

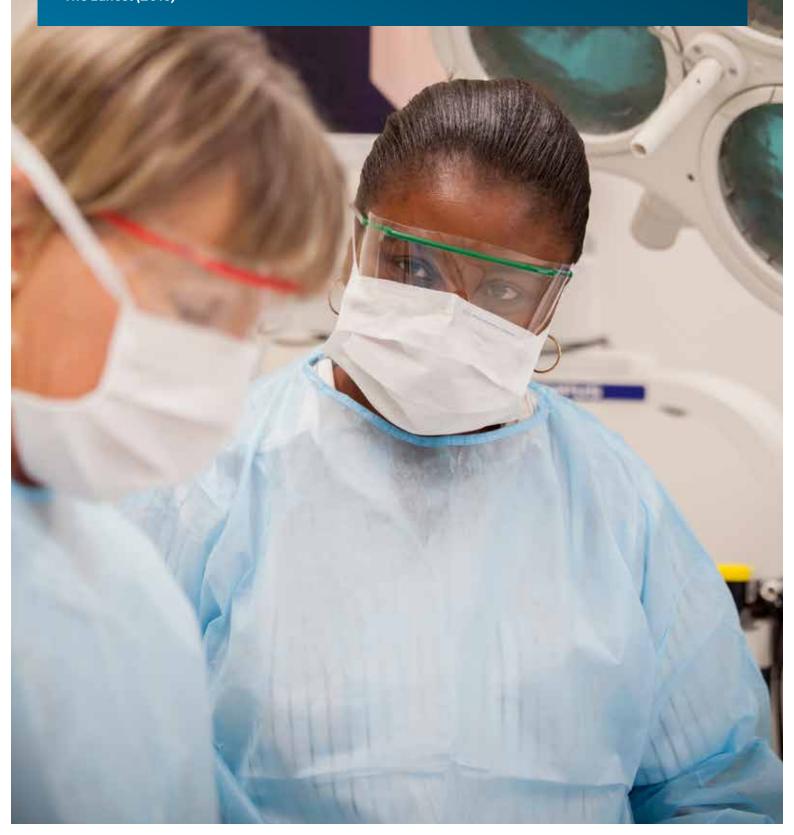
## Medical Education and Training Strategic Plan



### Enabling medical professionals to provide high quality patient care through integrated, coordinated and structured medical education and training

"Health is all about people. Beyond the glittering surface of modern technology, the core space of every healthcare system is occupied by the unique encounter between one set of people who need services and another who have been entrusted to deliver them. This trust is earned through a special blend of technical competence and service orientation, steered by ethical commitment and social accountability, which forms the essence of professional work. Developing such a blend requires a lengthy period of education and a substantial investment of both student and society. Through a chain of events flowing from effective learning to high-quality services to improved health, professional education at its best makes an essential contribution to the wellbeing of individuals, families and communities."

Health professionals for a new century The Lancet (2010)



## **FOREWORD**



#### Foreword from the Minister for Health and Wellbeing

Education and training is central to providing quality patient care and underpins the delivery of a safe, contemporary and sustainable healthcare system for our State.

To deliver the immediate priorities and provide a future vision in medical education and training over the next five years, the South Australian Medical Education and Training (SA MET) Health Advisory Council has developed a long-term strategic plan for medical education and training. This plan is the catalyst for innovative and collaborative approaches to medical education and training, now and into the future.

The purpose of this strategic document is to establish challenging but realistic goals to improve the quality and coordination of learning, education and training provisions for medical professionals and enhance our partnerships within SA Health and training providers.

It is with pleasure I endorse the SA MET Strategic Plan 2021 – 2026.

Hon. Stephen Wade MLC
Minister for Health and Wellbeing



#### Foreword from the Chief Executive

SA Health is committed to supporting the South Australian Medical Education and Training (SA MET) Strategic Plan 2021 – 2026 and signifies our commitment to medical education and training for delivery of high-quality patient care.

Driven by the shared pursuit of excellence across SA Health, this strategy provides a clear and innovative blueprint, which articulates a strong commitment to the current and future medical workforce through education and training. I strongly believe that workforce development plays a crucial role in supporting each of us to help South Australians thrive.

Dr Chris McGowan Chief Executive SA Health

## SA MET HEALTH ADVISORY COUNCIL

In accordance with the South Australian Medical Education and Training (SA MET) Health Advisory Council (Advisory Council) rules, the Advisory Council was established to:

- improve the quality of education, training and welfare for trainee medical officers (TMOs) within the State
- · make recommendations for the accreditation of TMO positions in health services

#### and functions to:

- · provide leadership in postgraduate medical education and training in the State
- promote and actively encourage innovation in postgraduate medical training.

Over the years the regulatory environment in which medical education operates has transformed, dictated by statute through the Medical Board of Australia (MBA) and the Australian Medical Council (AMC). In South Australia, the Advisory Council and Medical Colleges are accredited by the AMC against national standards across domains such as:

- governance
- · teaching
- assessment
- · TMO wellbeing
- · stakeholder collaboration.

The regulatory framework ensures that education and training for medical professionals:

- supports safe, high quality patient care
- · enhances workforce skills, flexibility and productivity and
- provides critical information for quality improvement.

With many challenges in the medical workforce at both the State and National level, it is timely that SA Health and the Advisory Council refreshes its strategies for supporting medical education and training and this document provides that vision.

In this strategic plan we outline the strategic direction for medical education in South Australia to 2026 and set priorities that will guide the operational management of SA MET. The shared vision, strategies and goals agreed by stakeholders will provide a focus for SA MET activities as we navigate the future.

On behalf of the Advisory Council, I thank all those who have contributed to this shared vision for medical education in South Australia. As an Advisory Council, we rely heavily on the goodwill, dedication and hard work of our many stakeholders, TMOs, supervisors, educationalists, surveyors and clinicians. Without this backing and continued commitment to support and promote medical education we could not achieve our goals.

We look for your continuing support and engagement as we address the challenges which we face in the next five years and beyond.

Professor Kevin Forsyth
Presiding Member
South Australian Medical Education and Training Health Advisory Council

# MEDICAL WORKFORCE TRAINING CONTINUUM

Medical education is a continuum - undergraduate, prevocational and vocational training progressing through to continuing professional development. A range of organisations are responsible for the various points along this continuum. As a result, the continuum of training is not always a smooth and seamless progression.

The following diagram shows an example of the training continuum for medical professionals.

#### Training continuum

High School	/- work experience	/ontional\				
			MDDS DMDS MD			'
Training Accreditation Authority	(posigraduate or un	commence Working as a Doctor				
SA MET	Internship (Intern)	• Internship • Internship is a minimum of 47 weeks FTE currently including mandatory posts in				Novice
SA MET - PGY2 Many posts are unaccredited	Prevocational Trainee Medical Officer (Resident Medical Officers)	<ul> <li>These doctors may not be enrolled in a speciality program.</li> <li>SA MET accredits postgraduate year two posts.</li> <li>Doctors may work as an 'unaccredited registrar'.</li> <li>Doctors may commence research or further training either out of interest or to enter into a speciality training program.</li> <li>These doctors have General registration with the MBA.</li> </ul>			Advanced Beginner	
Speciality Medical Colleges  Members of a Specialty Medical College/s		Speciality Medica	<ul> <li>These doctors have been accepted into a speciality training program with a Speciality Medical College.</li> <li>These doctors have General registration with the MBA.</li> </ul>			
	Vocational Trainee Medical Officer (Registrars)	GP/Rural Generalist GP training minimum 3 years. Rural Generalist 4 years training and exams.	Physician 3 years basic training and exams. 3 years in one speciality (advanced training).	<b>Surgery</b> 5-6 years streamed program and exam.	Other Many other colleges, each has their own pathway requirements and exams.	
Members of a Specialty Medic College/s	cal Fellowship	• These doctors may spend a further 1-2 years in a sub-speciality or research.			Proficient	
Members of a Specialty Medic College/s	cal Specialist Consultant	requirements.	ve Completed their Spore Specialist registrat  Physician FRACP For example: Cardiologist Endocrinologist Gastroenterologist General physician Haematology Infectious diseases Nephrologist Neurologist Oncologist Respiratory physician Rheumatologist	·	Other  FRACMA — Administrators  FANZCA — Anaesthetist  FACD — Dermatologist  FACEM — Emergency  FACSEP — Sports and Exercise Physicians  FCICM — Intensivist  FRACDS - Dentistry  FRANZCO — Ophthalmologist  FRANZCOG — Obstetricians and Gynaecologists  FRCPA — Pathologist  FRANZCP - Psychiatrist  FRANZCR — Radiology	Expert

## PLANNING APPROACH

The SA MET Advisory Council *Medical Education and Training Principles* (the Principles) provided a foundation for embedding medical education and training as a priority across SA Health. The Principles were the catalyst for the *Medical Education and Training Framework* (the Framework) which was created with the primary purpose to enhance the coordination and optimisation of medical workforce education and training across the continuum.

The Framework enabled the Advisory Council to identify strengths and weaknesses of SA Health's medical education and training environment, challenge assumptions and identify priority areas.

Broad stakeholder consultation, included feedback from medical college representatives, Directors of Clinical Training and Medical Education Officers, TMOs, SA MET Advisory Council and Committee members and operational staff. The consultation represented the system-wide view of stakeholders acknowledging individual Local Health Networks (LHNs) priority areas may differ.

Participants considered the Framework and confirmed or adjusted the direction set by the Advisory Council. The stakeholder engagement process revisited the Advisory Council's vision, principles, values and key priority areas, and explored strategies and performance indicators that will assist the Advisory Council to progress over the course of the next five years.

Medical ed	Medical education and training framework				Training Continuum			
Key Priority Areas	Monitor	Moderate Concern	Significant Concern	PGY 1-2	Vocational Trainees	Unaccredited Registrars, IMGs, CMOs	Consultants/ GPs	
Educational Govern	nance means:							
Embedding qualit education and tra	y, accountability ining.	and a culture of continuo	us improvement in medical					
	ň delivers safe (		workforce, provides a learning ensures financial resources for					
Culture means:								
psychological hea	ilth concerns an	d are responded to appro						
•		represents a safe and resp	pectful learning environment.					
Leadership means:								
•	elopment of aut		dical education and training services. s along the medical education and					
Clinical Skills and H		nns:						
Optimising the ab skills, with continu- high level of care.	ioús maintenand	practitioners to acquire sp ce to ensure they are equi	pecialised knowledge and clinical pped to practice and provide a					
Supervision means	:							
	and junior collea		ding supportive guidance to legation, accountability and lines					
Induction means:								
			practitioners to become familiar healthcare site and employee role.					
Mandatory Training	g means:							
<ul> <li>Undertaking traini undertaken by SA</li> </ul>		ation in a defined subject	matter which must be					
		ning may be endorsed by s d for specific health sites o						
Career Planning m	eans:							
educational activi	ties, self-assessi ver and undersu	ment, research, experimer	oath including appropriate ntation, decision making, nployment opportunities and					
Technology and Da	ita means:							
Enhancing innoval information from a			by collecting and utilising data and					
Optimising the us information and d		and appropriate sharing o	of medical education and training					
Monitoring means:								
Continuously and and medical work	systematically r force wellbeing	monitoring and evaluating by agreed methods.	medical education and training					

## MEDICAL EDUCATION AND TRAINING STRATEGIC DIRECTIONS 2021 - 2026

#### **OUR VISION**

Enabling medical professionals to provide high quality patient care through integrated, coordinated and structured medical education and training.

#### **OUR PURPOSE**

To further develop and enhance the partnerships, coordination, optimisation and equity of medical workforce education and training across the continuum.

#### **OUR VALUES**

Advocacy
Collaboration
Compassion
Empowerment
Integrity
Recognition

#### **AREAS OF FOCUS**

#### **Learning Culture**

Embrace a culture of learning and wellbeing

- Educational Governance
- Culture
- Leadership

## Innovation and Collaboration

Embed innovation and collaboration

- Supervision
- Technology and Data
- Monitoring

#### **Workforce Agility**

Optimise career pathways and recognition of prior learning

- Career Planning
- Clinical Skills and Knowledge
- Mandatory Training
- Induction

#### **OUR COMMITMENT**

- Providing appropriately accredited medical education and training.
- Optimising high quality lifelong learning opportunities.
- Advocating for the wellbeing of the medical workforce.
- Fostering the development of authentic leaders.

- Strengthening partnerships with stakeholders.
- Advocating for high quality supervision of medical trainees.
- Optimising the use of technology and appropriate sharing of information and data.
- Establishing agreed methods of monitoring medical education, training and medical workforce wellbeing.
- Identifying medical workforce capacity and career planning in metropolitan and regional areas.
- Building a sustainable, contemporary and responsive medical workforce.
- Identifying and promoting educational activities to meet the needs of the medical workforce.
- Streamlining processes for induction and recognition of prior learning.

## LEARNING CULTURE

Our commitment	Strategy	Strategic initiatives
A learning culture is:  • providing appropriately accredited medical education and training  • optimising high quality lifelong learning opportunities  • advocating for the wellbeing of the medical workforce  • fostering the development of authentic leaders	Educational Governance The Advisory Council will be well informed and able to provide well considered advice and recommendations on all matters related to postgraduate medical education and contribute to lifelong learning of TMOs.	Actively engage with LHNs to identify and review educational governance processes across the Medical workforce continuum.  Develop a formal proposal for LHNs consideration of the recruitment and appointment of LHN-based Clinical Leads to support this framework.  Develop formal, ongoing relationships with LHN Governing Boards.  Participation and implementation of the AMC Framework for Prevocational Medical Training Review.  Advocate for the implementation of different models of education, training, supervision and support for TMOs not in a vocational training program, including collaborating with Specialty Medical Colleges to identify alternative training pathways for unaccredited registrars.  Development of an electronic SA Health Medical Education and Training resource and information portal in a central location.
	Culture  The Advisory Council will continue to advocate and escalate concerns, ensuring the TMO voice is heard and the wellbeing of the current and future workforce is assured.	Promote to LHNs the role of education, supervision and training pathways for TMO wellbeing.  Establish mechanisms to recognise and celebrate excellence in medical education and training across South Australia.  Review SA MET Accreditation Standards with an increased focus on TMO wellbeing.  Collaborate with SA Health on cultural reform initiatives including advocating for the monitoring and measuring of staff wellbeing, compliance with the Code of Ethics and improving mental health support for TMOs.  Develop a bullying and harassment guide with the aim of assisting those who are managing or subject/witness to bullying and harassment.
	Leadership  The Advisory Council will support leadership initiatives that enable positive role modelling and promote high level of engagement resulting in improved employee morale.	Ensure current SA Health leadership development opportunities are visible to the medical workforce.  Ensure that medical professionals are considered in the development and evaluation of new leadership programs including the leadership tool kit and strategy framework which is part of the Department for Health and Wellbeing (DHW) Cultural Evolution plan.  Advocate for training standards for medical professionals who take on leadership roles.  Facilitate networking between TMOs and senior clinicians, encouraging mentoring relationships.

# INNOVATION AND COLLABORATION

Our commitment	Strategy	Strategic initiatives
Innovation and collaboration is:  • strengthening partnerships with stakeholders  • advocating for high quality supervision	Supervision  The Advisory Council will advocate for innovative and collaborative approaches to supervision that ensures safety and quality of healthcare delivery	Develop and implement a clinical and educational supervision framework specific for the medical profession.  Advocate for supervisors to have training in supervision and include positive cultural behaviours as part of that training.  Collaborate with Specialty Medical Colleges to enhance communication around clinical and educational supervision responsibilities.
of TMOs  optimising the use of technology and appropriate sharing of information and data  establishing agreed methods of monitoring medical education, training and medical workforce wellbeing	The Advisory Council will encourage and embrace innovation and be open to new ideas	Collaborate with the Australian Medical Council (AMC) and advise on the development, and facilitate implementation of an ePortfolio system for interns and postgraduate year 2 (PGY2) TMOs.  Advocate for reliable digital health technology within regional and rural training networks.  Actively engage with TMOs to understand their situation, expectation and future educational needs in the use of new technology and data.  Promote the use of new digital health technologies to contribute to a high standard of medical education and training for all clinicians.
	Monitoring  The Advisory Council will be forward thinking, anticipate and respond to issues promptly and show initiative	Advance improvement of accreditation, assessment and reporting processes.  Advocate for transparent reporting of LHN Teaching, Training and Research (TTR) allocation and outcomes.  Use data from various sources such as the Medical Training Survey, AMC preparedness for internship and South Australian Trainee Medical Officer Survey (SATMOS) end of term surveys, to inform and guide optimisation of our training programs and pathways.  Identify indicators which will enable longitudinal monitoring of medical education, training and welfare including making this information publicly available.

## **WORKFORCE AGILITY**

Our commitment	Strategy	Strategic initiatives
identifying medical workforce capacity and career planning in metropolitan and regional areas     building a sustainable, contemporary and responsive medical workforce     identifying and promoting educational activities to meet the needs of the medical workforce     streamlining processes for induction and recognition of prior learning	Career planning The Advisory Council will endeavour to increase accessibility of career information which will enable considered career choices	Collaborate with the DHW, SA Health and LHNs to establish processes for collecting and monitoring data for medical practitioner career planning purposes such as over and undersupply in specialties and regional areas.  Ensure information about specialities in over and undersupply is publicly available so TMOs can make more informed career choices.  Identification of accurate data within LHNs of numbers of unaccredited registrars, career medical officers and International Medical Graduates (IMGs).  Make information about training settings more accessible to TMOs including those in regional areas.  Monitoring the release of the National Medical Workforce Strategy and anticipating local impacts ensuring stakeholders are aware.
	Clinical skills and knowledge  The Advisory Council will work with partners to increase accessibility of education and training that will support career progression and quality improvement in patient care	Explore broader and non-traditional options for training including increasing training opportunities in regional areas.  Actively engage with TMOs to understand and promote medical education and training activities for Continuing Professional Development (CPD), including for those not in a vocational training program.  Collaborate with LHNs through Postgraduate Medical Education Units to develop strategies to improve junior medical officer access to professional development leave.  Collaborate with the AMC and advise on the development, and facilitate implementation of an online assessment for interns and PGY2 TMOs.  Collaborate with training organisations to develop and implement a Clinical Service Improvement program for medical practitioners to participate in improvement projects and gain a recognised qualification.  Advocate for training standards for postgraduate medical education and training providers that enable foundational knowledge and skills in education and training principles.
	Mandatory training The Advisory Council will work with partners and stakeholders to streamline mandatory training requirements  Induction The Advisory Council will work with partners to improve induction	<ul> <li>Develop recommendations for mandatory training requirements for all medical practitioners, including:</li> <li>Governance for approval of mandatory training activities,</li> <li>Minimum requirements and relevance of mandatory training activities for medical practitioners,</li> <li>Consistent recognition of prior learning processes.</li> <li>Collaborate with the 'Education Lead' DHW on the establishment of a Statewide Learning Management System (LMS).</li> <li>Collaborate with LHNs to implement recommendations for mandatory training for all medical practitioners.</li> <li>Collaborate with LHNs to identify strategies for improvement of induction processes within units and departments, in particular for unaccredited registrars and IMGs.</li> <li>Provide innovative recommendations about how induction can be undertaken in a meaningful way that builds relationships between</li> </ul>
	and transition to the workplace	supervisors and TMOs and enables establishment of expectations and goal setting.  Work with SA Universities and LHNs to support the transition of new medical graduates into the workplace.

The Advisory Council is committed to collaborating with SA Health, the Department for Health and Wellbeing, LHNs, Advisory Council sub-committees and SA MET on the implementation of these strategic initiatives using a prioritised approach.

The Advisory Council will monitor and evaluate the implementation of the strategic initiatives and explore mechanisms to make the outcomes publicly available.

#### Glossary

Acronym	Meaning		
AMC	Australian Medical Council		
СМО	Career Medical Officer		
FACD	Fellow of the Australasian College of Dermatologists		
FACEM	Fellow of the Australasian College of Emergency Medicine		
FACRRM	Fellow of the Australian College of Rural and Remote Medicine		
FACSEP	Fellow of the Australasian College of Sport and Exercise Physicians		
FANZCA	Fellow of the Australasian College of Anaesthetists		
FCICM	Fellow of the College of Intensive Care Medicine of Australia and New Zealand		
FRACDS	Fellow of the Royal Australasian College of Dental Surgeons		
FRACMA	Fellow of the Royal Australasian College of Medical Administrators		
FRACS	Fellow of the Royal Australasian College of Surgeons		
FRACGP	Fellow of the Royal Australian College of General Practitioners		
FRACP	Fellow of the Royal Australasian College of Physicians		
FRANZCO	Fellow of the Royal Australian and New Zealand College of Ophthalmologists		
FRANZCOG	Fellow of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists		
FRCPA	Fellow of the Royal College of Pathologists of Australia		
FRANZCP	Fellow of the Royal Australian and New Zealand College of Psychiatrists		
FRANZCR	Fellow of the Royal Australasian College of Radiologists		
FTE	Full Time Equivalent		
IMG	International Medical Graduate		
LHN	Local Health Network		
LMS	Learning Management System		
MBA	Medical Board of Australia		
PGY1	Post Graduate Year 1 Trainee (also referred to as Intern)		
PGY2	Post Graduate Year 2 Trainee		
SA MET	South Australian Medical Education and Training		
SATMOS	South Australian Trainee Medical Officer Survey		
ТМО	Trainee Medical Officer		
TTR	Teaching, Training and Research		

#### For more information

#### www.sahealth.sa.gov.au





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