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AMA

AMA Council of Doctors-in-Training (AMACDT) - The AMACDT is a national AMA group that represents junior doctors through a hospital and State-based representative structure. The AMACDT held its most recent quarterly formal meeting in Canberra on 9 & 10 October 2005. Some of the issues discussed at this meeting, along with relevant updates are set out below.

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Safe Hours Survey

The AMA is finalising an on line safe hours survey for hospital doctors that we hope to distribute later this year.

The last AMA safe hours survey was conducted in 2001, with the results revealing that of those doctors surveyed:

- 24% were working hours that fell into a high risk category
- 58% were working hours that fell into a significant risk category

The latest survey will measure what changes have taken place since 2001 and will provide the AMA with detailed information to use in discussions with state and federal authorities as we push for improved management of the risks of fatigue for hospital doctors.

The importance of the AMA's work in this area has been reinforced by yet another study published in the Journal of the American Medical Association on 7 September 2005 that demonstrated the impact of excessive working hours is similar to the consumption of alcohol.

ACCC Conned in College Review

The AMA has criticised the Review of Medical Colleges released by the Australian Competition and Consumer Commission (ACCC) and the Australian Health Workforce Officials Committee (AHWOC) as being one sided.

While welcoming recommendations to encourage improved transparency, increased trainee participation, and a more consistent assessment process for overseas trained doctors (OTD), the AMA has criticised the report for not placing any obligations on state health departments to provide adequate training opportunities for junior doctors. Given the role of health departments in undertaking the Review, it is hardly surprising that they sidestepped their own responsibilities.

Health departments have blatantly used this review to increase the potential control they have over trainee numbers. The report calls for health departments to have greater influence in a variety of areas including:

- the involvement of health departments in college processes including representation on key committees, boards and panels involved in education and training, trainee selection, accreditation, and assessment of OTDs
- the requirement for health departments to endorse the criteria used by colleges in the accreditation of hospitals and posts, OTD assessment and trainee selection

Decision-making by health departments is at times dysfunctional. AHWOC processes in the selection of Basic Surgical Training numbers for 2006 have already broken down. Broad agreement had been reached between the Royal Australasian College of Surgeons (RACS) and AHWOC over the allocation of trainees, which had the support of trainee groups. Health departments changed their minds at the last minute.

Dysfunctional behaviour like this will cause chaos if it translates to other medical colleges and there is no doubt that excessive interference by health departments in college processes will impact on standards, with junior doctors stuck in the middle of inevitable disputes.

The AMA will stand up to ensure that this report does not impact on the quality of training and to protect trainees. Let's hope the medical colleges are also awake to the real impact of this report when developing their response.

Resources for Junior Doctors

The AMA has a number of useful resources for junior doctors to assist with accessing more flexible working arrangements as well as the latest information on College training programs. This material and other information on junior doctor issues can be accessed by clicking on one of the links below.

On-Line Job Share Register

<http://www.mja.com.au/classifieds/jobshare.cgi>

Work Life Flexibility Guides

<http://www.ama.com.au/web.nsf/doc/WEEN-6DU5QC>

Comparison of Specialist Medical Colleges

<http://www.ama.com.au/web.nsf/doc/WEEN-6CY26T>

Junior Doctor Issues

<http://www.ama.com.au/web.nsf/doc/WEEN-6D42MG>

Vocational Training Costs: 2005

<http://www.ama.com.au/web.nsf/doc/ween-65445b>

Medical Student Numbers

The AMA remains concerned at the lack of action on the part of Governments to address the implications of the dramatic increase in medical student numbers over coming years.

The number of Australian students commencing medical degrees rose from about 1300 in 2001 to nearly 2000 in 2005 and will exceed 2200 by 2008. The number of Australian medical graduates, which was around 1200pa from the early 1990s up to 2004, will be more than 2000pa by 2010.

Despite widespread concern amongst the medical profession and the Committee of Deans of Australian Medical Schools, no state/territory can lay claim to being even close to being properly prepared to accommodate this many extra students and the subsequent number of intern and vocational training positions that will be required.

While committees have been formed in WA and Queensland, this is not enough. These need to be backed by the political will and commitment to provide the necessary resources to underpin the teaching infrastructure required to guarantee all students a quality medical education. Worrying signs are already emerging in Queensland that rather than increasing resources, the Government is simply looking at dropping some requirements for intern training.

Medical Education Study

Responding to concerns about the standards of medical education, the federal Minister for Education, Science and Training is funding a formal study of medical education, to be completed by March 2006. Information on the study is available on the Department of Education, Science and Training (DEST) website at: <http://www.dest.gov.au/Search.aspx?query=medical%20study>. The AMA Council of Doctors-in-Training is represented on the Steering Committee for the study and will report in future editions of E_dit.

New National Minimum Terms and Conditions for GP Registrars

The AMA welcomes an agreement between General Practice Registrars Australia (GPRA) and the National General Practice Supervisors Association (NGPSA) on a revised national minimum terms and conditions document for general practice registrars in basic and advanced terms of their GP training.

The agreement was brokered with the assistance of the AMA and will apply from the start of the 2006 training year.

Copies of the new agreement are expected to be available in early November 2005.

General Practice Pre-Vocational Training Program

The AMACDT has made continued representations to the Department of Health and Ageing (DoHA) over the geographic restrictions that are placed on this program.

DoHA has now advised that eligibility for the program has been extended to Areas of Workforce Shortage in rural, remote and metropolitan areas (RRMA) 1 and 2 locations and other RRMA 2 locations on a case-by-case basis. While this is still not satisfactory, it is a step in the right direction.

Psychiatry Training Program Changes

Following approaches from a number of psychiatry trainees, the AMA provided a submission to the Royal Australian and New Zealand College of Psychiatrists (RANZCP) concerning problems that have arisen following changes made by the College to its training program and subsequent College proposals to try and address trainee concerns.

Following consultations and AMA representations, the College has dropped one of the most controversial proposals – which was the use of the observed clinical interview as a filter for eligibility for the objective structured clinical interview. The College has also committed itself to introducing a separate exam for OTDs in 2006, which should free up more exam places and clear the backlog of trainees eligible to sit the exam, but so far unable to gain a place.

The AMA is still receiving regular complaints from trainees and will continue to monitor whether the latest round of changes fix the problems created in the transition to a new training program.

Trainee Representation in Colleges

The AMA continues to work with the Australian Medical Council (AMC) in developing guidelines for trainee representation and advocacy within medical colleges. When finalised these will be incorporated into AMC accreditation standards for medical Colleges.

The AMA also met recently with RACS who have decided to establish a trainee representative structure. AMACDT Chair, Dr David Hewett, will be attending a meeting in November to speak with trainees as they determine how to progress this important issue with the College.

Surgical Trainees

The AMA has supported RACS in lobbying state/territory governments to increase funding for advanced surgical training (AST) positions. Currently, around 120 surgical trainees are unable to find AST positions despite meeting all College requirements.

Despite this bottleneck, state governments have tried to force RACS to increase the number of basic surgical trainees. In the absence of specific funding and plans to increase AST numbers, this is unacceptable.

Work Life Flexibility Project

In NSW, the Postgraduate Medical Council (PMC) secured funding from the Federal Government for a Flexible Working Project on the grounds that the results would have application nationally. The project acknowledges the AMA's work and aims to identify the demand among PGY 1 & 2 doctors for flexible work arrangements and the opportunities for, and obstacles to, achieving them.

The AMA is represented on the National Advisory Group for the project, which is producing a final report in November 2005.

Recent Submissions

The AMA has lodged a number of submissions recently including one for the Human Rights and Equal Opportunity Inquiry – “Striking the Balance: Women, men, work and family” along with the Biennial Review of Provider Number legislation. The AMA also provided a comprehensive submission to the Productivity Commission Review of the Health Workforce. All of these are available at www.ama.com.au and take into account extensive junior doctor input.

Member Benefits for Junior Doctors

The AMA has a substantial range of member benefits that are particularly suited to junior doctors. Here are just a few examples:

AMA Members Exclusive!



Ramsay's and the AMA have launched a new clearance web page exclusive for AMA members offering fantastic savings on selected medical books and equipment. For more information go to www.ama.com.au/memberservices and look for the Ramsay logo.

Check Out the AMA's New Partner



CAPITAL FINANCE

AMA Members are entitled to a range of car finance options through the AMA's new partner Capital Finance. The team at Capital Finance offer a range of salary package options like novated lease arrangements, which make purchasing a new vehicle easy. Contact the dedicated Capital Finance Team on 1300 134 278.

All Your Electrical Needs and More!



AMA Electrical offers a huge range of discounted electrical products. Whether you're fitting out your place with a new surround system or upgrading to the latest stainless steel appliances, AMA Electrical can deliver to your door. IPODS are also now available! Contact AMA Electrical on 1300 652 992 or visit www.ama.com.au/memberservices

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*Offer not available in WA.

For more information about the full range of benefits available to members simply visit www.ama.com.au/memberservices

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or by freepost to Reply Paid 6090, Kingston ACT 2604.

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The AMACDT is established as a Committee of the Federal Council of the AMA and reports directly to Federal Council on issues of importance to junior doctors.