



**Australasian Junior Medical Officers' Committee  
(AJMOC)**

**2016 Australasian Junior Medical Officer  
Forum (AJMOF) Resolutions**

**12 October 2015  
Darwin Convention Centre**

## CONTENTS

<b>ACRONYMS.....</b>	<b>3</b>
<b>INTRODUCTION .....</b>	<b>4</b>
THE AUSTRALASIAN JUNIOR MEDICAL OFFICERS’ FORUM.....	4
DEVELOPMENT OF THE 2016 RESOLUTIONS.....	4
2015 AUSTRALASIAN JUNIOR MEDICAL OFFICERS’ COMMITTEE.....	5
<b>1. WORKFORCE PLANNING &amp; DEVELOPMENT .....</b>	<b>6</b>
<b>2. ACCREDITATION OF HEALTH SERVICES TO PROVIDE PREVOCATIONAL TRAINING .....</b>	<b>8</b>
<b>3. HEALTH AND WELLBEING.....</b>	<b>9</b>
<b>4. CAREER PLANNING .....</b>	<b>10</b>
<b>5. EDUCATION AND TRAINING.....</b>	<b>11</b>
<b>6. ADVOCACY .....</b>	<b>13</b>

## ACRONYMS

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

# INTRODUCTION

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## **The Australasian Junior Medical Officers' Forum**

The Australasian Junior Medical Officers' Forum is an annual event that brings together Australasian state and territory JMO forum representatives and other interested junior doctors to discuss current issues in junior doctor education and training. It is held in conjunction with the annual Prevocational Medical Education Forum. Each year the forum puts together a statement of resolutions addressing the educational and welfare needs of junior doctors in training, to improve medical education in Australia and ultimately improve the care of patients.

The 2015 AJMOF took place on 12<sup>th</sup> October 2015 in Darwin, Northern Territory, as part of the 20th Medical Education and Training Forum. This year there were no junior doctors from New Zealand in attendance at the JMO Forum.

The 2015 AJMOF Resolutions had input from junior doctors from all Australian states and territories, including those in representative roles for their respective jurisdictions. It thus represents the largest collective consensus opinion of junior doctors on various education, accreditation, welfare and training matters.

## **Development of the 2016 Resolutions**

The development of the 2016 AJMOF resolutions is co-ordinated by the Australian Junior Medical Officers' Committee (AJMOC), which is comprised of the Chairs of the each Australian state and territory Junior Medical Officers' Forum. AJMOC is a subcommittee of the Confederation of Postgraduate Medical Education Councils (CPMEC). In 2015, AJMOC was co-chaired by Dr Michael O'Malley & Dr Matthew Reeves from the Northern Territory.

Development began with a face-to-face meeting in June 2015, 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 2016 resolutions. A first draft was completed by AJMOC and circulated to delegates attending AJMOF for consideration prior to their arrival. The 2015 AJMOF meeting covered the progress made from the 2014 resolutions, current issues facing JMOs and the draft resolutions for 2016. 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. Further, a change was made on the numbering of the 2016 Resolutions and an explanatory note is provided below<sup>1</sup>.

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<sup>1</sup> Up until 2015, the AJMOF Resolutions were numbered based on the year during which the AJMOF meeting at which they were written was held. For example, the 2014 Resolutions were written at the AJMOF meeting in October 2014. This had the disadvantage of making the Resolutions appear to be obsolete, only three months after their release once the new year commenced. Therefore, starting from 2015, the Resolutions are numbered for the year where they will have effect. These resolutions, the 2016 AJMOF Resolutions, were produced at the October 2015 AJMOF meeting.

AJMOC acknowledges the contributions of all junior doctors who contributed to the development of these resolutions throughout the year and at the 2015 AJMOF. Particular mention should be made of the work of the Chairs and the support provided by CPMEC and its Chief Executive Officer, Dr Jagdishwar Singh.

### **2015 Australian Junior Medical Officers' Committee**

Co-Chairs	Dr Michael O'Malley & Dr Matthew Reeves (Northern Territory)
Australian Capital Territory	Dr Jeffrey Chen
New South Wales	Dr Timothy West
Queensland	Dr Christopher Houston
South Australia	Dr Heng Chong
Tasmania	Dr Alex Tucker
Victoria	Dr Ophelia Wong & Dr Sara de Menezes
Western Australia	Dr Lee Fairhead & Dr Sarah Strathie Page
New Zealand	Not represented in 2015

# 1. MEDICAL WORKFORCE PLANNING & DEVELOPMENT

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## Preamble

The current environment and needs of the medical workforce have changed dramatically in the last 5-10 years. AJMOF acknowledges the significant level of effort and resources that have gone to increase medical training workforce capacity and enhance self-sufficiency in Australia. There is an opportunity to develop innovative workforce policies which build on the current strengths of prevocational training to address workforce shortages, geographical imbalances, and an ageing population without undermining junior doctor support and welfare.

One of the pressing issues to be addressed includes the worsening bottleneck for medical jobs that extend beyond internship.

## Resolutions

- 1.1 AJMOF calls upon all key stakeholders to coordinate all aspects of the medical training pipeline to ensure that appropriate College-accredited training is made available to all doctors, in line with community needs, based on robust workforce data and modelling of future needs. Specifically, AJMOF calls upon key stakeholders to coordinate the number of incoming medical students, specialty training positions and consultant appointments such that all medical students can be trained in line with community needs. To this end we support the continued funding of such initiatives as the Specialist Training Program.
- 1.2 AJMOF calls upon key stakeholders to ensure that the number and distribution of postgraduate training positions at all levels reflects community and workforce needs. Data on training positions, for all positions and jurisdictions, should be publicly available.
- 1.3 AJMOF calls upon key stakeholders to consider the effects of over-specialisation in the medical workforce on patient care. We believe the emphasis should be shifted to producing more generalist doctors, who can provide holistic care to patients.
- 1.4 AJMOF recognises the importance of robust data, based on current statistical information, in guiding the career planning and workforce distribution of junior doctors, IMGs and medical students. This data is critical in detecting current and future areas of workforce shortage. AJMOF calls upon key stakeholders gather and publicly distribute such data.
- 1.5 AJMOF calls upon the Training Colleges to actively participate in assisting with the distribution of the medical workforce to rural and regional Australia. Specifically, AJMOF believes that more accredited training positions should be created in rural and regional Australia to encourage retention of doctors in these areas.
- 1.6 AJMOF believes that excessive reliance on unaccredited service registrar positions is detrimental to both the medical workforce and to the welfare and education of doctors in training. AJMOF calls for the accreditation, wherever possible, of service registrar positions.
- 1.7 AJMOF calls for a safe and sustainable workplace for junior doctors. We specifically call for:
  - The strict adherence to national standards of safe working hours
  - A safe and appropriate clinical workload which ensures a rich learning environment without compromising patient safety

- The availability and access to leave entitlements, including annual leave, professional development leave and sick leave, to all doctors regardless of term and location
  - The provision of adequate coverage for all leave, including for unanticipated absence due to illness
  - The payment of entitled overtime pay and penalty rates
  - The provision and availability of part time, job share and deferred JMO positions
- 1.8 AJMOF calls upon the AMC, AHPRA and health services to adopt consistent, efficient and transparent processes for International Medical Graduates (IMGs) to proceed with transition to general registration and career development in Australasia. This is particularly important for those IMGs who have or are currently providing services in areas of need to address workforce shortages.
- 1.9 AJMOF calls on State and Territory Health Departments and workforce agencies to be transparent on the development of task substitution roles, such as nurse practitioners, to ensure that such roles do not compromise learning and professional opportunities for JMOs.

## 2. ACCREDITATION OF HEALTH SERVICES TO SUPPORT PREVOCAATIONAL MEDICAL TRAINING

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### Preamble

Accreditation of health services to hire junior doctors is critical in ensuring safe working conditions and adequate education for these doctors.

With the large increase in intern numbers in recent years, the scope of internship positions has expanded to new settings such as community health practices and ambulatory care departments. As this expansion occurs, the safety and education of junior doctors must be maintained.

Furthermore, in many states, term accreditation is confined to only the intern year, and there is no term accreditation in subsequent prevocational years. This issue is of increasing importance, as increased medical student numbers lead to junior doctors completing more years of prevocational work prior to attaining College-accredited vocational training positions. The welfare and education of these extra prevocational years must be addressed by the creation and enforcement of consistent national standards, in a manner analogous to the intern year.

AJMOF acknowledges the efforts made by health services to provide soft-streamed positions in order to maximise relevance of the prevocational years to the junior doctor's future career path. We also acknowledge the difficulty of balancing JMO education with service provision tasks required of junior doctors.

### Resolutions

- 2.1 Where it does not already exist, AJMOF calls for the term accreditation process that currently exists for the intern year to be expanded to encompass all prevocational years.
- 2.2 AJMOF calls on all health service providers to continue to engage with accreditation to ensure a minimum standard of education provision across all health service providers.
- 2.3 AJMOF recommends that any changes to accreditation processes be based on robust evaluation of current evidence, and where such evidence is scarce AJMOF recommends seeking to address knowledge gaps prior to making wholesale change.
- 2.4 AJMOF calls for transparency in the hospital and term accreditation process. Specifically, AJMOF believes that as part of the hospital accreditation process, a report should be released to JMOs from that hospital which states what steps the hospital must take to meet accreditation standards.

### 3. HEALTH AND WELLBEING OF PREVOCATIONAL DOCTORS

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#### Preamble

Junior doctors work long, irregular hours and struggle to balance their demanding work roles with the maintenance of a healthy personal life. There is ongoing stigma and systematic barriers for junior doctors to seek help when distressed.

Whilst improvements have been made, there are still significant improvements required to ensure the wellbeing of junior doctors, especially recognised at-risk groups such as women, IMGs, Aboriginal doctors and doctors in rural and remote areas. Doctors in rural and remote areas in particular face a unique set of challenges including isolation and a lack of peer support.

In 2015, the extent of bullying and sexual harassment in medicine was uncovered by a series of statements, media reports and investigations. There remains in medicine a culture of bullying and harassment. These practices are reprehensible, and urgent action must be taken at all levels to change the culture of medicine such that they do not take place, and to thoroughly investigate and take action upon claims of bullying and harassment as they occur.

#### Resolutions

- 3.1 AJMOF calls for urgent action at all levels to address the culture of bullying and harassment, including sexual harassment, in medicine. AJMOF specifically calls for the creation of an anonymous external reporting body for workplace bullying and harassment.
- 3.2 AJMOF calls upon health services to ensure junior doctors, including those in rural and remote areas, are able to access independent, confidential and appropriate primary care and mental health services.
- 3.3 AJMOF calls upon health services and relevant stakeholders to create and maintain hospital, state and national pathways for JMOs to voice concerns, engage in advocacy and play an active role in improving their workplace and training structures. This includes supporting the creation and maintenance of JMO advocacy groups.
- 3.4 AJMOF encourages peer support systems including mentoring, peer-to-peer support and debriefing.
- 3.5 AJMOF calls upon health services to build in workplace flexibility for junior doctors including part-time, job share and deferred JMO positions

## 4. CAREER PLANNING INFORMATION FOR JUNIOR DOCTORS

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### Preamble

Informed career planning for junior doctors is critically important to enable the development of a sustainable health workforce that meets Australia's future needs.

With increasing competition for employment and training positions, junior doctors are under increased pressure to undertake many extra-curricular activities to help them stand out from the crowd. Such activities include further postgraduate university study, expensive professional courses, research and audits, committee work and teaching. AJMOF encourages all of these activities in principle, but is concerned that many junior doctors are undertaking this work not because they want to, but because they believe that doing so is required to attain training positions. Furthermore, AJMOF is concerned that there are negative impacts of such activities, including stress and burnout, reduced engagement in day-to-day hospital activities, less study time, and a significant financial burden, often running into the tens of thousands of dollars. Finally, AJMOF is concerned that many Colleges do not make their selection processes transparent, such that junior doctors cannot be sure that the activities they are completing will actually assist in attaining the position for which they are planning to apply.

### Resolutions

- 4.1 AJMOF calls upon Colleges to have a clear and transparent selection process for entry into vocational training, including, but not limited to:
  - Timely publication of prevocational requirements, such as specific terms, clinical competencies, and postgraduate year level.
  - Timely publication of required qualifications, such as short courses, diplomas and Masters.
  - Timely publication of desirable criteria, such as attendance at certain courses, research projects and unaccredited training positions.
  - Provision of clear feedback on the strengths and shortcomings of unsuccessful applicants upon request.
  
- 4.2 AJMOF calls upon all Colleges and health services to publish information regarding accredited training positions, including:
  - Absolute number of positions for each year level of training
  - Geographical distribution of positions
  - Historical data regarding applicant numbers, including the number of successful applicants
  - Predicted number of training spots in years to come
  - Statistics of the probability of success on an applicant's first, second, third, etc. attempt

This information should be accurate, easily accessible, and published in a timely manner.

## 5. ENHANCING JMO EDUCATION AND TRAINING

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### Preamble

The education of JMOs lies at the heart of the ongoing development of the health care system. Education and teaching should be appropriately recognised and funded as a key tenet of the health system alongside service delivery. Education and training of JMOs should be embedded in hospital and departmental service plans to ensure access to quarantined education times and reinforce a culture of ongoing education and learning throughout a career in medicine.

AJMOF recognises the role and importance of an integrated approach to teaching and learning, including interprofessional modes of education, teaching on the run and simulation training. Junior doctors should be taught by all members of the healthcare team and increased recognition of this will assist in redistribution of the supervisory and assessment burden on senior clinicians. In particular, AJMOF recognises the role of advanced trainees and fellows as an adjunct to consultant staff in JMO education. AJMOF believes that interprofessional education requires a two-way collaborative approach but cannot replace the necessity for protected teaching time by senior medical staff.

### Resolutions

- 5.1 AJMOF calls upon key stakeholders to prioritise and ensure appropriate education for all junior doctors in the context of growing junior doctor numbers.
- 5.2 AJMOF calls upon hospitals to provide support and appropriate resources for medical education staff to facilitate and maintain a high quality education program for all prevocational doctors.
- 5.3 AJMOF calls upon hospitals to formalise the role of clinical supervisors in rosters, job descriptions and relevant policies, and to set and monitor key performance indicators for teaching and education. AJMOF believes that doctors at all levels should be trained in supervision, leadership and teaching skills.
- 5.4 AJMOF calls upon key stakeholders to allocate and maintain protected teaching time for all junior doctors including and beyond the PGY1 year.
- 5.5 AJMOF calls for recognition of prior learning (RPL) of skills, knowledge and capabilities, wherever possible, including across college boundaries, at all levels of training.
- 5.6 AJMOF calls for a coordinated approach to mandatory training to ensure that junior doctors are learning relevant and applicable skills which are appropriately recorded to prevent unnecessary duplication across health services. In addition, AJMOF believes that completion of mandatory training is separate to clinical education and training and should not impact on clinical education time.
- 5.7 AJMOF calls for an annual national trainee education survey, similar to the UK's GMC National Trainee Survey, to ensure timely monitoring and improvement of educational experiences whilst avoiding jurisdictional survey fatigue. The data generated from this survey should be easily accessible and publicly available.
- 5.8 AJMOF supports interprofessional education, that is, the education of doctors by allied health and nursing staff. However, AJMOF calls on hospitals to ensure that interprofessional

teaching is restricted to topics that are appropriate to this method of delivery. Education on core medical topics should continue to be delivered by appropriately trained doctors.

## 6. ADVOCACY

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### Preamble

AJMOF strongly believes in JMO representation, consultation and advocacy in matters affecting JMO education, accreditation and registration.

AJMOF also believes that advocacy is particularly important for those prevocational doctors in their third year of work onward, who fall outside representation from JMO forums, but are not yet represented through College membership. As previously stated, there are an increasing number of doctors in this situation.

### Resolutions

- 6.1 AJMOF calls on all key stakeholders to engage JMOs in a timely manner on all changes and reviews that will impact on their education, training and welfare. We specifically call on PMCs in each state and territory to continue to support their respective JMO Forums.
- 6.2 AJMOF calls on PMCs to extend their scope of work to encompass all doctors in undertaking prevocational work, including those in their third year of work onwards, and those who choose not to undertake vocational training.
- 6.3 AJMOF calls for the ongoing funding and support of the CPMEC, to ensure that JMOs and other key constituents across the country have input into changes directly affecting them and their training.