

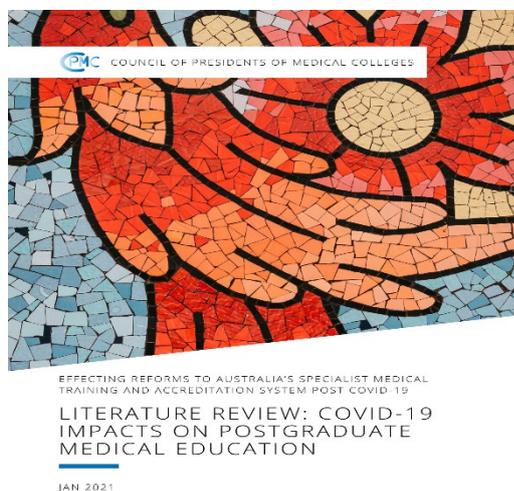


COUNCIL OF PRESIDENTS OF MEDICAL COLLEGES

CPMC Training Review Project Update: 18 May 2021

Organisations across the Australian medical training system have rapidly adapted to continue core operations during the COVID-19 pandemic. This experience of disruption and their collective responses present an opportunity for learning and reform. As reported in December 2020 CPMC is currently undertaking the research project *Effecting Reforms to Australia's Specialist Medical Training and Accreditation System Post COVID-19*. There are five deliverables associated with the project which will aim to conclude by end June 2021, and this update provides insight into two of them: the literature review and the descriptive report from stakeholder consultations.

Literature Review (January 2021)



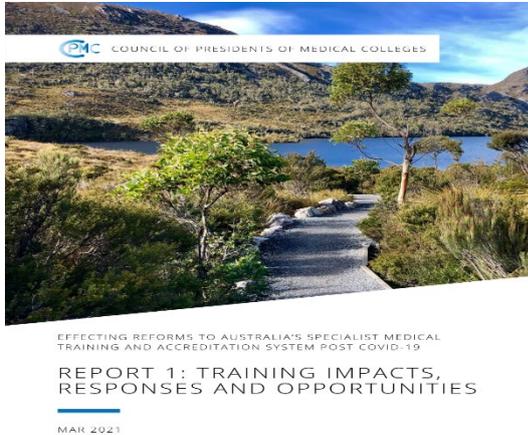
Undertaken to explore the available evidence about the impacts of the COVID-19 pandemic on postgraduate medical education worldwide. Findings were grouped under four key themes: clinical practice, education delivery, training requirements and wellbeing. Impacts on clinical practice include redeployment, segregated rostering, increased use of telehealth, decreased clinical exposure and reduction in procedures. There was significant concern expressed about the negative impacts on trainee skill, confidence, and progression. There were also unforeseen positive impacts like more opportunities for self-study and research and unplanned learning opportunities in leadership, disaster

management, critical care, collaborative team-based care, health care systems, and telehealth. Many training programs quickly moved education online. Positive impacts included improved access, more chances to give and receive feedback and questions, more equitable access to experts, and more opportunities for sharing and collaboration. Improved attendance was reported by many. Some authors highlight the inherent challenges of maintaining the quality of education with so many resources moving online, for example because it is largely unregulated. In many countries training requirements were relaxed, postponed or extended. Many specialty boards and colleges cancelled or postponed exams. In combination with the reduction in procedural work, this creates a risk of trainees not progressing or meeting requirements. In response, there is some discussion about altering standard evaluation processes of trainees or finding new ways to bridge gaps, such as through telehealth, reviewing case logs, evaluation reports, simulation assessments, and 360° evaluations. Anxiety and psychological distress was reported to increase in trainees during the pandemic. Several reasons are provided including seeing a high number of deaths; risk of exposure to self, family and others; difficulties in obtaining PPE; and uncertainty around employment and meeting training requirements. Some papers describe efforts of training programs and institutions to respond to wellbeing needs, including informing trainees about wellbeing strategies, providing counselling and holding workshops.



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Stakeholder Consultation Report (March 2021)



An extensive consultation process was undertaken with key stakeholders on issues they have faced during the pandemic, how they have responded, and what could be taken forward to provide a more flexible and responsive system. We consulted across the whole training pathway, including medical schools, membership organisations, regulators, specialist medical colleges and health departments. Responses were coded thematically using the four key themes - training requirements, education delivery, wellbeing and clinical practice - and 37 subthemes.

While the Australasian experience was found to overlap with that of the mainly international literature from the review, there were some important differences. In our survey responses, the impacts on clinical practice were not widely mentioned. Conversely, some novel and notable subthemes emerged in business operations, communication, crisis planning, equity in access to services (rural and remote), sociality and collegiality, travel restrictions and workforce planning. Several of these issues have existed in the specialist medical training system for some time, with the COVID-19 pandemic bringing them into prominence or highlighting flow-on effects.

Respondents also reported implementing positive solutions and adaptations such as modular, decentralised exams and greater flexibility, increased teaching and training time, use of telehealth and video-conferencing, and enhanced centralised communications (teamwork). However, some outstanding issues remain in terms of exam format, timing and delivery; delays for trainees progression; lack of virtual systems for clinical care assessment; workforce maldistribution and a risk to planning for the future.

Implementing solutions to these complex issues will require coordination across the organisations involved in specialist medical training pathways. The next output of the Project will put forward policy and practice recommendations.

The next set of reports are in their final or draft final stages and already are providing an interesting insight into the issues of selection into training and numbers and planning along with policy recommendations to take advantage of what we have learnt and moved to change due to COVID-19.

A full set of reports will become available in July 2021.

Angela Magarry FCHSM CHE

CPMC Chief Executive and Project Lead, 18 May 2021