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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 Canberra on 12/13 February 2005. Some of the issues discussed at this meeting, along with relevant updates are set out below.

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Breakthrough on Surgical Trainees

Following a very public stance by AMA President, Dr Bill Glasson, the Royal Australasian College of Surgeons (RACS) has agreed to relax their time expiry policy. RACS has recognised AMA arguments that there are not enough advanced surgical training (AST) positions to satisfy the output from the basic surgical training (BST) program.

RACS has advised that they will continue to make transitional surgical trainee status available to those trainees who have successfully completed the BST program and would otherwise be time expired because they could not secure an AST post due to the shortage of positions.

This is a significant breakthrough in discussions with the College over this issue. Had the College formally implemented its time expiry policy at the end of 2003, over 100 trainees would have had their surgical training terminated. Consistent AMA representations over this period will mean that many of these trainees will have either found an AST position, or will have a chance of securing one in the near future.

The AMA has now written to all state and territory Governments calling on them to increase the funding and resources available for AST posts so that there will be enough places for surgical trainees in the future.

On-line Job Share Register Available NOW

During the extensive consultations that the AMA undertook as part of the work life flexibility project, junior doctors said that they needed access to an online job share register to help them negotiate flexible working arrangements with other doctors.

The AMA is delighted to announce that we have reached an agreement with MJA Classifieds to provide members with free access to an online job share register. This allows you to register your interest in job sharing as well as search for job share opportunities. To visit the site, click on the link below.

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

AMA Federal Council Calls for More Trainee Representation in Colleges

AMA Federal Council has endorsed the view put forward by the AMACDT that trainees should be more widely represented within medical colleges. Based on a proposal developed by the AMACDT, Federal Council has adopted the following as formal AMA policy on trainee representation.

- Trainee representatives should be elected by trainees;
- There should be an elected trainee position on each College council;
- There should be an elected trainee position available on every College committee and board.

Following extensive lobbying by the AMACDT, the Committee of Presidents of Medical Colleges (CPMC) has invited the AMA to provide a set of principles Colleges should rely upon when developing trainee representative structures. The points set out above will form the basis for the AMA's response and, importantly, have the full backing of Federal Council.

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New AMACDT Chair

Dr Chris Zappala has resigned as DIT Federal Councillor and chair of the AMACDT to take up a registrar placement in London. Dr David Hewett, an advanced physician trainee from Brisbane, has been appointed to the position.

AHWOC Recognises Need for More Intern Places

The AMA has forecast that the number of domestic medical graduates will increase from 1200 to over 2200 over the next ten years. As reported previously, this represents a significant challenge for the delivery of medical training and the AMACDT has identified this as a key priority for 2005.

The Australian Health Workforce Officials Committee (AHWOC) has formed a working group to look at the issue of providing sufficient intern places for the increased number of medical graduates. Junior doctors are not represented on this group and the AMA has approached officials to provide the AMACDT with a position on this working group.

Feedback from federal and state AMACDT members indicates that there is still not much evidence of things actually happening to strengthen resources and infrastructure to accommodate the large increase in medical student numbers.

The AMACDT approved an action plan to continue the AMA's intensive lobbying on this front.

CPMC Responds to AMACDT Call for Action on RPL

The AMACDT had lobbied the CPMC for much better processes by Colleges to recognise training undertaken in other College programs. The CPMC had re-established its Education Subcommittee and identified several priority areas including Recognition of Prior Learning (RPL) and portability & transferability of training. The AMACDT had provided information on RPL and the AMA's Work Life Flexibility project to help the Subcommittee address these areas and has committed to providing further material and assistance to develop RPL.

Dr David Hewett is representing trainees on this sub committee.

Medical Education Standards

The AMACDT considered recent public debate and forums about problem-based learning (PBL) and other changes in medical education – including the reduction in the amount of time devoted to teaching the traditional basic sciences. There is a view being expressed in some quarters that the standards of medical education may be declining.

On the material available to the AMACDT it was decided that there was insufficient evidence to support the proposition that the standards of medical education are in decline. However, it is clear more research needs to be undertaken in this area and distinction needs to be made between changes to teaching methods versus curriculum changes.

Minister for Education, Dr Brendan Nelson recently announced that he would fund further research to examine the impact of changes to curriculum and teaching methods. AMA President, Dr Bill Glasson, subsequently wrote to the Minister to highlight the AMA's support for the proposed research and the need to move forward quickly.

Specialist Training in the Private Sector

Flowing from its continued involvement in the Medical Specialist Training Taskforce, the AMACDT discussed ways of developing, within a supportive structure, opportunities for more specialist placements in the private sector.

One possibility being looked at is widening the existing outer metropolitan specialist training placement program by removing geographic restrictions imposed on the program. A number of Colleges had indicated support for this developmental approach and at the time of writing the AMA was coordinating a joint letter from the AMA and a number of Colleges to the Minister for Health calling for this change.

Changes to Vocational Training Programs

The AMA met on 31 January 2005 with the Royal Australian and New Zealand College of Psychiatrists (RANZCP) to discuss changes to the RANZCP training program that were seen to disadvantage existing trainees. This has now prompted the AMACDT to write to the CPMC asking that Colleges adopt the principles of (a) adequate notice and (b) protection of existing trainees when making changes to their training programs.

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* offer ends 29 April 2005.



Australian Medical Council

Ms Theanne Walters of the AMC has provided the AMACDT with a presentation on the role and work of the AMC in relation to accreditation of specialist training programs and new medical schools. She covered the AMC workshop on assessment of vocational trainees that was held recently and indicated that the AMC would invite the AMACDT to nominate a new trainee representative on its Specialist Education Advisory Committee (SEAC).

Members of the AMACDT were able to provide useful feedback on many of the issues facing trainees and Ms Walters confirmed that the AMA would be invited to participate on a working group being established by the AMC to develop formal policy on trainee advocacy and representation – with the intention of incorporating this into College accreditation standards.

Basic Physician Training Networks

The AMACDT considered a report on network-based physician training in NSW. The proposal has come out of the inquiry into Campbelltown and Camden hospitals and is aimed at moving physician registrars out of inner Sydney hospitals to ensure a reasonable supply of them in outer metropolitan and regional hospitals. It is likely that this will be extended to surgical training in the near future.

Victoria has published a similar proposal for physicians and perhaps other medical disciplines. The AMACDT is keeping a watching brief on issues arising from the move to network-based vocational training programs.

GP Registrar Terms and Conditions

Little progress has been made by the parties in reviewing the current national minimum terms and conditions for GP registrars. The AMACDT has agreed that the parties should be encouraged to continue discussions and the AMA should provide any assistance it reasonably can to help them reach agreement.

Since the AMACDT meeting took place, GPET have advised that both the GPRA and GPSA have indicated they wish to resume negotiations with the AMA's assistance.

Work Life Flexibility

The AMACDT continues to place a high level of importance on implementing Work Life Flexibility policies for the medical workforce. It was agreed that the AMA should lodge a submission to the HREOC inquiry "Striking the Balance: Women, Men, Work and Family".

Rural and Remote Medicine as a Medical Specialty

The meeting discussed the AMA submission to the AMC on the application to have rural and remote medicine recognised as a medical specialty. The AMACDT supported the AMA submission and particularly a single end point for GP training. However, there was recognition that much more needs to be done by medical Colleges and other bodies to recognise and support doctors practising in rural and remote areas.

Further work was planned on this and the AMACDT expressed support for the efforts being made by Dr Glasson to bring together both the Royal Australian College of General Practitioners and the Australian College of Rural and Remote Medicine to discuss how they can work together to support rural GPs.

Impairment Assessment Training

Monash University is once again running courses in Impairment Assessment Training using the American Medical Association 4th Edition Guides. These courses are Ministerially approved and a requirement for medical practitioners carrying out impairment assessments for WorkCover and TAC. A medical practitioner who has successfully completed this course is also approved to assess impairments for the purposes of Part VBA of the Wrongs Act 1958. For more information or to register for the course go to www.med.monash.edu.au/epidemiology/shortcrs/ phone 03 9903 0595 or email impair.assess@med.monash.edu.au

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AMA National Conference

This year's national conference will be held in Darwin and features an exciting agenda - including a topic highly relevant to junior doctors, "Clinical Teaching for Our Doctors in the 21st Century". To find out more visit <http://www.ama.com.au/web.nsf/tag/amanationalconference>

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.