

The 11th National Prevocational Medical Education Forum

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National leadership depends on developing national, evidence-based strategies in medical education

The past 11 years of National Prevocational Medical Education Forums have provided opportunities for interested stakeholders to present their experiences, showcase developments in their own regions, and take home ideas to improve prevocational medical training. The program for the 11th Forum was formulated with significant national challenges on the horizon: the introduction of the Australian Curriculum Framework for Junior Doctors;¹ national registration and accreditation; and the need to expand prevocational training to accommodate the increased numbers of medical students who will graduate from Australian universities.

The program was based on medical training issues that are either currently or about to affect us. Developments in learning; national and international training programs; leadership training; new training positions; and accreditation and assessment were explored. Delegates were able to assess strategies that are working and those that are not, and to analyse a broad range of possible pathways to improve training quality and increase the number and type of training positions.

This supplement to the *Medical Journal of Australia* captures the ideas and advice from the conference. We hope it will help to engage all stakeholders in prevocational medical training and challenge us all to further improve the training of medical graduates.

The supplement provides a baseline of current activity and ideas, and extends a challenge to raise the standard of reporting and discussion of medical education. Most areas of health care now demand evidence-based therapies;² medical education and training should also operate from an evidence base. Medical educators need to develop research and reporting methods to provide the evidence that confirms effective learning and training modules and strategies.³ The national frameworks developed (curriculum) or being developed (accreditation) offer ready opportunities to test strategies and evaluate outcomes. The recent call for expressions of interest from the Medical Training Review Panel (Australian Government) provides an opportunity for funding some of these investigations.

It is time to be nationally strategic in medical training — we should identify gaps in training and plan how we can share the workload to generate effective solutions across the nation. We should avoid unnecessary duplication, while investigating possible solutions in different workplace settings.

The outcomes of valid research should be the key focus of future meetings. This will require a more systematic approach to conference planning. Sessions may need to be designed as much as 2 years in advance so that research outcomes can be debated, and trials and programs can be conducted and evaluated to decide if they are to be accepted nationally as best practice at that time. The impact of patient acuity, service pressures and workforce shortages make training difficult in the 2007 environment.⁴ We need to be collaborative and smart to improve training processes. We have the building blocks in place, as this supplement illustrates. We can learn valuable lessons from overseas experience,⁵ but can't simply

transpose overseas strategies into the Australian medical education scene. We must convert the overseas ideas into Australian practice or processes, and then evaluate their effectiveness.

Providing resources for improved medical training needs those involved in managing the health system to recognise:

- the added value to the whole community of good training for junior doctors;
- the need to develop and retain good teachers;
- that teaching and training of health professionals is integrally linked to public hospitals and service delivery at present, and is likely to remain so; and
- that developing new training positions requires more educators and supervisors, and increased availability of educational tools.

The battle for resources is neverending in health care, but effective training and quality service are integrally linked, and a positive “can do” approach is required.

Are we up to the challenge? Time will tell. One thing we can be sure of is that we need well designed trials of new strategies to provide evidence-based measures of training outcomes.

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(Received 19 Feb 2007, accepted 20 Feb 2007)

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