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**CLINICAL SUPPORT TIME FOR DOCTORS MEANS BETTER CARE
 FOR PATIENTS**

AMA Position Statement on Clinical Support Time for Public Hospital Doctors 2019

The AMA today released its *Position Statement on Clinical Support Time for Public Hospital Doctors 2019*, an updated revision of the 2010 Position Statement.

AMA President, Dr Tony Bartone, said that ensuring doctors have access to uninterrupted clinical support time (CST) is central to providing safer, more efficient service delivery and patient care.

Dr Bartone said that recent research from the Melbourne Institute *Medicine in Australia: Balancing Employment and Life* (MABEL) indicates that good clinical supervision and support, appropriate working hours, and supported study time directly affect trainees’ satisfaction, potentially affecting their quality of clinical care.

“But feedback from hospitals suggests that many doctors currently undertake clinical support roles and activities in their own time, regardless of CST being allocated and without which hospitals would grind to a halt,” Dr Bartone said.

“Governments have a key role to play in ensuring that a paid, protected allocation to CST is adequately financed and supported in public hospitals.

“They must also ensure that access to CST is monitored and linked to performance measures that serve to enhance quality, safety, and accountability.”

The AMA is calling on the Council of Australian Governments (COAG) to review the National Safety and Quality Health Service Standards to ensure provisions exist to measure the performance of the health system in relation to quality of clinical training and access to protected clinical support time.

Dr Bartone said it is vital that senior doctors have access to uninterrupted time to teach, train, supervise, and support doctors in training.

“This will create a positive clinical and learning environment that will contribute to improved patient care.

“Health jurisdictions need to acknowledge the critical importance of CST to the functioning of a quality health service, and recognise that CST is not optional.

“It is essential to allow clinicians to carry out core health service and professional development activities.

“Training providers can also play a leadership role by setting conditions for hospitals and health services to ensure that access to CST is provided as a priority, and not merely seen as an add-on to the provision of services,” Dr Bartone said.

AMA position:

- Access to CST should be available to all doctors at all stages in their careers. Hospital departments should be adequately staffed to provide doctors with access to CST, and to provide an effective, safe, and high-quality clinical service.
- Doctors should be allocated at least 20 per cent of their normal weekly hours to CST duties, consistent with medical college guidelines where relevant.
- Unit Heads (and above with management roles) should be provided with a minimum 50 per cent CST allocation.
- Health jurisdictions must have processes in place that provide access to CST through roster design and take practical measures to ensure uninterrupted access.
- Health jurisdictions should also support the inclusion of CST in job descriptions and staffing models for all posts. This will improve job satisfaction and morale in the public health sector, assist with recruiting and retaining staff, and improve the efficiency and quality of care.
- Processes which measure the extent of the delivery of access to CST should be included in the performance agreements between State Health Departments and Health Services.
- Jurisdictions should have processes in place to review the current allocation of CST, assess the gap between existing and desired allocations, and develop a plan to reduce or eliminate any discrepancies.
- Each health service should establish a dispute resolution mechanism to deal with disputes regarding CST allocations, prioritisation, and/or timing of allocations.
- Training provider accreditation processes must verify that trainees have access to protected teaching and training time at sites seeking accreditation and, once accredited, must evaluate trainees' access to CST.

The AMA *Position Statement on Clinical Support Time for Public Hospital Doctors 2019* is at <https://ama.com.au/position-statement/clinical-support-time-public-hospital-doctors-2010-revised-2019>

The MABEL research is at <https://onlinelibrary.wiley.com/doi/pdf/10.1111/medu.14041>

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