

2025 - 2026 APMOC ADVOCACY PRIORITIES

**AUSTRALASIAN PREVOCATIONAL
MEDICAL OFFICERS COMMITTEE**

**CONFEDERATION OF POSTGRADUATE
MEDICAL EDUCATION COUNCILS**



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INTRODUCTION

The Australasian Prevocational Medical Officers Committee (APMOC) is a special interest group of the Confederation of Postgraduate Medical Education Councils (CPMEC). We represent prevocational medical officers from Australia and Aotearoa and advocate for the continual improvement in their wellbeing, education, training, and supervision.

Prevocational doctors form the foundation of the medical workforce. Ensuring their wellbeing, career development, and access to high-quality education is essential to the sustainability of the health system and the delivery of patient care. APMOC has identified four key advocacy priorities for 2025–2026.

PRIORITY 1: SAFE, SUPPORTIVE, AND SUSTAINABLE WORKPLACES

Unsafe workloads and unsupported workplaces drive burnout, poor morale, and attrition. This negatively impacts both prevocational trainees and their patients. The 2024 Medical Training Survey (MTS) [1] identified that:

- One third (33%) of trainees reported experiencing bullying, harassment, sexual harassment, discrimination, or racism in their workplace. In 40% of cases, the person responsible was a supervisor.
- Aboriginal and Torres Strait Islander trainees reported experiencing or witnessing racism at more than double the rate of other trainees (38% vs 17%)
- Only 69% of trainees had access to protected study time or leave
- Half of doctors (47%) rated their workload as 'heavy' or 'very heavy' and, in 1/5 cases, un-rostered overtime 'most of the time' or 'always' had a negative impact on training

Safe, supportive, and sustainable workplaces must include: safe working hours; fair rostering and adequate staffing; access to leave including personal, study, parental, carer's, and family violence leave; appropriate remuneration for rostered and un-rostered overtime; protection from bullying and harassment; culturally safe work environments for First Nations patients and doctors; and access to supports for wellbeing and mental health. To achieve this we propose the following goals:

GOALS

- Systems implemented at every hospital and health service to ensure that rosters don't contribute to fatigue and to facilitate safe working practices and wellbeing. This might include:
 - Roster review groups
 - Reviewing all rosters against the AMA National Code of Practice – Hours of Work, Shiftwork and Rostering for Hospital Doctors [2]
- Removal of barriers for approval of overtime, including:
 - No requirement for direct consultant sign-off
 - No paper-based forms
 - No requirement for pre-approval
- Implementation of after hours practices in line with the recommendations made in the AMA 2024 Ward Call Survey. This may include access to a handbook, orientation, and buddy shifts [3]
- Every state, territory, and region having an established, published, and accessible pathway for confidential escalation of bullying or harassment concerns with options for escalation within and outside of the health service. This should include:
 - An option for anonymous reporting
 - Implementation of a peer accountability model such as the Vanderbilt model [4]
- Cultural safety training to be developed and delivered - particularly for administrative and executive staff - regarding the cultural safety of the hospital environment for First Nations staff and doctors
- Every Postgraduate Medical Council, hospital, and health service to publish an annual report against the Every Doctor Every Setting Framework [5]

PRIORITY 2: CAREER PATHWAYS AND PROGRESSION

Prevocational trainee career choices shape their futures as individuals in the profession and also the future medical workforce at large. Career decisions are multifactorial and can be impacted by access to professional development, mentorship, research opportunities, and specialty exposure. Prevocational trainees often face uncertainty around career decisions and pathways which can be exacerbated by lack of transparency around training positions and program requirements.

In the 2024 Medical Training Survey, only 56% of prevocational and unaccredited trainees reported having a professional development or training plan. [1] To prepare prevocational trainees to make informed decisions around pre-vocational and vocational training, we propose the following goals:

GOALS

- An audit be conducted and published on a national level, lead by CPMEC, on the current practices for term classifications to ensure consistency and transparency in this process
- All colleges to publish their expectations regarding the AMC Certificate of Completion of PGY1/PGY2 for entry to training programs
- Incorporation of professional development and training plans into prevocational doctor mid- and end-of-term assessments
- Consistent access to professional development leave between states, territories, and regions, and ensuring that regional and rural prevocational doctors can access additional leave for travel time
- States, territories and regions assessing the feasibility of including dedicated research time into professional development leave allowances in their enterprise bargaining agreements (EBAs)
- Promotion of partnerships with local clinical schools and clinicians in regional and remote areas to improve access to professional development courses
- Federal, state, and territory health bodies to conduct workforce planning that ensures specialty training programs are training adequate numbers of doctors in line with patient and community needs
- Where training bottlenecks exist, prevocational doctors have access to transparent career information. This should include:
 - Access to training program requirements such as possible training locations and the likelihood of relocation being required as part of training
 - Resources such as Medi-Nav [6] in Queensland that outline the number of training positions available and the number of applicants

PRIORITY 3: HIGH-QUALITY EDUCATION AND TRAINING

High-quality education is essential for training safe, capable, and confident doctors. While standardisation in the quality and expectation of education is important, training also needs to have the flexibility to be responsive to local community needs, health professional expertise, and the needs of doctors in training. The transition to the new AMC Prevocational Medical Education Framework presents opportunities for reform but also challenges that require adequate support for both trainees and supervisors.

In the 2024 MTS, only 86% of interns reported that there were opportunities to meet the requirements of the intern education program in their current setting. [1] We propose the following goals so that 100% of trainees have access to the education and training required during prevocational years:

GOALS

- Development of a national prevocational education curriculum to ensure consistent, high-quality education across all states, territories, and regions. This should incorporate the ability for local services to tailor education to their setting and communities
- Protected access to training that equips prevocational doctors with the skills to provide culturally safe and trauma-informed care that is contextual to their local healthcare environments
- Formal education time provided to trainees is high-quality, relevant, and protected. Strategies should be employed to promote attendance without creating additional workload or contributing to un-rostered overtime
 - This may include low pager hour and established alternate escalation pathways for nursing staff during teaching time
- Regular training and opportunities for feedback to support the implementation of the new AMC Prevocational Medical Education Framework.
 - This should ensure that the new training requirements such as Entrustable Professional Activities (EPAs) and use of the Clinical Learning Australia ePortfolio are applied consistently, fairly, and without unnecessary administrative burden
- Training is developed and provided to supervisors on providing feedback. This should promote meaningful engagement from both supervisors and trainees in mid- and end-of-term assessments and the provision of feedback that is individualised, constructive, and effective

PRIORITY 4: INTERNATIONAL MEDICAL GRADUATES

In its 2024 advocacy priorities, [7] APMOC identified the need to address the unique challenges faced by the growing number of international medical graduates (IMGs) working in Australia and Aotearoa. Of IMG trainees that responded to the 2024 Medical Training Survey, almost half (44%) were working in prevocational roles. [1] As such, IMG trainees share many of the issues experienced by the broader prevocational workforce. However, they also require tailored strategies to support them in their roles within the medical profession. We propose the following goals to improve the training experience for IMGs:

GOALS

- Tailored orientation programs should be provided to all IMGs prior to commencing clinical work. These orientation programs should be contextual to the local health network and address the cultural, social, and historical contexts of First Nations communities and patients

- Development of structured mentorship programs for IMGs such as:
 - Pairing with senior clinicians to provide guidance in navigating a career in a new healthcare system, and;
 - Buddy or peer mentor programs with local graduates
- Development of simple and transparent application processes that allows international medical graduates to make informed decisions regarding commencing work in Australia and Aotearoa
- Fair and equitable access to specialty exposure, skills acquisition and professional development, education, and mentorship opportunities

APMOC 2026

In 2026, APMOC will be chaired by the Tasmania PMO Forum Chair. We are excited to continue engaging and collaborating with key stakeholders including CPMEC to achieve our advocacy goals.

Feedback

Feedback is welcome and can be directed to: contactapmoc@gmail.com

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