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Dear Dr Singh

### **Draft Prevocational Medical Accreditation Framework**

The AMA Council of Doctors-in-Training (AMACDT) is pleased to be invited to comment on the draft Prevocational Medical Accreditation Framework (PMAF). The AMACDT discussed the draft framework during its meeting in early February 2009.

The AMACDT supports the development of appropriate guidelines to underpin the delivery of high-quality prevocational medical education. We also support the monitoring of prevocational clinical training programs and training standards by regular on-site assessment by professional and trained peer review teams. We therefore welcome CPMEC's efforts to develop a framework for making the accreditation of training positions more consistent across the Australian jurisdictions.

The AMACDT's main concern with the draft PMAF is that it focuses too heavily on general principles and procedures. While there are references to governance and supervisory standards, the document does not outline the applicable standards, and associated criteria and indicators, by which hospitals should be assessed in order to gain accreditation for their clinical training. The AMACDT acknowledges that the guidelines should not be too prescriptive; however, we believe it is fundamentally important that the PMAF defines the expected level of achievement, against specific criteria, which would be required for accreditation to be awarded.

The AMA supports the *National Training and Assessment Guidelines for Junior Medical Doctors PGY 1 and 2*, which were produced under the auspices of CPMEC and published by the Department of Health and Ageing in 2003. This is a comprehensive document that was written with strong input from the AMA. The AMACDT believes that the PMAF could benefit from drawing upon these existing guidelines to improve the utility of the document. We would also welcome clarification from you regarding the future of these existing training and assessment guidelines.

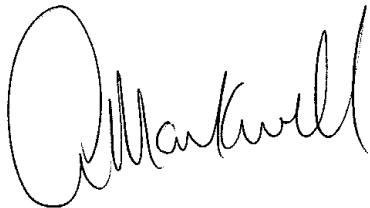
The AMACDT's other comments on the document are outlined below:

- greater clarification would be needed for some of the governance standards. Some examples include:

- “*Development of documented processes to manage issues relating to workload, welfare, safety and managing substandard performance*” (clause 3.1.8). It would be useful to refer to appropriate reference materials, such as the AMA’s *National Code of Practice – Hours of Work, Shiftwork and Rostering for Hospital Doctors* and the state-based Doctors’ Health Advisory Services.
- “*Establishment of an oversight committee*” (clause 3.1.9). It is important that membership is stipulated (e.g. prevocational doctors).
- some of the terms used in the document, such as “pre-registration doctor” are inconsistent and inaccurate. It could be enhanced by using recognised medical education and training terminology. The Medical Training Review Panel glossary could be a possible guide.
- the document is quite lengthy – it could perhaps be strengthened through editing and tightening of language.

The AMA was disappointed that the AMACDT was not involved in the early stages of the development of the PMAF. The AMACDT is a broad group with considerable expertise that can provide valuable input into the development on the framework. It is important that the views of junior doctors, particularly pre-vocational trainees, are considered in the development of accreditation guidelines as it will help ensure that accreditation standards safeguard their education and training needs. To this end, we would welcome the opportunity to be actively involved in progressing the development of the framework.

Yours sincerely

A handwritten signature in black ink, appearing to read 'A Markwell'. The signature is written in a cursive, flowing style with a large initial 'A'.

Dr Alex Markwell  
Chair,  
AMA Council of Doctors-in-Training

13 February 2009