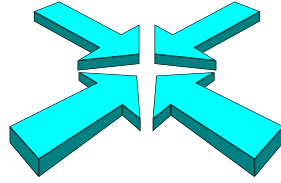


Confederation of Postgraduate Medical Education Councils



**Australia & New Zealand Junior Medical Officers'  
Committee (ANZJMOC)**

**2010 Australasian  
Junior Medical Officer Forum  
Report**

## **Introduction**

This report contextualises the resolutions adopted at the 2010 Australasian JMO Forum (AJMOF) held in Melbourne on November 7 and attended by more than seventy junior doctors, representing all states and territories in Australia as well as New Zealand. This Forum has been held annually immediately prior to the commencement of the Prevocational Medical Education Forum (PMEF) since 1996. For the first time, the AJMOF was steered by the Australia and New Zealand JMO Committee (ANZJMOC). ANZJMOC itself was formally established at the 2009 AJMOF in the Gold Coast, following the adoption of a resolution from the 2008 AJMOF held in Tasmania that called upon CPMEC to establish an Australasian committee of prevocational doctors with representation from each state and territory JMO Forum in Australia and New Zealand.

This report outlines the process by which the resolutions were developed, considers why the issues are important to junior doctors, and then details the resolutions themselves.

## **Development of the 2010 Resolutions**

The development of the 2010 AJMOF resolutions began in April this year at ANZJMOC's inaugural face-to-face meeting in Melbourne. Current key issues in prevocational medical education, training and welfare were identified as the basis for the development of the 2010 resolutions. Due consideration was also given to resolutions passed at previous AJMOFs. Following several teleconferences and inputs from the AMA Council of Doctors-in-Training (AMACDT) and CPMEC's General Manager, Dr Jag Singh, a draft of the resolutions was finalised for discussion at the 2010 AJMOF held at the Crown Promenade Hotel in Melbourne on Sunday 7 November.

The first draft of the resolutions was circulated to all JMOs attending the 2010 AJMOF a week prior to the event. The Forum itself ran from 11.30am to 3.30pm and was co-chaired by Drs. Caitlin O'Mahony and Halina Lisnichuk from Victoria. After outlining the resolutions to the plenary session, ANZJMOC members facilitated group discussions of each resolution before presenting back to the plenary session. The resolutions were refined over the following two days with all junior doctors attending the 2010 PMEF given the opportunity to provide further input. It was very pleasing that ANZJMOC was invited by the PMEF Organising Committee to present the final resolutions during the final session on Day 2 of the conference. In a departure from previous PMEFs, ANZJMOC was also given the opportunity to make a presentation on the progress of the 2009 resolutions as part of the PMEF opening plenary session on the 'Year in Review'.

## **2010 AJMOF Resolutions**

The 2010 AJMOF resolutions reflect the current key issues and concerns of junior doctors with regard to their education, training and welfare. This report was prepared for circulation to all key stakeholders in prevocational medical education and training. It is our intention to raise awareness and interest amongst stakeholders to work with junior doctors to achieve the ultimate outcome of having a sufficient number of happy, healthy, well-trained doctors imbued with a strong learning and teaching ethos to safely meet Australia's medical needs.

### **Resolution 1: Prevocational Medical Education & the Australian Curriculum Framework for Junior Doctors (ACF)**

The ACF has gained widespread Australasian acceptance amongst clinical educators and junior doctors as an educational template for prevocational medical education, training and workplace based assessment. Its Australian rollout is a work in progress but has been stalled due to funding constraints, as the Department of Health & Ageing (DoHA) waits for the Australian Medical Council (AMC) to develop standards for internship and prevocational accreditation, as requested by the Medical Board of Australia (MBA). There is concern that the full potential of this framework will not be achieved without future funding.

- 1.1** The Australasian JMO Forum calls upon the Australian Government to urgently provide ongoing funding to continue the implementation of the ACF.
- 1.2** The Australasian JMO Forum calls for the implementation of the ACF to focus on the following areas, which include but are not limited to:
  - a.** Education programs including lecture series, bedside teaching, online resources and simulation training
  - b.** Assessment using tools with an education and support focus
  - c.** Incorporation into accreditation standards
  - d.** Delivery within pager-free protected teaching time

### **Resolution 2: Prevocational Accreditation**

Prevocational accreditation plays a vital role in ensuring that junior doctors have high quality learning experiences with adequate support, education, supervision and welfare. As a result, patients experience high quality, safe care. In 2011, South Australia and Tasmania will join Victoria, New South Wales and Western Australia in accrediting all PGY2 positions, leaving Queensland, Northern Territory and New Zealand as the remaining jurisdictions only accrediting the PGY1 or intern year.

- 2.1** The Australasian JMO Forum calls upon the State and Territory Health Departments to provide stable long-term funding to Postgraduate Medical Councils (PMCs) for accreditation of all prevocational positions.

There is a need to develop a nationally consistent framework for prevocational accreditation and recognise the work already done by CPMEC in consultation with numerous stakeholders to develop the Prevocational Medical Accreditation Framework.

- 2.1** The Australasian JMO Forum calls upon the MBA and the AMC to adopt the Prevocational Medical Accreditation Framework towards national standards for prevocational accreditation.

Finally, the perspectives of junior doctors should be considered in all accreditation visits.

- 2.3** The Australasian JMO Forum calls upon all PMCs or equivalent bodies to include at least one junior doctor in each accreditation visit and ensure that training is provided to junior doctors for this purpose.

### **Resolution 3: National Internship Standards**

The transition to national registration has provided the opportunity to review the composition of the intern year and process for notification to the MBA of satisfactory completion to grant general registration. The AMC is soon to release the findings of its Working Party regarding National Internship Standards, as commissioned by the MBA.

- 3.1** The Australasian JMO Forum calls upon the MBA to ensure ongoing consultation with junior doctor representatives, especially ANZJMOC, regarding the establishment of national standards for internship registration and sign-off.

### **Resolution 4: Capacity Expansion**

The topic of Capacity Expansion was discussed at the Joint Special Interest Group meeting following the 2010 Australasian JMO Forum. Given the expansion in medical graduates to address workforce shortages, the increasing number and type of jobs required for prevocational trainees, and vocational trainees, is of great concern for junior doctors. Currently there is a lack of infrastructure, supervisors and clinical placements and the real potential exists for the dilution of Australia's recognised high quality medical training with detrimental effects on patient safety, personal wellbeing, and professional advancement. There is still a considerable amount of work required in relation to workforce planning and data collection beyond PGY1 with clear accountabilities established.

- 4.1** The Australasian JMO Forum calls upon CPMEC, PMCs and other accrediting bodies to ensure that in private and community placements, the following conditions are met, respecting the role of junior doctors as both learners and service providers:
- a.** Adequate clinical exposure
  - b.** Access to quality clinical supervision and teaching
  - c.** Infrastructure for clinical teaching and learning resources
  - d.** Compliance with industrial entitlements
  - e.** Medical indemnity protection
- 4.2** The Australasian JMO Forum calls for an urgent coordinated approach to workforce planning and the collection of data relating to the current, projected and required number, type and location of positions beyond PGY1. This must be undertaken by Health Workforce Australia (HWA) in consultation with other key stakeholders in prevocational medical education and training.
- 4.3** The Australasian JMO Forum calls for an urgent coordinated approach to ensure that the number of vocational training positions is increased to prevent bottlenecks and meet community need. This must be undertaken by State and Territory Health Departments and Vocational Training Colleges.

In September this year, the AMA held a Medical Training Summit to facilitate the development of a coordinated approach to workforce planning and funding. This was articulated in a joint statement from a number of the key bodies involved in medical education and training.

- 4.2** The Australasian JMO Forum endorses the Joint Statement of the AMA Medical Training Summit co-signed by CPMEC, MDANZ, AMA and AMSA and calls for the implementation of its action plan.

Recently, Queensland and South Australia have undertaken trials of Physician Assistants (PAs) as a potential remedy for medical workforce shortages. Junior doctors are concerned about having to compete with PAs for clinical experience and supervision in an already competitive environment for training.

- 4.5** The Australasian JMO Forum calls on State and Territory Health Departments and workforce agencies to ensure that the introduction of new health professionals, such as physician assistants, will not adversely impact on junior doctor training by compromising clinical supervision and reducing clinical exposure.

## **Resolution 5: Simulation Training**

While there is no substitute for supervised clinical hands-on experience, simulation training is seen by junior doctors as a valuable supplement to their education and training, especially given capacity expansion. HWA is examining the problem of insufficient clinical placements and is exploring the use of Simulated Learning Environments (SLE). All junior doctors would benefit from access to such programs.

- 5.1** The Australasian JMO Forum supports the use of simulation as a supplement to clinical experience when delivered as part of a broader education program. Educators should develop simulation modules that are contextualized and linked to junior doctors' specific learning needs.
- 5.2** The Australasian JMO Forum calls upon HWA to include junior doctor and CPMEC representatives on committees in relation to simulation training including the HWA Simulated Learning Environment Expert Reference Group.
- 5.3** The Australasian JMO Forum calls for accreditation standards to mandate that all interns complete team-based high-fidelity advanced life support skills training.

## **Resolution 6: Clinical Supervision & Teaching**

Last year, the Australasian JMO Forum recognised the significant contribution of clinical educators. Given the ongoing lack of clinical supervisors nation-wide, junior doctors would like to see their role further acknowledged. In addition, junior doctors are being increasingly called upon to teach and supervise their more junior colleagues, thus it is vital they have access to quality programs to enhance their teaching and supervision skills thereby improving the quality of junior doctor learning experiences.

- 6.1** The Australasian JMO Forum calls upon health services to ensure time is allocated for clinical supervision and teaching. The role of clinical supervisors must be formalised in rosters, job descriptions and relevant policies.
- 6.2** The Australasian JMO Forum calls upon State and Territory Health Departments, PMCs and health services to ensure all junior doctors and registrars are supported to attend professional development programs such as 'Teaching on the Run' and the 'Professional Development Program for Registrars'. In addition, teaching and supervisory skills should be incorporated into junior doctor and registrar assessment.

Recognising that clinical supervisors oversee students across the learning continuum, the development of generic clinical supervisor training programs is imperative. HWA has dedicated funding to expand clinical supervision capacity across health professions and has begun work on a Clinical Supervisor Support Program.

- 6.3** The Australasian JMO Forum calls for consultation with junior doctors in the development or alteration of courses related to clinical supervision, including HWA's Clinical Supervisor Support Program.

## **Resolution 7: Interprofessionalism**

Junior doctor education from other health professions will inevitably increase to assist in the distribution of senior clinician supervisor burden. Promotion of interprofessional learning (IPL) is important for enhancing the understanding of the roles of other health professionals to improve collaboration and the quality of patient care. But, it is important to be mindful that promotion of IPL should not be at expense of de-contextualizing the medical aspects of doctor training.

- 7.1** The Australasian JMO Forum recognises the value of interprofessional learning; however this should not become a substitute for discipline-specific education.

## **Resolution 8: Workplace Flexibility and Doctors' Health**

Managing work stress and maintaining work-life balance are important considerations for junior doctors, as is having access to the benefits of confidential doctors' health support services.

- 8.1** The Australasian JMO Forum calls upon State and Territory Health Departments and health services to ensure that flexible work arrangements are made available and that junior doctors requesting these arrangements are not subject to discrimination in job allocation.
- 8.2** The Australasian JMO Forum calls upon the MBA and State and Territory Health Departments to ensure implementation, ongoing resourcing and support of confidential doctors' health services.
- 8.3** The Australasian JMO Forum calls upon the MBA to disseminate Australian accreditation standards regarding junior doctor and international medical graduate (IMG) health and wellbeing including:
- a.** Formal annual orientation programs that include information on doctors' health support services and rotation-specific orientation
  - b.** Adherence to accepted safe hours guidelines
  - c.** Increased resourcing for junior doctor/IMG supervision in rural/regional positions
  - d.** Access to mentoring programs

The mandatory reporting requirements outlined in the National Registration and Accreditation legislation recently adopted in most states and territories currently does not exclude doctors' treating colleagues. This has the potential to have detrimental effects on the health and wellbeing of all doctors by discouraging doctors from seeking professional help for their impairment issues.

- 8.4** The Australasian JMO Forum calls upon all State and Territory Governments to follow Western Australia's amendment to the *Health Practitioner Regulation Law Bill* to exclude treating doctors from the mandatory reporting requirement when treating a colleague.

## **9. Funding for Prevocational Training**

Junior doctors are very concerned that DoHA has limited CPMEC's ongoing funding to one year. This has the potential to jeopardise the excellent support provided by CPMEC to prevocational doctors' medical education, training and welfare.

- 9.1** The Australasian JMO Forum calls upon the Commonwealth Government to provide long-term funding for CPMEC to continue its work in promoting high quality clinical educational experiences and supporting the wellbeing of junior doctors.

## **Acknowledgements**

I wish to thank the following persons who have contributed to the development and facilitation of the process underpinning the development of the 2010 resolutions:

### ***ANZJMO***

Dr Halina Lisnichuk (Deputy Chair, Victoria), Dr Ricki Sayers (NSW), Dr Kelly McNamara (WA), Dr Harjit Kaur (WA), Dr Rosie Zacher (Qld), Dr Jennifer Roy (SA), Dr Sophie Plagakis (SA), Dr Pallas O'Hara (NT), Dr Jodi Glading (Tasmania), Dr Alexandra Greig (NZ)

### ***CPMEC***

Dr Jag Singh (General Manager)

### ***AMACDT***

Dr Andrew Perry, Dr Rob Mitchell, Dr Michael Bonning

### ***Junior Doctors Attending the 2010 AJMOF/PMEF***

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**Dr Caitlin O'Mahony**  
**2010 ANZJMO** Chair  
**3 December 2010**



## **Appendix 1 – 2010 AJMOF Resolutions**

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