

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



Deliverables



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
 - Training requirements
 - Delivery of education
 - 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

Stakeholder consultation 1: Pandemic impact and response

- 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

Stakeholder consultation 2: Determining training places

- 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

Policy Report

- **Final Deliverable: Policy Recommendations Report**
 - 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 regional, rural and 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

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.

Team Thanks

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

