Confederation of Postgraduate Medical Education Councils of Australia

Response to Productivity Commission Health Workforce Study Position Paper

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Dear Commissioners,

CPMEC welcomes the opportunity to respond to your position paper on Australia's Health Workforce.

CPMEC endorses draft proposals 3.1, 3.2

Draft proposals 4.1 and 5.2

The establishment of *an advisory health workforce improvement agency* and a separate *advisory health workforce education and training council* (Draft proposal 5.2) would run the risk of perpetuating the malalignment between workforce planning, education and training. Recent developments, with new Hospital Networks in NSW and Hospital Consortia in Victoria, have seen State Departments of Health and postgraduate training organisations (IMET, PMCV) work in collaboration to try to align workforce distribution and education requirements of physician trainees. Both states are now extending this to other college and prevocational trainees, and to support IMGs and career medical officers. CPMEC is strongly supportive of this alignment model. It has significant advantages in ensuring that meeting the needs of rural and outer metropolitan hospitals is a priority for the whole Network/Consortium. In addition, there is a great potential for organisation of education and training and the development of multidisciplinary education teams with critical mass having oversight of a large sector (network or consortium).

Because training is so interwoven with service delivery for most health professionals, **CPMEC would prefer to see a single advisory health workforce, education and training council.** This council would oversee streams of health professionals (medical, nursing, allied health) workforce deployment, education and training. Many postgraduate medical councils have education and training, workforce and accreditation subcommittees. There is growing collaboration between medical educators and educators from other health sciences fields within our councils and within universities. We would welcome the opportunity to see development of similar national postgraduate bodies for nursing and allied health with whom we could interact. The lack of equivalent national, state or territory postgraduate nursing and allied health councils is currently a major stumbling block to interprofessional learning and teamwork.

Draft proposal 5.3

As recognised by the Productivity Commission in its report, there is a significant under-resourcing of prevocational medical training in Australia. Unlike the US, Canada where universities oversee prevocational education and training, and the UK where Deaneries are funded to do this, in Australia allocation of funds by State and Territory governments which is ostensibly for education and training purposes is generally subsumed by health service demands. These comments are also relevant to draft proposal 5.1.

There is variable funding at State and Territory level for PMCs. There is very little funding currently made available to support access to simulation centres and hospital skills laboratories by prevocational doctors in most States and Territories. There is a clear recognition of the need to share skills laboratory

resources and simulation centre resources which have developed good models of interdisciplinary learning.

Mostly postgraduate medical teaching in hospitals is performed by visiting medical staff in an honorary 'pro bono' capacity and we would agree with the Commission's view that this is unlikely to be sustainable. The CPMEC is concerned that the medical training system is under considerable pressure as a result of the projected and imminent large increases in graduates as a result of new medical schools. Whilst recognising that this is in keeping with the first principle of the National Health Workforce Strategic Framework for national self sufficiency in health workforce supply, this is occurring at the same time as hospitals having to cope with the training needs of large numbers of IMGs. There is no well-structured system to accommodate these training needs.
We welcome the recommendation for a new focus on policies to enhance the transparency of institutional and funding frameworks, whilst expressing caution about contestability eg if funding is awarded to an agency or agencies on short-term contract basis, there is a real danger that continuity of strategic planning for education and training is compromised. It will be particularly important to ensure *'greater use of explicit payments to those providing infrastructure support or training services.'* We also agree with the Commission that the GPET model for prevocational general practice training should be examined for potential applicability to prevocational training in the public hospital system.

Draft proposal 6.1
A single accreditation agency for Health Workforce is not a favoured proposal because:

1. CPMEC would not support any change that impacted adversely on the role and functions of the AMC. Medical Workforce has developed a good model whereby the AMC will accredit all agencies involved in medical education from undergraduate to continuing professional development on a national level. It should be given an opportunity to demonstrate its value and relevance.. It has taken many years to get to this level of inclusiveness and sophistication. As an integral part of this process, CPMEC has agreed to work with the AMC towards a national accreditation of prevocational PGY1 and PGY2 training positions and a working group was established at the 10th National Forum on Prevocational Medical Education Nov 7-9 2005

2. Other health professions, e.g. nursing have no nationally recognised standards and accreditation processes. They should be encouraged to develop these as a first step.

3. A stated objective of a single accreditation body is to assist in the removal of professional silos and to encourage flexibility in health care delivery. This is proposed at a time of scarcity and maldistribution of medical manpower and is proposed as part of a solution to provide better access to health services. However, the removal of silos implies that the scarcity of manpower in one profession (medical) could be solved at the cost of exacerbating similar shortages in others (nursing, pharmacy). The preferred solution is to increase manpower in all of them which is a process already in train while the proposed

advisory health workforce, education and training council(s) attempts to balance the shortages in each discipline and addresses interdisciplinary barriers by other measures.

Draft proposal 7.2

CPMEC supports the recommendation. There is an increasing interstate movement of new medical graduates to take up PGY1 positions, often returning to their state of origin. In addition PGY2 and later year prevocational trainees as well as vocational trainees in medical specialty training posts are crossing state and territory boundaries in pursuit of their training needs.