

2017 AMA Trainee Forum: Summary and outcomes

The annual AMA Trainee Forum was held in Sydney on 4 March 2017. The event provided an opportunity for vocational trainees from across the country to discuss current and emerging issues in specialty education. More than 40 doctors and doctors in training attended, including representatives from the college trainee committees. The discussion and main outcomes are summarised below.

OPENING ADDRESS “Working in partnership to positively impact the health of Aboriginal and Torres Strait islander people.”

Professor Lisa Jackson Pulver AM, Pro Vice-Chancellor Engagement & Aboriginal & Torres Strait Islander Leadership, Western Sydney University, provided the Forum with an overview of the health, education and health care of Aboriginal and Torres Strait Islander (ATSI) people, and spoke to the role that doctors played in improving the health of ATSI people. Professor Jackson Pulver outlined a number of practical strategies for promoting reconciliation between ATSI peoples and other Australians including: understanding the significance of country, improving relationships with ATSI peoples, recognising the valuable contribution the cultures of Indigenous people make to the Australian heritage, and determining whether reconciliation can be helped by a formal document(s) of reconciliation e.g. a memorandum of understanding.

HOW CAN WE BETTER SUPPORT INDIGENOUS TRAINEES TO ACHIEVE SPECIALIST QUALIFICATION? (Chair: Dr John Zorbas, Chair, AMA Council of Doctors in Training)

This session examined the current issues facing the Indigenous medical workforce, what strategies and initiatives in place to support Indigenous trainees, and canvassed practical recommendations to better support Indigenous trainees to achieve specialist qualification. It agreed on four actions that would assist in better support for Indigenous trainees:

1. Accreditation. Cultural competence should be a core component of college curriculum and training place accreditation processes, and that colleges and employers should be held accountable to meet them.
2. Data. Better data on the number and location of doctors who identify as ATSI is required.
3. Funding. The Forum tasked NMTAN to consider how the STP program (or similar) could be funded and used to create discrete positions for Indigenous trainees.
4. Targets. Better liaison between the Colleges, employers, NMTAN and AIDA is required to create supportive environments that encourage Indigenous doctors to enter specialty training and support them to fellowship, inclusive of specific targets within each speciality for Indigenous trainees.

PRIVATE PUBLIC PARTNERSHIPS & IMPACT ON TRAINING (Chair: Dr Kate Kearney, Deputy Chair, AMACDT)

This session discussed the provision of training in private public partnerships, what this meant in the context of vocational training, the challenges and opportunities that exist, and how the medical profession, public and private sector providers can work together more effectively to advance innovative models of training. After a broad discussion, attendees at the Forum concluded that:

- The number of PPPs would increase, creating opportunities for diversity in training and a high quality training experience if managed properly.
- Ensuring clinicians and trainees were actively engaged in this process was vital to ensure a rewarding training environment, inclusive of appropriate award provisions and remuneration.
- This would ensure that the medical training provided by PPPs produced competent, independent practitioners, equipped with an appropriate mix of public/private and hospital/community based training, to meet the service delivery and health care needs of the communities it served.

RELEASE OF AMA NATIONAL CODE OF PRACTICE FLEXIBLE WORK ARRANGEMENTS AND AMA DOCTORS GUIDELINES FOR IMPLEMENTING FLEXIBILITY

Dr John Zorbas, Chair AMACDT, released the **AMA National Code of Practice - Flexible work and training practices**. He advised that the Code was a valuable and recognisable tool to assist employers, training providers, doctors and doctors in training to implement and access best practice flexible work and training arrangements.

TRAINEE SOAPBOX: ISSUES FOR ADVOCACY IN 2017 (Chair: Dr John Zorbas, Chair AMACDT)

Trainee committee chairs were able to raise specific policy issues and give voice to their concerns regarding vocational training. The top priorities identified for advocacy were:

- Welfare, health and wellbeing of trainees
- Access to flexible work and training arrangements
- Transparency and procedural fairness of examination, assessment and remediation processes
- Workforce planning, distribution, security of employment and remuneration

MANAGING TRAINING DISPUTES (Chair: Dr Chris Wilson, Co-chair, AMA (WA) DiTC)

This session involved a scenario based discussion and explored training dispute management from a college, employer and trainee perspective, the role of various stakeholders, training and support for supervisors, trainees and employers, and best practice in this area. Key points discussed included:

- Trainees feel that if they raise an issue/complain that this will affect their training. It is not uncommon to find that bullying and harassment is an additional part of complaint.
- Dispute management works well when people are well trained and well supported, have time to undertake their role, and when good communication processes are in place.
- The supervisory environment is not always optimal and there has been an erosion of non-clinical time for supervisors and trainees. Further training for supervisors and trainees in teaching and training, performance management and communication is required.

DIVERSITY IN MEDICINE (Chair/Facilitator: Dr Tessa Kennedy, Chair, AMA (NSW) DiTC)

A range of issues relating to diversity, equity and inclusion in medicine were explored and current initiatives, challenges and opportunities in this area discussed. Important take home messages from the panel were:

- **Dr Kathryn Browning Carmo, Neonatologist, Retrieval Consultant:** "If you are setting up a meeting make it diverse from the start, and if it's not acknowledge it."
- **Dr Danielle McMullen, General practitioner:** "Have the power to make sure the voices are in the room. Make it reflective. Change your practices to make it fit in."
- **Dr Kate Porges, Emergency physician:** "Encourage your colleagues who may not be quite so keen, articulate, confident – to get involved – in any committees, to change how medicine is practiced in this country."
- **Dr Elizabeth Marles, General practitioner:** "It's good for every doctor to have some personal influence who can support them at different times. You may have some detractors but more who will support you and it's helpful to have someone to remind you of that. Take that opportunity to make a difference if you get into a leadership position."

In closing, **Dr John Zorbas, Chair, AMACDT**, acknowledged the contributions of those present, and reiterated the Forum's value in drawing together ideas and opinions from each speciality and providing a cohesive voice on medical workforce and training issues.

Dr John Zorbas
Chair, AMA Council of Doctors in Training
March 2017