



Australasian Junior Medical Officers' Committee (AJMOC)

**2014 Australasian Junior Medical Officer
Forum (AJMOF) Resolutions**

**November 2014
Hunter Valley, New South Wales**

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 Postgraduate Medical Education Councils
HWA:	Health Workforce Australia
JMO:	Junior Medical Officer
MBA:	Medical Board of Australia
PMC:	Postgraduate Medical Council

Overview

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 2014, the AJMOF was held in the Hunter Valley, NSW in conjunction with the 2nd Australia and New Zealand Meeting on Education and Training (ANZMET). The Forum had junior doctors representing all Australian states and territories and New Zealand. Since 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 and the rationale for the subjects addressed and, finally, the resolutions themselves.

Development of 2014 Resolutions

The development of the 2014 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 2014, AJMOC was chaired by Dr Johann Lenffer from NSW and supported by CPMEC secretariat. Development began with a face-to-face meeting in June of that 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 2014 resolutions. A first draft was completed by AJMOC and circulated to delegates attending AJMOF for consideration prior to their arrival. The AJMOF itself covered the progress made from the 2013 resolutions, current issues facing JMOs (including a report from Australian state and territory chairs) and the draft resolutions for 2014. 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. AJMOC acknowledges the contributions of all junior doctors who contributed to the development of these resolutions throughout the year and at the 2014 AJMOF. Particular mention should be made of the work of the Chairs and the support provided by CPMEC and its Chief Executive Officer, Dr Jag Singh.

2014 Australasian Junior Medical Officers' Committee

<i>Chair:</i>	Dr Johann Lenffer
<i>Deputy Chair:</i>	Dr Jeremy Hill
<i>New South Wales:</i>	Dr Johann Lenffer
<i>Northern Territory:</i>	Dr Jeremy Hill & Dr Amy Sanguesa
<i>Queensland:</i>	Dr Katherine Curtis
<i>South Australia:</i>	Dr Minh Nguyen & Dr Jamie Ianunzio
<i>Tasmania:</i>	Dr Alice Moore
<i>Victoria:</i>	Dr Matthew Harvey & Dr Julia Lai-Kwon
<i>ACT:</i>	Dr Erin O'Reilly, Dr Jonathan Sen & Dr Jeffrey Chen
<i>Western Australia:</i>	Dr Christopher Wilson & Dr Maya Calvert
<i>New Zealand:</i>	Not represented in 2014

AJMOF JMO Resolutions 2014

The 2014 AJMOF Resolutions have been grouped into five key areas:

1. Workforce
2. Training
3. Welfare
4. Accreditation and Governance
5. CPMEC and junior doctor representation

1. Workforce

1.1 AJMOF calls upon health services to ensure a safe and sustainable workforce for JMOs. This includes, but is not limited to:

- the strict adherence to national standards of safe working hours.
- ensuring the availability of and access to leave entitlements and relievers.
- ensuring the payment of entitled overtime pay and penalty rates.
- provision and availability of part time, job share and deferred JMO positions.

1.2 AJMOF calls upon all key stakeholders in medical education and vocational training to ensure that the number of postgraduate medical training positions at all levels is increased to reflect community need. All jurisdictions are responsible for ensuring that PGY2+ positions are protected and that expansion of PGY1 positions does not occur to the detriment of PGY2+ positions.

1.3 AJMOF calls upon key stakeholders to carefully consider the number of incoming medical students and regulate these numbers in accordance with community need and the vocational training capacity of health systems.

1.4 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 the case for those IMGs who have or are currently providing services in areas of need to address workforce shortages.

1.5 AJMOF calls upon key stakeholders to continue work towards developing a vehicle to provide robust data, based on current statistical information, to inform the career planning of junior doctors, IMGs and medical students.

1.6 AJMOF calls upon all stakeholders to explore innovative roles such as academia, public health, medical administration, medical education, and identified areas of workforce need, that deliver educationally robust non-traditional training opportunities.

1.7 AJMOF calls on State and Territory Health Departments and workforce agencies to be transparent in the development of para-clinical roles, to ensure ongoing mutually beneficial working environments, without compromising learning and professional opportunities for JMOs.

2. Training

2.1 AJMOF calls upon Colleges to be explicit and transparent on prevocational training requirements required for entry into vocational training programs, and to provide this information in a timely manner.

2.2 AJMOF calls upon all stakeholders to ensure that medical graduates continue to complete a period of generalist prevocational training prior to entry into vocational training. An accredited internship must continue to comprise minimum eight-week accredited terms in each of medicine, surgery and emergency medical care, with the remaining time comprised of other accredited terms.

2.3 AJMOF recognises that some JMOs will want to 'stream' their prevocational training placements towards vocational training in PGY2. AJMOF believes that should such streaming occur, it should not be to the detriment of other JMOs.

2.4 AJMOF calls upon hospitals and health services to establish and support formalised education for prevocational doctors in the PGY2+ years and that protected teaching time should be provided for such sessions.

2.5 AJMOF calls upon all stakeholders to institute robust recognition of prior learning arrangements, in prevocational or vocational training programs, to allow flexibility and mobility between different pathways and to minimise duplication of training requirements.

2.6 AJMOF calls on health services and the Australian Medical Council to ensure that JMO education in hospital is primarily focused on clinical content according to the Australian Curriculum Framework for Junior Doctors (ACF) standard, with additional topics including but not limited to career planning, leadership and supervision.

2.7 AJMOF calls upon accreditation agencies, health services, jurisdictions and hospitals to support junior doctors of all levels, including PGY1, to attend reasonable external professional development and self-education activities through leave and relief arrangements.

2.8 AJMOF calls upon health services and all other stakeholders to ensure robust support and resourcing of medical education staff to facilitate the ongoing support and level-appropriate education for all JMOs.

2.9 AJMOF supports the provision of education by allied health, nursing and other disciplines as an important adjunct to education delivered by senior clinicians. Such education should be relevant to the work of JMOs and within the scope of practice of the educator.

2.10 AJMOF recognises 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 ACF and believes that mid and end of term assessments should facilitate learning and professional development.

2.11 AJMOF opposes any use of JMO assessments in the selection processes of employers, colleges or training programs.

3. Welfare

The physical and mental health of junior doctors underpins all aspects of medical education and training and is vital to creating and maintaining a successful and productive workforce. AJMOF believes that all junior doctors, including those in rural and remote locations, should have well advertised access to:

3.1 Independent, high quality, confidential and appropriate primary and mental health services for doctors, both internally and externally to the hospital network, outside of working hours.

3.2 Defined, accessible and fair processes for addressing workplace bullying and harassment, in a workplace that does not tolerate bullying of any form.

3.3 Structured hospital, state and national pathways for JMOs to voice concerns, engage in advocacy and play an active role in their workplace and training structures.

3.4 Medical education officers who take a pro-active role in identifying JMOs at risk and provide situation appropriate intervention.

3.5 Peer support systems including but not limited to formal and informal mentoring, career pathway support, JMO peer-to-peer support and protected communal spaces.

4. Accreditation and Governance

4.1 AJMOF calls upon stakeholders to ensure JMO forum representatives are actively involved in governance of JMO education and training issues.

4.2 AJMOF reaffirms the continuing need for junior doctor representation not only during prevocational accreditation surveys conducted by Postgraduate Medical Councils (PMCs) or equivalents, but also with the AMC when reviewing PMCs or equivalents. Surveyor training should be provided to junior doctors for this purpose.

4.3 AJMOF calls upon states and territories to ensure that an eight-week term in emergency medical care, as stipulated by the Medical Board of Australia (MBA), should only be accredited if it includes the management of acutely undifferentiated patients of a similar standard and in a similar volume to that of an emergency department.

4.4 AJMOF calls upon state and federal governments to re-introduce or maintain opportunities for junior doctors to experience supervised GP or community placements.

4.5 AJMOF calls upon the MBA to give all PMCs or equivalents the mandate to accredit all PGY1 and PGY2 positions on a minimum three-yearly accreditation cycle.

4.6 AJMOF calls upon the MBA, as well as state and territory governments to provide stable and equitable long-term funding to all PMCs or equivalents to continue to perform their accreditation functions and extend such funding as required.

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

4.8 AJMOF reaffirms its call for health services to ensure protected time for clinical supervision and support of JMO supervisors through programs such as CPMEC's National Professional Development Program for Directors of Clinical Training.

4.9 AJMOF calls upon accreditation bodies to ensure that random sampling of posts for review is the minimum acceptable standard where review of all posts is not practicable.

4.10 Accreditation by PMCs or equivalents should ensure adequate numbers of Medical Education Officers to support Junior Doctor needs.

5. The CPMEC and Junior Doctor Representation

5.1 AJMOC calls upon both Federal and State governments to provide funding to ensure the ongoing sustainability of the Confederation of Postgraduate Medical Education Councils (CPMEC).