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Ms Theanne Walters
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Dear Theanne

Thank you for inviting the AMA to comment on the AMC revisions to the national standards for intern programs and domains for assessing intern accreditation authorities.

The AMA supports the revisions which draw attention to junior doctor wellbeing and processes for responding to known patient safety issues. The content and structure of the revised document is helpful, clear and relevant.

The AMA has some specific comments to make on particular aspects of the revised documents which are attached. In summary these relate to

- Communicating employer policies and procedures at orientation.
- Providing training in performance management to supervisors and junior doctors.
- Providing safe, diverse, culturally appropriate as well as supportive learning environments.
- Providing resilience training in addition to stress management.
- Having in place mechanisms that seek feedback from interns.

This framework reinforces the need to develop a national training survey that monitors whether intern training is fit for purpose and whether the curricula and experience provided by primary medical degrees produces doctors who are ready to practice. The AMA continues to advocate for a national training survey and looks forward to working with the AMC to achieve this goal.

Finally, we note that the working group does not include a doctor in training representative. While we appreciate that the AMC is consulting with junior doctors and doctor in training groups about the revisions to this framework, having a doctor in training representative as part of the working group would ensure revisions are relevant and are representative of the doctor in training experience.

The incoming Chair of the AMA Council of Doctors in Training as of 29 May 2016, Dr John Zorbas, would be pleased to discuss any aspect our response with you further at your convenience. You may also wish to contact Ms Sally Cross if you require any further advice or to arrange a time to meet on scross@ama.com.au or 02 6270 5443.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Stephen Parnis', with a stylized flourish at the end.

Dr Stephen Parnis
Federal Vice President

A handwritten signature in black ink, appearing to read 'Danika Thiemt', with a large circular flourish around the first part of the name.

Dr Danika Thiemt
Chair
AMA Council of Doctors in Training

27 May 2016

Specific comments

Attachment 1. No specific comment.

Attachment 2. Draft revisions to domains for assessing accreditation authorities

Page 4. In line with the focus on intern training programs that promote and protect the quality and safety of patient care and the needs of the trainee and health service, intern accreditation training authorities should also ensure that junior medical officers (JMOs) are not put in situations where they are asked to practice beyond their competence and without appropriate supervision. Employers should ensure that JMOs are appropriately trained to perform the duties required prior to undertaking a particular rotation.

This recommendation comes from reports to the AMA of instances where interns have been asked to perform procedures that they have not been trained in with no supervision, compromising patient safety and quality of care as well as the welfare of the intern.

Attachment 3. Draft revisions to national standards for intern training programs

Recent research has recommended a greater role for the graduate medical education community in addressing junior doctor health and wellbeing. This includes having in place policies/procedures to deal with mental health issues, faculty development with regard to junior doctor wellness, formalising peer and faculty mentorship, education and careers advice.¹ It is pleasing to see that the draft standards reflect this focus.

Page 4. A comprehensive orientation is important, particularly for junior doctors undertaking placements in rural or peripheral centres. While this is addressed in the standards at Page 4, it would be useful to include a reference to ensure induction and orientation processes cover employer policies and procedures, particularly in relation to rights and responsibilities, supervision, assessment and performance management, trainee welfare and support, and grievance handling procedures.

Page 5. Consideration could also be given to including the following elements in addition to clinical teaching:

- self-assessment,
- teaching,
- communicating effectively when giving and receiving feedback, having difficult conversations or managing a complaint.

Page 6&7. The AMA and others have highlighted the need for medical practitioners at all stages of their career to be up-skilled in performance management, communication techniques, providing assessment and feedback and remediation to better supervise and assess doctors in training and prevent performance issues escalating where possible. The AMA would like to see this incorporated into the standards; this could be done at Page 6 in Section 5.2 with an emphasis on ensuring the intern training provider has clear mechanisms for appeals and completing handling, as well as at Page 7 in Section 5.3, with reference to the importance of supervisors being adequately trained in performance management and communication techniques.

¹ Daskivich TJ et al. Promotion of Wellness and Mental Health Awareness Among Physicians in Training: Perspective of a National, Multispecialty Panel of Residents and Fellows. *Journal of Graduate Medical Education*, March 2015. P143-147.

Page 8. A supportive learning environment is one that is safe, encourages diversity and is culturally appropriate, and the standards would benefit from a greater emphasis of these elements at Page 8 in Section 7.2 Welfare and support.

Reference could also be made to the *AMA National Code of Practice - Hours of Work, Shiftwork and Rostering for Hospital Doctors*. This document is currently being updated to ensure content is current and relevant and is expected to be available in June 2016. Additional content has been added to ensure the requirement for safe hours does not adversely impact on training and to highlight the mental health issues that could arise from sleep deprivation and fatigue.

The AMA Fatigue Risk Assessment tool <http://safehours.ama.com.au/> is also a useful resource to assist junior doctors and employers monitor and manage safer working hours.

Incorporating resilience training to the list of strategies to maintain health and well being would also be useful (see notes section in 7.2) as would strategies to empower and upskill bystanders to report bullying and harassment.

Finally, consideration should be given to the addition of a recommendation at 7.3 to require that the intern training program has intern feedback mechanisms in place e.g. through a junior doctor committee operating within each hospital.

Attachment 4. Draft revisions to the guide to intern training

This is a useful document. The AMA has very little to add with the exception that the document should encourage interns to make themselves familiar with their employer's policies and procedures, particularly in relation to rights and responsibilities, supervision, assessment and performance management, trainee welfare and support, and grievance handling procedures.

Page 7. In addition to the further reading listed at Page 7, the AMC may wish to consider adding the following references developed by the AMA:

- AMA National Code of Practice - Hours of Work, Shiftwork and Rostering for Hospital Doctors (revised version available June 2016)
- The AMA Fatigue Risk Assessment tool (<http://safehours.ama.com.au/>)
- The AMA/MIIAA Clinical images and the use of personal mobile devices (<https://ama.com.au/article/clinical-images-and-use-personal-mobile-devices>)
- The AMA Guide to Social Media and the Medical Profession (<https://ama.com.au/article/social-media-and-medical-profession>)

Page 9. The Glossary should include also the definition of Employer for consistency.