NT JMO Forum

Report to NT PMC meeting 19th August 2011

1) Face to face meeting 9th July 2011
   a) 10 representatives present, 3 from Alice Springs, 7 from Darwin
   b) Speakers:
      i) Assoc. Prof. Elizabeth Chalmers – Chair, NT PMC
      ii) Karen Buckingham – Director of Strategic Workforce, DoH
   c) Outcomes:
      i) Terms of Reference for JMO forum finalized and accepted
      ii) Statement on Standards for JMOs in Rural and Remote Hospital Placements in the NT finalized and accepted
      iii) JMO forum logo and letterhead discussed and commissioned
      iv) Discussion of NT JMO issues relevant to AJMOC forum in November

2) Standards for JMOs in Rural and Remote Hospital Placements in the NT
   a) Developed in response to concerns of JMOs who had completed terms in rural or remote NT hospitals
   b) Addresses an area which is not specifically covered by other standards/guidelines
   c) Addresses and area of increasing importance as rural and remote hospitals will be increasingly utilized as placements
   d) Requires further objective input from hospitals and other stakeholders

3) Portfolios
   a) Education and training
      i) Representation to NT PMC Education committee
      ii) Representation to NT PMC awards committee
      iii) Voluntary MiniCEX/formative clinical assessment

   b) Supervision/Workforce
      i) Length of obstetric cover at ASH, 25 hour shifts - ongoing

   c) Wellbeing
      i) Acknowledge the need for improved support, representation and attendance of IMG doctors to the forum and JMO events in general
      ii) Consideration of

4) Funding
   a) Awaiting response from Department of Health

5) Miscellaneous
   a) Formal email address and updating of JMO page on PMC website under way

NT JMO Forum - Statement on Standards for Junior Medical Officers in Rural and Remote Hospital Placements in the Northern Territory

Preamble

This statement outlines the required standards to ensure safe and appropriate working environments for Junior Medical Officers (JMOs) working in rural and remote hospitals in the Northern Territory (NT). The isolated nature of Katherine, Gove and Tennant Creek hospitals make it difficult to fully staff these hospitals, increasing pressure on existing staff and, at times, compromising patient care. JMOs are often used to fill service positions in these remote hospitals without satisfactory levels of orientation, supervision, or professional development opportunities.

JMOs require clinical supervision in order to deliver safe patient care and further develop clinical skills and professional attitudes that provide the basis for their future medical practice. With the exception of intern places, JMO clinical placements within NT hospitals are not accredited.

At present, rural and remote hospitals in the NT do not ensure sufficient clinical supervision, safe working hours, and adequate professional development opportunities for JMOs. As pressure increases to place greater numbers of junior doctors in rural and remote hospitals, the need arises for a set of standards that ensure JMOs working in these areas are well supported. The NT JMO Forum supports the accreditation of PGY2 placements across all hospital sites. It acknowledges, however, that such a system of accreditation would not include PGY3s and above and may not be instituted for several years. In response, this set of standards has been developed to ensure safe and fulfilling practice for JMOs in rural and remote hospital placements.

Standards for JMO placements in Rural and Remote Settings

1. Pre-placement training
   - 1.1. Ensure that JMOs have accredited Advanced Life Support training and other relevant procedural skills as applicable to their expected clinical duties.
   - 1.2. Ensure that JMOs undergo accredited training in neonatal resuscitation and Advanced Paediatric Life Support if their clinical responsibilities may involve neonatal or paediatric care respectively.

2. Orientation
    2.1. Ensure that JMOs receive orientation to the facility prior to beginning clinical duties which includes information on administration support, IT systems, and relevant policies and procedures.
    2.2. Ensure that JMOs receive orientation to the clinical environment including expected roles and responsibilities, weekly roster, clinical supervisors and their contact information.

3. Supervision
    3.1. Ensure that appropriately skilled and resourced clinical supervisors are available to JMOs in rural and remote settings at all times.
    3.2. Ensure that the process for accessing clinical supervisors be clearly established and communicated to JMOs at the commencement of their placement.
    3.3. Ensure that, when clinical specialty support is not available on-site, assistance from and referral to larger hospitals is available.

4. Workload and Rostering
    4.1. Ensure that JMOs practice safe working hours with policies and procedures in place to identify and manage unsafe workloads and JMO fatigue.
    4.2. Ensure that rostering is in accordance with the current Enterprise Bargaining Agreement with regards to duration of shifts and provision of overtime and leave.
    4.3. Ensure that rosters are notified to those involved at least two weeks prior to the commencement of that roster.
    4.4. Ensure that JMOs are able to negotiate proposed roster changes and overtime requirements.
    4.5. Ensure a formal and transparent system for application and approval of leave in an appropriate timeframe.

5. Education and Assessment
    5.1. Ensure provision of adequate educational infrastructure, including but not limited to library facilities, internet access and electronic clinical resources,.
    5.2. Ensure appropriately skilled and resourced on-site personnel are employed to coordinate facility and departmental educational activities.
    5.3. Ensure regular formal teaching sessions are arranged to meet JMOs learning needs, are in paid time and are free from workplace interruptions.
    5.4. Ensure that staff rostering allows for JMOs to take advantage of informal and formal education opportunities (i.e. contact with visiting specialists)
    5.5. Ensure that feedback is given on JMO performance during their placement using a standardized assessment tool.

5.6. Ensure formal policies and procedures are in place to identify and support underperforming JMOs

6. JMO Well Being
   6.1. Ensure formal policies and procedures are in place to identify and support distressed JMOs.

7. Facilities
   7.1. Ensure adequate facilities, including but not limited to, technological aids, rest facilities and appropriate accommodation be available to all JMOs.

8. JMO Placement Evaluation
   8.1. Ensure that JMOs be provided the opportunity to give confidential feedback on their placement using a standardized assessment tool.
   8.2. Ensure a formal and transparent system is in place to review and address JMO placement feedback in a timely manner.

Conclusion

The NT provides unique opportunities for medical training and education. For JMOs, it is an ideal training ground to develop a broad range of clinical and professional skills as a foundation for future practice. However, to take advantage of these benefits, JMOs need to be adequately supported in well-structured placements.

The NT suffers from a constant shortage of medical services. As rural and remote hospitals are increasingly utilized for training purposes, JMOs will carry an increasing role in delivering healthcare to this region. There must be quality systems in place for training and education of JMOs to facilitate improved recruitment and retention of doctors to these areas in the future.

The Northern Territory Junior Medical Officer Forum
Terms of Reference

Mission

1. To provide a forum for discussion between Junior Medical Officer (JMO) representatives from across the Northern Territory on issues that affect JMOs.
2. To work in partnership and collaboratively with the Northern Territory Prevocational Medical Education Council (NT PMC), health service administrations, government and other stakeholders to address issues affecting JMOs.
3. To engage in a collaborative territory-wide approach to advocacy for JMOs.
4. To ensure representation of JMOs at territory and national meetings and to stakeholder groups and external organisations.

Roles and Responsibilities of the Forum:

1. Advisory Functions
    i. To work in collaboration with the NT PMC and participate in consultation on issues affecting postgraduate training and educations
    ii. To provide representation to NT PMC committees and support their work
    iii. To advocate for JMOs in issues relating to welfare, supervision, training and education
    iv. To ensure representation of all JMOs in the Northern Territory, including those in rural and remote placements.
    v. To advise key stakeholders on JMO issues as a representative group of JMOs in the Northern Territory

2. Operational Functions
    i. To disseminate information and create awareness of JMO issues among junior doctors in the territory
    ii. To advance the resolutions of the National JMO Forum

Membership

1. Attendees
    i. All doctors in prevocational medical practice within the Northern Territory are eligible to participate in Forum meetings.
2. Representative members

i. The forum shall include at least one representative from PGY1, PGY2 and IMG groups from the Royal Darwin Hospital and Alice Springs Hospital.
ii. The term of appointment is a for on calendar year
iii. Roles:
    - Attendance of Forum meetings
    - Representation to the Forum of issues specific to their year group
    - Members will be nominated to other NTPMC committees where vacancies exist

3. Chair
    i. A chair shall be elected annually. Where possible, the position shall be rotated between Alice Springs and Royal Darwin Hospitals.
    ii. The chair cannot fill a concurrent role as year-group or IMG representative.
    iii. Roles:
        - To organize and chair meetings of the forum
        - To sit on the NT PMC as a representative from the forum, and at meetings of national JMO events as a representative of the forum
        - To liaise with other stakeholders regarding issues of importance raised through the forum
4. Vice-Chair
    i. A vice-chair shall be elected annually. Where possible, the position shall be from the alternate hospital to the chair.
    ii. Roles:
        - To act in the role of the chair in their absence
        - The vice-chair will support the chair in fulfilling their roles

Conduct of meetings

1. The Forum will meet every second month via video conference or teleconference, with one face-to-face meeting each year.
2. Quorum will be defined as the chair or vice-chair, plus three representative members.
3. Each representative member of the Forum will hold one vote.
4. In the event that a representative cannot be present, an alternate member can be appointed with equivalent voting rights.
5. The chair will only cast a vote in the event that a matter is tied and a deciding vote is required.
6. Standing agenda items:
    - Apologies/attendance
    - Acceptance of previous minutes
    - Report from chair
    - Report from vice-chair
    - Update from NTPMC
    - External representation
    - Business arising

- Next meeting
- Meeting closed

7. The agenda should be distributed to all attendees not less than 3 days prior to each meeting.
8. Minutes should be made available within two weeks of the meeting with items requiring action documented along with the individual responsible.

Evaluation of Terms of Reference

1. These terms of reference should be addressed and updated annually at the first forum meeting of the year.