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Dear Theanne

Thank you for inviting the Australian Medical Association to provide feedback on the revised accreditation standards for specialist medical programs and continuing professional development programs. The AMA strongly supports of the role of the AMC in ensuring the quality of medical education and training in Australia so that our medical workforce continues to deliver high quality medical care for patients.

During the AMA Trainee Forum held in February this year, trainee chairs and representatives identified three priorities for advocacy and further action in relation to their training. These were:

1. Providing access to wellbeing and support services, and safe working environments.
2. Maintaining work-life balance and having access to flexible, part-time work arrangements.
3. Securing jobs for new fellows, particularly in the public sector, and addressing the maldistribution of trainees and fellows.

This feedback has informed our response, which is outlined below.

Trainee wellbeing

The AMA had previously provided comment on the proposed new standards, requesting a greater emphasis on trainee health and wellbeing. We are very pleased to see that a new standard relating to this has been included. However we think this could be strengthened and have some suggestions which we have outlined in our response.

Strengthening this domain is particularly important for a number of reasons, not the least of which are the results of the *beyondblue* survey that revealed trainees have higher rates of depression compared to the general population and experience higher rates of burnout and suicidal ideation. Recent research in this area has recommended a greater role for the graduate medical education community in developing a comprehensive solution to this important issue. This includes having in place policies/procedures to deal with mental health issues, faculty development with regard to resident wellness, and formalising peer and faculty mentorship, and education.[1]

In the recent AMA Specialist Trainee Survey (STS), while half of all trainees thought their college supported trainee health and wellbeing (51 per cent), just over one-quarter (28 per cent) were 'not

[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.

sure'. Similarly, only one-third of trainees who responded said they could access professional debriefing, support, and mentorship services through their college if required, with 55 per cent of trainees reporting they were 'not sure'. This still represents a significant gap, with up to half of all trainees feeling either 'unsupported' or unaware of how to access professional support, debriefing, or mentoring services.

Only a third of trainees reported they were aware of college policies on bullying and harassment. More than half (55 per cent) indicated they were 'not sure' whether their college had policies on bullying and harassment. Even fewer (12 per cent) said that their college responded appropriately to cases of bullying and harassment, and a staggering 79 per cent of trainees reported they were 'not sure'. The full report of the 2015 AMA Specialist Trainee Survey is at (insert link).

We have an opportunity to make sure the revised standards promote trainee wellbeing in a practical and considered way. The impact of bullying and harassment, and sexual harassment, on health and wellbeing, education and training and careers must also be addressed.

Firstly, the revised standards should have a requirement to ensure the curriculum attends to training in looking after oneself and colleagues. In addition to this it must have policies and processes in place in support of the welfare of trainees and fellows, and be able to effectively communicate these to its professional group. Faculty development with regard to registrar wellness, and formalising peer and faculty mentorship have also been identified as important strategies.

We particularly welcome the inclusion, following specific representations from the AMA, of new notes in the standards relating to bullying and sexual harassment. However the AMA believes that this should be dealt with more robustly. The STS as well as recent public commentary shows that the profession needs to take a leadership role in addressing these issues. Aside from having programs and policies in place, it would also be appropriate to require education providers to demonstrate that they have processes in place to work closely with relevant employers to address these issues. The roles of employers and Colleges can often be blurred and collaboration is essential if these issues are to be effectively addressed.

The recent AMA Roundtable on sexual harassment in the medical profession also highlighted the need for all medical practitioners at all stages of their career to be up-skilled in performance management, communication techniques, providing assessment and feedback and remediation in order to better handle these issues when they arise and prevent issues escalating where possible.

This stems from the fact that while a medical practitioner or supervisor may be clinically excellent, they do not always have the skills to communicate effectively when giving feedback, having difficult conversations or managing a complaint. Where this is handled poorly, this can have a direct impact on trainee health and wellbeing and career progression.

All doctors require these skills and they should be included in the curriculum for trainees and offered as continuing professional development courses for fellows. This is part of developing the qualities of professionalism and leadership in doctors, and is consistent with the attributes outlined in *Good Medical Practice: A Code of Conduct for Doctors in Australia.* Consideration should also be given to making this a mandatory requirement for all supervisors.

Thirdly, Colleges must have systems in place that provide for a fair and safe appeals and remediation process and must ensure that trainees are aware of how to access grievance and remediation processes if required. These processes must be validated as professional, independent, confidential, and timely, and must result in an outcome. In relation to bullying and harassment, they must provide trainees with a safe place to bring forward complaints – free of shame, stigma or fear of repercussions. While the resolution of training problems is dealt with in Standard 7.5, consideration should be given to how this can be better integrated with Standard 7.4 on trainee wellbeing.

We think the standards can be strengthened in this regard in a number of domains including interaction with the health sector, educational purpose, the content of the curriculum, trainee wellbeing, and resolution of training problems and disputes, either through additions to the standards directly or in the notes section.

We are of the strong opinion that incorporating these elements into the standards for action by the Colleges should be practical to achieve. As an example, the RACGP draft curriculum for GP training has included outcomes relating to teaching, mentoring and leadership[2], and doctors' health which addresses bullying and sexual harassment and doctors health and wellbeing.[3]

Flexible work opportunities

Having access to flexible work opportunities has been identified as an important issues for trainees. Of the factors that are actionable through policy change, work experience and flexibility of hours are most highly rated by junior doctors when considering specialty choice. The AMA STS found that while 50 per cent of trainees felt the college supported them in accessing flexible training options, and 43 per cent felt that it would not disadvantage their career if they undertook part time training, a significant number of trainees replied 'not sure' to these statements (ranging from 24 and 46 per cent).

Similarly at the recent AMA trainee Forum held in February this year, trainees still reported that they difficulty in accessing flexible work options in certain specialties in respect of access to maternity leave and again when returning from leave. The AMA Roundtable on Sexual harassment also identified access to flexible work options as a key strategy in support of intentional inclusion of females in the medical profession.

The AMA would like to see the standards strengthened in this regard with direct reference to this as in the standards where relevant. In doing so, the AMA acknowledges that the Colleges do not have control over the employer environment and this is an area where Colleges must work with health services to implement this standard.

Selection into training

This standard is well written. Again, we believe the standards could be strengthened by requiring people who participate in selection panels to be appropriately trained to do so. This is one strategy to alleviate unnecessary complaints about process which if poorly handled may lead on to more divisive issues such as bullying and harassment. Again this is part of developing the qualities of professionalism and leadership in doctors.

The standards should also require that entry requirements, and any changes to entry requirements, the rationale and implications for change, should be made publicly available within a sufficient timeframe to allow potential applicants the opportunity to prepare their application. This is consistent with AMA policy on entry requirements for selection into vocational training.[4]

Workforce

While the notes section in Standard 7.3 do have an addendum suggesting better communication of employment prospects for graduating fellows, this could be strengthened and broadened into a standard in its own right to provide for a role for the training college in future workforce planning.

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[2] RACGP Teaching, mentoring and leadership in general practice curriculum draft for consultation. 2015.

[3] RACGP Doctors health curriculum draft for consultation. 2015. http://www.racgp.org.au/download/Documents/Curriculum/renewal/DH15-Doctors-health-curriculum-draft-for-consultation-V2.PDF

[4] AMA Position Statement. Entry requirements for entry into vocational training 2014. https://ama.com.au/position-statement/entry-requirements-vocational-training-2014

The college should also have a role in providing feedback to trainees on the degree of competition for training positions.

Access to careers advice, guidance and mentoring are important ways of supporting trainees as they make decisions about their future careers and preferences for practice. The medical profession has an obligation to not only train an appropriate number of doctors to meet service delivery requirements but simultaneously maintain quality and ensure that fellows are able to find work upon graduation.

Providing access to careers advice for trainees will help to facilitate the College's goal of training appropriate numbers of physicians in specialist areas aligned with population needs, as well as ensuring that junior doctors enter training pathways and specialities in which they are likely to find employment after graduating.

Other

Other specific points of clarification raised by trainees at the Trainee Forum in March include:

- providing an adequate definition of the term 'employer' to cover a range of training settings.
- providing an adequate definition of 'at risk' and mechanisms to identify instances where patient safety was a concern.
- consideration of how the standards could facilitate exposure to rural training opportunities.

We would be very happy to meet with the AMC to discuss how these suggestions could best be incorporated. Our response to other questions asked in regard to the standards are attached (Attachment 1). We have also made a number of notations directly to the standards as an example of how we think the ideas we have discussed could be included. These are attached for information (Attachment 2). Should you have any questions in regard to the AMA's submission please contact Ms Sally Cross on 02 6270 5443 or scross@ama.com.au.

Yours sincerely

A/Prof Brian Owler

President

Dr Danika Thiemt

Chair, AMA Council of Doctors in Training

19 May 2015

Attachment 1. Response to questions

1. Is the content and structure of the draft revised accreditation standards helpful, clear, relevant and more workable than the current standards?

    - Yes.

2. Are any of the revised standards not achievable by education providers?

    - The AMA does not think so.

3. Is there any content that needs to be changed or deleted in the revised draft accreditation standards?

    - The AMA has some suggestions for additions to the standards and/or notes section of the standards. This is addressed below in 4.

4. Is there anything missing that needs to be added to the revised draft accreditation standards?

    - The AMA has the following suggestions to make for additions that we believe would strengthen the standards. In summary these relate to the following areas:

A requirement to ensure the curriculum attends to training in looking after oneself and colleagues.

- A requirement for training in leadership, selection, performance management, assessment and feedback, and remediation for trainees and supervisors should be embedded within the standards.
- A requirement for education providers to work with health services to provide and implement flexible work opportunities.

5. It is proposed that the draft revised accreditation standards be reviewed every five years or earlier if required. Is this reasonable?

    - Yes.

6. Do you have any other comments on the draft revised accreditation standards?

    - No.

7. The AMC is seeking feedback on whether there should be a separate standard which draws together all the elements relevant to the specialist international medical graduate assessment processes. Currently these elements are integrated throughout the standards.

    - This is a sensible suggestion and would bring all of the relevant information pertaining to international medical graduate assessment into one easily identifiable and accessible area.

Attachment 2. Suggested changes to the standards