Australasian Junior Medical Officers' Committee (AJMOC)

2013 Australasian Junior Medical Officer Forum (AJMOF) Resolutions

3rd November 2013
Adelaide, South Australia

Acronyms

ACF	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
Forum	Refers to the annual Australian Junior Medical Officers' Forum
HWA	Health Workforce Australia
JMO	Junior Medical Officer
MBA	Medical Board of Australia
NMTAN	National Medical Training Advisory Network
PMCs	Postgraduate Medical Councils or equivalent prevocational medical training and education bodies

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 articulates the needs and expectations of junior doctors in order to optimise training and ultimately improve the care of patients.

In 2013, the AJMOF was held in Adelaide, South Australia on Sunday 3rd 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 2013 AJMOF Resolutions

The development of the 2013 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 and representatives from New Zealand. AJMOC is a subcommittee of the Confederation of Postgraduate Medical Education Councils (CPMEC). In 2013, AJMOC was chaired by Dr Elaine Zaidman from South Australia and supported by CPMEC secretariat. Development began with a face-to-face meeting in June 2013 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 2013 resolutions.

A first draft was completed by AJMOC and circulated to delegates attending AJMOF for consideration prior to the meeting. The AJMOF itself was chaired by Dr Zaidman and covered the progress made from the 2012 resolutions, current issues facing JMOs (including a report from each Australian state and territory JMO Forum Chair) and the draft resolutions for 2013. 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 18th Prevocational Forum in Adelaide.

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 Dr Zaidman and the support provided by CPMEC's Chief Executive Officer, Dr Jag Singh.

2013 Australasian Junior Medical Officers' Committee

Chair:	Dr Elaine Zaidman
Deputy Chair:	Dr Johann Lenffer
New South Wales:	Dr Johann Lenffer & Dr Nick Webb
Northern Territory:	Dr Kyran Smith
Queensland:	Dr Katherine Curtis
South Australia:	Dr Elaine Zaidman
Tasmania:	Dr Golsa Adabi
Victoria:	Dr Adriana Bibbo
ACT:	Dr Kate Brown
Western Australia:	Dr Falk Reinholz & Dr Rob Marshall
New Zealand:	Not represented in 2013

2012 AJMOF RESOLUTIONS

The 2013 AJMOF resolutions have been grouped into ten areas as follows:

1. *Internship and Prevocational Training Standards*
2. *The PGY2+ year*
3. *Prevocational Accreditation*
4. *Training Capacity Expansion*
5. *Workforce planning*
6. *Professional Development and Information Technology*
7. *Teaching and Education*
8. *Clinical Supervision and Assessment*
9. *Workplace Flexibility and Doctors' Health*
10. *Consultation with JMOs*

1: INTERNSHIP & PREVOCATIONAL TRAINING STANDARDS

The traditional model of internship has been to train in an urban tertiary hospital, including completing core terms in emergency medicine, medicine and surgery, as outlined by the Medical Board of Australia (MBA). The increase in numbers of medical school graduates is necessitating consideration of alternative placements for internships to increase training capacity.

An emergency department (ED) term provides a unique experience where junior doctor autonomy is maximized but senior input is readily available. AJMOF reiterate 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 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, 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.

The development of new and innovative internship models, such as community based internships and exclusively afterhours rotations, while exciting, need to be approached with caution. AJMOF believes that in the development with these new internship programs, consideration must be given to the registration standards set out by the MBA to ensure that all interns have equivalent experiences, which do not hinder their professional opportunities, regardless of what those may be. Adequate access to training, education and professional development to prevent professional isolation needs to be guaranteed, along with supervisory and welfare support for these junior doctors. Furthermore, all JMOs wishing to experience these rotations, irrespective of subsequent specialisation should be considered rather than simply be used as an early streaming pathway to general practice training.

Resolution 1.1

The AJMOF calls upon states and territories to ensure that the eight-week term in emergency medical care as stipulated by MBA 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, and that all such placements are properly accredited by PMCs.

Resolution 1.2

The AJMOF does not support the accreditation of short-stay medical units as standalone medicine or emergency medical care terms, unless they provide the required MBA experience stipulated for these 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 urges close consideration of the educational quality and value of new internship models, to ensure all interns have sufficient opportunity to fulfil their internship requirements and gain a broad and general experience in the acute, hospital based management of medical and surgical patients according to the standards set forth by the MBA, with adequate professional and welfare support to facilitate future career advancement.

2: THE PGY2+ YEARs

AJMOF acknowledges the efforts of health services to institute streaming of terms for PGY2+ to assist junior doctors in fulfilling college requirements and gaining further experiences in a particular field (e.g. medicine or surgery).

However, the Forum noted that while some junior doctors may make early career choices about their future specialty, many 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 early streaming occurs, JMOs who choose not to do so should be offered general pathways with broad and equally desirable terms.

AJMOF recognises that many hospitals lack formalised educational programs for prevocational doctors beyond the intern year, as well as a paucity of protected teaching time for such doctors. It is also noted that with the increased number of medical school graduates, there is much effort being made to expand the number of PGY1 (intern) positions. AJMOF has concerns that the expansion of PGY1 places will affect PGY2+ places both in terms of redirection of funding and relabeling of positions. This increase in interns will invariably become an increase in prevocational PGY2+ doctors, and AJMOF feels that a renewed effort to improve the educational and experiential value of these years must now be undertaken in preparation.

Resolution 2.1

AJMOF calls upon health services and colleges to act to ensure flexibility in allocation of PGY2 terms to ensure retention of well-rounded and generalist prevocational years to prepare junior doctors to enter into the vocational training program of their choice.

Resolution 2.2

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

Resolution 2.3

AJMOF calls upon AMC's Prevocational Standards Accreditation Committee to ensure that the Australian Curriculum Framework for Junior Doctors (ACF) is embedded as the educational framework, not only for internship year but extend to cover the PGY2+ years.

Resolution 2.4

AJMOF recognizes the importance of PGY2+ positions and appreciate these as different, 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 to the detriment of PGY2+ positions.

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. Currently the AMC and the MBA is only focused on accreditation of the internship year but AJMOF considers this is to be a very narrow view of the prevocational training years. The Forum felt that a broad, clear and consistent set of outcomes for the PGY2 year would help guide development and accreditation of these PGY2 positions to ensure high quality placements.

Resolution 3.1

AJMOF calls upon the MBA to give all PMCs the mandate to accredit all PGY1 and PGY2 positions on a minimum three-yearly accreditation cycle. Furthermore, the work done in ensuring consistency in prevocational accreditation through the Prevocational Medical Accreditation Framework (PMAF) should continue to be utilised in the development of these standards.

Resolution 3.2

AJMOF supports the development of a broad and clear set of outcomes for the PGY2 year to guide accreditation of these posts, to ensure that prevocational junior doctors, regardless of their desire to stream early or not, will receive rotations of high quality which are measured against a national standard.

Resolution 3.3

AJMOF does not support the accrediting of programs without selected sampling of posts. Transparency is essential in the process of accreditation and appropriate safeguards must exists which ensure adequate supervision and educational opportunities for interns and prevocational doctors in all settings.

Resolution 3.4

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

Resolution 3.5

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

4: TRAINING CAPACITY EXPANSION

AJMOF acknowledges the significant level of effort and resources that have gone to increase medical training workforce capacity and enhance self-sufficiency in Australia. However, these efforts will be futile if proper policy levers are not used to effectively address workforce shortages and geographical imbalances. In this regard, junior doctors can make important contributions if effectively engaged by the major stakeholders in shaping policy.

Of most immediate concern to most 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. New models must be developed which find internships for the increasing numbers of medical school graduates in Australasia, through a balanced approach that does not place unfair burden on particular jurisdictions. At the same time AJMOF wishes to acknowledge the ongoing contribution of international medical graduates who continue to provide much needed health services in rural and remote regions.

Resolution 4.1

AJMOF calls upon Health Workforce Australia (HWA) to ensure ongoing consultation with junior doctors about issues relating to junior medical workforce in Australia. Furthermore, the outcomes of the various HWA and other major workforce reports should be made accessible to all junior doctors in clearly and easily understandable formats.

Resolution 4.2

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

Resolution 4.3

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

Resolution 4.4

AJMOF acknowledges the work undertaken to provide all medical graduates of Australian universities with internships, and calls for governments, HWA and universities to continue to refine current policy approaches to ensure that all positions created are taken up. AJMOF reiterates its previous resolutions that any solution does not compromise roles and positions of PGY2+, or undermines opportunities for international medical graduates already working in Australia.

Resolution 4.5

AJMOF recognizes that the development of new para-clinical roles will impact junior doctor work environments and training. The Forum calls on State and Territory Health Departments and workforce agencies to be transparent in the development of these new roles, to ensure ongoing mutually beneficial working environments, without compromising learning and professional opportunities for JMOs.

Resolution 4.6

AJMOF calls upon the AMC, AHPRA and health services to adopt consistent, efficient and transparent processes for IMGs to proceed with transition to general registration and career development in Australasia. This is particularly the case for those IMGs who have provided services in areas of need to address workforce shortages.

5. WORKFORCE DEVELOPMENT

With increasing numbers of medical graduates and junior doctors in the workforce, there is now growing concern about the capacity of the traditional clinical supervisory workforce to absorb these new doctors. Publication of the HWA 2025 Workforce Reports have provided a baseline for national discussions but will need to supplemented by other, robust data from the various stakeholders to inform workforce planning and junior doctor career choice. This data also needs to be communicated effectively to JMOs to help inform career decision-making and facilitate the movement through the training pipeline. AJMOF also recognizes the need to develop non-traditional forms of training to diversify the medical workforce and meet community needs.

Resolution 5.1

AJMOF encourages key stakeholders to work towards the development of career planning strategies for junior doctors to help create realistic career goals, which not only fulfil their personal interest but are also in line with community needs. With the development of such programs, JMOs need to be included and consulted so as to have accessible and relevant initiatives.

Resolution 5.2

AJMOF calls upon key stakeholders to 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. Such information should include areas of workforce need, number of positions at all levels, in conjunction with the prerequisite requirements for each individual speciality.

Resolution 5.3

AJMOF calls all stakeholders to consider 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

Resolution 5.4

AJMOF supports the idea of career planning as a mandatory component of intern and prevocational education, along with adjuncts to professional development such as a career development portfolio and contact with a career development officer.

6: PROFESSIONAL DEVELOPMENT & INFORMATION TECHNOLOGY

AJMOF recognises that leadership and professionalism are skills routinely demonstrated by junior doctors in the clinical context, however they are not 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. The forum acknowledges that junior doctors regularly undertake training courses to improve their clinical skills, often at significant personal financial cost. Financial barriers to accessing these activities will negatively affect their professional development.

Further, AJMOF supports the improvement of health service delivery and medical education using technology. Simulated learning environments, if well-orchestrated, are a powerful learning experience and an innovative way to improve training. However, they should be seen as complementing direct patient interaction and not being seen as a substitute. 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 6.1

AJMOF calls upon HWA, health services and jurisdictions to provide appropriate access for junior doctors to undertake professional development programs in leadership, teaching, research, and other non-technical skills.

Resolution 6.2

AJMOF calls upon health services and jurisdictions to provide financial support and appropriate access to leave to pursue professional development and self-education activities.

Resolution 6.3

AJMOF calls upon all stakeholders developing new hospital technologies to do so in direct collaboration and consultation with junior doctors.

Resolution 6.4

AJMOF calls upon HWA to ensure that all prevocational trainees are able to access simulated learning environment (SLE) projects and e-learning platforms as a complement to, but not a substitution for, their clinical training.

7: TEACHING AND EDUCATION

AJMOF believes strongly that teaching and education of JMOs is a key element in ensuring the continuous effectiveness and development of the health care system. Education and teaching should be seen as a corollary of service delivery and must be appropriately funded. The Forum believes teaching should be embedded in hospital and departmental service plans to allow a 'whole of hospital' approach to JMO education and reinforce a culture of ongoing education and learning over a medical career.

Junior doctors may receive education through clinical exposure with opportunistic teaching from consultants and, increasingly, registrars on ward rounds. AJMOF also recognises the role of inter-professional learning in the education of junior doctors and supplementing as appropriate. This may assist in redistribution of senior clinician supervisor burden, and enhance the understanding of the roles of other health professionals. However AJMOF asserts that they should not be a substitute for learning acquired from senior medical staff in an optimal, protected learning environment. These concerns are primarily to prevent de-contextualising the specifically clinical aspects of medical training.

Resolution 7.1

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 to ensure an educationally robust program for all prevocational doctors.

Resolution 7.2

AJMOF supports the incorporation of teaching and supervisory skills into junior doctor and registrar training. AJMOF supports the assessment of these non-clinical skills to reinforce the culture education in the health workforce.

Resolution 7.3

AJMOF supports the education provided by allied health, nursing and other disciplines as an important adjunct to education delivered by senior clinicians. This should be delivered in conjunction with and be about allied health services and other disciplines.

8: CLINICAL SUPERVISION AND ASSESMENT

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'.

Assessment of PGY2+ prevocational junior doctors by their clinical supervisors is currently based on a list of individual competencies. This may overlook the higher order judgement required in the provision of comprehensive patient care as doctors progress through training. Instead, dynamic assessment tools which utilize a multi-modal approach to JMO evaluation should be considered, which reflect the nuances of clinical judgement and medical practice. The Forum feels that these assessments, whose purpose is for professional development and learning should not be used as competitive tool for employment or career advancement and should be respected as confidential, only to be released with junior doctor consent.

Resolution 8.1

AJMOF reaffirms its call for health services to ensure protected time for clinical supervision and support for the professional development of these supervisors through programs such as CPMEC's National Professional Development Program for Directors of Clinical Training (or equivalent). The role of clinical supervisors must be formalised in rosters, job descriptions and relevant policies. Key performance indicators and funding models should explicitly recognise the teaching and educational obligations of health services.

Resolution 8.2

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

Resolution 8.3

AJMOF recognises that assessment of junior doctors should not be solely competency-based due to the limitations of this method. The Forum encourages personal learning objectives to be discussed regularly between the junior doctors and clinical supervisors with reference to the ACFJD and believes that mid and end of term assessments should facilitate learning and professional development. Further, AJMOF feels that that these tools should not be used as part of employment or college selection process.

9: WORKPLACE FLEXIBILITY AND DOCTORS' HEALTH

Teaching hospitals operate in a time-poor, fragmented and dehumanised health system which can be a difficult and isolating work environment for junior doctors. Many junior doctors struggle to meet personal self-care needs, affected by excessive working hours, a lack of access to leave and relievers, unpaid overtime, and stigmatized attitudes within the profession about seeking help when distressed.

The ongoing concerns about junior doctors' mental health and wellbeing have been highlighted in the 2013 Beyond Blue report, which demonstrated greater levels of work stress for junior doctors, combined with higher levels of psychological distress including attempted suicide, as compared to the Australian population. Junior doctors also reported higher rates of burnout, emotional exhaustion and cynicism than medical students and senior doctors, and health services should ensure that they support JMO welfare during this difficult early phase of training.

Doctors were also found to have a greater degree of resilience to the negative impact of poor mental health; however AJMOF feels there is a need for action when faced with such clear evidence.

Resolution 9.1

AJMOF calls upon health services, and JMO units to ensure workplace flexibility for junior doctors as a critical step in promoting JMO wellbeing. This includes, but is not limited to:

- the adherence to national standards of safe working hours
- provisions and availability of part time, job share and deferred JMO positions
- ensuring the availability and access of annual leave and relievers
- ensuring the payment of entitled overtime pay

Resolution 9.2

AJMOF supports the ongoing provision of external Doctors Health Advisory Services in each state, including the recent decision of the Medical Board of Australia to continue to fund these services. However, AJMOF calls upon this model to evolve so that each state has available high quality, independent and confidential primary health care services for doctors, including a focus on preventative health. After hours consulting is essential to allow access for JMOs. In particular, provisions should be made to ensure remote access to doctors' health services for JMOs in rural and remote areas, who are often the most vulnerable JMOs in the least supported setting.

Resolution 9.3

AJMOF feels that a critical protective factor in JMO wellbeing and resilience is the presence of a strong peer network and peer support. AJMOF feels that resilience, wellbeing and self-care are traits learned through informal mechanisms such as mentoring, professional role-modelling, debriefing and personal reflection, rather than traditional teaching methods. As such, health services must ensure that the traditional pathways of fostering collegiality and peer support within the medical profession (e.g. JMO common spaces, formal debriefing for JMOs, etc.) are retained and protected. Informal and formal mentoring programs amongst JMOs should be supported.

10: 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 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, supported by CPMEC, sits in a unique position, representing the grassroots issues facing prevocational junior doctors across Australia and New Zealand.

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. The Forum continues to emphasise the need for more open lines of communication between policymakers, other stakeholders and junior doctor groups themselves, with regular consultation and feedback to junior doctors across Australasia.

Resolution 10.1

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 10.2

AJMOF resolves to coordinate and improve the current level of communication and collaboration that occurs between the different advocacy bodies for prevocational doctors and medical students entering the prevocational space.

Resolution 10.3

AJMOF calls upon the Colleges for meaningful consultation with the JMO forum when developing and redesigning expectations in the prevocational years to allow admission into training programs