

STP Priority Framework

This Priority Framework has been developed by the Enhanced Medical Education Advisory Committee (EMEAC) Priority Framework Working Group. It was endorsed by EMEAC in October 2009.

Given that we must:

- increase the number of registrars through the system (produce more vocationally trained workforce); and
- provide quality training posts that provide an educational experience that reflects current health care delivery and builds the overall training capacity in the system;

the following **major** medical workforce issues for Australia have been identified.

- Supply – increasing the numbers of domestic graduates and trainees in the pipeline.
- Need for increased capacity to provide quality training that has supervisors, infrastructure and provides an educational experience that reflects current health care delivery.
- Increased requirement for generalist practice in all specialties.
- Current burden of disease priorities eg mental health, chronic disease, geriatrics, prevention and the impact on workforce requirements.
- Complexity/Diversity of the education/training environment – Colleges, States, universities, private health care providers – cannot have one size fits all solutions.
- Medical disciplines maldistribution of workforce – particular need recognised in psychiatry, emergency medicine, community paediatrics, oncology/palliative care, pathology, geriatrics, radiology.
- Rural/regional workforce shortages.
- Indigenous medical workforce and indigenous health.
- Demographic changes in the current workforce – ageing and reduced scope of practice.
- Identified need to use simulation alongside other education/training modalities.

The Commonwealth's STP will complement States and Colleges initiatives in the following areas:

1. Provide support for clinical supervisors and their training
2. Conduct and disseminate the outcomes of quality evaluation of processes/programs that provide clinical training in settings outside the traditional large public teaching hospital ie learn from what we are doing so that we build sustainable models of clinical training
3. Fund/support innovative (not defined) programs and dissemination of these innovations eg College supervision projects, a conference etc
4. Provide funding for growth and development of the current Specialist Training Program
5. Provide support for developing training settings where there is a strong educational imperative and quality posts can be provided eg surgical training in private facilities
6. Provide support (along with State and College initiatives) to build training capacity in rural and regional Australia
7. Provide support to training that builds capacity in the management of chronic disease and indigenous health

The key principles to underpin the process should include:

- Transparent administration of processes
- Partnerships
- Clarity of State and Commonwealth responsibilities
- Clear criteria for supporting training places eg educational imperative, quality supervision and adequate infrastructure
- Evaluation of models