Australia’s system of medical training and accreditation post COVID-19

The Council of Presidents of Medical Colleges (CPMC) is the unifying company for all fifteen of Australia’s specialist Medical Colleges with thirteen also located in New Zealand.

In 2019 Australia recorded 57,000 medical specialists from a total of 101,000 medical practitioners on the national register. As a key health care indicator having 4% of doctors per 1000 of the population is considered adequate to meet population health care needs however, there remains a geographic maldistribution and a preference towards sub-specialisation over generalism in specialty training.

CPMC is a collaborative partner in the development of Australia’s National Medical Workforce Strategy which is set for implementation in 2021.Through a series of priority actions occurring over a ten-year period, the strategy focusses on ensuring the best use of the investment made by multiple stakeholders in the training of doctors focussing on systemic changes and greater flexibility in the system. Strategic partners will work collaboratively to fill gaps and realise opportunities to provide the highest quality medical workforce servicing all Australians regardless of geographic location.

Effective national health policy development must reflect current data and policy directives, along with incorporating the impact from COVID-19 on how doctors train through the pathway. CPMC has taken the lead and is conducting a research policy project to review the impact, with the scope recently extended to include any regulatory impact through a collaboration with the Australian Medical Council.

The background to this project rests with the fact that COVID-19 is a global health care emergency; it has spread to all parts of the world and has not discriminated in terms of social class. Curiously, governments around the world have not learnt from past pandemics despite the remarkably similar impact, for example the 1918 Spanish Flu, the 2003 SARS-1 and the 2013 Ebola outbreak, with the rapidity of spread taking the global community by surprise and bringing economies to the brink. There is a global entity which provides public health advisories but the onus is on governments around the world to make public health a national priority for spending not simply during a crisis but as a constant policy.

As a first world country Australia has had in place the necessary legislative provisions to enact quarantine and the public health response to COVID-19 was rapid and effective with strict social distancing rules put in place along with a lockdown process that incorporated cessation of non-urgent care and restriction of interstate and regional travel. But due to a lack of funding for public health in both systems and training, some jurisdictions experienced a second wave in large part due to leadership failure. A key learning has been the importance of using a lockdown period to establish structures and processes to manage any disease outbreak, of the importance of consistency in messaging and why it is vital to earn the trust of the community if it is being directed to live differently to suppress a highly infectious disease.

In Australia, COVID-19 has been controlled but it is certainly not indefinitely suppressed.

The pandemic naturally impacts people and therefore places pressure on health systems more broadly but also on any systems in place to manage capacity. The impact on the system of medical training in Australia was immediate and dramatic given the first decision was to cancel any face-to-face exams, then to adjust timelines, then to consider alternative delivery methods. To mitigate against reactive policy making in the future, CPMC has commenced the research project and will conduct it in a three phased approach aiming to conclude by mid-2021.

Phase one explores and describes the situation through the conduct of a literature review focussed on adaptations in medical education and any evaluation of these that have occurred in the context of the pandemic. Initial results are compelling with evidence of a severe impact on clinical practice, on the delivery of education, on the ability to train fully and complete requirements and moving forward on application and selection not training. To match this research with the experience from key stakeholders, consultation has commenced with leaders in all aspects of the training system asking about how they dealt with the barriers and obstacles to progression through the medical training pipeline that were inherent in the system pre pandemic and impeded progression; and how can these be eliminated or modulated to provide a more flexible and responsive system.

Phase two is the analytical phase which will include an assessment of how the inter-connectivity between the States/ Territories and medical training stakeholders occurs and what better alignment is required to facilitate greater efficiencies and streamline processes in the delivery of medical training.

Phase three is where we will report on the analysis of the research and information gained through consultation, giving consideration to high value innovative practices related to the delivery of medical education and training ranging from competency-based assessment, programmatic assessment, supervision, accreditation and greater utilisation of available technology for on-line methods including simulation.

While the longer-term impact on the supply of medical training is unknown, it is reasonable to assume a series of adjustments will be required to improve the sustainability and resilience of medical training programs into the future.

The project presents a unique opportunity for all stakeholders to contribute to the future of medical training in Australia and in doing act as a reset mechanism to enable the implementation of Australia's National Medical Workforce Strategy.

For further information relating to the project please see https://cpmc.edu.au/special-projects/medical-training-system-review-project/ or contact the project team at TrainingReview@cpmc.edu.au

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