Regular Report

NTPMAS Prevocational Accreditation Committee

NT JMO Forum, October 2024

The NT JMO Forum last met on the 30th of October 2024, our 6th meeting for the year. The meeting was attended by trainees from Central Australia and the Top End, but unfortunately attendance numbers were low given the end of the year is approaching. The following are ongoing topics of discussion within NTJMOF;

Trainee voice in accreditation

Now that the major projects of 2024 are being wound up (new AMC standards, NTPMAS accreditation, and ANZPMEF), we look forward to the opportunity 2025 to revisit the APMOC proposal for a trainee voice throughout the accreditation process. The original proposal submitted in 2023 is attached to this report as well as a proposed template for the report.

Aligned Recruitment

The below paragraph is pasted from the previous report which was not discussed at the meeting. Following discussion with interstate trainee doctors at both RMA and ANZPMEF, the application process remains a significant barrier to recruitment.

The NT JMO Forum is advocating for the standardization of recruitment processes for junior doctors across the Northern Territory. Currently, the varying timelines for application openings and closings create unnecessary confusion for applicants, complicating the decision-making process. By aligning these dates, both for internal and external recruitment, the forum believes that the process will become more transparent and manageable for junior doctors seeking to advance their careers within the Territory's health system.

In addition to streamlining the recruitment timeline, this alignment would also provide a strong foundation for a unified and impactful marketing strategy. A coordinated approach would not only enhance the visibility of opportunities within the Northern Territory but also attract a broader and more diverse pool of applicants. The NT JMO Forum envisions this as a critical step toward improving the recruitment experience and ensuring that the Territory continues to draw skilled and motivated junior doctors to meet its healthcare needs.

Access to Leave

Recently, CPMEC in partnership with APMOC has created a position statement regarding access to leave. This position statement was written with NT leadership by the CPMEC Board and has been approved by the Board at the November meeting. The final version will be sent to PMCs in the coming weeks, and NT JMOF looks forward to discussing the position statement with CPMEC and PAC once distributed.

APMOC Resolutions

In 2024 the Australasian Prevocational Medical Officers Committee (APMOC) (renamed from AJMOC) has been chaired by the NT JMO Forum given the locally held ANZPMEF. The APMOC presented its 2024 advocacy priorities at the forum in November and these are attached to this report for review for those not able to attend the forum.

International Medical Graduates

At present, IMGs are not governed or funded in the same way as domestic graduates. The recent APMOC advocacy priorities highlight this and call for funding at all levels to establish a similar process for accreditation and oversight of IMGs working with provisional registration and in RMO roles.

This is going to be a long term process, but we do have an opportunity to begin at a local level right now. In NT and national accreditation processes I have seen each time a recommendation or condition is made related to IMGs that it is dismissed as 'outside of jurisdiction/ scope'.

While NTPMAS is not funded to oversee IMGs, as is highlighted in the APMOC priorities, their adequate support and supervision has a direct impact on the wellbeing and therefore educational opportunity of domestic graduates. Further, at both accredited sites in the NT the medical education unit oversees the administration related to provisionally registered IMGs.

Recommendation:

1. That NTPMAS makes a commitment in principle to not exclude recommendations related to IMGs from its reports (these will not be conditions on which accreditation is pinned, but rather recommendations which are a quality improvement opportunity)
2. That NT Accredited provisional training programs make a commitment to not dispute recommendations relating to IMGs purely due to them being 'out of scope'
3. Consider that recommendations related to IMGs might be grouped together and separately within the accreditation report to highlight that they are quality improvement opportunities not mandatory for ongoing accreditation

ANZPMEF 2024

Three members of the NT JMO Forum attended the ANZPMEF 2024 conference and found it a beneficial experience to observe the way state, territory and regional advocacy is carried forward in the national space. This will assist the chairs from 2025 onwards.

Kind regards,

Dayna Duncan (Chair)
On behalf of the NT JMO Forum 2024 Committee

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

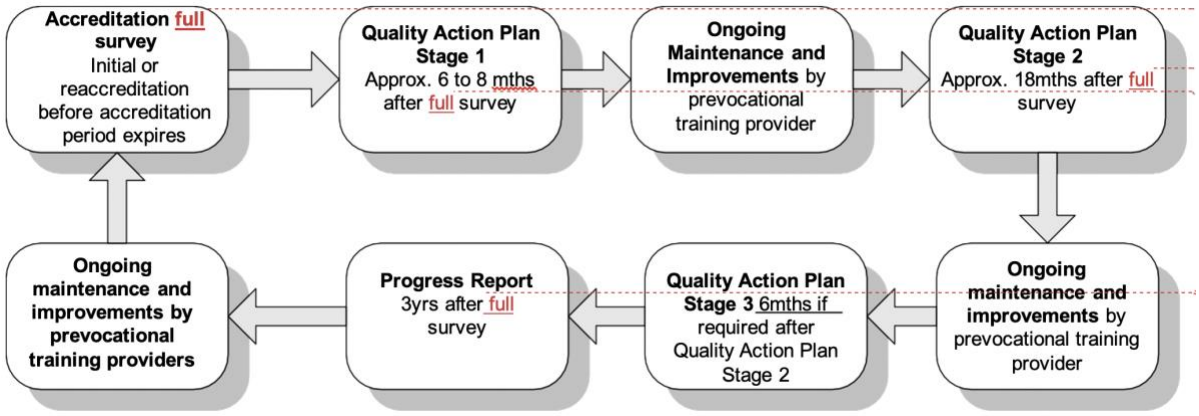
This project would most likely be implemented with the 2024 accreditation of CAHS. It would involve the ASH RMO Society for CAHS and the DiTAG for TEHS.

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.

Trainee Medical Officer Health Service Accreditation Report

Background

Health services in the Northern Territory (NT) are accredited by the NT Prevocational Medical Assurance Services (NTPMAS) on a cyclical basis to ensure prevocational training meets the national standards. Health services are accredited for a period of up to four years with regular reviews throughout, as shown in the diagram below.



In 2025, NTPMAS is piloting an approach using formal reports submitted by trainee medical officers through their representative committee alongside the report submitted by health services. The purpose of this report is to ensure that the trainee voice is heard in all stages of accreditation and this contributes alongside other information sources to the breadth of information considered by the trained surveyors undertaking the accreditation or monitoring review.

Instructions

1. NTPMAS will reach out to the representative committee in question at least two months prior to the report being due. At the time of writing, this is;
    a. Top End Trainees Representative & Support Group for the Top End Health Service and;
    b. Alice Springs Hospital RMO Society and Medical Training Committee Representatives for Central Australia Health Service
2. NTPMAS will provide the society representative with information about the accreditation process and standards including this template, and will provide them with the deadline for a report submission should they choose to write one
3. The report <u>should</u>
    a. Include the trainee perspective on the positive aspects of health system functioning as well as areas for improvement and quality improvement activities that have taken place
4. The report <u>should not</u>
    a. Require detailed and substantive evidence. Personal experience of trainees may be included and this can then be corroborated if necessary with other sources of information for example end of term feedback forms and health service report.

b. Require a response to every domain for accreditation, trainee societies should only include a response to the sections that they feel they have information to share.
c. Take excessive time to complete or place undue strain on volunteer prevocational service representatives

Report

Standard 1.1. Organisational Purpose 1.1.1 The purpose of the health services that employ and train prevocational doctors includes setting and promoting high standards of medical practice and training. 1.1.2 The employing health service's purpose identifies and addresses Aboriginal and Torres Strait Islander communities' place-based needs and their health in collaboration with those communities.
Outstanding Condition or Recommendations
Trainee Feedback or Comments

Standard 1.2 Outcomes of the Prevocational Program 1.2.1 The prevocational training provider relates its training and education functions to the health care needs of the communities it serves. 1.2.2 The training program provides generalist clinical training that prepares prevocational doctors with an appropriate foundation for lifelong learning and for further postgraduate training.
Outstanding Condition or Recommendations
Trainee Feedback or Comments

Standard 1.3 Governance 1.3.1 The governance of the prevocational training program, supervisory and assessment roles are defined. 1.3.2 The health services that contribute to the prevocational training program have a system of clinical governance or quality assurance that includes clear lines of responsibility and accountability for the overall quality of medical practice and patient care. 1.3.3 The health services give appropriate priority and resources to medical education and training and support of prevocational doctor wellbeing relative to other responsibilities. 1.3.4 The health service has documented and implemented strategies to provide a culturally safe environment that supports: • Aboriginal and Torres Strait Islander patients / family / community care • The recruitment and retention of an Aboriginal and Torres Strait Islander health workforce.

1.3.5 The prevocational training program complies with relevant national, state or territory laws and regulations pertaining to prevocational training.
1.3.6 Prevocational doctors are involved in the governance of their training.
1.3.7 The prevocational training program has clear procedures to immediately address any concerns about patient safety related to prevocational doctor performance, including procedures to inform the employer and the regulator, where appropriate.

Outstanding Condition or Recommendations

Trainee Feedback or Comments

Standard 1.4 Program Management

1.4.1 The prevocational training program has dedicated structures with responsibility, authority, capacity and appropriate resources to direct the planning, implementation and review of the prevocational education and training program, and to set relevant policies and procedures.
1.4.2 The prevocational training program documents and reports to the prevocational training accreditation authority on changes in the program, terms or rotations that may affect the program delivery meeting the national standards.
1.4.3 The health services have effective organisational and operational structures dedicated to managing prevocational doctors, including rostering and leave management.

Outstanding Condition or Recommendations

Trainee Feedback or Comments

Standard 1.5 Relationships to support medical education

1.5.1 The prevocational training program supports the delivery of prevocational training through constructive working relationships with other relevant agencies, such as medical schools, specialist education providers, and health facilities.
1.5.2 Health services coordinate the local delivery of the prevocational training program. Health services that are part of a network or geographically dispersed program contribute to program coordination and management across sites.

Outstanding Condition or Recommendations

Trainee Feedback or Comments

Standard 1.6 Reconsideration, review and appeals process

1.6.1 The prevocational training provider has reconsideration, review and appeals processes that provide for impartial and objective review of assessment and progression decisions related to prevocational training. It makes information about these processes readily available to all relevant stakeholders.

Outstanding Condition or Recommendations

Trainee Feedback or Comments

Standard 2.1 Program structure and composition

2.1.1 The prevocational training program overall, and each term, is structured to reflect requirements described in the Medical Board of Australia's Registration standard – Granting general registration on completion of intern training and requirements described in these standards for PGY2.

2.1.2 The prevocational training program is longitudinal in nature and structured to reflect and provide the following experiences, as described in 'Requirements for prevocational (PGY1 and PGY2) training programs and terms' (Section 3 of National standards and requirements for prevocational (PGY1 and PGY2) training programs and terms):

- a program length of 47 weeks
- a minimum of 4 terms in different specialties in PGY1
- a minimum of 3 terms in PGY2
- exposure to a breadth of clinical experiences
- exposure to working outside standard hours, with appropriate supervision
- working within a clinical team for at least half the year
- a maximum time spent in service terms of 20% in PGY1 and 25% in PGY2

2.1.3 Prevocational training terms are structured to reflect and provide exposure to one or two of the required clinical experiences as described in 'Requirements for programs and terms' (Section 3 of National standards and requirements for programs and terms).

2.1.4 The prevocational training provider guides and supports supervisors and prevocational doctors in implementing and reviewing flexible training arrangements. Available arrangements for PGY1 are consistent with the Registration standard – Granting general registration on completion of intern training.

2.1.5 The provider recognises that Aboriginal and Torres Strait Islander prevocational doctors may have additional cultural obligations required by the health sector or their community, and has policies that ensure flexible processes to enable those obligations to be met.

Outstanding Condition or Recommendations

Trainee Feedback or Comments

Standard 2.2 Training environments

2.2.1 The prevocational training program is underpinned by current evidence-informed medical education principles.

2.2.2 For each term, the prevocational training provider has identified and documented the training requirements (see Training and assessment requirements for prevocational (PGY1 and PGY2) training programs: Section 2 – 'Prevocational training'), including the prevocational outcome statements that are relevant, the skills and procedures that can be achieved, and the nature and range of clinical experience available to meet these objectives.

2.2.3 The prevocational program provides professional development and clinical opportunities in line with the prevocational outcome statements regarding Aboriginal and Torres Strait Islander peoples' health.

Outstanding Condition or Recommendations

Trainee Feedback or Comments

Standard 2.3 Assessment requirements 2.3.1 Prevocational doctor assessment is consistent with the Training and assessment requirements and based on prevocational doctors achieving outcomes stated in the prevocational outcome statements. 2.3.2 The prevocational PGY1 training program implements assessment consistent with the Medical Board of Australia's Registration standard – Granting general registration on completion of intern training. 2.3.3 Prevocational doctors and supervisors understand all components of the assessment processes. 2.3.4 The prevocational training program has an established assessment review panel to review prevocational doctors' longitudinal assessment information and make decisions regarding progression in each year
Outstanding Condition or Recommendations
Trainee Feedback or Comments

Standard
Outstanding Condition or Recommendations
Trainee Feedback or Comments

APMOC Advocacy Priorities

The Australasian Prevocational Medical Officers Committee (APMOC) has identified four key advocacy priorities for 2024 to enhance the experience, support, and outcomes for prevocational doctors (PGY1 and PGY2) across Australia and New Zealand. These priorities align with the broader goals of promoting quality education, improving workplace conditions, and ensuring patient outcomes. APMOC aims to work collaboratively with stakeholders to drive positive changes in these areas.

Priority 1: Robust Educational Experience

APMOC advocates for a structured and comprehensive educational experience that prepares prevocational doctors for safe and effective clinical practice. The quality of training during PGY1 and PGY2 is foundational to the development of competent and confident doctors. APMOC believes that:

- Formal teaching programs should be **contextually relevant** to the local healthcare environment while ensuring that trainees acquire **broad, transferable skills** applicable across various clinical settings in both Australia and New Zealand.
- Hospitals and health services must adhere to the national framework standards, with clear guidance on minimum teaching content. This content should align with the AMC Prevocational Medical Education Framework, ensuring a consistent and high-quality educational experience for all trainees. APMOC recommends the creation of a **guiding national curriculum** for prevocational training.
    - The roll-out of a national curriculum should focus on key areas of professional development, clinical skills, and non-technical competencies, with an emphasis on culturally safe practice.
- Opportunities for **collaboration between educational bodies** and hospitals are critical, particularly with the inclusion of formal teaching mandates for **PGY2 trainees** under the new framework. A focus on community of practice is important moving forward **sharing innovations and successes** in medical education so that all programs can thrive.
- Education programs and time must be **protected** from service delivery obligations

By prioritizing robust educational experiences, APMOC aims to enhance the clinical readiness and long-term career satisfaction of prevocational doctors, ultimately improving patient outcomes and healthcare service delivery.

Priority 2: Wellbeing

To ensure that prevocational doctors can learn and work effectively, it is essential to prioritize their wellbeing. Supporting the wellbeing of prevocational doctors enables them to perform at their best and develop into competent and confident practitioners. However, various factors can negatively impact their wellbeing, including:

- **Workplace bullying and harassment**: A hostile work environment can severely affect the mental and emotional health of trainees, undermining their ability to learn and deliver safe patient care. All health services should take a zero tolerance approach to bullying and harassment
- **Excessive working hours**: Extended shifts, particularly when not rostered in advance or properly remunerated, contribute to fatigue and burnout, diminishing both the quality of care and the educational experience.
- **Denied or inaccessible leave**: Trainees should have the ability to take leave when needed, for personal health, wellbeing, study and career progression.
- **Insufficient support or oversight**: Working without adequate clinical supervision or mentorship leaves trainees vulnerable to errors, increases stress, and negatively impacts their professional development.
- **Insufficient facilities or resources:** to be well and execute their job, this includes safe parking, rest spaces, and working spaces

These factors not only diminish the wellbeing of prevocational doctors but also contribute to burnout, which has long-term consequences for the medical workforce in Australia and New Zealand. The wellbeing of trainee doctors is therefore critical, both for ensuring patient safety and for promoting workforce sustainability. APMOC is committed to advocating for policies that address these issues and foster a supportive, safe, and healthy work environments for all prevocational doctors.

APMOC Advocacy Priorities

Priority 3: International Medical Graduates (IMGs)

With shortages across locations and specialties, international medical graduates (IMGs) are commonly being used to meet workforce needs. IMGs working in prevocational (intern and resident) roles can come from a variety of backgrounds ranging from experienced specialists to clinicians new to clinical work. Within these cohorts, trainees face unique challenges ranging from building new professional skills to refreshing competencies not used in many years. However, common to these groups is the challenge of entering a new health system that may differ vastly from the ones they have previously worked in.

All IMG trainees need some core supports, as well as tailored supports for their unique background and skill set to prepare them to work as a safe and effective clinician. It is the belief of APMOC that this level of support can only be ensured if IMGs are placed in accredited positions with clear requirements for trainees and supervisors. The **establishment of clear requirements and accreditation for IMGs** similar to that afforded to Australasian prevocaional trainees will require commitment and investment from all levels of governance. Additional recommendations to be implemented alongside the path to accreditation and regulation include;

- **Tailored Orientation Programs**: Hospitals should provide tailored orientation and induction programs that help IMGs navigate the clinical, cultural, and administrative aspects of working in Australia and New Zealand. These programs should include comprehensive introductions to local healthcare systems, clinical protocols, and communication expectations. They should also address social determinants and history relevant to First Nations health.
- **Mentorship and Support**: APMOC advocates for structured mentorship programs that pair IMGs with experienced supervisors and peers who can guide them through the transition period and address unique challenges they may face.
- **Fair Assessment**: IMGs must be assessed fairly and equitably in comparison to their locally trained peers. APMOC calls for transparent, competency-based assessment frameworks that recognize the skills and experience IMGs bring to their roles, while also ensuring they meet local practice standards.
- **Career Progression**: Ensuring that IMGs have fair and equitable access to training opportunities and career progression pathways is a key priority. APMOC will work with stakeholders to identify and address barriers to IMG advancement in the healthcare system.

The consequences of failing to provide adequate support for IMGs is a risk to patient safety, individual IMG wellbeing, as well as an impact on the workload and wellbeing of their prevocational peers working alongside them.

APMOC 2025

In 2025 APMOC will be chaired by the NSW JMO Forum Chair. The committee will again comprise representative members appointed from their state and territory health networks. The committee will continue to work alongside CPMEC at this exciting time for innovation in prevocational training to achieve the best medical education program we can for the benefit of our community's health and wellbeing.