

# CPMC News

JULY 2015



Welcome to the July 2015 edition of CPMC news. It is winter and Parliament has commenced its Winter Recess for several weeks, with all the pollies and staffers having flown out of town! CPMC secretariat has been busy with engagement and policy development, as well as some media via the Medical Journal of Australia and their upcoming series dealing with harassment. CPMC communique arising from the May 2015 is on the website at: [www.cpmc.edu.au](http://www.cpmc.edu.au)

This edition of CPMC News features the meetings and discussions which have taken place with stakeholders.

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## **1. AHPRA regulatory Policy**

In early June CPMC met with the Chair of AHPRA Dr Joanna Flynn and the MBA's Dr Joanne Katsoris at the AHPRA offices in Melbourne. Professor Hollands discussed regulatory policy and in particular audits and potential moves towards revalidation. The MBA has engaged Dr Julian Archer from the Collaboration for the Advancement of Medical Education Research at Plymouth University to conduct a literature review and provide some advice about the concept of revalidation for Australia. The report is expected in November and there was some discussion about holding a workshop to discuss it with representatives from the membership. More on this in due course but expect the invitations to go out in late August supported by the MBA.

CPMC will work with its internal CPD network to discuss the issues associated with maintaining a CPD record, preparation for audit by a College and then potentially by AHPRA. This is because if there are process issues which need smoothing out it will be worthwhile settling them before any preparatory work is undertaken for a revalidation process.

## CPMC meets with AHPRA



PHOTO: L-R Dr Joanne Katsoris, Dr Joanna Flynn, CPMC Chair Professor Michael Hollands, CPMC CEO Ms Angela Magarry

Australia has four organisations represented on the International Association of Medical Regulatory Authorities (IAMRA), these being the AHPRA, Australian Medical Council, the Medical Board of Australia and the Medical Council of New South Wales. CPMC will be represented at the IAMRA conference in Montreal, Canada where issues such as the concept of revalidation will be foremost in their discussions. Find out more about this event by going to: <http://www.iamra.com/event-1837441> and also note that the 2016 conference will be held in Melbourne.

The General Medical Council has recently consolidated a lot of its work in relation to medical student fitness for practice by approving a regulation which now makes explicit requirements for universities to take action during medical school and graduate only those students who are indeed fit-for-practise. The changes will mean that university medical schools must develop curricula to deliver on this outcome. The Australian Medical Council has established a working group to explore issues that medical education providers face when managing instances of student misconduct, and is working to develop guidance and recommendations on how they can best manage professionalism and fitness for practise issues in the context of the accreditation standards and improvement. There is a structured process associated with the AMC Working Group's activities and this matter will continue to be updated on in future editions of the CPMC News.

## 2. AMC Regional Meetings in Toowoomba, QLD 25-27 June, 2015

CPMC is represented on the Australian Medical Council in a number of ways, through its involvement directly on the AMC Board via immediate past Chair Professor Kate Leslie, and current CPMC Chair Professor Michael Hollands, to my being invited as an observer to the general Council meetings. This year the AMC decided on Toowoomba for its General Meeting of Council and this meant over fifty people made their way to the Darling Downs for two full days. Everyone reported on the experience as being very useful to see what happens on the ground.

There were five groups, each comprising one AMC Director, a Councillor, staff member and two observers. The program included an opportunity to choose from visiting Rural Clinical Schools locally, through to travelling to sites as far as 5 hours round trip to Kingaroy.

At the dinner, participants heard from Professor Jan Thomas, Vice-Chancellor, University of Southern Queensland who spoke passionately about the issues associated with higher education for persons from lower socio-economic status, indigenous students and the importance of a university presence in regional Australia. I was particularly impressed with the inter-professional learning program conducted between the University of QLD and Griffith which requires longer exposure to regional placements and also tests all health students in a one day SilverQ day. You can read more about the rural and regional program by going to: <http://www.qrme.org.au/medical-students/griffith-university/>



L-R: CPMEC's Jag Singh; Toowoomba general physician Dr Geoff Tucker; AMC Director Dr Greg Kesby; RCS Lee; CPMC's CEO Ms Angela Magarry; RCS deputy CEO; UK General Medical Council's head of strategy Ms Kirsty White and AMC Councillor Dr Yvonne Nguyen.

### **3. COAG National Review of Medical Internship consultation**

The Australian Government's Council of Australian Governments enquiry into medical internship which is being led by NSW Health has completed Phase One. That consultation was extensive and included discussion with stakeholders ranging from education providers, through to treating physicians and interns themselves. CPMC provided a submission to that phase, citing the need to retain an internship and not move to direct streaming into specialties but to pay attention to modernising the program so that all stakeholders were content with the experience. The options paper which was released in May provided an excellent overview of the current situation, challenges and issues for reform while setting out four options all of which have modernisation at the core. CPMC has provided feedback to the review and looks forward to the next phase which is final recommendations going through to Health Ministers by November. You can find out all about the review and its team and papers by going to: <http://cpmc.edu.au/about-us/policy-statements/>

### **4. Workforce Issues – data**

The MBS rebate freeze continues. The MBS review team met on 3 July with a focus on modernising the MBS to reflect modern practise. You can read more about the review itself by clicking on the hyperlink <http://www.health.gov.au/internet/main/publishing.nsf/Content/MBSReviewTaskforce>

The release of the 18<sup>th</sup> Medical Training Review Panel Report highlights the continued increase in medical education and training in Australia. There is a significant number of trainees in the

Australian health system with 16,837 medical students studying in Australian universities, three quarters of them Commonwealth supported and therefore guaranteed an internship. Of the total number of medical students (3,737) who are in their first year, approximately 85% were domestic students and of that, a quarter had a rural background. International medical students occupied 15% of places.

In 2014 the number of trainees commencing postgraduate training rose by 5% on 2013. Since 2000, the number of vocational medical trainees grew by two and half times. In total there are 50,704 medical practitioners reporting as Fellows of Medical Colleges and the report cites over one third as female. In terms of overseas trained doctors, the Australian Government granted 2,650 visas in sub-classes 457 and 442/402 to work in Australia. Half of these visas were granted to persons from the United Kingdom and Republic of Ireland.

The recent request for data to inform workforce planning and related review of STP has been met with concern by members and the Department has been invited to the next CPMC meeting.

## **5. Rural Health Continuing Education (RHCE Stream One)**

RHCE Stream One is funded by the Australian Government via the Department of Health and managed by the Committee of Presidents of Medical Colleges. By way of background, in 2002, the Australian Government recognised that professional isolation was a major reason why rural medical specialists left their practice to work in cities. As a result the Support Scheme for Rural Specialists (SSRS) was established to assist rural specialists to access structured, relevant Continuing Professional Development (CPD).<sup>1</sup> On 1 July 2010, CPD became mandatory for medical specialists, making the SSRS a crucial support for those working in rural and remote areas.<sup>2</sup> Under the 2009-10 Budget, the SSRS became 'Stream One' of the Rural Health Continuing Education Sub Program (RHCE) under a program consolidation initiative. CPMC has by way of a service agreement with the Royal Australasian College of Physicians, managed the administrative processes extremely efficiently and to-date has delivered over \$7.3 million (GST inc) across 44 projects. The total cost of RHCE since 2010, including individual grants & all management and administration is \$9,679,825.40. RHCE Stream One funding ceased 30 June 2015 with the expectation that from July 2015, RHCE will transition into the Primary Health Networks (PHNs). Discussion with the Department concerning the precise nature of the transition is expected to occur in August. You can read more about the RHCE activity – projects and outcomes by going to <http://www.ruralspecialist.org.au>

CPMC will update you on the transition in the August newsletter.

## **6. Other News**

A new CEO for the Medical Deans was announced with Carmel Tebbutt appointed to replace Prof Judy Searle in October.

CPMC will next meet on Thursday 6<sup>th</sup> August for the quarterly Board meeting.

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<sup>1</sup> Commonwealth Department of Health and Ageing, *Report on the Evaluation of Strategies to Support the Rural Specialist Workforce*, 2002.

<sup>2</sup> <http://www.medicalboard.gov.au/Registration-Standards.aspx>