

SA IMET Chair Report

(for Council Meeting – 1 December 2009)



With the development of SA IMET, the secretariat and in particular the Chair and Manager, have continued broad consultation with stakeholders both locally and nationally. There have been, coincidentally, substantial national developments in which SA IMET has been represented:

1. **Governance Support for Education in South Australia.** SA Health has given in principle support for the inclusion of medical education in Regional Performance Agreements. The exact inclusions are currently being developed by the Department, but are likely to require Chief Executives to maintain accreditation with SA IMET, with consideration of education and training KPI's being included in performance reviews. These inclusions should substantially increase the prominence of education as a key output for hospitals. SA IMET will need to offer substantial support for hospitals to help them achieve these requirements.
2. **MedEd09.** This conference was attended by the Chair and Medical Deans, PMC's and Colleges as well as Government. A range of key recommendations are being finalised and will be circulated to Council. The most prominent of these centred on support for education through performance agreements and other governance structures.
3. **National Prevocational Forum.** A number of attendees from South Australia discussed a broad range of contemporary issues:
 - a. National Allocation of Interns. The national allocation group considered a proposal for a single national allocation system. The prime driver is the acceptance by graduates of multiple offers in different states, a process which results in laborious, iniquitous and time consuming multiple offer rounds, sometimes resulting in smaller hospitals having incomplete filling of intern positions. The group resolved to develop a process for 2010 for sharing of information particularly around duplicate offers but also to consider a streamlined single national allocation process. The Commonwealth is being approached for funding. The exact process for information sharing has not yet been determined but a mock national application process is one possibility for the 2010 year.
 - b. Internship under the National Registration and Allocation System (NRAS). The draft paper previously circulated to Council members was adopted by the Conference for broader consultation and CPMEC is expected to circulate the document shortly. The role of Postgraduate Medical Councils in internship processes has not yet been determined by the national board although the chair of the national board (Dr Jo Flynn) welcomed the CPMEC proposal. There was broad discussion at the Conference particularly around core emergency terms although no resolution to reword the document around these was received.
 - c. Australian Curriculum Framework for Junior Doctors (ACFJD). The results of the ACF pilot were presented and are encouraging, with The Queen Elizabeth Hospital presenting valuable data on the use of standardised term descriptor and assessment forms. These are likely to be developed by SA IMET in an online format available to all hospitals. This development will be discussed with Council and subcommittees in an ongoing manner.

- 4. Guarantees of Intern Places.** The NRAS, increasing intern numbers and the possibility of a national intern allocation process have made guarantees of intern places by jurisdictions a topic of recent discussion. In 2006, COAG agreed that each jurisdiction would guarantee internships for all Commonwealth supported medical graduates within each jurisdiction. This agreement was made to complement increased medical school intakes. Since then all States and Territories with the exception of Tasmania have agreed to and implemented the COAG agreement. Tasmania has been unable to make such guarantees as its medical graduate output is substantially greater than its workforce requirements – Tasmania is a significant exporter of medical graduates. All other States have made the guarantee for resident graduates from their own State, with NSW also guaranteeing places for national resident graduates who completed year 12 in NSW.

There has been concern that international graduates of Australian medical schools will not be able to find internships. It has been difficult for any jurisdiction to extend a guarantee to this group as Visa requirements obligate employment of Australian residents before non-residents. Accordingly if any other jurisdiction were not to guarantee employment of resident graduate output, States who guarantee places for non-residents may find themselves in difficulty as they would need to employ residents from other States ahead of the non-residents they have also guaranteed.

- 5. Health Workforce Australia.** The legislation for Health Workforce Australia Act 2009 received Royal Assent on 22 July 2009. The offices of HWA will be located in Adelaide and the Chief Executive Officer is expected to be appointed soon. Five major working groups have been established under HWA. Initial funding for clinical training subsidies will be distributed to undergraduates with data collection for the distribution currently in progress. While funding for education and training is expected to flow to postgraduate placements in subsequent years, the two most important initiatives for SA IMET currently are the supervision and simulation working groups.

- a. Clinical Supervision Support Program. The Chair of SA IMET represents medical input into this group along with Professor Lou Landau from WA. The group will develop a national strategy for clinical supervision support across a range of professions, with about \$25 million available nationally (and across professions) over the next three years.

Clinical supervision is also being actively developed by the Colleges, with RACP holding a Supervision Summit in early December 2009. The Chair will represent SA at this Summit.

- b. National Plan for Simulated Learning Environments (SLEs). South Australia is not represented on this group, in keeping with policy of working parties being representative but relatively small. However regular updates from the working group are received and South Australia has recently convened a SA Health Statewide Simulation Coordinating Committee (SSCC). The committee was initially proposed by the Clinical Senate, and includes representation from a broad range of South Australian groups, again across professions, with the brief likely to be expanded to include both a State perspective and input to the national simulation body. About \$48 million is allocated nationally and across professions for development of SLEs over the next three years.

- 6. College Support for SA IMET.** SA IMET has received strong support from a number of Colleges in particular the RACP, RANZCP and RANCOG. RACP is particularly anxious to receive support from SA IMET to guide implementation of its new education programs.

RACP is in the process of funding a MEO in South Australia and it has been proposed that the MEO should work closely with SA IMET to develop delivery of RACP programs. The College is also keen for close collaboration in the development and monitoring of accreditation standards and for the consideration of the development of training networks in South Australia, perhaps based on the models employed by NSW IMET. The Chair will visit NSW soon for review of speciality training networks, and similar initiatives have also been discussed for other College programs.

- 7. Accreditation Standards.** The accreditation subcommittee has been active in developing a new set of standards for SA IMET. These have been released for an initial consultation round to MEOs and DCTs, and the results of this consultation should soon be available. The accreditation subcommittee is then likely to recommend release of the standards for broader consultation, initially to Council and then to the wider education community. It is hoped that the new standards will be released in early 2010.

The new standards are significantly more onerous than previous versions. Accordingly it has been proposed that hospital accreditations due in 2010 be delayed at least until late in the year, and that an accreditation support officer be employed by SA IMET to facilitate the implementation of the standards through the regions.

- 8. PGY2 Allocations.** SA IMET undertook a computer based allocation process for applicants to PGY2 positions across South Australian hospitals for the first time this year. The process was broadly supported by hospitals and JMOs although a number of anxieties were raised by both groups through the actual allocations. Reviews were subsequently undertaken by both the JMO Forum and the allocation group under the leadership of Kylie Ward and a number of recommendations were made for the process for 2010. A working group is currently considering these.
- 9. PGPPP and ESTP (to be renamed STP from 2010).** Both programs are undergoing significant changes in governance. PGPPP will be transferred to GPET from the beginning of 2010 while the governance structures for STP from 2010 onwards are yet to be determined. There has been no change to the Commonwealth support of existing placements in both programs for the 2010 year and both continue to have Commonwealth support through to 2014, although the exact detail of placements from 2011 onwards is in development. SA IMET continues to liaise closely with the Commonwealth, with GPET Australia and with other stakeholder groups around both these programs.
- 10. Intern Positions in South Australia for 2010.** South Australia is expecting only a very small increase in intern numbers for allocation in 2010 and it is expected that internships overall will increase by a small number in 2010/11. Nevertheless in preparation for the larger increases in subsequent years, hospitals are encouraged to develop and propose new positions, concentrating on innovative solutions aimed especially at supporting country and emergency department capacity. There is a possibility of the funding of some new positions through the Department and Council should, with its Executive, consider educational priorities in the development of any new places.