

## 2016 AMA Trainee Forum: Summary and outcomes

The annual AMA Trainee Forum was held in Melbourne on 5 March 2016. The event provided an opportunity for vocational trainees from across the country to discuss current and emerging issues in specialty education. Almost 40 doctors and doctors in training attended, including representatives from the college trainee committees. The discussion and main outcomes are summarised below.

### Refugee health

This session examined refugee and asylum seeker health advocacy, the experience of trainees working in this area, and how trainees could change the narrative to provide better access to health care for refugees and asylum seekers. **Mr Joel Marlan-Tribe, Asylum Seeker Resource Centre**, welcomed the role of trainees as advocates for the health of refugee and asylum seekers. He encouraged trainees to frame advocacy and policy to lead a more compassionate and positive discourse on refugee health and wellbeing.

**Dr Kudzai Kanhutu, Refugee Health Fellow, Royal Melbourne Hospital and Victorian Refugee Health Network**, discussed her work as an infectious disease specialist. She stressed the importance of understanding the context of where people had come from to provide appropriate care and referral to other support services. She emphasises the value of a resource 'tool kit' to support doctors to help refugees access care.

**Dr Linny Kimly Phuong, Chair and Founder of The Water Well Project**, discussed the aims and objectives of The Water Well Project and the challenges inherent in running a service based, not for profit organisation. She attributed the projects success to the development of flexible and collaborative relationships with community groups and other health professionals.

Trainees identified the need for a web based directory of service providers, organisations and resources available to them at a state and local level, and emphasised the importance of cultural sensitivity training and access to mentors to support trainees to provide care to refugees.

### Employment of graduating fellows

This session considered the extent and possible drivers of the unemployment and under-employment of new fellows, and the research and consultation that needed to be undertaken to determine the scale of the problem. **Professor Richard Doherty, National Medical Training Advisory Network (NMTAN)**, discussed the role of NMTAN in providing advice to Health Ministers on future medical workforce needs. He advised NMTAN was currently modelling supply and demand for psychiatry, anaesthesia, and general practice in the context of demand for services, current workforce numbers, training pipeline and capacity.

**Dr Andrew Mulcahy, Australian Society of Anaesthetists**, discussed the range of activities underway to plan for an appropriate anaesthetic workforce including an analysis of supply factors and measures of demand. He spoke to the reasons underlying the perceived imbalance in number and location of specialist anaesthetists.

**Dr Marise Stuart, Chair, NZMA Doctors in Training Council (DiTC)**, described medical workforce planning arrangements in New Zealand via Health Workforce New Zealand and its Medical Workforce Taskforce (the Taskforce). A key objective of the Taskforce is to ensure a continuum of training is available to new graduates and that they are supported to make appropriate career choices and have opportunities for employment in New Zealand. Dr Stuart emphasised the importance of being able to accurately quantify information to ensure future medical workforce supply met demand.

Trainees agreed that finding a job in their speciality(s) of choice was the number one issue for trainees and would remain so as increasing numbers of prevocational doctors moved through the training pipeline. The complex interplay between overtime, safe hours, flexible work and training arrangements, and workforce planning was discussed, and the contrast between Australian and international trends and developments noted.

## **Trainee soapbox: issues for advocacy in 2016**

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:

- Diversity in medicine and training, with a particular focus on supporting indigenous doctors to undertake vocational training and including indigenous doctor workforce issues in college and doctor in training meeting agendas
- Transparency and procedural fairness in examination, assessment and grievance processes
- Workforce planning, distribution and security of employment

## **Bullying and harassment**

This session explored actions taken to date to address bullying and harassment in medicine, and what remains to be done to eliminate bullying and harassment from the medical workplace. **Dr Ruth Mitchell, Chair, Royal Australasian College of Surgeons Trainees' Association**, described the impact that the allegations of sexual harassment had had on surgical trainees and emphasised that the biggest underlying problem was the fear of speaking out, and confusion about who to turn to for help. She described the work RACSTA had done in this space, and discussed the outcomes from the RACS Expert Advisory Group convened last year, noting that RACS had endorsed the EAGs report and had developed an action plan incorporated many of the recommendations from RACSTA and AMACDT.

**Dr Tony Bartone, President, AMA Victoria**, described how the sudden deaths of four junior doctors in Victoria in 2015 had focused attention on the issue of doctors' workloads, intensity of training, and wellbeing. He said the key messages from a Summit run by AMA Victoria in November last year were that people wanted to be treated with respect and to work in a safe environment, and that clear and safe reporting and complaint mechanisms needed to be in place across the medical profession, free of reprisal. A report on Summit outcomes, actions and responsibilities would be released soon.

**Dr Sally Cockburn, GP and medical health advocate**, shared her personal experiences and learnings in supporting trainees and doctors to stand up to bullying and harassment, and emphasised the importance of a mentor in supporting trainees to make a complaint and/or raise an issue with management.

The Forum agreed it was imperative that people felt empowered to make a complaint and recognised the role that professional and workplace champions and mentors could play. Attendees felt it was important for medical colleges to work collaboratively to advocate for trainees and develop common policies and processes to address this issue, and that it was necessary for the profession to work together to come up with solutions, otherwise there would be a strong push to have them imposed.

## **Release of 2016 AMA Vision Statement for General Practice training**

**Dr Danika Thiemt, Dr Danielle McMullen, AMACDT, Dr Brian Morton, Chair, AMACGP**, launched the AMA Vision Statement for GP Training 2016. The vision statement sets out the key principles for the development of an appropriately trained and sustainable general practice workforce that meets individual and community needs, serves the most disadvantaged, and achieves health equity. It emphasises the professional and personal rewards of a general practice career, with the aim of attracting more medical students into the specialty and is an important step in validating the value of general practice. The AMA Vision Statement for GP training is available [online](#).

In closing, Dr Thiemt acknowledged the contributions of those present, and reiterated the 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 Danika Thiemt  
Chair, AMA Council of Doctors in Training  
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