

# Resolutions: 2017 to 2019

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

*Confederation of Prevocational Medical Education Councils (CPMEC)*



**CPMEC**  
**AJMOC**



*Version 2.0*  
*(Updated 2018)*

## 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, non-accredited registrars and career medical officers (CMOs).

The development of the updated 2017-2019 resolutions was coordinated by AJMOC, comprising the Chairs of each Australian state and territory Junior Medical Officers' Forum (**TASSIE**), and a prevocational medical officer representative from the Medical Council of New Zealand. AJMOC is a special interest group of the Confederation of Postgraduate Medical Education Councils (CPMEC). In 2018, AJMOC was chaired by Dr Laura Raiti from Victoria and Deputy Chair Dr Catelyn Cashion from ACT.

AJMOC continued to develop this document over face to face meetings in May and August 2018, in addition to teleconferences in June, and September, where the resolutions document was reviewed, updated and revised with broader consultation etc....

**Development began?** with face-to-face meetings in March & August 2017, where the resolutions from the previous year were reviewed and revised with broader consultation with the wider prevocational medical officer forum. The final draft was reviewed, and approved, by delegates at the 2018 Australian & New Zealand Prevocational Medical Education Forum in Melbourne.

At the heart of these resolutions is a desire by all prevocational medical officers 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 those who contributed to the development of these resolutions throughout the year.

## Resolutions

1. MEDICAL WORKFORCE PLANNING & DEVELOPMENT	1
2. ACCREDITATION OF HEALTH SERVICES TO PROVIDE PREVOCATIONAL TRAINING	2
3. HEALTH AND WELLBEING	3
4. CAREER PLANNING	4
5. EDUCATION AND TRAINING	5
6. ADVOCACY	6

# 1. MEDICAL WORKFORCE PLANNING & DEVELOPMENT

## Introduction

The medical workforce in Australia and New Zealand is in a constant state of flux. Most pertinent to prevocational medical officers is the bottleneck currently working its way through the medical training pathway. In this environment, it is crucial that due attention is given to preserving the rights of prevocational medical officers 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

1.1 AJMOC calls upon key stakeholders to coordinate all aspects of the medical training pathway to ensure that appropriate College-accredited training is made available to all doctors, in line with community needs and based on robust workforce data and modelling of future needs

Specifically, AJMOC calls upon key stakeholders to:

- a. Regulate the numbers of incoming medical students (including full fee paying students), specialist training positions and consultant appointments such that all doctors in training can be sustainably trained in line with community needs
- b. Gather and publicly distribute current data on the number and distribution of postgraduate training positions, current and future, to guide career planning for prevocational medical officers, International Medical Graduates (IMGs) and medical students
- c. Develop and promote accredited training positions in rural and regional Australia and New Zealand

1.2 AJMOC calls for a safe and sustainable workplace for prevocational doctors. We specifically call for:

- the protection of standards for safe working hours,
- 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,
- the payment of entitled overtime pay and penalty rates, and
- the provision of flexible working conditions including part time, job share and deferred position options.

1.3 AJMOC calls for the accreditation, wherever possible, of non-accredited registrar positions. AJMOC believes that excessive reliance on non accredited registrar positions is detrimental to both the medical workforce and to the welfare and education of doctors in training.

?Shadow 1.4 or re- number 5 and 6? Or delete 1.4 but don't re-number 5 , 6, 7

1.5 AJMOC calls on Health Departments and workforce agencies to be transparent on the development of task substitution roles to ensure that such roles do not compromise learning and professional opportunities for prevocational medical officers.

1.6 AJMOC 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, Māori populations and other cultural groups.

*1.7 AJMOC calls for state health departments to prioritize and fund accurate workforce data on Prevocational Doctors. Specifically, AJMOC is concerned regarding the emerging "Resident Medical Officer Shortage" and believes accurate data collection is the only way (?necessary) to properly define this issue. We call upon NMTAN to extend its scope to include Pre-Vocational doctors in its Medical Specialty Fact sheets under its purview to "develop policy advice about the planning and coordination of medical training in Australia" of which Pre-Vocational doctors are an essential demographic.*

## **2. ACCREDITATION OF HEALTH SERVICES TO PROVIDE PREVOCATIONAL TRAINING**

### **Introduction**

Accreditation of health services to hire prevocational medical officers 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 prevocational medical officers.

### **Resolutions**

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

2.2 AJMOC calls on all health service providers (within both public and private sectors) to engage with accreditation bodies and establish a minimum standard of continuing professional development and education for all prevocational medical officers.

2.3 AJMOC 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. If the hospital is deemed to need further changes to meet accreditation standards, a plan for achieving accreditation must accompany the report.

2.4 AJMOC calls for a greater emphasis to be placed on the assessment and promotion of welfare of prevocational doctors as part of the accreditation process. – AND APPENDIX?

## 3. HEALTH AND WELLBEING

### Introduction

Prevocational 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 and harassment in medicine.

### Resolutions

3.1 AJMOC calls for health services to create and maintain confidential and transparent pathways for reporting and escalation of issues relating to occupational health and safety, and bullying and harassment. In line with this, AJMOC calls for appropriate support and training of key personnel in the reporting pathway.

3.2 AJMOC calls upon health services to ensure prevocational doctors, including those in rural and remote areas, are able to access independent, confidential and appropriate primary care and mental health services. AJMOC requests all health services to adopt a "Doctors Health Charter" that outlines the responsibilities of doctors and of the health service towards wellbeing. (For reference the Doctors Health Advisory Service Western Australia have produced a Doctors Health Charter <http://www.dhaswa.com.au/wp-content/uploads/2018/08/Doctors-Health-Charter.pdf>)  
(all one resolution? Or split into two?)

3.3 AJMOC encourages peer support systems including mentoring, peer-to-peer support and debriefing.

3.4 AJMOC calls upon health services to strictly adhere to the policy of zero tolerance to abuse and bullying against health staff, with provision of specific training and protocols.

3.5 AJMOC calls for an amendment to the Health Practitioner Regulation National Law (Section 140), under which all registered health practitioners currently have a mandatory requirement to report another practitioner who has "notifiable conduct", to that of a system of voluntary ethical and professional reporting in the interest of doctor wellbeing.

## 4. CAREER PLANNING

### Introduction

Prevocational medical officers need to make informed decisions about their future careers. To make these decisions, more information regarding pathways and careers should be made available to all relevant parties. Of concern is the growing market in third party education & training providers seeking to capitalise on the “Curriculum Vitae arms race” between junior medical officers vying for training positions.

### Resolutions

4.1 AJMOC calls upon specialist medical colleges to have a transparent and evidence based selection process for entry into training programs and related pathways, including but not limited to:

- a. Timely publication and adequate information regarding:
  - i. Vocational and prevocational requirements
  - ii. Qualification requirements
  - iii. Other specific required criteria

Removed: “such as specific terms, experiences, skills, and postgraduate year level, such as courses, degrees, certifications, and workshops, such as non-accredited training, publications, research experience, teaching and Timely publication of the weighting and per-category limits of the criteria used for selection.”

- b. Timely publication of pre-application requirements, such as the pre-interviews or attendance at information days
- c. Timely publication of statistics relating to selection into programs, including:
  - i. Number of candidates applying, progressing past initial application, and offered positions
  - ii. Postgraduate year level of entrants, as a percentage of applicants
  - iii. Minimum and median point scores of successful applicants, if a points-based system was used
  - iv. Attempt specific success rates
- d. In admission schemes, only including extra weighting for higher degrees where there is evidence that completion of such a qualification is directly related to clinical performance

4.2 AJMOC calls upon relevant training providers and health services to publish accurate and timely information regarding accredited and non-accredited registrar positions, including but not limited to:

- a. Number of past, current and projected training and consultant positions available
- b. Geographic distribution of positions
- c. Requirements for candidates to rotate from their home-base location
- d. Processes in place to accommodate trainees who require support with mental or physical health, or leave for family purposes such as maternity/paternity leave.
- e. Statistics, including pass rates, for examinations

4.2 AJMOC calls upon all health services to increase the provisioning of flexible work options and to:

- a. Provide transparency of number of part-time positions that are available
- b. Advertise during the recruitment process the number of part-time positions available
- c. Aid prevocational doctors in their requests to seek flexible working options
- d. Reduce the perceived stigma attached to flexible working options
- e. Provide greater options for flexible work, beyond job-sharing

## 5. EDUCATION AND TRAINING

### Introduction

Education and training should be appropriately recognised and funded alongside service delivery. Prevocational doctors should be taught by all members of the healthcare team. AJMOC believes that inter-professional education requires a two-way collaborative approach, but cannot replace

the necessity for protected teaching time. AJMOC also recognises the importance of advanced trainees and fellows as an adjunct to consultant staff in prevocational medical officer's education.

### Resolutions

5.1 AJMOC calls upon key stakeholders to prioritise education by resourcing and maintaining protected teaching time and continually updating their education program for all prevocational doctors.

5.2 AJMOC supports inter-professional education but calls for prevocational teaching to be delivered by appropriately trained clinicians.

5.3 AJMOC calls upon health services to support clinical supervisors with training and resources for education of prevocational medical officers

5.4 AJMOC calls for health services and other relevant stakeholders to provide non-clinical professional development skills as part of an integrated teaching program.

5.5 AJMOC supports mandatory competencies/training. The completion of this training should be recorded and shared to prevent unnecessary duplication of training across health services.

*5.6 AJMOC supports a single, comprehensive National Training Survey (NTS) of doctors in training. AJMOC welcomes the opportunity to provide input in the formulation of the NTS. Information from this survey should be publically available in a timely fashion, and used to optimise the skills, training, and welfare of all doctors.*

## **6. ADVOCACY**

### **Introduction**

AJMOC strongly believes in representation of prevocational trainees in matters affecting education, accreditation, and registration.

### **Resolutions**

6.1 AJMOC calls on all key stakeholders to engage prevocational medical officers 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 constituency to continue to support their respective JMO Forums.

6.2 AJMOC calls for the funding and support of the CPMEC and the collective AJMOC, to ensure that prevocational medical officers have input into changes directly affecting them and their training.

6.3 AJMOC recommends greater consultation with prevocational doctors in implementing health system redesign (including and not limited to technology) as predominant users of workflow and information systems within the healthcare setting.



## Introduction

These resolutions have been addressed by key stakeholders, and AJMOC thanks those who work towards improving the employment, education and training of prevocational doctors.

## Resolutions

1.4 AJMOC calls upon the AMC, AHPRA, MCNZ and health services to adopt consistent, efficient and transparent processes for IMGs to 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.

2.4 AJMOC calls for a greater emphasis to be placed on the assessment and promotion of welfare of prevocational doctors as part of the accreditation process.

5.6 AJMOC supports a single, comprehensive National Training Survey (NTS) of doctors in training. AJMOC welcomes the opportunity to provide input in the formulation of the NTS. Information from this survey should be publically available in a timely fashion, and used to optimise the skills, training, and welfare of all doctors.