctor education and training as demonstrated by the vast number of programs and initiatives that she delivers and helps to develop. She ensures that all these programs and initiatives are supported with outstanding resources and often makes the sessions available as a podcast to increase accessibility. She is also instrumental in providing career development advice to junior doctors.



Photograph courtesy of 'The Scene Team'



2012 CPMEC Award Recipients *cont.*

2012 Geoffrey Marel Medal

The Geoffrey Marel Medal is awarded annually by CPMEC to individuals who have made an outstanding contribution to prevocational medical education and training in Australia and at the trans-Tasman level. This year the award was made jointly to:

Associate Professor Elizabeth Chalmers (NT) and Associate Professor Terry Brown (TAS)

Associate Professor Elizabeth Chalmers has worked as a doctor in the Northern Territory for more than 30 years and contributed extensively to the training of medical students, prevocational doctors and doctors in training.

Elizabeth's dedication to the Territory's health saw her take on the challenge of re-establishing the Northern Territory's Postgraduate Medical Council (NTPMC) in 2008. Her effort over the last four years has brought about stability and growth to the NTPMC.

Elizabeth holds enormous respect in the NT due to her vast experience in remote and Indigenous health. She has demonstrated and applied her dedication to all levels of the medical education spectrum through the many diverse roles throughout her career as medical provider, trainer, director and champion.



Photograph courtesy of 'The Scene Team'



Photograph courtesy of 'The Scene Team'

Associate Professor Terry Brown has been involved with prevocational education and training since 2002 when he was appointed as the Director of Clinical Training at Royal Hobart Hospital. He became Chair of PMCT in 2004. In that role he has participated in virtually all significant activities undertaken by the PMCT and CPMEC, including programs developed for international medical graduates in Tasmania and other Australian states, MTRP funded research projects assessing medical error knowledge among interns and the development of ACF education resources. He has been a lead contributor in the development of the National Accreditation framework, the ACF and currently chairs the National Intern Allocation Working Party.

Increased Internship Numbers in 2013

CPMEC has welcomed the announcement by the Australian Government and some state governments to increase the number of internship places for 2013. Readers would be aware of the extensive publicity surrounding the lack of internship places for a large number of international fee-paying overseas students. The announcement by Commonwealth and the state and territory governments of ACT, WA and QLD to increase numbers of internship places would help assist some of the Australian graduates affected.

Previously CPMEC had clarified what it saw as the key issues with regard to new internship places:

- PMCs having significant lead-in time and resources to undertake the accreditation process
- Maintaining the generalist nature of the Internship year
- Coordination of training places by national sharing of data
- Ensuring appropriate expansion of vocational training places
- The opportunity to consider new models of care
- Ensuring clinical supervision and support to deal with the increased numbers

At a meeting of PMCs with the Australian Government's Department of Health and Ageing on 18 November in Perth, CPMEC Chair Prof Simon Willcock reaffirmed the commitment of CPMEC and PMCs to help support the creation of internship places by ensuring that mechanisms were put in place to accredit the new positions. PMCs had pointed out that accrediting of new training posts in facilities which already had a track record of hosting interns posed different challenges to greenfield sites with no such tradition.

In the meantime, the National Intern Allocation Working Party (NIAWP) set up under the auspices of CPMEC provided important data to inform the work of the various jurisdictional groups including the Australian Health Ministers' Advisory Committee (AHMAC). The data was derived from the first national audit of intern applications and a series of national audits of multiple job acceptances by graduates commencing internship in 2013. The data from the NIAWP audits showed some differences in the numbers of unplaced Australian graduates compared to the data that AHMAC had been using.

MedEd12

CPMEC Chair and General Manager were involved in the Organising Committee for MedEd12, which was held in Sydney from 21-22 September 2012. Prof Willcock was involved with the planning for the Investment theme whilst Dr Singh was involved with the Inclusion theme. He also ran the workshop dealing with widening access to medical education under the Inclusion theme. It was disappointing to note that participation from junior doctors and PMCs at MedEd12 was significantly lower compared to previous MedEd meetings.



Professional Development Program for Registrars (PDPR)



The PDPR is now a nationally accepted program aimed at building clinical supervisory capacity for registrars responsible for the teaching and supervision of prevocational trainees. CPMEC General Manager Dr Singh continues to deliver the PDPR and a Trainer Accreditation Program. In the past twelve months 14 PDPR programs were delivered with over 200 participants from all training specialities attending. Evaluations for the programs continue to be extremely positive. It is to be noted that this number excludes programs delivered directly by other CPMEC accredited trainers. CPMEC has been approached to look at the development of a PDP for Consultants and is working on a program for Directors of Clinical Training. There have also been discussions about the running the PDPR in New Zealand.



For details regarding the Professional Development Program for Registrars (PDPR) or for any general queries or comments regarding the newsletter then please contact Ms Lucy Gilbert on (03) 9419 1217 or lgilbert@cpmec.org.au

