30 April 2021

Professor Brendan Crotty AM
Chair, National Intern Framework Review
Australian Medical Council
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Dear Professor Crotty,

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

Thank you for inviting Medical Deans to provide feedback on Phase 2 of the AMC's Review of the National Framework for Prevocational Medical Training (the Framework). We greatly value having a representative on your Stakeholder Reference Group, Professor Stuart Carney, and E-Portfolio Specification Subgroup, Professor Jane Bleasel.

Within your Review, we are pleased to note the increased emphasis on generalist skills as a critical part of prevocational training. Generalist skills are the foundation to medical education and training and are essential to preparing our future doctors to manage and respond to the challenges of our health system. Similarly, we welcome the focus on preventative, chronic and co-morbid care as important areas for prevocational trainees to gain experience in as part of their training. Our response to this consultation relates to three areas of the Framework: promoting community-based experiences, improving transition to practice, and supporting aligned career opportunities.

Promoting community-based medical training

We strongly support the removal of mandatory rotations, increased flexibility to train across a range of settings, and the AMC's intent to introduce mandatory prevocational community terms in the future.

It is essential that prevocational trainees gain experience in providing care in community-based settings so they can apply and further develop their skills in a range of settings with a diverse patient mix, particularly as these are the settings where the majority of healthcare is provided and where we need more doctors to be working. Enabling more postgraduate training within these settings is fundamental to fostering a preference for a future career in underserved specialties and regions.

We recognise however that significant systems-level change is required to establish the necessary infrastructure to support mandatory prevocational community-based terms. Principally, the primary care funding model must change to allow General Practitioners and other sectors, such as aged care, to dedicate time and resources to supervise prevocational trainees. This Framework is an important lever to help progress towards this goal.

We propose Standard 4 include a requirement for providers to work with their local primary health networks and other relevant stakeholders to actively explore and develop high quality, community-based terms for prevocational trainees. This would ensure prevocational trainees are proactively provided opportunities to complete terms in areas of genuine interest that are outside a hospital setting and would provide a foundation on which to build when your intended move to mandatory community placements is introduced in the future. Including this as a first step will help break the mould and create some movement and impetus in this area, which is needed if we are to really change our outdated model whereby prevocational trainees continue to undertake their training predominantly in the hospital sector.

Improving the transition to practice

It is widely acknowledged that the transition to prevocational training is a major step in the journey through medical training. For those who require additional support, it can be an incredibly stressful experience. We know a significant barrier to easing this transition is the fear by some graduates that they will be stigmatised if they ask for support to meet their individual physical or mental health needs or caring responsibilities, and that such a request will adversely impact their training and future career opportunities.

We understand the AMC is considering including in its Review of the Assessment and Accreditation Standards for Primary Medical Programs a new requirement for medical schools to share information with clinical placement and prevocational providers to support students/graduates during such transitions. We strongly urge the AMC to include an equivalent standard in section *5.2 Wellbeing and support* in this Framework, to recognise the reciprocity required between medical schools and prevocational providers to develop and effectively implement such systems. This is an opportunity to create greater alignment and consistency between the two sets of standards and for them to be used as a lever to promote a culture of support for graduates as they move into the medical workforce - which is a vital issue and one where every lever possible should be used to bring it about.

For your information, Medical Deans is advocating that, while the detail of any system of transfer of information to support graduates transitioning to practice is best left to individual jurisdictions, there are some fundamental principles and responsibilities that should underpin this system:

- That it is a joint responsibility of medical schools, health services, and graduates/interns to contribute to the creation of a culture in which students/graduates feel confident to share information with their new employers about any additional support or reasonable adjustments they may need when transitioning to practice.
- The need for medical schools and health services to establish effective and confidential processes to support the sharing of information by students/graduates when transitioning to practice.

- Recognition by health services that any effective process for sharing information will ensure there are no negative consequences for students/graduates.
- Recognition by health services of the institutional, individual and community benefits of ensuring that students/interns are able to access the needed additional supports or reasonable adjustments.

Flowing on from this, it is also important to consider the transition to practice standards and how they could be broadened and strengthened to recognise the needs of a contemporary, inclusive and supportive medical workforce. For example, reasonable adjustments, flexible working hours and options for job-sharing, and differing rotation periods and dates.

Supporting aligned career opportunities within postgraduate training

Having a skilled and sufficient clinician-researcher workforce – who have both health and research training – is vital to driving innovation and the delivery of high-quality healthcare. The prevocational training stage is a critical one for new doctors, focused as it is on consolidating and further developing their clinical skills and providing opportunities to explore potential future career pathways; including a career as a clinician researcher or medical educator.

Whilst graduates' interest in these two careers is high, with over 60 per cent of final year students indicating an interest in research and 86 per cent indicating an interest in teaching as part of their future medical careers[1], it is widely recognised that Australia and New Zealand has a workforce shortage in these areas. The strength of our clinician researcher workforce is compromised by the pathways into clinical medical research being poorly defined, disjointed and lacking support. The range of options within medical schools is sometimes unclear and, in particular, there is a gap in opportunities during pre-vocational training, and varying ability to conduct research during specialist training. Similarly, opportunities to explore and experience opportunities and training that encompasses medical education and progress an academic career are limited, disjointed and poorly promoted and supported – yet our whole medical education and training pipeline is reliant on the availability and quality of this workforce.

Medical Deans is calling for the introduction of a coordinated and better supported clinician researcher career pathway, running from medical school through to post-vocational training research. The focus should be on early, preferential selection into a designated clinician researcher pathway that identifies, nurtures, and develops clinician researchers. Medical Deans supports the 2020 proposal developed by the Group of Eight (Go8)[2] on strengthening the pathway for clinician researchers by establishing an Integrated Clinician Researcher Transition Program in the first two years of postgraduate training available to a small percentage of prevocational training positions each year.

We also need to take a similar approach to building and supporting our medical educators.

[1] Medical Deans Australia and New Zealand (2020) Medical Schools Outcomes Database National Data Report 2020

[2] *Strengthening Australian Clinical Research* – Group of Eight Submission to the Medical Workforce Reform Advisory Committee, 2020.

We note that the Framework includes recommending experience in elective terms in roles not involving direct clinical care, such as teaching, research, and health administration. The Framework would benefit from a stronger emphasis on the importance of the prevocational training stage to explore these interests and a reference to the importance of opportunities to consolidate such training. These experiences should also count as part of their training, recognising they are core to all specialties regardless of whether they become a major focus later on in their career.

Similar to the risks associated with community-based placements, without these opportunities and necessary support being clearly articulated in the Framework, prevocational trainees may not feel encouraged to explore research or medical education as a career for them if it is perceived to come at the expense of other experiences.

Learning outcomes and EPAs

We were disappointed to see a number of suggested changes made in our submission to the Phase 1 consultation were not reflected in the revised learning outcomes and Entrustrable Professional Activities (EPAs). We would like to reiterate the importance of:

- making clearer connections about how prevocational outcomes build on the capabilities and competencies demonstrated in medical school; and
- using a greater number of more specific EPAs for prevocational trainees to demonstrate proficiency in a range of processes, reflective of the context and role of prevocational trainees and with decreasing levels of supervision proportionate to increasing levels of entrustability.

We would welcome the opportunity for you and your team to discuss our feedback with our Executive. Should you wish to discuss any of the points we have raised in our submission, please contact Helen Craig, Medical Deans' CEO, at hcraig@medicaldeans.org.au to arrange a suitable time.

Yours sincerely,

Professor Richard Murray
President
Medical Deans Australia and New Zealand