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The AMA's National Doctors-in-Training Publication

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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 Brisbane on 11 & 12 February 2006. Some of the issues discussed at this meeting, along with relevant updates are set out below.

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Review recognises AMA concerns on teaching & training

The consequences of the flurry of announcements in 2003-2004 about more medical schools and more student places are now starting to hit home. The 2005 Report of the Biennial Review of Provider Numbers has identified this as a key issue.

Various committees are now grappling with the question of how to accommodate large increases in the numbers of medical students and graduates in a situation where clinical teaching and supervision resources are already stretched and the system is often not well geared to making best use of what is available.

The AMA continues to press governments, universities and other players to plan, fund and develop the necessary teaching infrastructure and resources.

AMA Safe Hours Survey

Mark down the week of 8 - 14 May 2006 in your diaries for the AMA Safe Hours Survey of hospital doctors. The AMA is conducting the first ever on-line survey of the working hours of hospital doctors in Australia, which will collect data on working hours covering the above period.

Members who complete the survey will be able to access an instant risk assessment report, which shows an analysis of the fatigue risks of their roster.

State and territory AMA offices will be readily available to give members advice on the risks of their rosters as well as take up individual complaints on behalf of members.

The results of the survey will be published in a nation-wide report on the working hours of hospital doctors. This will be compared to the 2001 Report published by the AMA to assess whether there has been a move towards safer working hours for hospital doctors.

The survey results will also be an invaluable tool for the AMA in our continued lobbying and industrial efforts to ensure doctors are not working unsafe hours.

The on-line AMA Safe Hours Survey has been developed in conjunction with the AMA Council of Doctors in Training, the AMA Coordinating Committee of Salaried Doctors and state/territory AMAs.

The AMA will email members with a link to the on-line survey form just prior to the survey period. The email will include instructions on how to complete the survey, which should take around 10 minutes.

Doctor Substitution

A doctor is a doctor is a doctor has been the catch cry of the AMA President and Vice President, Dr Mukesh Haikerwal and Dr Choong-Siew Yong, during their recent commentary about the Productivity Commission Report on Health Workforce. The Report pushes the view that other health professionals can take on some of the roles of doctors.

The AMA supports the expansion of team-based models of care led by doctors, not the creation of new independent roles for other health professionals. The AMA is also concerned to ensure that new models of care do not limit the training opportunities for medical students and junior doctors. This is particularly important in light of the massive increase in medical student numbers currently underway.

The AMACDT is now in the process of finalising a recommended policy statement for Federal Council that deals with task substitution in public hospitals. Once approved by Federal Council it will form the basis for future AMA comment and policy responses.

AMA Leadership Development Session - 26 May 2006

- Do you ever wonder what it takes to be an effective leader?
- What skills do you need to be an advocate for the profession and your patients?
- What does it take to get your message across?

The answers to these questions will be revealed during the AMA Leadership Development Session being held at the Hilton Hotel in Adelaide on 26 May 2006. The session is targeted at junior doctors and medical students and aims to help develop the skills to effectively advocate for the needs of the profession and their patients.

High profile leaders in government and medicine will share their views on the principles of leadership, effective advocacy and lobbying strategies, the roles played by different stakeholders in the health system and how to get your message across to the public.

The session, sponsored by UMP, runs from 12.30 – 5.30pm. The fee for attending is only \$80, which includes a ticket to the AMA President's Cocktail Party that commences at 5.30pm.

A number of Area Health Services in South Australia have approved the session as an accredited professional development activity (including reimbursement of the cost).

To register, complete the space below and fax this page back to (02) 6273 5706.

THE AMA LEADERSHIP
DEVELOPMENT SESSION IS
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PHONE:

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REGISTRATION FORM

AMA Leadership Development Session

Hilton Hotel, Adelaide. Friday 26 May 2006. 12.30 – 5.30pm

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Method of payment: AMA Amex Card Other Charge or Credit Card

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Work Choices – Know Your Rights

The Federal Government secured passage late last year of its Work Choices legislation. Those parts of the legislation dealing with exemptions from redundancy payments for small business and the establishment of the Australian Fair Pay Commission were enacted in December 2005 and the remainder of the legislation became operative on 27 March 2006.

The Federal Government's key objective is, over time, to move to a national workplace relations system with a single set of universal minimum conditions (the Australian Fair Pay and Conditions Standard). The award system will become increasingly irrelevant as the number of awards will be rationalised and their content restricted. The role of the Australian Industrial Relations Commission will also be cut back significantly, while unfair dismissal laws will be radically altered.

There is little doubt that the changes strengthen the bargaining position of employers.

The new laws also attempt to override state industrial relations systems. Existing state based awards and agreements will be grandfathered into the new federal system.

The new laws cover constitutional corporations and their employees, as well as employers and employees in Victoria, ACT and NT. The remaining state systems will essentially cover unincorporated businesses and the state public service.

For junior doctors working in public hospitals in the ACT, NT and Victoria, the changes will have immediate effect. It is also expected that the laws will apply to public hospital doctors in some other states, although further legal clarification of this will need to be sought now the laws are in operation.

These are the most significant changes to the industrial relations landscape in Australia since Federation. While little may appear to change in the short term for junior doctors, over time employers will no doubt become increasingly alert to the opportunities available to them. Junior doctors will need to be aware of their rights and most importantly, work collectively through the AMA to protect their interests.

Members with questions about the changes being made under Work Choices should not hesitate to contact their state or territory AMA office for assistance and advice.

Biennial Review of Provider Number Legislation

The Report of the 2005 Biennial Review of Provider Number Legislation was released on 22 December 2005. The Report's recommendations have picked up on a number of issues/proposals put forward by the AMA in our submission to the Review and during meetings with the Chair of the Review – the Hon Ron Phillips.

Recommendations of particular relevance to junior doctors include:

- There should be a comprehensive and coordinated approach to planning for future medical training places as the number of medical students increase – including a proposal to require the Medical Training Review Panel (MTRP) to monitor progress in the provision of adequate intern and training positions
- Workforce programs should be underpinned by standardised assessment processed backed by structured education, supervision and mentorship
- The expansion of the general practice pre-vocational training program will be a key element of any strategy to address the increased output from medical schools

The AMA particularly welcomed the proposal to establish a Committee to examine solutions to current requirements to have multiple provider numbers – which is a constant problem for many doctors.

Regionalisation of GP Training Report

The Department of Health and Ageing has released a report on the regionalisation of GP training, prepared by ACIL Tasman.

The report has picked up on a number of areas identified by the AMA including problems associated with the rural pathway and the Rural Incentives Payments Scheme (RIPS). The report recommends that the Government should consider making the program more flexible and that the two-pathway structure should be re-assessed in 2007/08.

The report recommends that RIPS should be restructured and the linkage between RIPS and RRMA locations should be removed.

Overall, the ACIL Tasman Report is reluctant to pass judgement on the regionalisation of GP training. The report suggests that it is still too early to make judgement on issues such as the benefits of regionalisation. It does strongly suggest, however, that the current pathway structure is discouraging doctors from entering general practice.

National Core Curriculum for Interns

The Confederation of Postgraduate Medical Education Councils (CPMEC) has a project to develop a national core curriculum for Interns. The AMA is opposed to a formal, prescriptive curriculum for the prevocational years, as stated in the AMA's position statement on Prevocational Medical Education and Training, and is seeking direct involvement in the project.

Medical Education Study

The Department of Education, Science and Training are undertaking a study to review undergraduate medical education in Australia. The key question for the Committee was set by the former Education Minister, Dr Brendan Nelson - 'what makes for success in medical education?'

Dr Nelson announced the study in February 2005, indicating that it would be focussed on the content and delivery of medical education. Importantly, it would assess the impact of the many changes that have taken place in medical education in recent times.

To date, the Study has focussed largely on attempting to 'map' the competencies required for internship and competencies required for entry to postgraduate training.

The AMA has expressed some concern about focusing purely on competencies required at particular stages of a medical career. This approach can fragment medical training by focusing on curricula that simply serve to meet a set of minimum standards.

Models of undergraduate medical education based on a list of competencies required for internship present the serious risk of overlooking some of the most important elements of medical education – an understanding of methodology and underpinning knowledge. There is also concern that the Study will ignore the essential role of the prevocational years.

The AMA recently lodged a submission to this Study, which can be viewed at www.ama.com.au

Medical Specialist Training Steering Committee

The AMACDT continues to play a key role in representing the interests of junior doctors on the MSTSC – which is developing models to expand vocational training into private clinical settings. Despite general acceptance of the need to move this issue forward, progress to date has been frustratingly slow.

The AMA, however, welcomes the recent decision by the Department of Health and Ageing to significantly increase the resources available to support the work of the MSTSC. This should see the Committee finish much of its work by the middle of this year.

Trainee Representation

The AMACDT has welcomed the establishment of the Royal Australasian College of Surgeons Trainees Association (RACSTA), to which the Royal Australasian College of Surgeons (RACS) has committed significant funding and resources.

The AMACDT has liaised closely with RACS in the establishment of RACSTA and will continue to encourage other Colleges to go down the same path.

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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.