Confederation of Postgraduate Medical Education Councils

Response to the Proposed National Safety and Quality Framework

Introduction

The Confederation of Postgraduate Medical Education Councils (CPMEC) is the peak body for State and Territory Postgraduate Medical Councils (PMCs) or equivalent in Australia, and also has collaborative membership with the Education Committee of the Medical Council of New Zealand.

A key role that nearly all Postgraduate Medical Councils play is accreditation of Postgraduate Year 1 (PGY1) internship training positions as a prerequisite for general registration with Medical Boards. Increasingly, many PMCs are now also undertaking accreditation beyond PGY1 to ensure quality of training, supervision and performance of all those in the first two years of prevocational medical training. In addition, a number of the PMCs are now committed to the assessment and up-skilling of International Medical Graduates who laterally enter the medical workforce and are not part of any vocational college training program. As we shall outline below, PMCs are also undertaking a number of initiatives to promote safety & quality education in the prevocational medical education training area.

CPMEC would like to commend the ACSQH for the development of the National Safety & Quality Framework (NSQF). We consider the document provides a good framework for enhancing safety and quality of health care in Australia. Our comments are a combination of suggestions on the overall structure of the NSQF as well as specific suggestions on the strategies you have outlined and are focused on prevocational medical education and training.
In reviewing the NSQF we have sought the views of our members on the questions that you provided as part of the submission brief. In addition, we have also outlined some suggestions on strategies that you might wish to consider in the final version of the NSQF.

1. **What do you consider most important for safe, high quality care?**

Most of the key elements of safe, high quality care have been noted in the framework but we would like to reiterate some of these:

   a. Having highly regarded clinical champions who role model the importance of safe practices. This clinical engagement is essential to reinforce the message that that safety and quality improvement initiatives are part of mainstream activity in health care service delivery.

   b. Recognising that the responsibility for safe, high quality care must be shared between clinicians, care-receivers (patients, family and relatives), and hospital management. This requires a strong inter-professional team culture. Furthermore, it is imperative that the views of those who are actually undertaking health care service delivery be actively sought in making changes to work methods.

   c. Well informed and well supported health professionals, who understand the importance of safe patient care is crucial. This requires having a comprehensive safety & quality education and training program covering all levels of health care workers which is supported by access to tools, equipment and electronic support systems. In this regard, it is important that the teaching of safe patient care is vertically integrated into medical education from undergraduate to prevocational and through to vocational training. This will ensure that training is not repetitive and builds on capabilities at each successive stage of the education continuum.

   d. The need to ensure that safety and quality initiatives are not sporadic responses to crises but represent a sustained and ongoing element of the management systems of health care providers. This should also be reflected in funding formulae and KPIs.

2. **How do your current activities align with the strategies described in the discussion paper?**

Over the past four years, CPMEC has undertaken a number of initiatives that emphasise the importance of safety and quality in the education and training of prevocational doctors. They include the following:
a. Safety & Quality Education is established as one of the key strategic priorities of CPMEC.

b. Our *Australian Curriculum Framework for Junior Doctors* (ACF) which outlines the knowledge, skills and behaviours required of prevocational doctors explicitly notes as one of its key principles that ‘*safety and quality health care underpins all education and training and forms a core part of the training of interns and junior medical officers*’. The *Safe Patient Care* learning category of the ACF provides essential learning topics that provide the framework for teaching of safe patient care in the prevocational years. In the recent revision of the ACF, CPMEC ensured that we had a Patient Safety Education representative on the Writing group that undertook the task to ensure that this focus on safety was preserved.

c. Recently CPMEC has been able to develop a national approach to accreditation through agreement amongst its members on the *Prevocational Medical Accreditation Framework* (PMAF). As with the ACF, safe, quality patient care is a key driver for the PMAF while ensuring appropriate clinical experience, training and supervision of junior doctors. Prevocational accreditation helps health services to create the best possible working environment for the supervision and training of prevocational doctors by ensuring that they receive appropriate orientation, clinical experience, education, training, supervision, assessment, evaluation, and support (including resources), to enable them to meet the objectives of their training program in a manner that is safe for patient care.

d. CPMEC has developed a highly successful *Professional Development Program for Registrars* that is being rolled out nationally. One of the topics in the two-day program focuses on safety and quality in healthcare. The session is usually led by a clinician well versed in safety and quality issues in healthcare.

e. In addition to national initiatives, there have been a number of activities undertaken by our members. In 2008, the Postgraduate Medical Council of Victoria (PMCV) and the Postgraduate Medical Education Council of Tasmania (PMCT) collaboratively developed two education modules that cover a number of topics outlined in the NSQF strategies. The modules were initially developed for use with interns but have also proved useful with PGY2 & 3 doctors:

   i. Module 1 - *The Inevitability of Error*’ includes information about human and systems factors, teamwork, communication, stress and
performance. The module aims to raise awareness of how and why errors occur and assist junior doctors to suggest measures to address same. The focus on is shift from a culture of blame to ensuring improvement. The multidisciplinary nature of teams and teamwork is highlighted.

ii. Module 2 – ‘Managing an Adverse Event’ includes information about the Open Disclosure Standard, incident reporting, and the impact on health professionals of being involved in an adverse event. With regard to the Open Disclosure Standard, junior doctors are advised to seek the support of their seniors before speaking to the patient/relatives.

f. Most jurisdictions have developed guidelines for junior doctor involvement in the taking of consent to ensure that the task is not relegated to the most junior members of the health care team and that there is supervisory oversight of the process.

g. With regard to providing care that is culturally safe, PMCV is currently developing an education program for supervisors of international medical graduates that includes a module on ‘Culture and Communication’. The information included in that module could also assist in increasing understanding, and building rapport and empathy with patients.

h. Postgraduate Medical Council of Western Australia has completed a Safe Patient Care Mapping Project in which safe patient care competencies were mapped against the ACF. The aim of the project was to assist medical educational providers and clinical teachers to develop a structured and flexible learning plan in relation to safe patient care and to ensure that the ongoing use of the ACF would be adequately resourced and sustainable over future years. Outcomes from the project included developing a comprehensive reference list of all materials available on safe patient care.

3. **How could your future activities align with the strategies described in the discussion paper?**

CPMEC will continue to emphasise the importance of safety and quality in health care for all prevocational doctors. This will become more challenging as the pressure of increased graduate numbers put pressure on training time and clinical supervision. In addition having intern training placements in non-traditional
settings will require some monitoring to ensure that trainees continue to receive high quality training experience while maintaining patient safety. Other activities will include:

a. Having the educational resources in place to support the implementation of the ACF. This will include coordinating with members, and other organisations including the Australian Commission on Safety and Quality in Health Care to identify suitable existing educational resources and supplement them by development in priority areas where gaps exist. Local members might also wish to customise this with their own local resources.

b. Ongoing discussions with medical schools, student bodies and PMCs to coordinate the continuum of learning and eliminate duplication and redundancies in what is being taught to medical students and interns on safety & quality.

c. Further investigation on how simulation training in human and systems factors could assist in the promoting multidisciplinary teams.

d. The need to support the treating doctor as well as patients when an adverse event occurs. There is evidence to indicate that there can be an extreme impact on the treating doctor in the event of an adverse event.

4. **What have been the biggest improvements in safety and quality in the last five years?**

Probably the most significant improvement in the domain of medical education and training has been the awareness that every health care worker must recognize their responsibility in providing safe and high quality health care. We have already highlighted its inclusion in key documents and programs in the prevocational medical education and training domain. Patient safety is also included as a topic in undergraduate medical education. Development of new resources to teach safe patient care by a number of groups is indicative of this growing awareness. National and jurisdictional guidelines that assist in the provision of safe, appropriate care have assisted in the process.
5. **What are the main barriers in your work to improve safety and quality?**

As in most areas of organisational work, barriers to safety and quality improvement fall into systems and culture issues. A number of these issues have been alluded to in our responses under question 1 above that dealt with critical success factors.

a. In terms of systems issues, dedicated time, ongoing funding, and staffing support are needed. There is ongoing tension between service delivery and activities that may seem to less urgent (but not less important). Top management commitment to improve safety & quality is essential in this regard.

b. There are also a lot of very good policies and procedures which prescribes protocols and guidelines but implementation is not considered or followed up. An example of this is that many hospitals have a protocol for handover, but in many instances, these are poorly applied.

c. In terms of culture change, commitment and engagement of senior clinicians is important as role models. They can also help create a climate where junior doctors are encouraged to raise concerns when in doubt and not feel intimidated.

d. There is the difficulty in ensuring that all junior doctors cover the topics under the learning category of *Safe Patient Care* in the ACF in their rotations.

**Could any of these be addressed by national coordination?**

As a national organisation, CPMEC is fully aware of the benefits that accrue from a nationally coordinated approach to initiatives whilst allowing members some flexibility to adapt to local circumstances. In this regard the following would be useful:

a. Having a central database of materials and resources to allow for sharing of information on what is available with regard to educational materials in patient safety and quality.

b. CPMEC and its member Postgraduate Member Councils having regular consultations, on jurisdiction and national level to ensure that the learning
areas and learning topics of the ACF can be integrated with the curriculum of the Universities and Colleges.

c. Lobby nationally for agreement on adequate resourcing to implement core initiatives in the framework.

**Specific Comments on the NSQF**

In this last segment, we would like to make some specific suggestions with respect to the NSQF that you may wish to consider.

a. In relation to the overall document, we would like to see a specific strategy that focuses on the key role of *Education and Training* in promoting safety and quality. The strategy could outline the responsibilities of key players. We note that references to education and training are interspersed throughout the document but think that it warrants a focus in its own right.

b. In relation to the existing strategies, you might wish to consider some of the following suggestions.

c. **Strategy 1.3: Involve patients.**
   
i. add “the need for information of appropriate and effective referral process.”

d. **Strategy 2.5: Monitoring effects of interventions**
   
i. b) add “linkage to new data sets e.g. linkage to dispensing information.”

e. **Strategy 3.1: Clinician responsibility for safety.**
   
i. add “leadership and role models in taking responsibility for safety and quality.”

f. **Strategy 3.2: Manager responsibility for safety.**
   
i. add “implementation of safety and quality themes from the Australian Curriculum Framework for Junior Doctors.”

g. **Strategy 3.3: Government responsibility.**
   
i. add “modelling of clinical workforce structure to include adequate supervision of junior staff to achieve safety and quality outcomes.”
Enquiries

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