

# Committee of Presidents of Medical Colleges

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## **Submission to the Senate Community Affairs Legislation Committee in respect of the Health Workforce Australia Bill 2009**

### **Introduction**

The Committee of Presidents of Medical Colleges is the unifying organisation of and support structure for the 12 specialist Medical Colleges of Australia. The CPMC seeks to ensure that individual medical specialties (including general practice) have a broad base of intercollegiate knowledge so as to enable them to provide for the Australian community the highest quality of medical care delivered in accordance with accepted clinical principles and to improve, protect and promote the health of the Australian public.

The individual member Colleges are responsible for the determination and maintenance of standards for their respective disciplines and for the training and education of medical specialists in that discipline.

The CPMC is also involved in policy development and, as the peak specialist medical body in Australia, provides objective advice on health issues to Government and the wider community.

### **The Bill**

As part of the COAG national healthcare reform strategy to address health workforce shortage, Health Workforce Australia (HWA) is being established to oversee the clinical training needs of medical and allied healthcare professionals.

The Specialist Medical Colleges welcome a national focus that may do much to resolve some of the challenges Colleges currently face engaging with multiple jurisdictions and protect against unilateral departures from a consistent approach over time by individual jurisdictions. HWA may lead to better planning and as a result better access to appropriate care for the public.

While the focus of the Bill is on pre-professional entry clinical training under the auspices of Universities, it is possible that it may be proposed at some subsequent time that HWA's activities be extended to encompass also medical specialist vocational training. In that event, adequate consultation and cooperation with the Specialist Medical Colleges and the profession generally would be essential to ensure that any measures introduced did not impinge negatively on the existing clinical training processes.

The Bill's provisions deal essentially with the routine legislative machinery necessary to support the establishment of the HWA. The CPMC proposes the following principles which it believes must support the effective development of HWA's policies and operation.

- Patient safety and public confidence in the system is supported by sound assessment and recognition processes. Training placements must offer a satisfactory range and scope of

training. Training numbers are just one element - appropriate standards are essential.

The role of accrediting medical education and training must continue to be delegated to the AMC and HWA must not seek to intrude into, to fetter or to influence the AMC's accreditation functions in any way.

- The expertise resident in University Medical Schools and the vital role they play in integrating teaching and research with clinical care must be recognised.
- It is important that clinical training be managed at the local level to maximise the benefit available from longstanding relationships established between health services and education providers.
- It is important that clinical training be viewed in the broad context of health profession education. Placements should have defined learning objectives and outcomes. Supervisors must be equipped to facilitate and adequately support students in their achievement of the program objectives.
- The ever present tension between service provision and teaching / learning in clinical training placements must be recognised and managed effectively and equitably.
- Funding for clinical training must be adequate, quarantined from diversion to other purposes and subject to accurate accountability and reporting by training providers.
- Whilst it is important to have common essential educational objectives in all Medical Courses, the concept of reducing pre-professional clinical training activities to 'one size fits all' and eliminating the current divergent range of approaches to medical student clinical training, without sound evidence to support the value of such a move, must be resisted.

### **Simulated Clinical Educational Activities**

There is a welcome focus on simulated clinical educational activities, which are currently somewhat underutilised in medical education, in the proposed legislation. Consideration by the HWA is needed as to how best to ensure rural and urban trainees have access to similar opportunities.

Simulation usually targets the development of specific skills and it will be of value to consider in which areas of training simulation provides the most benefit. At present, simulated learning opportunities in the field of technical competence generally provide basic support and tend to be limited to the early phases of the learning process. However, several disciplines are more advanced in their use of high fidelity simulation, which involves large capital investment and high ongoing support costs.

Whilst simulation is a valuable tool, it cannot on its own be a substitute for the many elements required for adequate medical training and in particular, the necessity for exposure to the clinical environment.



Professor Russell W Stitz AM, RFD  
Chairman

1 June 2009