T he past 11 years of National Prevocational Medical Educa-
tion Forums have provided opportunities for interested
stakeholders to present their experiences, showcase de-
velopments 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 hori-
zon: the introduction of the Australian Curriculum Framework for
Junior Doctors; 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; 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. The national frameworks developed
curriculum) or being developed (accreditation) offer ready oppor-
tunities 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 confer-
ence 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. 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, 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 never-ending 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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