MEDED2007
Medical Education Conference 2007

Recommendations from MedEd07 Conference

MAY 2008

Issue and Recommendation	Timeframe for solution	Who to action
1. **Improving the education and training continuum**		
1.1 Overlap		
a. That the AMC/MCNZ promote explicit accreditation standards for Colleges, Medical Schools and relevant training authorities to assess recognition of prior learning from relevant medical education and training	1-2 years	AMC/MCNZ
b. Medical schools be encouraged to develop special interest streams	1-5 years	Medical Deans
c. Colleges be encouraged to clearly define entry requirements (with recognition of prior learning) and better define exit outcomes to allow more flexible training paths	1-5 years	AMC, Colleges, AMA-CDT
d. Develop a learning and assessment portfolio to follow learner through all stages	1-5 years	A potential combined medical schools, College and CPMEC working party
e. Define educational competencies at all levels of the education/training continuum	2 years	AMC/MCNZ, medical schools, Colleges, PGMCs
1.2 Flexibility		
a. Colleges, Medical Schools and employers to further develop part time training options under existing AMC standards and MTRP input	1-5 years	Medical Deans, Colleges, PMCs, AMA-CDT
1.3 Other		
a. Assess feasibility of AMC accreditation of PG years 1 and 2	12 month	AMC has established a WP to assess feasibility See National curriculum CPMEC
b. Develop shared educational offices in clinical teaching sites	5 years	State Health Services, Medical Schools, PMCs
c. Consolidate existing materials for a national career path and training guide for students and JMOs	2 years	AMA CDT, AMSA, PMCs

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2. **Challenges to Clinical Education**		
2.1 How to meet training requirements for now and future	1-2 years	MTRP (DoHA)
a. Promote the development of Pilot schemes outside large public teaching hospitals for medical students through to vocational trainees		State Health Services, Medical Schools, Colleges, PMCs
b. Develop financial and non financial incentives for training outside traditional settings	1-5 years	Commonwealth (Medicare), Medical Schools, Colleges and State Health Departments
c. Develop integrated learning networks with public, private and community	5 years	State Health Departments, Medical Schools, PMCs and Colleges
d. Establish KPIs for education and training in next Australian Health Care Agreement	New ACHAs July 2009	Medical Deans, CPMC, CPMEC
2.2 Improve recognition of clinical education	1-5 years	Medical Schools and Colleges
a. Develop career paths for clinical education	1-5 years	See 2.1 above
b. Provide appropriate remuneration for clinical teaching (see 2.1 above)		
c. Lobby for appropriate funding to service for clinical teaching	12 month	Medical Deans, CPMEC, CPMC, AMSA, AMA-CDT
2.3 Improve Government consultation with stakeholders for workforce planning	1-2 years	Medical Deans, CPMC, CPMEC AMA. Influence HWPC.
a. Expand current consultation mechanisms		

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3. **Professionalism, Accreditation and Registration**		
3.1 National Registration a. Establish a working group to draft initial document on Professionalism involving national consultation	18 month	Currently being actioned by AMC WG on National Code of Conduct, Colleges to review re specialty needs
3.2 National Accreditation a. Endorse and strengthen role of the AMC (general conference theme)	12 month	Currently being actioned by AMC Executive and Council
b. Broaden AMC brief to include PGY (see recommendations 1.3 above)	12 month	AMC has established a WP to assess feasibility Refer to Australian Curriculum Framework for junior doctors and Prevocational Medical Accreditation Framework from CPMEC
4. **How education can contribute to the alleviation of workforce maldistribution – geographical and discipline**		
4.1 Programs and incentives a. Increase support for Bonded Medical Place students including financial and career counseling	12 month	Medical Deans , AMSA, AMA
4.2 Curriculum responsibilities a. Medical Schools and Colleges to promote curriculum development that supports readiness for practice in areas of workforce maldistribution	1-5 years	Medical Schools, PMCs and Colleges, AIDA

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5. Optimising stakeholder interaction and placing medical education on the national agenda		
5.1 Stakeholder forum a. Establish a stakeholder reference group including state health departments, education and training providers, clinicians and consumers	12 month	A potential stakeholder reference group to advise HWPC with AMC support
5.2 Generalism a. Develop a policy paper with strategies to address the importance of generalism career paths	1-2 years	AMC via the recognition of medical specialties committee
5.3 Underrepresented groups a. Ensure that in particular junior doctors and doctors working in areas of workforce need are represented at relevant state and national forums	ongoing	State and National planning committees
6. **Supporting doctors become effective health care team members**		
6.1 Role of Doctor a. Define role of doctor in respect to duties of other health care professionals	1-2 years	Currently being actioned by AMC WG on National Code of Conduct
6.2 Team work a. Develop pilot models of team rostering in varied clinical contexts eg rural, urban	1-5years	State Health Departments

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7. **Developing longer term educational innovations** 7.1 Professionalism a. Develop competencies, assessment and resources in professionalism 7.2 Special Health needs curricula a. Develop national curriculum eg rural and remote health 7.3 Clinical Education a. As in 2.2 above develop curricula and a career path for clinical educators. This includes the inclusion of medical education theory and skills in all levels of curriculum. 7.4 Leadership, Administration a. Develop curriculum and skills development and data base 7.5 Interprofessional teaching and team work a. Develop pilot models for the interprofessional teaching of teamwork at undergraduate and postgraduate level	1-10 years	Medical Educators national forums and AMC support Medical Schools, AMA-CDT, CPMEC, PMCs and Colleges build on work from AMC WG on National Code of Conduct A number of projects already developed, AIDA Medical Schools, PMCs and Colleges Medical Schools, PMCs, AMSA, AMA and Colleges A number of projects already developed
Process Recommendations for future Med Ed Conferences • Improve representation from junior doctor bodies • Improve cross jurisdictional representation • Consider expansion to include other health care professionals		