# AMACDT Special Interest Groups (SIGs) and Advisory Committees (ACs)

## Terms of Reference

# The Role of the AMACDT SIGs and ACs

The role of the AMA Council of Doctors in Training (AMACDT) SIGs and ACs is to provide an avenue for wider member engagement by providing AMA doctor in training (DiT) members the opportunity to contribute to AMACDT advocacy and policy development at a Federal level.

This will allow DiTs to contribute according to their personal areas of advocacy interest and are designed to allow DiTs the flexibility to contribute accordingly with regards to their other professional and/or personal commitments.

Each SIG and AC will, within their scope of interest:

- 1. Operationalise specific projects identified in the work plan of the AMACDT.
- 2. Provide advice on emerging issues and make recommendations to AMACDT on potential policy development and advocacy initiatives, including the development of position statements and input into submissions as required in consultation with the AMACDT Policy Advisory Committee (C-PAC).
- 3. Provide a forum for sharing information and collaboration.
- 4. Communicate and promote AMACDT advocacy to the broader DiT membership.

#### Specifically:

#### The Industrial SIG (I-SIG) will work to facilitate:

1. Employment arrangements that deliver safe, fair and equitable work and training environments for doctors in training at all stages of their career.

#### The Prevocational (P-SIG) will work to ensure:

- 1. The high quality of Australian medical education and training is maintained.
- 2. Robust accreditation processes exist for prevocational and vocational medical education.
- 3. Trainees have timely access to a sufficient depth and breadth of teaching and training experiences over the course of their training to allow them to develop the skills necessary for safe and independent medical practice.
- 4. There is optimal integration between all stages of medical training.
- 5. Selection and/or allocation mechanisms for prevocational positions and vocational training programs are fair and transparent.

#### The Wellbeing SIG (W-SIG) will work to:

- 1. Promote and advance the health and wellbeing of doctors in training.
- 2. Promote research into doctors in training health and wellbeing.

#### The AMACDT Policy Advisory Committee (C-PAC) will:

- 1. Develop and review AMA position statements and submissions pertaining to doctors in training in liaison with relevant SIGs.
- 2. Contribute to submissions and policies where AMACDT is asked to provide comment.

#### The AMACDT Reference Committee (C-RAC) will:

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- 1. Provide advice on AMACDT governance, strategic priorities and key stakeholder relationships as they pertain to doctors in training.
- 2. Provide a forum for Past AMACDT leaders to continue to contribute to Federal AMA policy and advocacy.

## The AMACDT GP Trainee Advisory Committee (G-TAC) will:

- 1. Provide advice on advocacy, policy, and training matters relating to GP registrars.
- 2. Where appropriate, represent the AMA Council of Doctors in Training on invited external matters pertaining to GP Registrars and General Practice training.

## Membership

- 1. Each SIG and AC will consist of AMA DiT members with an interest and/or expertise in each area. The Australian Medical Students' Association will also be invited to nominate 1-2 representatives to each group.
- 2. Each SIG and AC will have a Chair and Deputy Chair who will ensure the work plans for each group is achieved annually
- 3. <u>Membership of the I- SIG and G-TAC</u> will comprise primary and secondary representatives from each state and territory. Representatives will be appointed in consultation with State and Territory AMAs and DiTCs.
- 4. <u>Membership of the P-SIG, W-SIG, and C-PAC</u> shall be a maximum of 20. <u>In relation to</u> <u>the W-SIG</u>, the AMACDT representatives to the DrHs Board and the EAC shall be invited to participate.
- 5. Appointments to <u>P-SIG, W-SIG, and C-PAC</u> will be by an EOI process with final selection by the CDT Executive team. Consideration will be given to previous advocacy and policy experience, involvement with State and Territory AMAs and/or other medical stakeholder organisations, as well as experience related to the specific SIG and AC.
- <u>Membership of C-RAC</u> will be by invitation and include current AMACDT Executive and the AMACDT representative to the Board as well as the Immediate AMACDT Past Chair and Deputy Co-Chairs.
- 6. Appointments shall be made considering diversity in membership including gender, geography, stage of training, and speciality.
- 7. Appointments will be for a 12-month period with an option to extend for a further 12 months.
- 8. Each SIG and AC may co-opt other members with specific expertise as necessary from time to time.
- 9. The AMACDT Executive will have Ex-officio status on all SIGs and ACs.

# Meeting arrangements

- 1. The operation of each SIG and AC will be on a cost neutral basis; there is no funding to support the running of each SIG and AC.
- 2. Each SIG and AC will meet by videoconference at a frequency to be determined by the SIG depending on projects and workload.

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- 3. The Federal AMACDT Secretariat will be responsible for coordinating meeting arrangements for each SIG and AC as required.
- 4. Key performance indicators will be established for each SIG and AC except for the C-RAC which performs an advisory function e.g., completion of at least one action arising from the work plan in 12 months.
- 5. Each SIG and AC is required to report to each meeting of the AMACDT.
- 6. The operation of each SIG and AC will be reviewed by the AMACDT Executive annually at the beginning of each calendar year.