

Postgraduate Medical Council of Victoria Inc.

STRATEGIC PLAN

2019 - 2021

FINAL



Postgraduate Medical Council of Victoria Inc.

Training, developing and inspiring early career doctors

Message from the Board Chair

The Postgraduate Medical Council of Victoria has been able to build on many successes since its formation in 1999. During the period covered by the 2016-2018 strategic plan we strengthened our interactions with our partners and the Department of Health and Human Services and installed videoconferencing facilities within our offices to help improve our engagement with our stakeholders, particularly those in regional Victoria who cannot always attend and participate in face to face meeting and workshops. Our educational project development continued with resources addressing bullying, harassment and discrimination in health services, junior doctor welfare and performance management and remediation of doctors experiencing difficulties. We continued to diversify our revenue base and with careful management of expenditure over the last three years has maintained Council's strong financial position.

The new strategic plan outlines broad priority areas for the next three years. Our core values will continue to guide our work and our interactions with key stakeholders, all based on continuing and enhancing the collaborative model which has been central to successfully maintaining our core business. The 2019-2021 plan is a road map for PMCV to continue its role as the lead organisation in Victoria supporting state and national initiatives in JMO education and training. We will continue our advocacy for the training and support of JMOs in an ever changing healthcare system. We will continue to support the professional development of JMOs and registrars, supervisors, medical educators and administrators.

Thank you to members of the Board, committee members and Council staff who contributed to the development of this plan. I look forward to working with our partners to realise the three year vision articulated in the plan.

Associate Professor Jonathan Knott

Chair, PMCV Board.

Our Mission

The Postgraduate Medical Council of Victoria is the lead organisation in Victoria supporting state and national initiatives in prevocational¹ medical officer training. PMCV contributes to the development of a high quality junior medical workforce by providing a range of programs and services that promote effective training outcomes and safe, best practice patient care.

Our vision

Training, developing and inspiring early career doctors.

Our values

We have adopted the Australian Public Service (APS) Values and Code of Conduct as the standards and conduct expected of our Board and staff in dealing with our stakeholders.

• Responsiveness	• Respect
• Integrity	• Leadership
• Impartiality	• Accountability

Strategic Priorities

The Key Priorities for PMCV are to:

1. Develop, monitor and evaluate accreditation standards and processes support the education and training of JMOs and their wellbeing and the delivery of safe, patient care in a variety of clinical settings.
2. Support clinical supervisors, medical educators and Doctors-in-Training Managers through collaboration, educational resource development, networking and professional development.
3. Develop and deliver education programs that are relevant, high quality and evaluated.
4. Foster and empower JMO wellbeing through advocacy, facilitation and program development.
5. Identify, develop and build on collaborative partnerships that support prevocational education, training, wellbeing and workforce distribution.
6. Participate in career planning and transitions between medical school and internship, and prevocational and vocational training.
7. Collect & analyse data to support medical workforce planning, evaluation and innovation.
8. Maintain a fair and transparent allocation and placement service, which is responsive to the needs of stakeholders, and to investigate expansion of allocation and placement services.
9. Support and advocate for social, cultural, gender and sexual diversity in the medical workforce.
10. Ensure effective use of resources through good governance, appropriately trained staff and a cost effective business model and systems.

¹ Prevocational medical officer refers to a doctor in their intern/PGY1/HMO1, PGY2/RMO/HMO2 or PGY3/RMO/HMO3 year not yet a in vocational training program and includes international medical graduates who have trained and worked overseas and are employed in health services usually at PGY2 level to gain general registration.

Monitoring and Evaluation

PMCV's strategic plan is delivered through the work of its committees, supported by its secretariat, and overseen by the PMCV Board. Committees ensure that their annual work plans are aligned with the objectives and priorities of the strategic plan. Regular monitoring and evaluation is an integral component of our continual quality improvement process and will be led by the PMCV Secretariat with input from our stakeholders.



The External Context and Our Key Challenges

PMCV operates within a complex system of work place-based education and training. There are significant challenges facing prevocational medical education and training including:

Training settings

- Care is increasingly provided in ambulatory settings, while most education and training occurs in public inpatient facilities;
- Shorter hospital stays;
- Sicker inpatients with multiple illnesses;
- New models of care (usually based on multi-disciplinary teams).

Expansion in the number of medical graduates

- Significant increase in the number of medical graduates leading to pressure on vocational training places;
- Expansion in training locations (mainly rural and in community settings in Victoria) and the challenges of maintaining the quality of training positions in these sites;
- Increasing need for more supervisors and educators as training numbers expand;

- Professional development and support required for supervisors and educators;
- Competitive medical environment adding increasing level of “stress” on prevocational doctors;
- Wellbeing of medical students and doctors is paramount and any changes in workforce, service planning and training should consider this context.

Workplace Based Training

- Providing access to flexible work opportunities and training pathways ;
- Generalism vs specialisation: increasing specialisation of the medical workforce in some settings and under-and-over supply in some specialties;
- Addressing the maldistribution of medical workforce between metropolitan and rural (e.g. development of national rural generalist pathway);
- Adaptability of training and service models to meet future health and community needs;
- Limited availability of career advice ;
- Limited opportunities for IMGs to gain appropriate registration to pursue employment as a doctor.

Technology and IT

- Rapid changes in technology (e.g. online access to radiology, pathology, telemedicine and e-health record).

Medical education and training

- Managing the transitions points along the medical training continuum;
- Emergence of competency based training models;
- Increasing use of simulation in health professional education;
- Uncertainty of outcomes arising from the Australian Medical Council (AMC) review of the National Intern Training Framework and assessment process linked to Medical Board of Australia (MBA) registration standards;
- Uncertainty around how the recommendations of the National Review of Medical Intern Training (e.g National Training Survey; e-portfolio specifications; “fit for purpose” workforce; Capability and Performance Framework) will be progressed;
- Existing and new regional infrastructure supporting networked training models (e.g. regional training hubs to develop and support trainees to work , train and live in rural and regional areas);
- Remediation processes and resourcing to support prevocational doctors who are not meeting progression requirements.

Investment in medical education and training

- Sustainable funding and better coordination- between the Commonwealth and jurisdictions;
- A tightening fiscal environment;
- Changing funding models for training in public hospitals and private and community settings/general practice;
- Increasing cost of education and training.

Identifying our risks

PMCV has identified a number of key risks that may impact its activities, funding and reputation. The Board actively monitors our risks in order to plan and identify appropriate risk treatments.

1	Allocation and Placement: Failure to develop a new placement system leading to delays and disruptions to delivery of matching services.
2	Accreditation: National Review of Accreditation and uncertainty regarding reforms to address concerns regarding high cost, duplication, lack of scrutiny and prescriptive approach to accreditation functions (COAG).
3	Staffing: Loss of key personnel leading to disruption in service or program delivery.
4	Financial: Delays to provision of funding or failure to deliver services and programs within budget or attract new funding for sustainable operations.
5	Occupational Health and Safety: Failure to provide a safe working environment for staff and visitors and for events.
6	Governance and compliance: Failure to effectively progress the Council's strategic priorities or meet legislative requirements.
7	Confidentiality, privacy and reputation: Failure to protect privacy and personal information.

Our Strategic Domains and priorities for these domains:

Domain 1: Accreditation and Standards

To develop, monitor and evaluate accreditation standards and processes for the provision of prevocational medical education and training and for promotion of junior doctor wellbeing and safe quality patient care.

Domain 2: Education and Professional Development

Facilitate and support education and professional development of JMO's, registrars, their supervisors and educators, and medical administrators through the development and delivery of high-quality, accessible education and training

Domain 3: Allocation and placement support

To maintain a fair and transparent allocation and placement service for Victorian health services which is responsive to the needs of stakeholders, and to investigate expansion of allocation and placement services to other agencies.

Domain 4: JMO Professional and Personal Wellbeing

To develop, deliver and evaluate programs that support JMO wellbeing, professional and career development and to promote JMO responsibility for their own learning, wellbeing and mental health.

Domain 5: Operations and Strategic Management

To deliver strategic leadership and effective operational management, establish collaborative relationships with key stakeholders, and ensure sustainability and relevance.

Domain 1: Accreditation and Standards

To develop, monitor and evaluate accreditation standards and processes for the provision of prevocational medical education and training and for promotion of junior doctor wellbeing and safe quality patient care.

Goals	Strategic actions - What are we planning to do?	Measures: How we will know what we have achieved and what will be different?
<p>1.1 Align our program and processes to the National Intern Training Framework and maintain Australian Medical Council (AMC) approval as an intern accrediting organisation.</p>	<p>Monitor the National Review of Medical Intern Training, participate in consultations/work groups as required and implement appropriate recommendations approved by Health Ministers.</p> <p>Implementation of any changes in the National Intern Training Framework (NITF) and communication of changes to relevant stakeholders.</p> <p>Maintain AMC/AHPRA approval as the Victorian intern accreditation authority by demonstrating through formal reporting to the AMC.</p>	<p>Report on involvement and outcomes of consultations.</p> <p>Report on implementation.</p> <p>Report on involvement and outcomes of consultations to stakeholders.</p> <p>AMC / AHPRA approval of PMCV as an intern accreditation authority maintained.</p> <p>AMC approval of annual PMCV progress reports and responses to AMC conditions and recommendations for improvement.</p> <p>Reports and annual work plan of activities accepted by AHPRA.</p>
<p>1.2 Ensure intern posts are accredited and PGY2 posts are reviewed at all Victorian health services.</p>	<p>Undertake accreditation of intern posts using agreed and approved standards.</p> <p>Review of HMO2/3 posts using agreed approved standards.</p> <p>Delivery of accreditation functions in a timely, consistent and cost effective manner.</p>	<p>Timetable of 4-year cycle of accreditation visits achieved.</p> <p>Mid-cycle reviews of health services achieved.</p> <p>Publication of annual Evaluation Report of the Accreditation program.</p> <p>Collection of prevocational doctor and health services feedback on training posts.</p>
<p>1.3 Ensure that accreditation processes remain timely, relevant and transparent and emphasise quality improvement.</p>	<p>Benchmark against the Australian Medical Council (AMC), College and other prevocational accreditation and processes to assess best practice.</p> <p>Encourage the sharing of information and linkages via the Prevocational Medical Accreditation Network (PMAN).</p> <p>Publish executive summary of survey reports on PMCV website.</p>	<p>Review of accreditation processes are informed by data and evidence.</p> <p>Reports and annual work plan of activities accepted by DHHS.</p> <p>Annual report on the role of PMAN.</p> <p>Evaluation of the publication of survey reports.</p>
<p>1.4 Develop and build expertise in accreditation through ongoing training and support of</p>	<p>Recruitment and engagement of interns and PGY2s and health services to facilitate their participation in accreditation process.</p>	<p>Report on participation of interns and PGY2s and health service representatives in standards development and implementation.</p>

<p>prevocational doctors, surveyors and health service representatives.</p>		<p>Succession plan for surveyors and team leaders developed and monitored.</p> <p>Intern and PGY2 participation in accreditation surveys and processes (at least 25% of total pool).</p> <p>Feedback processes in place to enable dissemination of accreditation outcomes to prevocational doctors and health services.</p>
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Key responsibilities: Accreditation Committee/Chair, Accreditation Manager, surveyors, health services , prevocational doctors and PMCV Secretariat.

Domain 2: Education and Professional Development

Facilitate and support education and professional development of JMO's, registrars, their supervisors and educators, and medical administrators through the development and delivery of high-quality, accessible education and training.

Goals	Strategic action - What are we planning to do?	Measures: How we will know what we have achieved and what will be different?
<p>2.1 Support the professional development of supervisors, educators and medical administrators through delivery of programs and events relevant to their needs.</p>	<p>Develop and evaluate relevant and innovative education programs for a diversity of social and cultural participants.</p> <p>Improve engagement with PGY1-3s, and registrars through offering targeted programs that will assist them in their transition along the continuum (i.e Teaching on the Run (TOTR) program and Clinical Leadership in Practice (CLiP) program).</p> <p>Conduct an annual Symposium and medical educator and supervisor workshops relevant to their needs.</p>	<p>Uptake of professional development programs.</p> <p>Professional development programs (i.e TOTR, CLiP) accredited for CPD (e.g Colleges)</p> <p>Program development and evaluation of Symposium and workshops.</p> <p>Diversity of participants and presenters at programs (e.g. location/role/in-house/external).</p>
<p>2.2 Foster and facilitate research and evidence-based practice to inform program development.</p>	<p>Undertake relevant educational research to inform program design and development an understanding of the learning needs of our stakeholders.</p> <p>Collaborate with external agencies on projects and educational programs.</p> <p>Award an annual PMCV research grant.</p>	<p>At least one new educational project identified and completed annually.</p> <p>Presentations and conference papers / publication of activities.</p> <p>Report on collaboration and outcomes.</p> <p>Annual PMCV research grant awarded and outcomes published.</p>
<p>2.3 Diversify educational delivery methods.</p>	<p>Utilise technologies to improve access to PMCV's education and professional development programs and services.</p>	<p>Improved access:</p> <ul style="list-style-type: none"> • Modules/learning packages developed and accessible via PMCV website • Videoconferencing services available for education and professional development programs and meetings. • Mobile Apps/webcasts

Goals	Strategic action – What are we planning to do?	Measuring Outcomes - How we will know what we have achieved and what will be different?
2.4 Promote prevocational doctor responsibility for their own learning	<p>Involve prevocational doctors in project development and delivery.</p> <p>Support prevocational doctors in their self-directed learning through involvement in the JMO Forum and through participation in professional development programs.</p> <p>Advocate for self-directed learning through supporting creative and innovative approaches to learning by prevocational doctors.</p>	<p>JMO feedback received regarding the quality and relevance of professional development programs.</p> <p>Evaluate programs and respond to feedback.</p>

Key responsibilities: Education Committee/Chair Education, Medical Advisor, Education Manager, supervisors, medical educators and prevocational doctors

Domain 3: Allocation and placement support

To maintain a *fair and transparent* allocation and placement service for Victorian health services which is responsive to the needs of stakeholders, and to investigate expansion of allocation and placement services to other agencies.

Goals	Strategic action – What are we planning to do?	Measuring Outcomes - How we will know what we have achieved and what will be different?
<p>3.1 Maintain a valid, fair and transparent allocation and placement service, responsive to the needs of users.</p>	<p>Development and implementation of a new web-based application and allocation system.</p> <p>Deliver allocation and matching services</p> <p>Annual evaluation of computer matching service and improvements identified.</p> <p>Collect data and user feedback to improve our allocation and matching services.</p>	<p>New web-based application and allocation system implemented.</p> <p>Matching timelines agreed and activities delivered on time.</p> <p>Data and feedback used to improve computer matching services.</p> <p>Advice provided to relevant funding agencies.</p> <p>Number and types of feedback, including complaints.</p>
<p>3.2 Strengthen PMCV's influence and impact on prevocational medical workforce.</p>	<p>Analyse and provide advice to DHHS on prevocational workforce distribution.</p> <p>Advocate at relevant meetings/symposia for provision of career advice to junior medical staff and consistency of information from Colleges regarding training opportunities.</p> <p>Promote rural and regional training opportunities.</p> <p>Work with DHHS and other stakeholders to achieve future growth in prevocational training posts, as identified.</p> <p>Advocate for a review of the internship system and placement.</p> <p>Support and facilitate DHHS obligation to guarantee internship pursuant to 2006 COAG Agreement.</p>	<p>Data and advice on workforce distribution.</p> <p>Feedback from junior medical staff, health services and DHHS.</p> <p>Participation in relevant consultations.</p> <p>Publish data and outcomes.</p> <p>Promotion activities completed and evaluated.</p> <p>Expansion of clinical placement sites.</p> <p>Consultation and action plan.</p> <p>All Victorian Priority Group 1 applicants receive an intern offer.</p>

Goals	Strategic action – What are we planning to do?	Measuring Outcomes - How we will know what we have achieved and what will be different?
3.3 Support transitions	<p>Continuation of Professionalism Work Group to investigate the transfer of information between a university and employer regarding unprofessional behaviours.</p> <p>Contribute to national discussion on work readiness of medical graduates and implement recommendations as required.</p>	<p>Report on progress with developing guidelines on the exchange of information between a university and a health service(employer).</p> <p>Consultations and outcomes achieved.</p>
3.4 Support diversity in the medical workforce.	<p>Monitor the Aboriginal and Torres Strait Islander Framework and the Rural Generalist Pathway and support initiatives as required.</p> <p>Advocate for flexible work practices and training and work with health services to develop part-time and job share positions for prevocational doctors.</p> <p>Work with facilities to develop and support Internship arrangements (e.g. part-time/incomplete internships) which meet registration requirements.</p>	<p>Links established with relevant organisations.</p> <p>Deliver Cultural Awareness module to health services staff and junior doctors.</p> <p>Implementation of flexible work place models and dissemination of models.</p> <p>Data and outcomes.</p> <p>Report on initiatives at health service level.</p>
3.5 Support the Victorian Department of Health’s policies in relation to allocation and placement services.	<p>Review in conjunction with the Department, Business Rules and policies relating to DHHS funded allocation and placement services.</p> <p>Work with health services and VHIA to assist with communication and implementation of the 2018-2020 EBA for Doctors -in-Training.</p>	<p>Annual review and evaluation.</p> <p>Report on meetings and actions.</p>

Key responsibilities: Computer Match Manager and CMS staff, Medical Advisor, Doctors-in-Training Managers, health services, IMG Committee, prevocational doctors, PMCV Secretariat.

Domain 4: JMO Professional and Personal Wellbeing

To develop, deliver and evaluate programs that support JMO wellbeing, professional and career development and to promote JMO responsibility for their own learning, wellbeing and mental health.

Goals	Strategic action – What are we planning to do?	Measures: How we will know what we have achieved and what will be different?
4.1 Advocate for health and wellbeing of medical practitioners and support of mental health initiatives.	<p>Work with interns, PGY2s and other stakeholders (AMA Vic, VDHP, health services) to identify needs and establish support programs.</p> <p>JMO welfare recognised in accreditation standards.</p> <p>Receive feedback from interns and PGY2s about relevant safety and quality matters and advise health services of any emerging health and welfare issues.</p>	<p>Establishment of accessible support programs that are valued by junior medical staff</p> <p>Welfare Interest Group bi-annual forums held and outcomes disseminated.</p> <p>Changes to accreditation standards to recognise the importance of prevocational doctor wellbeing.</p> <p>Feedback from prevocational doctors regarding support mechanisms and programs.</p> <p>JMO Wellbeing App developed and launched. Evaluation of the use of the App.</p> <p>Report on matters identified and any actions.</p>
4.2 Support for the health service work environment to be free of bullying, harassment and discrimination.	<p>Raise awareness of workplace bullying and harassment.</p> <p>Identify opportunities to collaborate with relevant organisations and develop joint approaches to eliminate bullying, discrimination and harassment.</p> <p>Monitor annual outcomes from the PHEEM project and identify relevant issues that require investigation.</p>	<p>Dissemination of Bad and Discriminatory (behaviour BAD) poster.</p> <p>Reports on strategies for raising awareness of bullying and harassment from junior medical staff.</p> <p>Extent of collaboration/engagement.</p> <p>Report on any issues and actions taken.</p>
4.3 Advocate for a comprehensive and accessible career advice for junior medical staff	<p>Work with JMOs and other stakeholders (health services, Colleges, AMA) to ensure career advice is available and disseminated.</p> <p>Participate and contribute in relevant events promoting medical careers and transitions.</p>	<p>Delivery and uptake of career advice.</p> <p>Feedback from junior medical officers.</p> <p>Report on participation of PMCV in Careers Expo, PRINT and other relevant events.</p>

Key responsibilities: JMO Forum Chair/Deputy Chair and members, CEO, Medical Advisor, Education Committee, Education Manager and PMCV Secretariat

Domain 5: Operations and Strategic Management

To deliver effective operational management and strategic leadership, establish collaborative relationships with key stakeholders and ensure sustainability and relevance.

Goals	Strategic action – Where are we planning to do?	Measuring Outcomes - How we will know what we have achieved and what will be different?
5.1 Engagement with relevant government, university, health sector organisations, and junior medical officers to support PMCV priorities.	<p>Ensure relevant stakeholder representation on PMCV committees and work groups.</p> <p>Participate in national and state committees’/work groups.</p> <p>Respond to consultation papers.</p>	<p>Annual review of composition of PMCV committees and meeting attendance.</p> <p>Number of responses to consultation papers.</p> <p>PMCV website usage analysis (e.g. no. of subscribers, content of website viewed).</p>
5.2 Maintain relevance and sustainability of the organisation.	<p>Ensure stakeholder representation on PMCV committees through annual membership review and succession planning</p> <p>Ensure financial viability and identify opportunities for diversifying the revenue base.</p> <p>Ensure staff are capable and have opportunities for professional development.</p>	<p>All committee, survey team and staff vacancies filled.</p> <p>Annual review of Policy Register.</p> <p>Regular financial reporting and review.</p> <p>Staff access to professional development.</p> <p>Staff retention/turnover.</p>
5.3 Maintain good governance with transparent decision making and business systems and quality improvement systems in place.	<p>Monitor Board and committee performance.</p> <p>Ensure risk management and audit is incorporated into PMCV activities.</p> <p>Policy review and development.</p> <p>Encourage and monitor consumer/community involvement in PMCV activities.</p>	<p>Annual performance report of committee chairs to Board.</p> <p>Results of annual Board Evaluation Questionnaire</p> <p>Annual report accepted</p> <p>Bi-annual review of Risk Register</p> <p>External audit annually.</p> <p>Annual review of Policy Register.</p> <p>Report on consumer/community participation.</p>

Goals	Strategic action – What are we planning to do?	Measuring Outcomes - How we will know what we have achieved and what will be different?
5.4 Strengthen our communication and engagement strategy to raise awareness of the diversity of the work of the organisation.	<p>Develop and implement an information technology and communication strategy</p> <p>Enhance participation and engagement of JMOs and health service representatives in the review and evaluation of prevocational accreditation standards.</p> <p>Raise profile with medical educators and supervisors.</p> <p>Improve accessibility through establishment of videoconferencing.</p>	<p>Information technology and communication strategy approved by the Board.</p> <p>Extent of participation of stakeholders in programs, project groups.</p> <p>Evaluation and dissemination of project outcomes.</p> <p>PMCV website usage analysis (e.g. number of subscribers).</p> <p>JMO participation on committees and work/project groups.</p> <p>Videoconferencing usage analysis.</p>
5.5 Continue to focus on opportunities for increasing the revenue base of the Council.	<p>Identify opportunities and requirements for the commercialisation of PMCV resources.</p> <p>Identify and appropriately protect intellectual property of resources developed.</p>	Report on programs developed and financial outcomes.

Key responsibilities: Board, Finance and Risk Committee, CEO, Medical Advisor, PMCV Secretariat, and Chairs of committees.