

# AJMOC Resolutions: 2022-2023

Australasian Junior Medical Officers' Committee (AJMOC)

*Confederation of Postgraduate Medical Education Councils (CPMEC)*



CPMEC  
AJMOC



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## **Preface**

The prevocational space is defined as postgraduate years of training prior to entering an accredited training position. Specifically, doctors within the prevocational space include interns, resident medical officers who are not in a formal postgraduate training program, non-accredited registrars and career medical officers (CMOs).

The development of the updated 2022-2023 resolutions was coordinated by AJMOC, comprising the chairs of each Australian state and territory Junior Medical Officers' Forum or equivalent, and a prevocational representative from the Medical Council of New Zealand. AJMOC is a special interest group of the Confederation of Postgraduate Medical Education Councils (CPMEC). In 2022, AJMOC was chaired by Dr Shihab Siddiquee from South Australia.

AJMOC continued to develop this document during its meetings in the second half of 2022.

AJMOC acknowledges the contributions of all those who contributed to the development of these resolutions.

## **Resolutions**

- 1. MEDICAL WORKFORCE PLANNING & DEVELOPMENT**
- 2. ACCREDITATION OF PREVOCATIONAL TRAINING PROVIDERS**
- 3. HEALTH AND WELLBEING**
- 4. CAREER PLANNING**
- 5. EDUCATION AND TRAINING**
- 6. ADVOCACY**

# 1. MEDICAL WORKFORCE PLANNING & DEVELOPMENT

## Introduction

Australia and Aotearoa New Zealand have recently undertaken developments to enhance the planning and development of their respective medical workforces, which is especially important for prevocational medical officers. In this developing 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 Aotearoa 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, parental 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 deferral 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.

1.4 AJMOC calls on Health Departments and workforce agencies to be transparent on task substitution roles (the use of non-medical practitioners to perform clinical duties traditionally performed by medical practitioners, with or without medical supervision) to ensure that such roles do not compromise learning and professional opportunities for prevocational medical officers.

1.5 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, refugee populations and other cultural groups.

1.6 AJMOC calls for state and territory health departments to prioritize and fund comprehensive workforce data on prevocational doctors. Specifically, AJMOC supports the adoption of a national medical workforce strategy that prioritizes and addresses workforce planning and design, the rebalance of supply and demand, builds a generalist capacity and builds a flexible and responsive medical workforce.

## **2. ACCREDITATION OF PREVOCATIONAL TRAINING PROVIDERS**

### **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 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.

## 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 important to address the 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 or 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, especially 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/wellbeing charter that outlines the responsibilities of doctors and of the health service towards wellbeing.

3.3 AJMOC encourages junior doctor 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, bullying, and unlawful discrimination, against health staff through:

- Provision of specific training and protocols
- Referral of victims of bullying and abuse to support services
- Active intervention and support for offenders of abuse/bullying to prevent future harm
- Escalation of abuse and bullying to appropriate disciplinary body.

3.5 AJMOC encourages Federal, State and Territory governments to amend 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. Until that amendment is made, AJMOC supports health services providing:

- Early intervention and support for health practitioners at risk of mandatory reporting
- Referral of health practitioners who have been reported to support services
- Flexible working arrangements or alternative roles for health practitioners who are unable to fulfil their duties.

3.6 AJMOC calls for health services to implement standardised healthy workplace policies including:

- 24/7 access to healthy food options,
- adequate communal areas
- dedicated sleeping areas for doctors on call
- access to sick and annual leave
- protected teaching time
- protected parental leave and return to work programs
- rostering in accordance with relevant Enterprise Bargaining Agreements/Awards, minimising overtime, supporting overtime claims, and fostering a culture of healthy work-life balance.

## 4. CAREER PLANNING

### Introduction

Prevocational doctors need to make informed decisions about their future careers. Transparency on careers and pathways for all relevant parties is needed to make such decisions. There is ongoing concern about increased requirements for entry to specialist training among junior doctors competing for positions.

### Resolutions

4.1 AJMOC calls upon all specialist medical colleges to have a transparent and evidence-based selection process for entry into training programs, 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
- b. Timely publication prior to commencement of the application opening process 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. The number of candidates applying, progressing past initial application, offered interviews and offered positions
  - ii. Postgraduate year level of entrants, as a percentage of applicants
  - iii. Minimum and median point scores of successful applicants, if using a point-based system
  - iv. Release statistical analysis to applicants via email, with number of applications, number of interviews conducted, number of successful applicants
  - v. Summary of statistics to be published on college websites.
- d. In admission schemes, justifying any points awarded for postgraduate degrees or courses, where relevant to the selection criteria.

4.2 AJMOC calls for all training providers and health services to publish accurate and timely information regarding accredited and non-accredited positions, including:

- a. Number of past, current and projected training and consultant positions available
- b. Geographic distribution of positions (at all levels of training)
- 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 e.g. parental leave
- e. Statistics, including pass rates and pass marks, related to examinations.

4.3 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 recruitment the number of part-time positions available
- c. Support trainee doctors to seek flexible working options
- d. Reduce the perceived stigma attached to flexible working options, and recognise its valuable role in ensuring work-life balance
- e. Provide greater options for flexible work, beyond job-sharing, such as clinical-academic roles, to medical officers at all levels of training.

## 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, however it 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 officers' 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 and 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 and training for prevocational medical doctors. Expectations of competencies and training should be standardised across health services in accordance with Australian Medical Council National Standards and the Standards of the Medical Council of New Zealand. The completion of this training should be recorded, such as with the e-portfolio or otherwise, and shared to prevent unnecessary duplication of training across health services.

5.6 AJMOC supports a single, centralised survey, such as the Medical Training Survey (MTS) conducted by the Medical Board of Australia, accessible by health services and state accreditation bodies. The involvement of junior doctors and/or JMO Forums or equivalent is strongly recommended in order to improve workplace environments in health services and to support the accreditation for health services.

5.7 AJMOC supports the collation and discussion of junior doctor experience at health services within junior doctor representative/governance bodies using data available from the MTS and other tools used to evaluate aspects of clinical learning.

5.8 AJMOC supports the open disclosure and transparent communication of survey data regarding health service workplace environments and outcomes of discussions within local health service junior doctor representative/governance bodies.

5.9 AJMOC supports the establishment and maintenance of governance bodies within health services with junior doctor representation and encourages the participation of junior doctors in these bodies.

## **6. ADVOCACY**

### **Introduction**

AJMOC strongly believes in representation of prevocational doctors 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 postgraduate medical education councils (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 as predominant users of workflow and information systems within the healthcare setting.