Effecting Reforms to Australia’s Specialist Medical Training and Accreditation System Post COVID-19
Deliverables

- **Literature review**
  - Literature review: Adaptations in medical education due to COVID-19
    - Due Jan 2021 – submitted, accepted

- **Stakeholder consultation**
  - Survey all stakeholders
    - Report 1: Training impacts, responses and opportunities
      - Due Mar 2021 – submitted, accepted

- **Stakeholder consultation**
  - Survey colleges, email gov
    - Report 2: Determination of training places
      - Due May 2021 – submitted, awaiting feedback

- **Report 3: Policy recommendations**
  - Due July 2021 – in draft
Stakeholders

- Specialist medical colleges
  - 19 in Australia + New Zealand

- Membership groups
  - Australian Indigenous Doctors’ Association
  - Australian Medical Association
  - Australian Medical Association Council of Doctors in Training
  - Australian Medical Students’ Association
  - Confederation of Post-graduate Medical Education Councils
  - Council of Medical Colleges New Zealand
  - Medical Deans of Australia and New Zealand (incl. rural clinical schools)

- Regulatory bodies
  - Australian Commission on Safety and Quality in Health Care
  - Australian Health Practitioner Regulation Agency
  - Australian Medical Council
  - Medical Board of Australia
  - Medical Council of New Zealand

- Health departments
  - National
  - 8 state and territory

- Other
  - National Rural Health Commissioner
Literature review

- Done as context and guidance for project
- Broad focus
  - Full text articles, English language, 1 Jan - 21 Oct 2020, “SARS-CoV-2” AND “medical education”
  - Excluded med school and other healthcare e.g. nursing, allied health
- Key themes:
  - Clinical practice
  - Delivery of education
  - Training requirements
  - Wellbeing
- 37 subthemes providing more granular understanding
- Limitations include
  - Timeframe and the lag between experience/research → publication
  - International focus (63/111 articles from USA)
  - Procedural specialty focus (33 articles from procedural specialty, 42 from mixed, 10 from non-procedural)
Stakeholder consultation 1: Pandemic impact and response

• Consulted stakeholders from across medical training pathways on impacts of and responses to COVID-19 pandemic
• Received completed surveys from 32/43 stakeholders (74%)
• Did thematic analysis on responses using themes and subthemes from literature review
• Overall fit into the same 4 main themes (clinical practice, delivery of education, training requirements, wellbeing)
• But focus within these was different incl. less on clinical practice and multiple new subthemes:
  • Exams
  • Travel restrictions
  • Equity (especially rural and remote)
  • Collegiality/sociality
  • Business operations
  • Communication
  • Workforce planning
Some issues were pre-existing and they or their flow on effects were highlighted by the pandemic (e.g. wellbeing, communications, attitudes to new tech and change)

Other issues were new (e.g. rapid move online, exam cancellations, travel restrictions)

Organisations implemented positive solutions often under great pressure

A number of issues remain, including:

- Changes to the timing, format and delivery of exams (incl. rethinking high stakes barrier assessments)
- Flow on effects of trainees not progressing/fulfilling requirements
- The lack of evaluation of virtual systems
- Workforce maldistribution
- Trainee wellbeing
- Lack of risk planning
Surveyed 15 Australian specialist medical colleges

Seeking to better understand how training places are determined not undertake a comprehensive review

Found that colleges, workplaces and health depts have input to varying degrees depending on the specialty and jurisdiction

Influencing factors include:
  - Federal and jurisdictional health budgets
  - Workplace budgets
  - Workplace expectations/culture around staffing levels and model of care
  - College accreditation and policies

Current system makes future workforce planning very challenging as there is little coordination between funding, staffing and accreditation decision makers
- Formulated from the Project findings
- Collated into thematic recommendations
- Final review by CPMC Education and Medical Workforce Subcommittee with input due 17th June 2021
- Working weekend for Project Team to formulate the final version reflecting the input and other considerations.
- Importance of the policy report feeding recommendations and advice to facilitate the finalisation of a National Medical Workforce Strategy for Australia
- 12 recommendations to deliver an adequately skilled and trained GP and non-GP specialist medical workforce with appropriate support.
Using 5 themes these 12 recommendations are not listed in order of importance, as they are seen to be interconnected, with each strengthening the impact of others.

**EDUCATION**
- 1: Maintain & improve hybrid online & f2f models for educational events
- 2: Increase training & evaluation of telehealth provision for clinical care & education

**ASSESSMENT**
- 3: Increase flexibility in the conduct of assessment & improve assessment experiences
- 4: Increase the responsiveness & adaptability of accreditation systems and processes

**MEDICAL WORKFORCE**
- 5: Discuss & reform the determination of training places
• 6: Recognise, increase & improve exposure to regional, rural, remote practice early in training
• 7: Increase supervision & decrease barriers to accreditation in rural, remote workplaces.
• 8: Develop generalist specialist training programs.

WELLBEING
• 9: Ensure training positions have accreditation standards that support trainee wellbeing
• 10: Review and improve wellbeing policies and supports.
• 11: Implement and improve programs to support trainees when relocating for work

RISK PLANNING
• 12: Review risk assessment, mitigation and contingency plans.
CONCLUSIONS

The Training Review Project has been a successful merger of ideas between CPMC and the Department of Health, Australian Medical Council.

Much of what has been discovered has been useful in terms of practical & effective mechanisms to modernise, and to prepare for any future crises like a pandemic. Both the AMC and CPMC have learnt a great deal about the challenges, responses and key learnings from changes made to respond to the pandemic and where reform could occur.

Given the 4 reports are designed to feed into the finalisation of a National Medical Workforce Strategy for Australia we look forward to implementation in a structured and financed context.
Thank You to the CPMC EMWFSC for your contribution and support.

Thank You to the Project Team members: Angela, Krista and Annie.