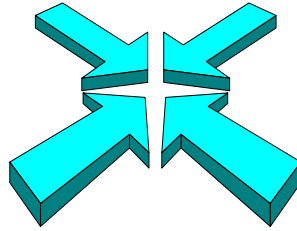


## Confederation of Postgraduate Medical Education Councils



### **CPMEC Submission to the Senate Community Affairs Committee Inquiry into National Registration and Accreditation Scheme (NRAS) for Doctors and Other Health Workers**

#### *CPMEC and Postgraduate Medical Education Councils*

The Confederation of Postgraduate Medical Education Councils (CPMEC) is the peak body for State and Territory Postgraduate Medical Education Councils (PMCs) or equivalent in Australia, and also has collaborative membership with the Education Committee of the Medical Council of New Zealand.

Our submission focuses on item (c) of the Terms of Reference pertaining to the effect of the scheme on the standards of training and qualification of relevant health professionals.

All Postgraduate Medical Councils play a critical role in the clinical placement of prevocational trainees. This includes accreditation of Postgraduate Year 1 (PGY1) internship training positions as a prerequisite for general registration with Medical Boards. Most PMCs also manage the internship allocation processes. Increasingly, many PMCs are now also undertaking accreditation beyond PGY1 to ensure quality of training, supervision and performance of all those in the first two years of prevocational medical training. In addition, a number of the PMCs are now committed to the assessment and upskilling of International Medical Graduates who laterally enter the medical workforce and are not part of any vocational college training program.

It is pertinent to note that IMGs and career medical officers will pose a significant challenge to the functions of the planned national medical board and accrediting authority with the lack of a clearly designated national education and training body covering these undifferentiated non-vocational doctors.

The accreditation function for junior doctors is currently delegated to PMCs by State and Territory Medical Boards and ensures that doctors working towards initial registration and beyond receive appropriate training and that supervision standards are met. These standards are integral to the provision of high quality and safe patient care.

Accreditation visits to sites for prevocational training usually involve a range of professionals including clinicians, hospital managers, medical education officers (non-medical) and prevocational trainees.

CPMEC would like to reiterate that high quality prevocational medical education and training provides the foundation for subsequent specialist and general practice training. Prevocational doctors play a key role in the core operations of health services, and their numbers and impact will expand significantly over the next few years.

### *Implications of NRAS for Prevocational Medical Education and Training*

To investigate the implications for prevocational medical training of national registration and accreditation of health professionals, CPMEC has recently formed a working party to provide advice on:

- Mechanisms for sign-off of satisfactory completion of internship under the new national processes.
- Accreditation of prevocational training placements under the new national processes.

Any sign-off process will require national agreement on the content of the intern year. CPMEC believes that implementation of national training and registration provides an opportunity to review the content of the intern year, which is currently mandated by State Medical Boards based on completion of varying periods of time in General Medicine, General Surgery and either Emergency Medicine or General Practice. As the requirements for each jurisdiction are different, it will be necessary to come to some agreement on consistent national requirements. An interim solution, agreed by the state medical boards and the new national agency will be needed from July 1, 2010.

CPMEC suggests that it is timely to review the current approach and consider the best sign-off processes that should be adopted, perhaps based on nationally consistent workplace performance appraisal processes and/or achievement of key clinical competencies. There are a number of educational and practical reasons to undertake this review, not least the high probability that there will not be enough Emergency Medicine and General Surgery rotations for the increasing number of interns graduating from Australian medical schools over the next 3 to 5 years.

CPMEC strongly supports a national approach to accreditation of prevocational training positions. Postgraduate Medical Councils (PMCs) currently accredit some or all of these positions in each jurisdiction. They have developed considerable expertise and it is our belief that they are best placed to continue prevocational accreditation in jurisdictions under a national accreditation scheme.

CPMEC would also like to highlight an issue which we think needs to be considered immediately; the funding of accreditation for prevocational training. In all states, the medical board and/or State Health Department provide the funding for accreditation of intern positions by the PMC. It is important that funding is maintained after July 1 2010 so that intern positions can continue to be accredited from that date. It will need to be increased over the next few years to allow accreditation of a large number of

new intern posts for the increased number of graduates from Australian medical schools.

In the longer term, CPMEC is being proactive in the development of national accreditation processes for prevocational training. Current accreditation processes differ in each state and territory, different accreditation instruments are used, different jobs are accredited (e.g. PGY2 posts are not accredited in some states), different funding mechanisms are in place and there are variable links between accreditation and funding of the positions (e.g. State funding for intern positions is linked to satisfactory accreditation in Victoria but not funding for PGY2 positions or positions filled by international medical graduates, which undergo similar accreditation processes).

CPMEC has been working on a national prevocational accreditation framework (PMAF) for several years and would be grateful for an opportunity to discuss this with the new national accreditation body. The framework is based on achievement of learning objectives outlined in the Australian Curriculum Framework for Junior Doctors (ACF), which we believe should remain central to any national prevocational accreditation process. The ACF has been endorsed by many other key stakeholders in medical education and training as important component of the medical education and training continuum.

As a policy measure, CPMEC strongly believes that all prevocational training posts should be accredited, including PGY2 positions including positions in general practice and other non-hospital settings. We believe that accreditation is a central plank of safe and effective patient care.

We also believe that all levels of prevocational training should be overseen by the Australian Medical Council (AMC), similar to their oversight of Medical Schools and Medical Colleges. CPMEC has forwarded a request to the AMC that PMCs themselves should undergo similar accreditation to the Medical Colleges. This would ensure that PMC accreditation of individual prevocational training posts is aligned with national standards in the same way that College accreditation of specialty training positions is aligned with the standards used by the AMC to accredit the Colleges. The AMC has formed a working party to investigate this proposal.

#### *Resourcing of prevocational medical accreditation and educational activities*

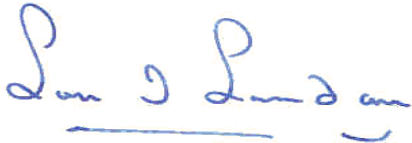
We have earlier made reference to our concerns about the resourcing arrangements for prevocational training under the pending national registration and accreditation scheme. Currently PMCs or equivalent are funded for their accreditation activities by their State or Territory Medical Boards and/or State Health Departments. Unlike Colleges and Medical schools, PMCs do not have the facility to charge fees and would continue to rely on external funding to carry out their range of responsibilities with respect to prevocational medical training and education.

There is also the broader issue that in discussions about medical education and training, a great deal of emphasis is placed on undergraduate and vocational medical education and training often to the exclusion of prevocational training. With the move to national registration and accreditation CPMEC and its member Postgraduate

Medical Councils seek more national explicit recognition of the prevocational phase as a crucial part of the training of doctors in Australia and be resourced accordingly.

*Further enquiries*

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A handwritten signature in blue ink, appearing to read "Louis I. Landau". The signature is written in a cursive style with a horizontal line underneath the name.

Professor Louis I. Landau  
Chair  
CPMEC  
24 April 2009