

SA IMET Planning Day - *Outcomes*

4th November 2009

Issue	Planned Outcomes	Timeframes	Notes
Supervision	Supervisor training – incentives for up-skilling	Ongoing	<p>Much of the discussion centred around providing some good incentives for supervisors; eg funding for extra courses and paid time to up-skill; reduced clinical time ie. 1 session per month to attend training exercise; include a professional development component to meetings to include guest speakers.</p> <p>Discussion also on the issue of new supervisors not being clear on what is expected of them as a supervisor. Also discussed was the possibility of providing opportunities for supervisors to provide supervision training to junior staff which will then in turn make supervisors more aware of processes and good supervision techniques. Other issues identified:</p> <ul style="list-style-type: none"> - Supervisors not wanting to supervise - Some don't know what supervision is needed - How to deal with consistency in assessments? - Reflecting on own performance - Time - Supervisor training sessions being attended by the junior doctors instead of consultants
	Defining roles in supervision to ensure supervisors are aware of expectations		
	Providing opportunities for supervisors to implement good teaching methodology and also teach it		
Capacity Building	Identify the areas of need – workforce	June 2010	<p>Discussion centred around the need to identify current shortages, and the need to find places which can provide a meaningful training experience with adequate supervision; providing additional rural places; incentives for private practices to take interns</p> <p>Discussion around SA IMET providing a project officer with expertise in accreditation to go around to new</p>
	Identifying areas where capacity could be – PGPPP, rural. Within current system – part time / shift	Throughout 2010 for 2011 intake	

	work, community, private and private ED		practices / hospitals / units and assist them in the process of accreditation. Many people feel overwhelmed with the process and this could make the process less daunting.
	Advocating for funding from DH to increase places and supporting new placements with project officer support (accreditation advice) to achieve accreditation status ie meeting with practices / hospitals to ensure understanding of processes	Ongoing. Project officer support ready for implementation of new standards	Discussion also around infrastructure and the need for practices to be able to provide workspaces etc. Other issues included: <ul style="list-style-type: none"> - Adequate supervision and adequate relief - Identify areas where capacity could be expanded ie PGPPP, Rural, private hospitals, take advantage of part-time option, shift work – what incentives could be used.
Educational Research	Medical education research is essential to quality assurance and advancement of SA IMET business	Ongoing – however publication within 6 – 12 months desirable	Discussion centred on importance of research to credibility of SA IMET in longer term. Main issues / questions highlighted were: <ul style="list-style-type: none"> - Agree research is necessary – but questions surrounding the capacity for research - Require research linkages between undergraduate/postgraduate and between states – require larger scale - Is it possible that grants can be accessed for research? - Will SA IMET have a research budget?
	SA IMET has a function to advocate for increase research capacity for medical education		
	A role in setting priorities for medical education research		
Support of College Training Programs	Undertaking a survey of common standards and criteria across training programs and defining what isn't accredited by SAIMET.	Through 2010	The group felt that a careful review of College and SA IMET Accreditation standards would reveal common standards between programs which may be able to be accredited by one rather than both bodies. Such a survey would also reveal gaps in particular College processes and also perhaps in SA IMET generic accreditations.

	Collaborate with College to establish role for SA IMET in providing ongoing clinical education and professional development programs (resources for supervisors and trainees)		A need to develop mutual regard for the processes and expertise of both SA IMET and Colleges was noted as this would lead to mutual benefit and to enhanced education delivery
	Respect College role as primary role in education standard setting for individual Colleges. Colleges respect SA IMETs role in ensuring provision of generic clinical training support and infrastructure	Through 2010 and ongoing	
PGY2+ Education	Education is available to PGY2+ and is distinct from intern and registrar training		Discussion centred on diversity of group, but also recognising the importance of this year / years in development of holistic doctor. Other points included: <ul style="list-style-type: none"> - The need to have term assessment and feedback which was thought to be critical in the ongoing development of clinical skills. - That there should be dedicated personnel and resources to oversee and guide this cohort
	Based on the ACFJD		
	Dedicated resources including personnel		
	PGY2+ terms should include a term assessment incorporating <ul style="list-style-type: none"> - Formal feedback - Minimum requirement of participation in educational activity for successful completion 		

<p>Online / IT Support</p>	<p>Common and equal access to up-to-date journals and resources (Salus)</p> <hr/> <p>E-portfolios – learning tools, support and track learning</p> <hr/> <p>E-learning modules – orientation, case based</p>		<p>Discussion centred on the need to ensure both medical students and junior doctors had common and equal access to library facilities, for example</p> <ul style="list-style-type: none"> • including the library itself • electronic journals & resources (this varies from hospital to hospital) <p>Discussion also focused on the need to develop one central online portal to support the education and training of junior doctors, for example</p> <ul style="list-style-type: none"> • assessments • intern education sessions • learning tools • track learning (via ACFJD) • term descriptions • eLearning modules – to support orientation (eg clinical handover, pathology ordering, etc) <p>Finally the discussion looked at the online portal linking to an e-Portfolio which would enable junior doctors to gather evidence of</p> <ul style="list-style-type: none"> • extra-curricula activities • track learning • achievements <p>Participants were not keen on using it as a reflection tool but rather saw more value in using it to create a resume which they could populate as required with the information collected</p>
<p>Vertical Integration / ACF</p>	<p>Medical schools – universities – vocational (SA IMET should develop these links)</p>		<p>Discussion centred on the need to streamline and create some consistency in the tools and assessment processes experienced by medical students and junior doctors. It was thought that SA IMET could get more</p>

	Awareness of ACFJD by all junior doctors		<p>involved and try to develop these links.</p> <p>Also discussed was an open model of training delivery. If topics were linked to the ACFJD then anyone who was deficient in that area could attend. This means that medical students and junior doctors need to be more familiar with the ACFJD. Aligning Term Descriptions to the ACFJD would help with familiarisation.</p> <p>It was pointed out that the national assessment tools when implemented would ensure that hospitals in SA would be using the same tools. If work based assessments were required then ultimately having one agreed method for medical students, interns and doctors in training programs would be ideal. This would also require less training of supervisors.</p> <p>Lastly accessibility to appropriate clinical terms to help transition junior doctors into a vocational training program was briefly considered (requires more work).</p>
	Open model of training delivery		
	Consistent assessment process across units/hospitals		
	Internship – vocational: accessibility to clinical terms to facilitate smooth entry into vocational training		
International Medical Graduates:	Ongoing education and support	Ongoing with periodic review given increasing competition from local graduates	<p>Discussion centred on support mechanism for IMGs and included:</p> <ul style="list-style-type: none"> - Unified approach to education for IMGs preparing for the Clinical exam - Ensuring IMGs are aware of what resources are available to them - Creating opportunities for IMGs to access the necessary terms in order to meet full registration requirements – improved support and cooperation from hospitals - Ensuring the AMC/JMO database is an up to date resource for the hospitals, MBSA etc
	Access to terms		
	Up to date information / database		