



## COUNCIL NEWS MARCH 2018



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### **Farewell to Laureate Professor Nicholas Talley as Chair of CPMC**

The Council extended its appreciation to Professor Talley for the two year term and one as Chair-elect of CPMC at its meeting on 16<sup>th</sup> November, 2017. At the conclusion of the 2017 Annual General Meeting and in assuming the role of Chair, CPMC Mr Philip Truskett, AM gave a short speech to farewell Professor Talley.

### **Developing the Indigenous Collaboration Agreement**

In March a Ministerial Roundtable was held at Parliament House. The historic signing of a Ministerial statement on Indigenous occurred on 31<sup>st</sup> May 2017.



To progress the connections CPMC met the Australian Indigenous Doctor's Association Board in July which helped formulate the agenda for the National Partnership Forum on Indigenous Health on 11<sup>th</sup> August.



Minister Ken Wyatt AM, addressed the November CPMC meeting and received the report from the CPMC National Forum on Indigenous Health.





## REGIONALLY BASED SPECIALIST MEDICAL TRAINING

CPMC convened a national forum on regional training on 31 August at the Queensland regional office of the Royal Australasian College of Surgeons, jointly with the Medical Deans of Australia and New Zealand.



The discussion highlighted the merit in continuing innovative models for training with a Grow Our Own model preferred.

With regionally-based specialist training needed to become a policy priority for governments, Colleges and employers such a model has implications for candidate selection, the design of rotations and the accreditation of posts.

It was agreed that why such a model was important and for it to occur soon was clear but it was the mechanism for making it happen which needed further development.

Forum participants discussed the presentations. It was agreed that the entire “infrastructure” was the key to the success, and that if people want to live and work there build the ability to do so. In relation to the impact on tertiary metropolitan hospital services, more supervision of rotating junior doctors rotating would likely be required. To address isolation issues, an idea was for a group of trainees (from more than one College) to go a certain location together. A possible future action may be in the formation of a rural professional network or encouraging them to build early in a trainee career. It was agreed that one of the barriers that needed to change was the selection criteria, noting STP is only 7% of all training budget outside of General Practice. Consideration needed to be given to the importance of the partner as a factor for retaining workforce in rural / remote settings. The influence Colleges have in identifying potential local champions was noted in the context of change and engaging the consultants in supporting rotations. The importance of tele-supervision as a benefit in helping with accreditation, supporting distributed supervision and reducing isolation.

## Remote Specialist Medical Training

CPMC convened a remote health care forum on Thursday Island in Far North QLD in September. You can read more about the forum, visits and observations at: <http://cpmc.edu.au/communique/remote-health-care-forum-thursday-island/>





## RURAL HEALTH UPDATE



National Rural Health Commissioner announced: Professor Paul Worley who met with CPMC Chair Mr Truskett at the recent National Medical Training Advisory Network meeting in Melbourne. CPMC will engage with the new Commissioner as his role takes shape in 2018.

## Support for Rural Specialists in Australia

CPMC continues to manage the grant program and a lot of activity has been focussed on e-learning materials. Find out more at: <http://ruralspecialist.org.au/>

The Council of Presidents of Medical Colleges is the unifying organisation for the specialist Medical Colleges of Australia.



