



2017 RESOLUTIONS

Australasian Junior Medical Officers' Committee (AJMOC),
Confederation of Postgraduate Medical Education Councils (CPMEC)

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Preface

The prevocational space is defined as postgraduate years of training prior to entering a college accredited training post. Specifically, doctors within the prevocational space include interns, residents (including those in postgraduate years three and beyond i.e. PGY 3+) and senior resident medical officers (SRMO) who are not in a formal postgraduate training program, unaccredited registrars and career medical officers (CMOs).

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

The development of the 2017 AJMOF resolutions was co-ordinated by the Australian Junior Medical Officers' Committee (AJMOC), comprising the Chairs of each Australian state and territory Junior Medical Officers' Forum, and a JMO representative from the Medical Council of New Zealand (MCNZ). AJMOC is a subcommittee of the Confederation of Postgraduate Medical Education Councils (CPMEC). In 2016, AJMOC was chaired by Dr Adil Syed from Tasmania.

Development began with a face-to-face meeting in June 2016, where the resolutions from the previous year were reviewed. These subsequently underwent a revision process that included broader consultation with JMOs where practical. The final draft was reviewed, revised and approved by delegates at the 2016 AJMOF held on 6th November 2016 in Hobart, Australia.

At the heart of these resolutions is a desire by all JMOs to ensure that all doctors in Australia and New Zealand have access to continued employment and training that is personally and professionally rewarding, and that has no detrimental impact on their wellbeing.

AJMOC acknowledges the contributions of all junior doctors who contributed to the development of these resolutions throughout the year and at the 2016 AJMOF. Particular mention should be made of the work of the Chairs and the support provided by CPMEC Board Member Dr Sara De Menezes as well as its Chief Executive Officer, Dr Jagdishwar Singh.

1. ADVOCACY

Introduction

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.

Resolutions

1.1. 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.

1.2. AJMOF calls on PMCs to extend their scope of work to encompass all doctors who are not in a vocational training program, including those in their third year of work onwards, and those who choose not to undertake vocational training.

1.3. AJMOF calls for the ongoing funding and support of the CPMEC, to ensure that JMOs and other key constituents across the country continue to have input into changes directly affecting them and their training.

1.4 AJMOF recommends healthcare organisations to promote JMO engagement in health systems management through the utilisation of remunerated positions and protected, formal meetings

2. MEDICAL WORKFORCE PLANNING & DEVELOPMENT

Introduction

The medical workforce in Australia and New Zealand is in a state of flux. Most pertinent to JMOs is the pressure currently working its way through the medical training pipeline. In this environment, it is crucial that due attention is given to preserving the rights of JMOs to job security, transparent and meaningful pathways for career development, and safe working hours. Workforce planning should also consider the implications of medical graduates practicing in cultural contexts that differ from those in which they were trained.

Resolutions

2.1 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 numbers of incoming medical students (including full fee-paying students), specialty training positions and consultant appointments such that all doctors in training can be sustainably trained in line with community needs.
- Gather and publicly distribute data on the number and distribution of postgraduate training positions, current and future, to guide career planning for junior doctors, IMGs and medical students. Such data must be annually updated to remain current and relevant.
- Develop and promote accredited training positions in rural and regional Australia and New Zealand.

2.2 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.

2.3 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.

2.4 AJMOF calls upon the AMC, AHPRA, MCNZ 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 providing services in areas of need to address workforce shortages.

2.5 AJMOF calls on State and Territory Health Departments and workforce agencies to be transparent on the implementation of role substitution, such as use of nurse practitioners, to recognise the potential impact on learning and professional opportunities for JMOs.

3. ACCREDITATION OF HEALTH SERVICES TO PROVIDE PREVOCATIONAL TRAINING

Introduction

Accreditation of health services to hire junior doctors is critical in ensuring safe working conditions and adequate education for these doctors. Accreditation processes should be robust, consistently applied, and pay due attention to the education and welfare of the affected JMOs.

Resolutions

3.1 Where it does not already exist, AJMOF calls for a term accreditation process similar to that existing for internship, to be expanded to encompass all prevocational years.

3.2 AJMOF calls on all health service providers that employ prevocational junior doctors within both public and private sectors, to engage with accreditation bodies and establish a minimum standard of continuing professional development for all junior doctors within the prevocational space.

3.3 AJMOF calls on accreditation bodies to develop a set of guidelines to promote structured continuing professional development within all non-teaching health services that employ prevocational doctors

3.4 AJMOF calls for transparency in the hospital and term accreditation process. Specifically, as part of the hospital accreditation process, a publicly accessible report should be released; and if the hospital is deemed to need further changes to meet accreditation standards, a plan for achieving accreditation must accompany the report.

3.5 AJMOF calls for a greater emphasis to be placed on the assessment and promotion of welfare of junior doctors as part of the accreditation process. Specifically, AJMOF recommends the use of validated wellbeing surveys to be implemented as part of this process.

4. HEALTH AND WELLBEING

Introduction

Junior doctors often work long and irregular hours in demanding and stressful workplaces. It is therefore essential that they are provided with supports to maintain their own health and wellbeing, and that unnecessary workplace stressors are mitigated. In this regard, it is particularly concerning that there remains a culture of bullying in medicine, as highlighted in a number of recent media reports and investigations.

Resolutions

4.1 AJMOF calls for health services and relevant stakeholders to create and maintain confidential and transparent pathways for reporting issues in relation to occupational health and safety, bullying and harassment, ensuring confidentiality is maintained.

4.2 AJMOF calls for health services and relevant stakeholders to allow for consultation with JMOs at local, national and international levels to voice concerns, engage in advocacy and play an active role in improving their workplace and training structures.

4.3 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.

4.4 AJMOF encourages peer support systems including mentoring, peer-to-peer support and debriefing.

4.5 AJMOF calls upon health services to build in workplace flexibility for junior doctors including part-time, job share and deferred JMO positions and endorses having appropriate return to work programs following periods of extended leave.

4.6 AJMOF encourages ongoing recognition of the impact of unsafe work hours on JMO mental health and wellbeing.

5. Career Planning

Introduction

Unlike many other careers, medical training is an extremely narrow and a highly specialised career pathway, and it can be exceedingly difficult to change paths after becoming focused and trained in a particular field. As such, doctors need to be able to make early and well informed decisions about their future careers before they dedicate many years of their life to mastering a particular field. To be able to make these decisions, more information regarding pathways and careers needs to be made available to pre-medical students, medical students, doctors, and policy makers.

Resolutions

5.1. AJMOF calls upon specialty colleges, sub-specialty associations, hospitals, health services, training providers and other stakeholders in vocational training to have a fair, transparent, easily understood and auditable selection process for entry into training programs and related pathways, including but not limited to an annual publication of:

- a. Vocational and prevocational requirements, such as specific terms, experiences, skills, and postgraduate year level
- b. Qualifications required, such as courses, degrees, certifications, workshops and the like
- c. Required or desirable criteria, such as non-accredited training, publications, research experience, teaching, extracurricular activities and the like
- d. Easy and readily accessible method for potential candidates to reliably assess themselves against the current and future selection criteria prior to applying for entry, for example through a clearly-defined point scoring system
- e. Statistics relating to selection to programs:
 - i. Number of candidates selected
 - ii. Number of candidates applying
 - iii. Number of positions offered
 - iv. Distribution of genders applying against those selected
 - v. Postgraduate year level of entrants, broken down into percentages
 - vi. Minimum point score required, if a points system was used
 - vii. Success rates for candidates on their first and subsequent attempts

5.2. AJMOF calls upon speciality colleges, sub-specialty associations, hospitals, health services, training providers and other stakeholders in vocational training to publish accurate and timely information regarding both training and service-delivery (“unaccredited”) positions, including but not limited to:

- a. Number of positions available and current candidates at each year level of training
- b. Geographic distributions of positions
- c. Historical data about number of positions

- d. Short, medium and long term predictions of the number of future positions and positions per region (e.g. NSW Metro, regional WA, NZ South Island)
- e. Requirements for candidates to move or rotate from their home-base location
- f. Processes and programs in place to assist and accommodate both male and female trainees planning to have children during their training
- g. Statistics, including success and failure rates, for exams held during the training program
- h. Predicted consultant job requirements and opportunities in the short, medium and long term

5.3 AJMOF calls upon speciality colleges, sub-speciality associations, hospitals, health services, training providers, prevocational education providers, medical schools, national and state health departments and other stakeholders in the entirety of medical training and health workforce to publish accurate and timely information regarding:

- a. The number of fully trained medical practitioners needed in each speciality, broken down by geographic location, and predictions on how this will change in the short, medium and long term
- b. The number of medical students and pre-vocational trainees needed to meet the medical practitioner demands of Australia and New Zealand's populace
- c. The number of vocational trainees, in each speciality, needed to meet the medical practitioner demands of Australia and New Zealand's populace and calls upon stakeholders from medical school through to fellowship to work together to ensure that there is neither a deficit of fully trained doctors nor a surplus of incompletely trained doctors seeking training.

6. EDUCATION AND TRAINING

Introduction

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 inter-professional 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 inter-professional education requires a two-way collaborative approach but cannot replace the necessity for protected teaching time by senior medical staff.

Resolutions

6.1 AJMOF calls upon key stakeholders to prioritise education, allocate and maintain protected teaching time and continually update their education program for all junior doctors, especially in the context of the ever-growing number of junior doctors.

6.2 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.

6.3 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.

6.4. AJMOF calls for a structured approach to education on non-clinical skills – such as teaching, supervision, communication, leadership, professionalism, and research – recognising that junior doctors frequently use and are expected to have mastery of these skills as they progress in their training and careers.

6.5 AJMOF calls upon all stakeholders to place a greater emphasis on recognition of prior learning (RPL) of skills, knowledge and capabilities wherever possible, including:

- a. Increased collaboration between vocational training colleges to establish reciprocal RPL agreements recognising skills and experience common to their curricula at all levels of their training programs
- b. A greater transparency in measures and processes used to assess prior experience of applicants
- c. Increased collaboration between health services and vocational training colleges to establish RPL information guides for individual positions, that seek to inform stakeholders of vocational training programs that will recognise the typical experience and training gained within that position should an RPL application be lodged.

6.6 AJMOF calls on all health employers to establish a coordinated approach to mandatory training, ensuring that junior doctors are undergoing skills and education training that is relevant and applicable to their role within the organisation. The completion of this training should be accurately recorded to prevent unnecessary duplication of training across health services. In addition, AJMOF believes that completion of mandatory training is separate to clinical education and training (e.g. intern and resident teaching); provision of one should not impact time and resources allocated to the other.

6.7 AJMOF calls for a detailed annual national trainee education survey, similar to the UK's GMC National Trainee Survey. This would be completed by medical trainees of all levels. Information from this survey should be published in a timely fashion, and used to optimise the skills, training, and welfare of junior and senior doctors.

6.8 AJMOF supports inter-professional education. Education on medical topics should continue to be delivered by appropriately trained individuals, and efforts must be taken to ensure that teachers of topics are appropriately skilled and knowledgeable in their respective fields.

6.9 AJMOF calls on health services to ensure plans and programs are in place to train medical officers in cultural awareness relevant to the population they are serving, including Aboriginal, Torres Strait Islanders and Maori populations, with particular importance placed on medical officers who are transitioning to a different cultural context.

7. COMPUTERISED INFORMATION SYSTEMS

Introduction

Accurate medical records are fundamental to providing safe and effective patient care, and junior medical officers spend a vast amount of time finding and obtaining records from a multitude of sources, such as specialists, general practitioners, imaging & pathology providers and pharmacists, that each have a role in the patient's entire medical story.

However, information is currently siloed in multiple different and incompatible paper-based and computerised medical records systems, causing great difficulty in accessing accurate and comprehensive records in a timely and clinically relevant manner. This creates vast inefficiencies in patient care, and occasionally results in medical error causing harm to both individual patients and the wider community.

Resolutions

7.1 AJMOF calls for the rapid introduction of completely computerised medical records as well as subsequent unified integration of these medical records within all jurisdictions in Australia, and within all jurisdictions in New Zealand. The key aim to create an accurate and comprehensive patient information source that:

- a. Can be seamlessly accessed and updated from any health facility within any jurisdiction.
- b. Integrates inpatient, clinic and outpatient clinical documentation as well as allowing for new documentation to be created and placed into temporal context with other documentation. This includes progress notes, medication history, allergies, prescriptions, medicolegal information e.g. advanced care directives, next of kin), investigation results (including imaging, pathology and other modalities) related to the patient
- c. Establishes an accurate and comprehensive database of pertinent medicolegal information, including but not limited to Advanced Care Directives, Enduring Power of Attorney, Next-of-Kin details, organ donation status and Guardianship arrangements

7.2 AJMOF recommends the establishment of proper access controls and privacy frameworks, balancing the need for patient confidentiality with the need for accurate, timely and comprehensive clinical information

7.3 AJMOF calls for employers to establish formal and compulsory training programs ensuring that all health personnel not confident with using computerised records and systems are brought up to date with current technologies. AJMOF recommends ongoing training and certification is performed to ensure that personnel are competent with improvements and updates in computer and records systems

8. NATIONAL TRAINING SURVEY

Introduction

Multiple stakeholders have recently called for the introduction of a National Training Survey (NTS), as demonstrated most notably in the United Kingdom. This has the potential to collect real time data encompassing areas of key importance to JMOs, particularly workforce planning and development, career opportunities and health and wellbeing of JMOs across Australia and New Zealand. Given the importance of this proposed scheme, and the potential for it for to provide evidence-based justification for change:

Resolutions

8.1 AJMOF calls for the urgent introduction of a National Training Survey.

8.2 AJMOF encourage JMO involvement in the development of this training survey to ensure aspects of importance within the JMO community are a key focus. This survey should extend to include non-accredited registrar positions as well.

8.3 AJMOF recommends open access to results of the training survey for all key stakeholders (including increased feedback to JMOs). This should be processed and presented in a way that individual feedback (particularly from sites with small JMO cohorts) is not identifiable.

8.4 AJMOF recommends that all evaluations of JMOs have transparent processes in the intended audience, the intent of the data collected and the planned outcomes of the information, to ensure safety and confidence of the participants as well as feedback following data collection on how the data was used and the impact that their feedback informed. It is imperative that these processes maintain appropriate confidentiality standards throughout.

8.5 AJMOF recommends the use of 360 degree assessments in JMO assessment as well providing continual feedback.