23 Sept 2021

Professor Brendan Crotty AM
Chair, National Framework for Prevocational Medical Training Review
Australian Medical Council
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Dear Brendan,

**Re: AMC's final consultation on the National Framework for Prevocational Medical Training Review**

Thank you for inviting Medical Deans to provide feedback on the final consultation of the Australian Medical Council's (AMC) Review of the National Framework for Prevocational Medical Training (the Framework). We greatly value the opportunity and the earlier engagement with us on this very important review.

Medical Deans would like to congratulate the AMC on the proposed new Framework and the changed approach it reflects. We believe it will better support our graduates as they transition into clinical practice and the next stage of their medical training. As noted in our previous submissions, we welcome the increased emphasis on generalist skills as a critical part of prevocational training, the removal of mandatory rotations, increased flexibility to encourage training in a range of settings, increased focus on ensuring appropriate rostering to avoid burnout and fatigue, and increased emphasis on Indigenous health throughout the Framework. These are all critical factors essential to aligning medical education and training with the needs of our communities, and supporting our doctors to progress through to independent practice.

We have focused our submission on factors to consider in the implementation of this new Framework. These include: the importance of starting now to build increased capacity for quality supervision and training in community-based settings to enable more placements; the need for more aligned and actively supported clinician researcher and clinician educator pathways; and ensuring access to the e-portfolio during the final years of medical school. These matters are discussed in further detail below.

I would also like to draw your attention to a Discussion Paper recently released by Medical Deans, *Training Tomorrow's Doctors: all pulling in the right direction*. This paper sets out our vision for a medical education and training continuum that leads to an adaptable and supported workforce with

the required capabilities, and in the right numbers, right places, and right specialties to serve the needs of the people of Australia and New Zealand. The paper highlights five key areas to help drive towards this, including:

- **Generalist skills at the forefront of being a doctor** – preparing our future doctors for medical careers that are based in healthcare teams and working across traditional care boundaries, with the skills and experience to adapt to ongoing disruption and innovation, and in models of care that support all health practitioners to work at the top of their scope of practice;
- **Connected and aligned training pathways that effectively support key transition stages** – identifying and facilitating opportunities to train in areas of workforce shortage;
- **Learning in and for our communities** – with sufficient opportunities to apply and further develop skills and interest in the community-based settings where healthcare is most commonly provided and most sorely needed;
- **Doctors working in the right places and the right disciplines** – within an education and training system that actively supports paths to careers in the regions and specialties where they're most needed, and facilitated by effective workforce planning and policy making;
- **A healthy workplace culture and environment** – vital to underpin all this, with embedded systems that safeguard patient care and the health of students and doctors.

Our response to your consultation covers many areas that are explored further in this Discussion Paper and we hope it may be useful for the AMC as you prepare to implement this new Framework. We would welcome the opportunity to discuss this Paper with you, given the important role of prevocational training in the career and skills development of our future doctors, and will be in touch to see if this is of interest to you.

**Building capacity for community-based placements**

As noted above, Medical Deans strongly supports the Framework's increased flexibility to allow prevocational trainees to undertake rotations in community-based settings, and the intent to make this a mandatory requirement for all trainees in the future. Significant systems-level change and investment is required to establish the infrastructure necessary to ensure quality learning experiences. To achieve this, we need to start building the capacity now, so that these rotations can be implemented at scale in the future.

As recommended in our Discussion Paper, Medical Deans is calling on the Australian Government to reform the funding model for primary care and other community-based providers, to ensure there can be sufficient dedicated time, resources and infrastructure. We suggest the AMC explore how they can contribute to and support effective policies and initiatives to help ensure the ambition articulated in the Framework can be realised.

While general practice is likely to be the area where many of these experiences occur, it is important for there to also be opportunities for students and graduates to learn in and experience a range of community-based care, including for example residential aged-care, mental health services, and the disability sector.

It is also vital for Aboriginal and Torres Strait Islander community-controlled health organisations and Māori health services to be supported to increase their capacity, resourcing and infrastructure to enable medical and health professional education to be a core part of their practice model where they so desire.

The increased focus on competencies related to Indigenous health within this Framework is strongly supported and welcomed by Medical Deans, but will likely require an increase in experience and exposure to the Aboriginal community-controlled sector. Experience working in Indigenous health services is a key avenue for training technically competent and culturally safe practitioners, however, there are significant calls on the community-controlled sector and, whilst very supportive, they too often have very limited capacity and infrastructure to support such a model. This needs to be a reciprocal discussion and partnership arrangement, so that medical education and training contributes to the sector and to Indigenous peoples' health and access to healthcare as well as benefiting from the sector.

We strongly suggest this is considered during the planned implementation phase of the Framework, consulting directly with the sector, to make sure trainees are supported to train in and for Indigenous communities and have access to important and enriching experiences that benefit their learning and the health of the communities they serve.

**Supporting an aligned Clinician Researcher and Clinician Educator pathway**

As noted in our submission to your consultation in April 2021, providing opportunities for trainees to undertake research and/or teaching is critically important to sustaining a clinician researcher and medical educator workforce. Creating a more aligned and connected pathway for Clinician Researchers has been recognised as a priority action in the draft National Medical Workforce Strategy[1]. Indeed, medical schools and specialty colleges are mobilising to advocate for greater support for research opportunities and a clear and connected pathway for those interested and motivated to pursue a career in research alongside clinical practice.

While the Framework includes elective terms in roles not involving direct clinical care, such as research, we feel this element needs to be more strongly articulated and emphasised. The Framework is a critical lever in ensuring the provision and accessibility of opportunities that contribute to developing a clinician researcher and medical educator workforce. We suggest the AMC include strong emphasis in the Notes to the Standards that recognises the importance of trainees being able to explore their interests in research and education during the prevocational training stage, encouraging providers to actively develop and promote such opportunities. These experiences need to count as part of their training, recognising research and education skills are core to medical expertise regardless of whether they are a major focus for their career. Without this explicit recognition and encouragement in the Framework, the burden is left to prevocational trainees to organise these experiences, with the associated perceived risk that doing so may come at the expense of other clinical experiences.

**E-portfolio access during medical school**

Medical Deans notes that access to the e-Portfolio in medical schools remains "desirable" in the e-Portfolio specifications in Attachment D. We reiterate our comments from previous submissions that

[1] *Australian Department of Health and Ageing, Draft National Medical Workforce Strategy [Unpublished]*

we strongly recommend that access to the e-Portfolio in medical school be more strongly encouraged, including exploration of how its specifications may align with the record systems used by the penultimate and final year of the medical programs. As many medical programs have moved towards a competency framework and EPAs, providing access to the e-portfolio in the final two years of medical schools would enable a much smoother transition between university and PGY1, by providing:

- students with visibility of the competencies expected in PGY1 to better prepare them for the next stage of training,
- an opportunity to align training along the continuum, for example allowing prevocational doctors to build on the EPA ratings assigned in their final year of medical school to move towards less supervision in PGY1 and PGY2 as they are entrusted with a broader range and more complex activities,
- a valuable tool for constructive discussions between recent medical graduates and their supervisors about their achievements in medical school and areas of relative weakness, and
- greater assurance that the required core competencies have been met in medical school, removing any existing repetition or duplication in orientation weeks.

If supported by the AMC, we would be happy to facilitate input from our members to inform the AMC's work exploring how this functionality can be achieved and implemented in the different training environments.

Again, we would like to thank you for the opportunity to contribute to the Framework. Should you wish to discuss any of the points we have raised above or the ideas proposed in our Discussion Paper, *Training Tomorrow's Doctors: all pulling in the right direction*, please contact Helen Craig, Medical Deans' CEO, at hcraig@medicaldeans.org.au to arrange a suitable time.

Yours sincerely,

**Richard Murray**
President
Medical Deans Australia and New Zealand