

To NT PMAS Prevocational Accreditation Committee

The NT JMO Forum is pleased to provide you with the below update on their current work in the space of prevocational trainee support and education in the Northern Territory. Our committee consists of seven JMOs from across the Top End and Central Australian Regional Health Services and one medical student member, all of whom are passionate advocates for education and training in the unique training environment of the territory and are also involved in JMO societies at their local sites.



### JMOF Committee Membership

Please see below a current list of committee members as elected on the 3rd of December 2022.

Name	JMOF Position	NT Health Role
Dayna Duncan	Chair	CAHS RMO
Rhiannon Oakhill-Steel	PGY1 Representative	TEHS RMO
Cassandra Byers	PGY2 Representative	CAHS RMO
Gurleen Kaur	IMG Representative	TEHS RMO
Jahan Barr	Medical Student Representative	NTMP Student
Jen Barton	General Member	TEHS RMO
Anna Trail	General Member	TEHS RMO
Bianca Strugnell	General Member	TEHS RMO

### IMG Support

The committee's IMG representative has raised the challenges for new IMGs starting in an unfamiliar health system where some processes are very different to where they have been trained. In order to supplement and complement local orientation and education opportunities, the JMO Forum has decided to run an online webinar for newly started IMGs with some peer-to-peer tips about role responsibilities which might be new for them, as identified by the IMG Representative. An example of this includes referral to another team which in other countries would occur at a consultant-to-consultant level. This event will be held online in the coming weeks for both CAHS and TERHS IMGs to attend.

## Proposal for JMO Submission to Prevocational Accreditation

A proposal has been written and is attached regarding prevocational doctor feedback as part of pre-vocational accreditation processes in the Northern Territory. This is attached as an appendix for discussion at the meeting.

## 2022 Medical Training Survey

The JMO Forum reviewed and discussed the NT report for the 2022 Medical Training Survey, with particular focus on the data relating to interns, RMOs and IMGs. One statistic that was highlighted for improvement was orientation (pg 27). In response to the question 'Did you receive an orientation to your setting?', 61% responded that they had a formal orientation, 33% had a largely informal orientation, and 6% had no orientation at all. While these numbers are similar to the national average, there is an opportunity to be aspirational and aim for 100% orientation. A second area of opportunity identified was access to flexible working arrangements, which 55% of trainees said they had access to, and 25% said they did not. Finally, it was heartening to see that the NT is performing above average on delivering opportunities to develop cultural safety (97% as compared to the national average of 89%), and training on how to deliver culturally safe care (82% as compared to the national average of 77%). It was disappointing however to see that the rates of witnessing racism are significantly higher than the national average (25% vs 13%), although this may be attributable to greater awareness as a result of better training (pg.50).

## Internship in the NT

The JMO Forum presented at a national webinar on internship across different states held by the Australian Medical Students' Association. This was attended by 650 medical students from around the country as well as being recorded and distributed. The full slide deck can be seen [here](#), which heavily references the PMAS website and existing documents.



**Representation on the National Standards Implementation Working Group**

There are two representatives from the NT JMO Forum on the working group for implementation of the new AMC National Standards via NTPMAS.

**Representation at AJMOC**

The NTJMOF Chair sits on the Australian JMO Council and contributes to the collaboration and advocacy across states on matters regarding prevocational education, training, and career advancement. At present the new resolutions are being finalised for approval by CPMEC and presentation at the Prevocational Training Forum in Perth in November.

If there are any other opportunities for the NT JMOF to provide feedback or assistance to PMAS please don't hesitate to get in touch via [ntjmoforum@gmail.com](mailto:ntjmoforum@gmail.com).

Warmest regards,

Dr Dayna Duncan  
NT JMO Forum Chair  
[ntjmoforum@gmail.com](mailto:ntjmoforum@gmail.com)

*Submitted 23/06/23*

## Appendix: Proposal- Survey Process JMO Feedback

To the NT PMAS

The NT JMO Forum would like to submit the following proposal for your consideration regarding the prevocational program accreditation process.



### Context

Accreditation by the state prevocational authorities of health services is governed by the Australian Medical Council's Standards for Prevocational Training, and serves to ensure that all junior doctors awarded general registration meet a national standard.

The following current AMC standards require that there are robust processes for consultation with JMOs as part of the accreditation process, specifically:

4.8 The intern training accreditation authority **has mechanisms for identifying and dealing with concerns about junior doctor wellbeing** or environments that are unsuitable for junior doctors in its accreditation work including accreditation assessment, monitoring and complaints processes.

5.1 The intern training accreditation authority **has processes for engaging with stakeholders, including health departments, health services, junior doctors,** doctors who supervise and assess junior doctors, the Medical Board of Australia, professional organisations, and health consumers/community.

These standards remain largely unchanged in the AMC's 2024 standards, with the addition of the following:

4.5 The prevocational training accreditation process includes **considering external sources of data where available.** This includes mechanisms to manage data or information arising outside the regular cycle of accreditation that indicate standards may not be being met.

### Current Situation

Presently the feedback viewed by survey teams in accrediting a health service from JMOs is through two mechanisms;

- That which is submitted by the health service as part of their accreditation paperwork
- A survey which was implemented for the first time in 2022 for the 2023 TEHS. This returned 20 responses in total, 13 PGY1 and 7 PGY2

This introduction has increased the amount of direct JMO Feedback able to be considered in the context of a survey assessment, and is able to guide further questions and meetings that are organized within a site visit, or further information sought in a desktop assessment.

Online surveys, while a good way to reach a large group, often suffer from poor response rates. They are also often plagued by recency bias, and the quality, detail, and focus of the response tends to vary based on the mood and recent experience of the respondents. These surveys tend to attract those who are disgruntled and have a particular recent grievance to air.

We propose that an additional channel of information gathering as outlined below would have less bias and deliver a more representative and holistic picture of the JMO experience.

### **Suggestion: Collaboration with the local JMO Society**

This proposal borrows from the current process employed by the AMC in accrediting primary medical education programs; the local Medical Society writes a report in parallel with the faculty being accredited which is generally shared with the faculty prior to submission and is considered alongside the faculty report by accreditation teams.

The benefit of these reports is that they are written collaboratively by a committee of JMOs who can collectively paint a picture of the local JMO experience. They are done ideally in open conversation with the local Medical Education Unit who might share the results of surveys or term assessments, and this ensures that they are accurate and fair reports. The report is a culmination of advocacy and representation of the JMO Society across the year and therefore suffers from less recency bias, and is written in line with the PMAS Standards, making it easier for survey teams to consider.

### **Implementation**

This project would most likely be implemented with the 2024 accreditation of CAHS. It would involve the ASH RMO Society for CAHS and the DiTAG for TEHS.

We welcome feedback and suggestions on this early proposal and look forward to further future discussion about how JMOs can best be involved in the accreditation process.