



NT JMO Forum – Statement on Standards of 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
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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.