



# Update from the MBA: Medical Training Survey and Continuing Professional Development

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AMACDT Trainee College, Association & Society Forum

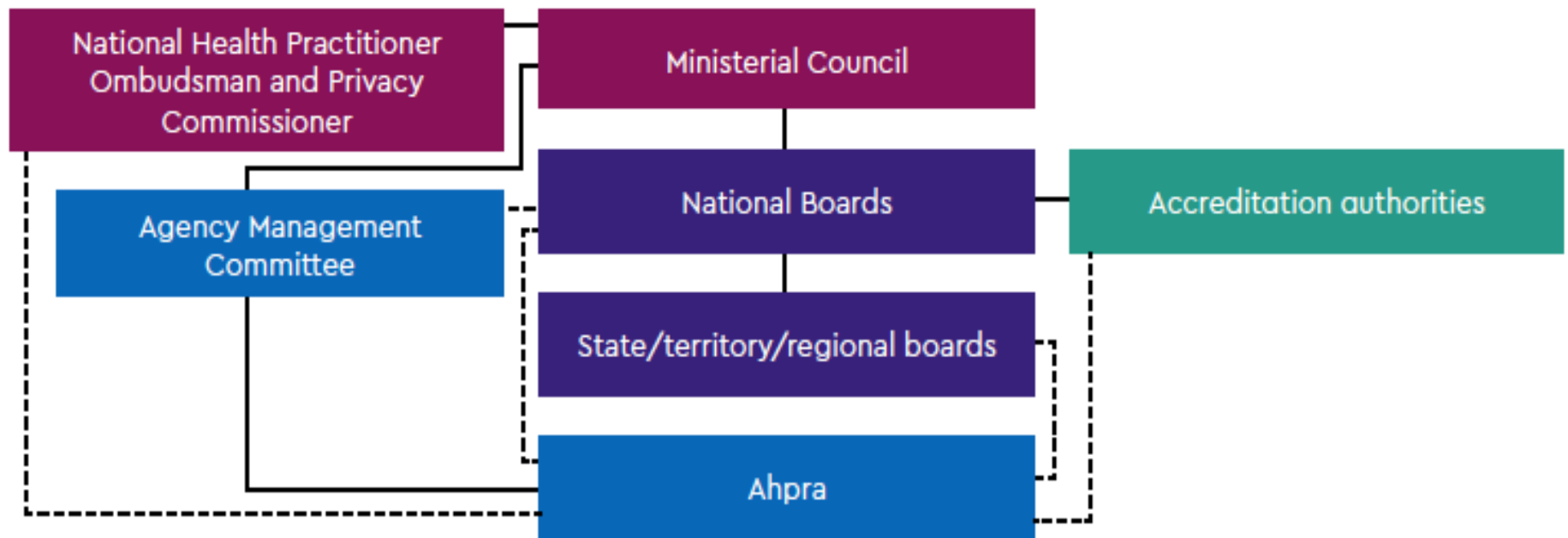
November 19 2021

**I acknowledge the Traditional Custodians of the land from which I'm speaking to you for their continuing connection to land, sea, community and culture. I pay my respects to their Elders past, present and emerging and extend that respect to other First Nations people who are present today.**

## Update from the Medical Board

- Reminder of who we are and what we do
- Medical Training Survey
  - 2020 results and update from 2021
  - how results are being used to make a difference
- New CPD Standard
  - outline of the new requirements
  - how it will affect trainees

# Who's who in the National Scheme



# Objectives of regulation

## Protection of the public is paramount

- Registration
  - only appropriately trained and qualified people are registered as medical practitioners
  - only fit and proper persons
- Notifications (complaints) management
  - protection from poor performance or conduct, or from impaired practitioners
  - action can be taken to improve or restrict the practitioner's practice to reduce risk
  - immediate interim action can be taken if the risk is very high

# The Medical Training Survey



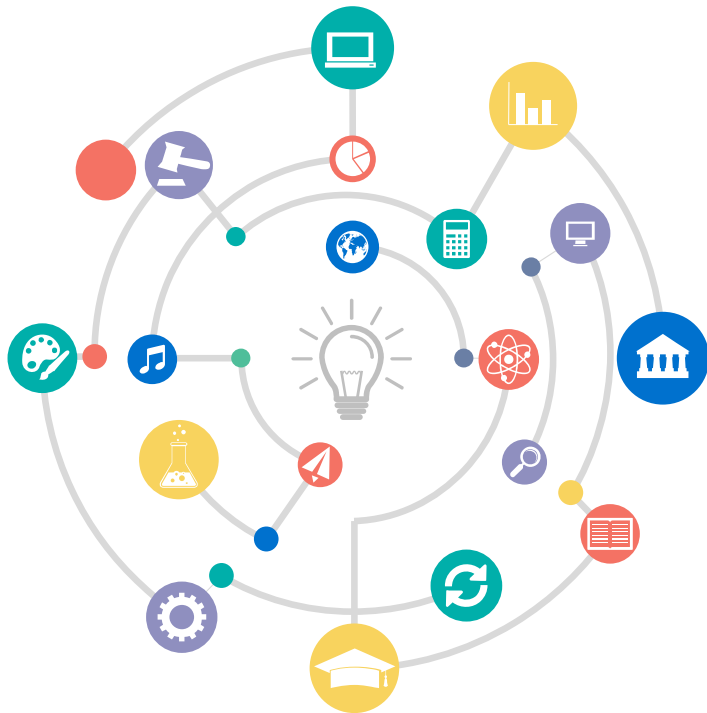
## Genesis and progress

- Recommendation of the Review of Medical Intern Training (2015)
- Supported by the National Medical Training Survey Workshop (2016), involving CPMC, CPMEC
  - expanded from interns to PGY2 and vocational trainees
  - supervisors should also be surveyed
- Steering Committee and Advisory Group (commenced 2018)
  - strong involvement from Doctors in Training groups
- First survey run in 2019; again in 2020, 2021

# Objectives of the Medical Training Survey



Feedback from doctors in post-graduate medical training in Australia to:



1

## Understand

Better understand the quality of medical training in Australia

2

## Identify and improve

Identify how best to improve medical training in Australia

3

## Recognise and respond

Recognise and deal with potential issues in medical training that could impact on patient safety, including environment and culture, unacceptable behaviours and poor supervision.

# What the 2020 results told us...



**81%** *would* recommend their training position to other doctors



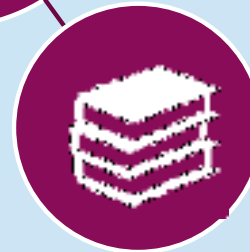
Response rate 57%

**94%** received an orientation



**98%** have a supervisor

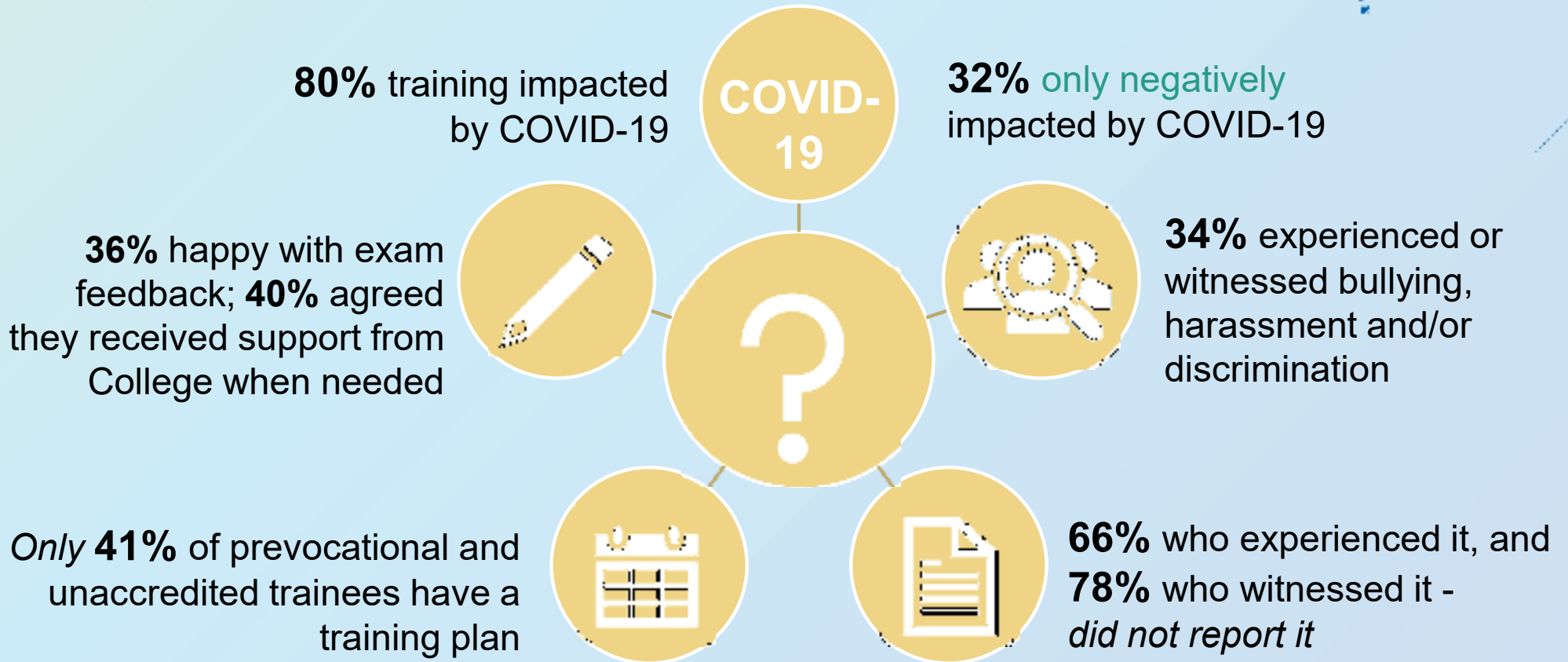
**79%** rated training to raise patient safety concerns as excellent/good



**83%** rated teaching sessions as excellent/good



## What the 2020 results told us...



## Medical Training Survey: 2021

- 2021 response rate 55%
  - more than 21,000 trainees
  - thank you so much again to all the AMA CDT people who helped to keep the response rate high this year
- Results will be available in early 2022
  - early indicators that training is highly regarded overall
  - BUT that bullying, harassment and discrimination has not improved

## Who is using MTS results?

- AMA Council of Doctors in Training
  - using data to release Specialist Trainee Experience Health Check
  - comparison of training experiences between different training pathways
- Colleges
  - CPMC set up research project using MTS data to investigate impacts of Covid on training and evaluate changes to training developed in response
- Queensland Health
  - using data from MTS to support work on mental health and wellbeing of Queensland trainees, using trainee feedback on what is working
  - aim is to develop actions and recommendations to ensure safe and inclusive training and work environments

## Who is using MTS results?

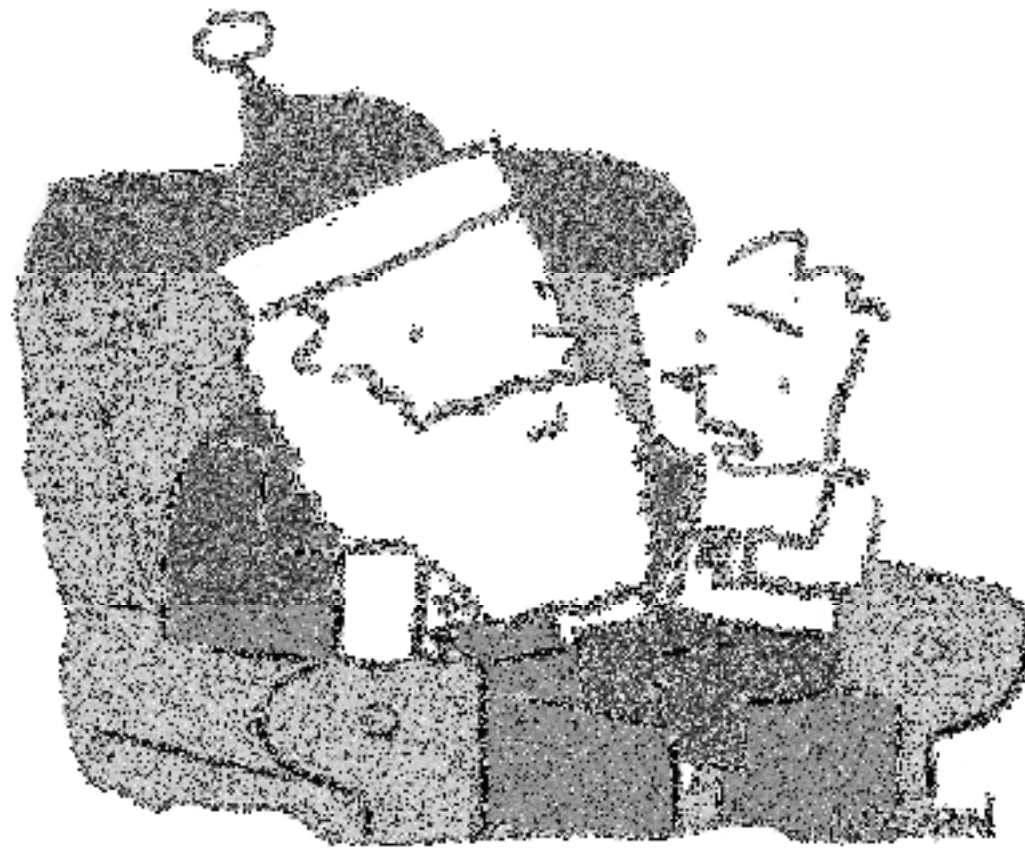
- Australian Medical Council (AMC)
  - using MTS data to strengthen the voice of trainees within accreditation assessments of training providers
  - over time, data will allow AMC to evaluate impacts of College initiatives to improve training
- RACP
  - used MTS data to inform their “Safe Training Environments Summit” focusing on the culture of workplaces and training environments
- Medical Board
  - providing leadership in move to improve the culture of the medical profession, focusing on bullying and harassment
  - planning a symposium on the culture of medicine early next year

# Addressing the culture of medicine



The Board is committed to building a positive, respectful culture in medicine that benefits patients and doctors. It will:

- encourage doctors to take responsibility for their own performance
- work in partnership with the profession to reshape the culture of medicine and build a culture of respect, and encourage doctors to:
  - commit to reflective practice and lifelong learning
  - take care of their own health and well-being, and
  - support their colleagues.
- encourage holders of large data to share with those who create it.



"Just how secure is my misadventure story?"

## New CPD Standard

- Takes effect in January 2023
  - likely to be a transitional period
- Applies to all doctors with practising registration
- Interns
  - required to participate in an accredited intern program
- Specialist trainees can meet the CPD standard **by meeting the requirements of their College training program**
  - i.e. NOTHING EXTRA is required

## What has changed?

Practitioners will need to:

- have a **CPD home** and participate in its CPD program
- do CPD that is **relevant to their scope** of practice
- base their CPD on a **personal professional development plan**
- do at least **50 hours** of CPD per year, that includes a mix of:
  - reviewing performance
  - measuring outcomes, and
  - educational activities
- Colleges have been moving their CPD in this direction for a few years
- Interns and Specialist trainees need to meet their training requirements



# Key elements



Self-directed learning of relevant CPD activities can continue within CPD home framework

CPD programs need to be flexible to recognise legitimate work-based professional development activities



All practitioners must participate in the CPD program of an accredited/ approved CPD home

Standard proposes relevant CPD homes for types of practitioners

Colleges already accredited  
Opportunities for new CPD providers

Approval processes for non-college CPD homes

CPD home will provide support for practitioners, keep track of activities

# Measuring outcomes



Some practitioners may find it challenging to identify activities to measure their outcomes. Some activities are:

Individual-focused activities	Group-focused activities	Not directly-focused on participant's practice
<ul style="list-style-type: none"><li>• Audit focused on participant's own practice</li><li>• Root cause analysis</li><li>• Incident report</li><li>• Quality improvement project</li></ul>	<ul style="list-style-type: none"><li>• Audit (practice, national or international)</li><li>• M&amp;M meetings, case conferences</li><li>• Quality improvement project</li><li>• Multi-disciplinary team meetings</li></ul>	<ul style="list-style-type: none"><li>• Assessing incident reports</li><li>• Leading, analysing, writing reports on healthcare outcomes</li></ul>

# Reviewing performance



Some activities are:

Individual-focused activities	Group-focused activities	Not directly focused on participant's practice
<ul style="list-style-type: none"><li>• professional development plan</li><li>• self-evaluation and reflection</li><li>• direct observation of practice by colleague</li><li>• multi-source feedback</li><li>• patient experience survey</li><li>• workplace performance appraisal</li></ul>	<ul style="list-style-type: none"><li>• direct observation of practice in team setting</li><li>• operation reports</li><li>• multi-source feedback</li><li>• patient experience survey</li><li>• medical services survey/review</li><li>• multi-disciplinary team meetings</li><li>• peer review group meetings</li></ul>	<ul style="list-style-type: none"><li>• participating in clinical governance/QA committees</li><li>• accrediting/auditing practices, hospitals, training sites</li><li>• medico-legal work (report, expert witness)</li></ul>

# Summary



- MTS has achieved a very high response rate and is providing data that can be used to improve training
  - THANKYOU to those who have helped
- CPD will be changing, primarily for those practitioners who are not currently associated with a College
  - primary goal is to improve quality and effectiveness of CPD
  - CPD homes will be operational in 2022 and will provide support
  - interns and specialist trainees do not need to do anything extra