

## **Submission to Productivity Commission Health Workforce Study by the Confederation of Postgraduate Medical Education Councils**

The Confederation of Postgraduate Medical Education Councils (CPMEC) is the organisation in Australia with the key role of supporting and developing the education and training requirements for interns and hospital medical officers in their prevocational years. CPMEC enjoys a close relationship with the Medical Council of New Zealand and the Deputy Chair of that body is a member of CPMEC executive.

The Vision, Mission, Terms of Reference and Linkages of CPMEC are detailed in Attachment A. Our organisation, with its affiliated Postgraduate Councils (PMCs), is strategically placed to both understand and influence changes in the health workforce, and is in a good position as an agent for change.

The key issues that the PMCV wishes to address in this submission are as follows:

- The alignment between health workforce planning and education and training. [TOR 1(a), 1(b), 1(c)]
- Resourcing prevocational training. [TOR 1(a), 1(b), 1(c)]
- Recognising the continuum of medical education. [TOR 1(b), 1(c)]
- Working as a health team. [TOR 1(b), 2 (a), 1(c)]
- International Medical Graduates (IMGs) assessment and training. [TOR 1(a), 1(b), 1(c), 3(c)]
- Health education research. [TOR 1(b), 1(c)]

### ***The alignment between health workforce planning and education and training***

It is clear that the lack of cohesion across health and education sections, national and state jurisdictions, is counterproductive to effective national policies in medical education and training. Moreover, the lack of alignment between workforce planning and education and training needs of the workforce is problematic. There are significant shortages of hospital doctors and this puts considerable stress on education and training programs.

Recent developments, with new Hospital Networks in NSW and Hospital Consortia in Victoria, have seen State Departments of Health and postgraduate training organisations (MTRP and PMCNSW, PMCV) work in collaboration to try to align workforce distribution and education requirements of physician trainees. CPMEC is strongly supportive of this alignment model. It has significant implications for future developments in placements of prevocational trainees and the trainees of other colleges. It has significant advantages in ensuring that meeting the needs of rural and outer metropolitan hospitals is a priority for the whole Network/Consortium. In addition, there is a great potential for organisation of education and training and the development of multidisciplinary education teams with critical mass.

One of the prevailing tensions is the considerable variation in structure and responsibilities of the various State and Territory PMCs and how they relate to Health Departments.

### ***Resourcing prevocational training***

There is a significant under-resourcing of prevocational medical training in Australia. Unlike the US, Canada where universities oversee prevocational education and

training, and the UK where Deaneries are funded to do this, in Australia allocation of funds by State and Territory governments is generally subsumed by health service budgets. There is variable funding at State and Territory level for PMCs and to support DCTs and MEOs. There is very little funding currently made available to support access to simulation centres and hospital skills laboratories by prevocational doctors in most States and Territories. Mostly postgraduate medical teaching in hospitals is performed by visiting medical staff in an honorary capacity.

The CPMEC is concerned that the medical training system is under considerable pressure as a result of the projected and imminent large increases in graduates as a result of new medical schools. Whilst recognising that this is in keeping with the first principle of the National Health Workforce Strategic Framework for national self sufficiency in health workforce supply, this is occurring at the same time as hospitals having to cope with the training needs of large numbers of IMGs. There is no well-structured system to accommodate these training needs and a disenchanted senior medical staff, a significant proportion of whom see the private sector as much more attractive to work in. There are increasing demands placed on them for supervision education and training supervision without remuneration.

### ***Recognising the continuum of medical education***

CPMEC, in seeking to work more cohesively with its strategic partners, particularly the Australian Medical Council, Committee of Deans of Australian Medical Schools and Committee of Presidents of Medical Colleges, has strongly supported the initiative to form a National Combined Medical Education Advisory Group.

A priority for CPMEC is a national curriculum framework for postgraduate years 1&2 (PGY1, PGY2) with flexibility to allow for State and Territory needs. A number of projects in different States over the past 5 years have been developing towards this framework: In 2003, CPMEC approved the National Training and Assessment Guidelines for Junior Medical Officers PGY1 and 2<sup>1</sup>. There have been significant initiatives from various States in curriculum development. A national study led by PMCNSW and funded by MTRP has now developed a draft national curriculum. This is an important step forward and parallels developments in the UK with the recent release of the 'Curriculum for the Foundation Years in Postgraduate Education and Training' by the Academy of Medical Royal Colleges, a strategy supported by the Health Departments in all four home countries within the UK<sup>2</sup>. Like the UK curriculum, the Australian PGY1 and PGY2 curriculum will set out the core knowledge, skills and attitudes to be acquired.

Another priority area for CPMEC is supporting portable and modular training through effective links with the Colleges. The links between CPMEC (with its State and Territory PMCs) and the Colleges are not well developed. CPMEC is seeking to address this through its efforts to deliver a better characterised trainee 'product' to Colleges. To this end CPMEC has supported a number of projects: training portfolios; development of a national curriculum; analysis of prevocational trainees' learning needs; and 'teaching on the run'. The development of 'teaching on the run' modules at PMCWA has led to workshops and rollout of a series of training modules across Australia with good take-up by Colleges.

In turn Colleges need to interact more effectively with CPMEC and its PMCs. A current MTRP-funded national project, supported by the CPMEC, is an example of a good collaborative project. This is aimed at developing generic modules for professional development of registrars who have a major influence on the education and training of junior doctors. Further opportunities for collaboration include accreditation processes, co-development and evaluation of training modules; professional development of medical educators; development and evaluation of assessment tools. The issue of compression of training time is frequently raised. Impinging on this are the efficiency of the training processes, recognition of prior learning and development of competencies.

CPMEC and its PMCs have supported the development, accreditation and evaluation of out-of-hospital prevocational training posts in Rural and General Practice settings. South Australia and Western Australia have taken a lead role in this.

### ***Working as a health team***

Learning in teams as undergraduates or as postgraduates is an area of health professional training that needs a lot more more effort. There is now an international move towards this. Training together in skills laboratories and skills centres is a positive development. However, access to such training for health professionals is limited in Australia, and in this regard Australia is behind comparable countries.

Encouraging teamwork in our hospitals is crucial to working smarter as health care teams. Leadership training for nurses and allied health staff is having an impact but there is a need to encourage more doctors to undertake such training. A national project under the aegis of CPMEC is developing generic training modules for professional (non-clinical) development of junior hospital registrars.

### ***International Medical Graduates (IMGs) assessment and training***

A CPMEC reference group has recently completed a scoping study on information and resources relating to education and training available to IMGs in Australia<sup>3</sup>. From this study 6 key areas identified for improvement were: international perspective; information access; orientation; communication; assessment; education and training support to ensure 'readiness for work'. A common theme identified by stakeholders in this study was the complexity and lack of coordination of these processes in Australia. IMGs in the hospital sector are meeting a significant workforce shortage but their integration into the Australian health care workforce requires careful management.

Assessment is a critical issue. The AMC pathway is highly regarded but there are a number of alternative routes to registration and employment for IMGs in Australia and no uniformity about the minimum standards of assessment for entry point to clinical practice. This is of major concern to CPMEC and its State and Territory PMCs as the majority of IMGs are working in Australian hospitals and IMGs are a mobile workforce.

Education and training support needs of IMGs has been identified by all stakeholders, and a review of what programs exist in other like countries has identified ways in which to approach this issue. An important target group that needs to be supported is the group of medical educators and co-educationalists in the postgraduate sphere.

### ***Health education research***

CPMEC strongly supports and promotes research into medical education, through its interaction with MTRP and its national grants scheme; its sponsorship of national meetings including annual National Conferences on Prevocational Medical Education and education research workshops; and the collaboration engendered among PMCs. In different States and Territories, staff of Faculties of Medicine and Medical Education departments are working closely with PMCs. This has provided significant opportunities for development of research programs that bridge undergraduate and postgraduate medical education and inter-professional learning. There are exciting opportunities for international research collaboration in medical education. This was highlighted at First International Skills Conference, Prato Italy in May 2005, organised by staff from Monash University. Key areas discussed for such collaborative research were: fitness to practice; work-based learning; inter-professional learning; and trainees in difficulty.

### ***References***

1. National Training and Assessment Guidelines for Junior Medical Officers PGY1 and PGY2 2003 pp 36.  
[http://www.health.gov.au/internet/wcms/Publishing.nsf/Content/health-workforce-new-jmonatgui.htm/\\$FILE/natassgui.pdf](http://www.health.gov.au/internet/wcms/Publishing.nsf/Content/health-workforce-new-jmonatgui.htm/$FILE/natassgui.pdf)
2. The Foundation Program Committee of the Academy of Medical Royal Colleges in co-operation with Modernising Medical Careers in the Departments of Health. Curriculum for the foundation years in postgraduate education and training. 2005 pp95. <http://www.dh.gov.uk/assetRoot/04/10/76/96/04107696.pdf>
3. Confederation of Postgraduate Medical Education Councils Reference Group Information and resources relating to education and training available to overseas trained doctors in Australia. Australian Government Department of Health andAgeing 2004 pp 132.  
[http://www.cpmecc.org.au/researchandprojects/nationalstudy/OTD\\_Scoping\\_Study\\_Final\\_Report.pdf](http://www.cpmecc.org.au/researchandprojects/nationalstudy/OTD_Scoping_Study_Final_Report.pdf)

## **Appendix A**

CPMEC has the following *Vision*:

CPMEC will contribute to safe and quality health care for all Australians as a notional body of state and territory postgraduate medical councils, providing leadership, advocacy, research and standards in clinical training, assessment, professional development, and performance of postgraduate doctors.

### ***Mission***

The mission of CPMEC is achieved by:

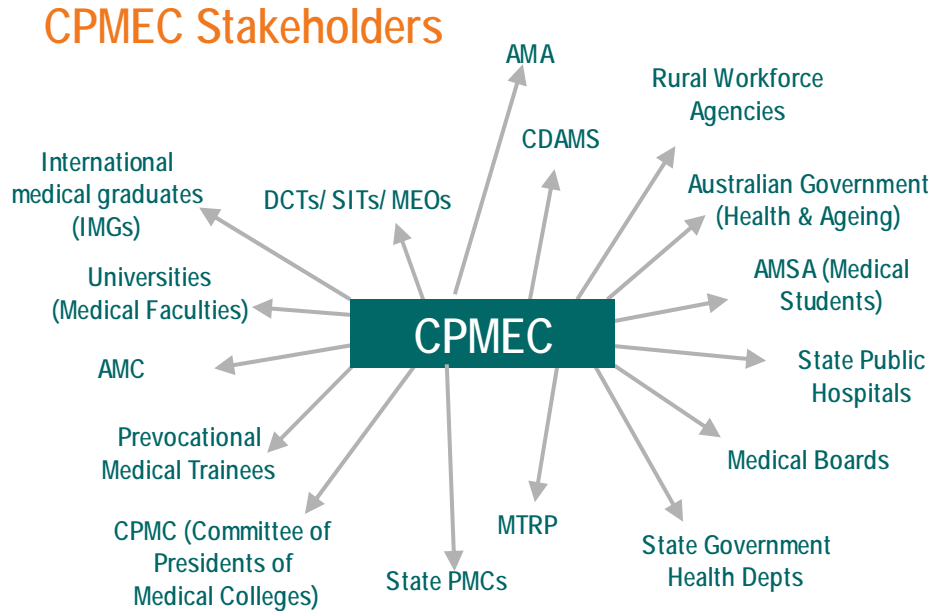
- supporting the wellbeing, clinical training and professional development of medical prevocational trainees, including International Medical Graduates (IMGs) and Career Medical Officers (CMOs) in Australia;
- supporting the wellbeing and training of medical educationalists and supervisors;
- monitoring State/Territory PMCs accreditation of prevocational training;
- developing and monitoring national standards of clinical training and assessment;
- communication and collaboration with stakeholders;
- identifying and acting on issues affecting the prevocational medical workforce;
- fostering research opportunities in medical education and training.

### ***Terms of Reference of CPMEC***

1. To create a forum for the exchange of ideas and information on the training and education of junior doctors in the prevocational years- to include initiatives, problems and proposed solutions.
2. To drive initiatives for continuing improvement of educational outcomes for prevocational trainees.
3. To receive regular reports from each State and Territory committee and from the Medical Council of New Zealand.
4. To work towards the mutual recognition of the guidelines for junior medical officer training and assessment in each State.
5. To promote feedback to each State and Territory Committee.
6. To determine solutions to specific issues involving prevocational training nationally.
7. To liaise with the Australian Medical Council, the Committee of Deans of Medical Schools and the Committee of Presidents of Medical Colleges with the view of integrating educational programs across undergraduate, prevocational and vocational spheres.

## Linkages

A recent workshop for CPMEC identified the following stakeholders:



*Abbreviations: AMC- Australian Medical Councils; AMSA- Australian Medical Students Association; CDAMS- Committee of Deans of Medical Schools; DCTs- Directors of Clinical Training; MEOs- Medical Education Officers; MTRP- Medical Training Review Panel; PMCs- Postgraduate Medical Councils; SITs- Supervisors of Intern Training*

CPMEC is represented on a large number of committees/organisations, including Medical Training Review Panel, Australian Medical Council, Committee of Presidents of Medical Colleges, Medical Specialists Training Steering Committee, Overseas Trained Doctors Taskforce, National Prescriber Service, CDAMS Indigenous Health Curriculum Committee, National Advisory Committee Curriculum Review RACGP and National Advisory Committee Prevocational General Practice Placement Program.