



Australasian Junior Medical Officers' Committee (AJMOC)

2012 Australasian Junior Medical Officer Forum (AJMOF) Resolutions

**18th November 2012
Perth, Western Australia**

2012 Australasian Junior Medical Officer Forum Resolutions

Acronyms:

ACFJD	Australian Curriculum Framework for Junior Doctors
AJMOC	Australasian Junior Medical Officers' Committee
AJMOF	Australasian Junior Medical Officers' Forum
AMA	Australian Medical Association
AMC	Australian Medical Council
CPMEC	Confederation of Post-Graduate Medical Education Councils
HWA	Health Workforce Australia
JMO	Junior Medical Officer
MBA	Medical Board of Australia
PMC	Postgraduate Medical Council

2012 Australasian Junior Medical Officer Forum Resolutions

Introduction

The Australasian Junior Medical Officers' Forum (AJMOF) is an annual event held in conjunction with the Prevocational Medical Education Forum. As well as being a major training and educational event for junior medical officers, AJMOF develops a statement of resolutions which address the needs and expectations of junior doctors in order to optimise training and ultimately improve the care of patients.

In 2012, the AJMOF was held in Perth, Western Australia on Sunday 18th November with more than 40 junior medical officers (JMO) in attendance, representing all Australian states and territories and New Zealand. Many of the delegates hold representative positions within their own jurisdictions; they bring more than their own voice to the forum. The resolutions generated from this forum quite possibly represent the largest collective consensus opinion of junior doctors across Australia and New Zealand. This report outlines the path of development of the resolutions, the rationale for the subjects addressed and the resolutions themselves.

Development of 2012 AJMOF Resolutions

The development of the 2012 AJMOF resolutions is co-ordinated by the Australian Junior Medical Officers' Committee (AJMOC) which is comprised of the Chairs of the each state and territory Junior Medical Officer Forum, representatives from New Zealand. AJMOC is a subcommittee of the Confederation of Postgraduate Medical Education Councils (CPMEC). In 2012, AJMOC was jointly chaired by Dr Munib Kiani and Dr Alexius Julian from Western Australia and supported by CPMEC secretariat. Development began with a face-to-face meeting in June of this year where the resolutions from the previous year were reviewed. Key issues from each jurisdiction affecting prevocational medical education were discussed and selected to be addressed in the 2012 resolutions.

A first draft was completed by AJMOC and circulated to delegates attending AJMOF for consideration prior to their arrival. The AJMOF itself was chaired by Drs Kiani and Julian, and covered the progress made from the 2011 resolutions, current issues facing JMOs (including a report from Australian state and territory chairs) and the draft resolutions for 2012. Delegates then spent several hours discussing the issues and the draft resolutions in order to develop the final rationale and resolutions for each of the topics. The result was compiled into a final draft, circulated to the delegates for comment after which it was finalised and distributed to relevant stakeholders. The resolutions were also presented to plenary session of the 17th Prevocational Forum in Perth.

AJMOC acknowledges the contributions of all junior doctors who contributed to the development of these resolutions throughout the year and at the 2012 AJMOF. Particular mention should be made of the work of Drs Kiani and Julian and the support provided by CPMEC and its General Manager, Dr Jag Singh.

2012 Australasian Junior Medical Officers' Committee

Co-Chairs: Munib Kiani and Alexius Julian
Deputy Chair: Elaine Zaidman
New South Wales: Gabriel James
Northern Territory: Jacqueline Murdoch
Queensland: Eric Richman

2012 Australasian Junior Medical Officer Forum Resolutions

<i>South Australia:</i>	Amanda Poprzeczny & Elaine Zaidman
<i>Tasmania:</i>	Phoebe Stewart
<i>Victoria:</i>	Meghan Cooney and Henry Yao
<i>Western Australia:</i>	Louise O'Halloran & Taro Okamoto
<i>New Zealand:</i>	Alice Febery

2012 AJMOF RESOLUTIONS

The 2012 AJMOF resolutions have been grouped into eight areas as follows:

1. *Internship and Prevocational Training Standards*
2. *The PGY2+ year*
3. *Prevocational Accreditation*
4. *Training Capacity Expansion*
5. *Innovation and Work Reform*
6. *Education, Clinical Supervision, Teaching and Assessment*
7. *Workplace Flexibility and Doctors' Health*
8. *Consultation with JMOs*

2012 Australasian Junior Medical Officer Forum Resolutions

1: INTERNSHIP & PREVOCATIONAL TRAINING STANDARDS

An emergency department (ED) term provides a unique experience where junior doctor autonomy is maximized but senior input is readily available. AJMOF submit that few other specialties offer such qualities and an emergency medical term in an ED provides an invaluable learning experience. AJMOF acknowledges that while the Medical Board of Australia (MBA) cannot mandate something that jurisdictions do not yet have the capacity to provide, namely an ED term for every intern, junior doctors believe that this is something that we should work towards. AJMOF also believes that while general practice and Acute Medical Unit (AMU) and short stay ward terms offer a valuable experience, they do not provide the acuity of the undifferentiated patient in the ED, or the longitudinal inpatient management and discharge coordination of a medical unit necessary to successfully fulfil the requirements of these rotations.

In light of the new intern registration standards by the MBA and difficulties experienced in Western Australia with its trialled implementation in 2012, consideration must be given to how this will impact JMOs as it is introduced nationally to ensure interns are not hindered in completing their internship requirements.

Resolution 1.1

The Australasian Junior Medical Officers' Forum (AJMOF) calls upon the Medical Board of Australia (MBA) to ensure that the term of emergency medicine is conducted within a setting that provides an appropriate opportunity for assessment and management of acutely undifferentiated patients of a similar standard to that of an emergency department, with review of proposed placements on a case by case basis.

Resolution 1.2

AJMOF does not support the accreditation of Acute Medical Units as standalone medicine or emergency medicine terms.

Resolution 1.3

AJMOF encourages jurisdictions to provide all junior doctors with the opportunity to experience supervised GP or community practice in addition to core terms, irrespective of their subsequent specialisation.

Resolution 1.4

AJMOF calls upon MBA and the Australian Medical Council (AMC) to adopt the Australian Curriculum Framework for Junior Doctors (ACF) as the educational framework for all prevocational medical officers.

Resolution 1.5

In relation to the implementation of the new intern registration standards by the MBA, AJMOF calls upon involved parties to provide sufficient warning to JMOs and the PMCs/IMETs of this policy change to ensure that JMOs are not impeded from successful completion of their intern year, to allow logistical concerns to be adequately addressed. In the event that an intern is unable to complete their intern year due to extenuating circumstances, AJMOF supports a case by case review to further facilitate this goal.

2012 Australasian Junior Medical Officer Forum Resolutions

2: THE PGY2+ YEAR

AJMOF acknowledges the efforts of health services to institute streaming of terms for PGY2 to assist junior doctors to fulfil college requirements and gain further experiences in a particular field (e.g. medicine or surgery). However, the Forum noted that some junior doctors may make early career choices about future speciality while others prefer to take a more general path in their prevocational training. With respect to the available opportunities and experience, early choices made by some must not disadvantage the JMOs choosing not to stream early. In hospitals where streaming occurs, JMOs who choose not to stream should be offered general pathways with broad and equally desirable terms.

AJMOF recognises that most hospitals have a lack of formalised educational programs for prevocational doctors past the intern year as well as a paucity of protected teaching time for such doctors.

With increasing the medical school graduates, there is much effort being made to expand the number of PGY1 positions. AJMOF has concerns that the expansion of PGY1 places will affect PGY2+ places both in terms of redirection of funding and relabelling of positions.

Resolution 2.1

AJMOF calls upon health services and colleges to ensure flexibility in selection of PGY2 terms.

Resolution 2.2

AJMOF calls upon hospitals and health services to establish and support formalised education for prevocational PGY2+ doctors. Protected teaching time should be provided for such teaching.

Resolution 2.3

AJMOF calls upon jurisdictions to recognise the importance of PGY2+ positions and appreciate these as different from and not replaceable by, PGY1 positions. AJMOF calls upon jurisdictions to ensure that PGY2+ positions are protected and that expansion of PGY1 positions does not occur at the detriment of PGY2+ positions.

2012 Australasian Junior Medical Officer Forum Resolutions

3: 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.

Resolution 3.1

AJMOF calls upon all Postgraduate Medical Councils (PMCs) or equivalent to accredit all PGY1 and 2 positions at least three-yearly using the Prevocational Medical Accreditation Framework (PMAF) as a unifying national framework.

Resolution 3.2

AJMOF does not support the accrediting of programs instead of posts. Transparency is essential in the process of accreditation and appropriate safeguards must exist which ensure adequate supervision and educational opportunities.

Resolution 3.3

AJMOF reaffirms the continuing need for PMCs or equivalent to include at least one junior doctor in each prevocational accreditation survey. Surveyor training should be provided to junior doctors for this purpose.

Resolution 3.4

AJMOF calls upon the state and territory governments to provide stable and equitable long-term funding to all PMCs or equivalent to undertake accreditation.

2012 Australasian Junior Medical Officer Forum Resolutions

4: TRAINING CAPACITY EXPANSION

AJMOF notes that expanding training capacity is necessary if Australia is to achieve an increased level self-sufficiency with regard to its health workforce requirements and meet the healthcare needs of a growing, ageing and increasingly diverse population. The Forum acknowledges the significant level of effort and resources being expended and notes the contributions that junior doctors can make through their active engagement by the major stakeholders in shaping policy. Junior doctors are at the 'coalface' of healthcare and can make important contributions on the nature and size of the future medical workforce.

Of most immediate concern to junior doctors is accessibility to vocational training places because of the increased flow of medical graduate numbers. AJMOF notes that this bottle-neck could significantly reduce the effectiveness of newly realised workforce gains, and limit career advancement for many capable doctors. The Forum also called upon authorities to find ways of finding internships for all Australian medical graduates through a balanced approach that did not place unfair burdens on particular jurisdictions. At the same time AJMOF wishes to acknowledge the ongoing contribution of international medical graduates who provide much needed health services in rural and remote regions.

Simulated learning environments, if well-orchestrated are a powerful learning experience, and an innovative way to improve training and accommodate more trainees.

Resolution 4.1

AJMOF calls upon Health Workforce Australia (HWA) to ensure ongoing junior doctor involvement in the Health Workforce 2025 analysis relating to the medical workforce of Australia.

Resolution 4.2

Whilst acknowledging the primacy of maintaining training standards, to prevent career bottlenecks for junior doctors and AJMOF calls upon all key stakeholders in medical education and vocational training (including colleges, federal and state governments) to ensure that the number of vocational training positions is increased.

Resolution 4.3

AJMOC calls upon all stakeholders of vocational training to develop methods of standardising appropriately similar training pathways which break down the traditional silo model, build on synergies between different pathways and allow easier mobility between them in order to create a more flexible and efficient training network (ie allow for recognition of prior learning where appropriate).

Resolution 4.4

AJMOF calls upon HWA to ensure that all prevocational trainees are able to easily access simulated learning environment (SLE) projects to complement their clinical training.

Resolution 4.5

AJMOF calls on State and Territory Health Departments and workforce agencies to acknowledge and enumerate the impact of the introduction of new health professionals (ie physicians' assistants) and expanded roles (ie nurse practitioners) on junior doctor training and take steps to ensure training quality is not compromised

2012 Australasian Junior Medical Officer Forum Resolutions

Resolution 4.6

AJMOF believes that all medical graduates of Australian universities should be provided internships, and calls for governments, HWA and universities to reach a sustainable solution on this issue which sees intern places correlated to graduate numbers and does not compromise roles and positions of PGY2+ and international medical graduates already working in Australia.

Resolution 4.7

It calls upon the AMC, Australian Health Practitioner Regulation Agency (AHPRA) and health services to adopt consistent, efficient and transparent processes for IMG to proceed with transition to general registration and therefore their career development (reword)

Resolution 4.8

AJMOF calls all stakeholders to consider innovative roles (such as academia, public health, medical administration, medical education) that deliver educationally robust non-traditional training opportunities.

2012 Australasian Junior Medical Officer Forum Resolutions

5: PROFESSIONAL DEVELOPMENT AND INFORMATION TECHNOLOGY

AJMOF recognises that leadership and professionalism are skills routinely demonstrated by junior doctors in the clinical context; however they may not be specifically targeted as learning objectives by supervising clinicians. AJMOF supports the cultivation of leadership skills through leadership experiences, training courses, and mentoring supplemented by self-directed learning.

AJMOF supports the improvement of health service delivery and medical education using technology. Investment in technological infrastructure will be best realised through appropriate consultation with stakeholders and up-skilling to optimize implementation and ongoing use of new or improved systems and tools.

Resolution 5.1

AJMOF calls upon HWA, health services and jurisdictions to provide appropriate access for junior doctors to leadership development programs.

Resolution 5.2

AJMOF supports the use of technology to increase the capacity, efficiency and effectiveness of medical work practices, whilst maintaining the highest of professional standards. It is expected that adequate training and infrastructure will be provided to support these changes, and that conception, design and implementation will be done in direct collaboration and consultation with junior doctors.

Resolution 5.3

AJMOF supports a national intern application system akin to the model proposed by the Australian Medical Association (AMA) which allows jurisdictions to retain control over the processing of applications. Applications should be processed at no cost to the applicant. It will be expected that jurisdictions will maintain a transparent and equitable selection process.

2012 Australasian Junior Medical Officer Forum Resolutions

6: EDUCATION, CLINICAL SUPERVISION, TEACHING AND ASSESSMENT

AJMOF recognises the important role clinical supervisors play in the education and supervision of junior doctors. The Forum believes that health services should support clinical supervisors through protected time, appropriate rostering, and access to professional development programs.

It is vital that sustainability of a teaching culture within the wider healthcare sector is prioritised. Therefore, junior doctors should have access to training in teaching and supervisory skills early in their careers. Integral to this training is access to programs such as 'Teaching on the Run' and the 'Professional Development Program for Registrars'.

Junior doctors may receive education through clinical exposure with opportunistic teaching from consultants and, increasingly, registrars. AJMOF recognises the value of these informal learning opportunities which must be maintained despite demands and restructuring of the clinical unit.

AJMOF recognises the role of inter-professional learning in the education of junior doctors. This may assist in redistribution of senior clinician supervisor burden, and enhancing the understanding of the roles of other health professionals. However, AJMOF believes that junior doctor teaching should be primarily given by senior medical staff, with supplementation only where appropriate from nursing, allied health and other teaching. These concerns are primarily to prevent de-contextualising the medical aspects of doctor training.

AJMOF believes that assessing junior doctors based on a list of individual competencies may not evaluate the higher order judgement required in the provision of comprehensive patient care. This style of assessment may be more appropriate in assessing proficiencies in procedural skills.

AJMOF believes that junior doctor education must be provided within an optimal learning environment. It is the responsibility of the health service to enforce protected teaching time. This may include alternative arrangements for pagers to avoid interruptions. Ideally, all postgraduate doctors who have not completed vocational training qualifications should be in a clearly articulated training program.

Resolution 6.1

AJMOF reaffirms its call for health services to ensure protected time for clinical supervision and support for the development of teaching skills for supervisors. The role of clinical supervisors must be formalised in rosters, job descriptions and relevant policies. Key performance indicators should emphasise and recognise the teaching and educational obligations of health services.

Resolution 6.2

AJMOF supports the development of national guidelines for clinical supervision including the establishment of minimum standards for the supervision of all junior doctors.

Resolution 6.3

AJMOF calls upon key stakeholders to ensure continuing support and level appropriate education for all junior doctors. AJMOF believes hospitals should provide support and resources for medical education staff to facilitate this.

2012 Australasian Junior Medical Officer Forum Resolutions

Resolution 6.4

AJMOF supports the incorporation of teaching and supervisory skills into junior doctor and registrar training. AJMOF supports the assessment of these non-clinical skills.

Resolution 6.5

AJMOF supports the education provided by allied health, nursing and other disciplines. This should be delivered in conjunction with, but not in replacement of, education delivered by senior clinicians.

Resolution 6.6

AJMOF calls upon the AMC, MBA and jurisdictions to recognise that assessment of junior doctors should not be solely competency-based due to the limitations of this method. AJMOF encourages personal learning objectives to be discussed regularly between the junior doctors and clinical supervisors with reference to the ACFJD.

2012 Australasian Junior Medical Officer Forum Resolutions

7: WORKPLACE FLEXIBILITY AND DOCTORS' HEALTH

Medicine is a demanding career, and frequently doctors struggle to balance their calling, family commitments, research, professional development, specialty exam preparation and contributing to society i.e. pursuits outside of medicine. Internship is a challenging and stressful period. AJMOF recognises that managing work stress and maintaining work-life balance is essential, and as such there should be access to support services, such as confidential doctors' healthcare.

As such we recommend a long term strategy, with the goal of in-building excess capacity to allow some doctors to undertake part time work, and at least guaranteeing doctors their legally mandated annual leave.

AJMOF recommends health services should perform regular auditing processes to identify terms that consistently require longer hours. Currently there is a reported discrepancy in the number of hours being worked and stress about accurately reporting hours for fear of reprimand. Identifying terms with heavy workload and excess overtime could provide a potential source for capacity expansion especially given the burgeoning number of JMO's (Refer theme 4, Capacity Expansion).

Resolution 7.1

AJMOF supports the proposal by the MBA for part-time or deferred JMO positions. We call upon health services to ensure that applications for part time employment can be accommodated without disadvantage.

Resolution 7.2

AJMOF calls upon the MBA and State and Territory Health Departments to ensure the ongoing resourcing and, where required, implementation of confidential doctors' health services including counselling programs, and where these programs are in place to make their existence widely known.

Resolution 7.3

AJMOF calls upon relevant stakeholders to ensure that Australian prevocational standards include the requirement for adherence to accepted evidence-based safe working hours with regular auditing to be conducted by health services to ensure adherence.

2012 Australasian Junior Medical Officer Forum Resolutions

8: CONSULTATION WITH JMOs

The ongoing developments in education and training with regard to junior doctors require more than token consultation. JMOs should be consistently and appropriately engaged as they are at the figurative coal face and have a unique understanding of the necessities to produce doctors of the highest calibre.

AJMOF also acknowledges that there are a number of representative bodies and individuals throughout Australasia making contributions to this process on behalf of junior doctors. AJMOF believes that JMOs would be best served by transparent communication and collaboration between all these parties in order to share knowledge and ensure appropriate stakeholder consultation. This resolution reaffirms the belief of junior doctors on the need for more open lines of communication between policymakers, other stakeholders and junior doctor groups themselves.

Resolution 8.1

AJMOF calls upon key stakeholders to ensure JMO forum representatives are actively involved in any changes to prevocational training and education on every level, from hospital departments to the federal level.

Resolution 8.2

AJMOF resolves to improve the current level of communication and collaboration that occurs between the different advocacy bodies of prevocational doctors, this will take the form of more cross representation in meetings, freely available contact details for persons of interest, further circulation of minutes and documents and invitation to comment on topics that are of mutual concern.