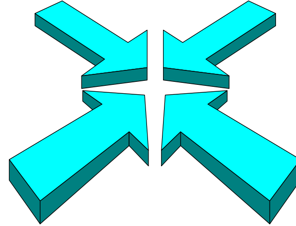
Confederation of Postgraduate Medical Education Councils



Statement on the Streamlining the Prevocational General Placement Placements Program (PGPPP) Accreditation Process

This statement by CPMEC sets out key principles that should underpin the development of a streamlined approach to PGPPP accreditation.

The Context

The Australian Government has substantially increased the PGPPP program. It also transferred responsibility for management of the PGPPP to General Practice Education & Training (GPET). Regional Training Providers (RTPs) have become participants in the accreditation of PGPPP sites. Postgraduate Medical Councils or equivalent bodies, (PMCs), are accountable to the Medical Board of Australia for development and monitoring of accreditation standards to allow interns to meet general registration requirements in all jurisdictions. Furthermore, in some jurisdictions PMCs are also accountable to state health departments for the accreditation of PGY2 posts and beyond.

CPMEC supports streamlining of the PGPPP accreditation process to reduce the burden on the general practice and its supervisors, providing that the welfare, education and supervisory needs of prevocational doctors continue to be met. Such accreditation has to be done against the backdrop of maintaining safe patient care and meeting community expectations.

PGPPP Accreditation not a Greenfield area

Mandates for PGPPP accreditation for PMCs derive from their delegated responsibility from the Medical Board of Australia (for PGY1) and state health departments (PGY2 and beyond) to ensure that there is oversight of prevocational trainees and that the best mechanisms are in place for receiving appropriate support and training.

As PMCs have been involved in accreditation processes for junior doctors for more than a decade, they have built up significant expertise in assuring the quality of internship and PGY2 training by setting standards and monitoring their implementation. This includes accreditation of community postings including PGPPP since their inception***.***

Rationale for different approaches

The development of different jurisdictional approaches to PGPPP accreditation has been driven by historically different level of, and motivation for, involvement in the program. Those with longer experience in PGPPP have adopted a largely incremental approach, adapting principles of hospital accreditation standards to the general practice context. In most cases there is some documentation to recognise the differences between hospital and GP learning environments. Others have had to accredit a large number of PGPPP sites at short notice therefore needed to develop a process to accommodate this rapid expansion.

Desirability of GP/community terms

A community term for all junior doctors either in general practice or a community health service was recommended by the Medical Training Review Panel[i] (MTRP) as far back as 1997. Whilst making it mandatory was logistically difficult, the MTRP continued to encourage the implementation of rural and community terms for doctors in their prevocational years[ii]. The PGPPP has provided vital exposure to general practice as part of the training and education program for interns and other prevocational doctors. The early evaluations of participating doctors have been very positive. A number of PGPPP trainees have gone on to choose GP as their speciality.

It is highly desirable that prevocational doctors continue to have this opportunity to experience a GP rotation irrespective of the subsequent specialisation. A great deal of health care delivery occurs in the community setting and for the majority of doctors this may be the only opportunity to experience training in a GP setting.

PGY1 and PGY2 access

CPMEC notes that the majority of (though not all) jurisdictions are using the PGPPP for interns and prevocational doctors in PGY2 and above. CPMEC would encourage all jurisdictions to incorporate the PGPPP into their training programs for prevocational doctors.

Unique elements of prevocational training

There are some elements of education and training requirements that are common for doctors in training at all levels from early prevocational to advanced training. These include infrastructure and facilities. However, some elements are more important for prevocational doctors, who have different requirements with regard to welfare, education and supervision. Any move towards a streamlining of accreditation processes should demonstrate that the demands and requirements at the prevocational level will be specifically addressed.

Integration with other standards

PGPPP accreditation standards should address both governance and program management, in line with the national standards developed and agreed to by all PMCs under the Prevocational Medical Accreditation Framework (PMAF)[iii]. PMCs have found this categorisation of standards to be useful in separating issues around facility structures from accreditation of individual units in their own PGPPP accreditations.

CPMEC also notes that most PMCs have found that standards used for hospital accreditations are generally applicable to general practices , with some amendments for example in terminology and acknowledgement of the business aspects of General Practice. Furthermore, doctors in PGPPP are seconded from hospitals, and they rotate into and out of posts which already meet existing PMC standards for education, training, supervision and governance.

For these reasons, the streamlining of the PGPPP accreditation process should be aligned with existing PMAF and PMC standards. Furthermore, if the intention is to promote greater vertical integration, PGPPP standards should more closely align with existing GP vocational training standards rather than seek to develop another format for accreditation standards.

Acknowledgement of the Role of Different Parties

Any streamlined accreditation model will need to acknowledge the role and responsibilities of the various groups involved in PGPPP accreditation. This will include recognition of RTPs as leaders and coordinators of the PGPPP, with PMCs as having accountability for setting standards for prevocational training and retaining the right to review any practice where concerns are raised.

Survey process

PMCs would need to develop a process with RTPs to ensure that the education and training functions of the RTP as they relate to prevocational training meet accreditation standards. CPMEC acknowledges that the details of the accreditation process may require some degree of flexibility to reflect local jurisdictional imperatives.

Dealing with change management process

CPMEC welcomes the work done to streamline the PGPPP accreditation process and the development of national PGPPP accreditation standards. Further progress towards agreement on a streamlined PGPPP accreditation process and on national standards will require extensive consultative and collaboration between all key stakeholders including PMCs, RTPs, funding agencies, GPET, RACGP & ACRRM, and junior doctors themselves.

Enquiries

For any enquiries in relation to this statement please contact CPMEC General Manager, Dr Jag Singh at jsingh@cpmec.org.au.

Signed by:

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[i] Medical Training Review Panel: First report, p.49
[ii] Medical Training Review Panel: Sixth report, p.78
[iii] The Prevocational Medical Accreditation Framework was signed off by all PMCs or equivalent bodies in October 2009 and is now effectively the national framework that guides accreditation practices in the prevocational domain.