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The AMA's National Doctors-in-Training Publication

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AMA

The AMA Council of Doctors in Training (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 meeting in Sydney on 17 & 18 February 2007.

Trainees unite on student numbers, private training

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Specialist medical trainee groups from across Australia have called on the Federal Government to fund the expansion of specialist training into private clinical settings, and have future health care agreements include tied funding for training.

The call came at the inaugural AMACDT Trainee Forum in Sydney, attended by AMACDT representatives, college trainee organisations, the Australian Medical Students' Association, and the New Zealand Medical Association Doctors in Training Committee.

Junior doctor representatives from college training programs included surgeons, physicians, emergency medicine, medical administrators and anaesthetics. The AMACDT already has well-established links with the General Practice Registrars Association and the Australian and New Zealand Association of Psychiatrists in Training

During the meeting, the groups reached consensus and released statements on increased medical student numbers and training in private clinical settings. They called on the Federal Government to:

- Fund the expansion of specialist training into private clinical settings
- Consider including tied funding for training in future health care agreements
- Reverse its decision to lift the cap on domestic full fee places

The Australian Medical Council was also challenged to bar medical schools from accepting more students until their capacity to provide adequate clinical training is proven.

In a second statement, the group gave in principle support for the expansion of specialist training into private clinical settings



- but with conditions, including that:

- Public hospitals retain a central role and are not disadvantaged
- The expansion of training is directed at areas where sufficient experience is not available in public hospitals
- Trainee entitlements and working conditions are protected
- Training positions are accredited by the relevant College
- Medical indemnity arrangements do not disadvantage trainees

Other issues affecting junior doctors were also discussed, including:

- Course costs and program changes
- Early streaming into specialty training programs
- Work life flexibility
- Safe working hours
- Health issues affecting junior doctors
- Core Terms for Internship

Following the success of this meeting, the AMACDT Trainee Forum will now become an annual event. The AMACDT also agreed to facilitate a regular communication network for junior doctor groups.

AMA guide for safe clinical handover

The Federal AMA has produced a new publication, *Safe Handover: Safe Patients*, to assist hospitals, doctors, and other health professionals improve patient safety, particularly at times when there is a transfer of responsibility for patient care.

Based on a similar guide prepared by the British Medical Association, which is highly regarded and widely used in the UK, *Safe Handover: Safe Patients* is the first guide of its kind to be published in Australia.

AMA President Dr Mukesh Haikerwal said the guide would benefit everybody involved in patient care in hospitals.

"Clinical handover is all about the transfer of responsibility for the care of a patient from one medical professional or medical team to another," Dr Haikerwal said.

"Patient safety is dependent on continuity of care.

"High quality handover practices minimise the chances of medical error due to gaps in the transfer of information, and ensure that doctors are fully briefed on a patient's condition and medical status.

"Good handover also increases efficiency in healthcare through more timely investigation and diagnosis, management and discharge of patients.

"Doctors are winners, too, by being fully informed and confident about the care they are providing.

"But the responsibility for good clinical handover does not rest with individuals – the doctor or any other health professional.

"It's all about teamwork and quality hospital systems with ongoing support."

To achieve safe handover, the AMA recommends:

- handover should be at fixed times
- shifts should be coordinated so that each team can attend handover
- handover should be held in an appropriate area with access to lab results, x-rays, and clinical information
- handover should be properly supervised
- handover must be supported by quality information systems

Safe Handover: Safe Patients is available on the AMA website at www.ama.com.au/handover or hard copies can be obtained from the AMA Workplace Policy Department on (02) 6270 5400.

Junior doctors' health

With a number of recent junior doctor suicides, the AMACDT has identified junior doctors' health as a key priority area for 2007. The AMACDT has formed a Working Group to progress initiatives to promote awareness of this important issue. The AMACDT will focus on developing a training program for junior doctors along with other practical resources.

Work life flexibility survey coming soon

Work life flexibility will continue to be a high priority for the AMACDT in 2007. The AMACDT is currently finalising an on-line survey that will be conducted in the near future to assess the need for flexible work and training practices as well as current levels of access to flexible arrangements.

Job share register

Junior doctors interested in job share arrangements can register for job share opportunities and place advertisements for free at:

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

Web of fatigue

The AMA's new Fatigue Risk Assessment website will help cut the number of doctors suffering fatigue, and make hospitals safer for patients and doctors.

The website, launched in January this year, allows doctors to track their work, on-call, recreational, and sleeping hours over a week, and determine whether their work arrangements are placing them at risk of serious fatigue.

In a national survey last year, the AMA discovered close to two-thirds of hospital doctors were at significant or high risk of fatigue due to long unbroken shifts and excessive working hours.

But, unfortunately, fatigue continues to be accepted as a routine part of a junior doctor's working life.

The effect of extreme fatigue on a person's reaction times, attention and judgement is similar to the effect of alcohol – a comparison that brings home the seriousness of onerous schedules for doctors.

Fatigue may risk patient safety. In the long term, unrelenting hours can affect doctors' mental and physical wellbeing, and may put junior doctors off pursuing a career in medicine at a time when Australia needs all the doctors it can get.

The new website will help junior doctors quickly and anonymously determine whether they're at risk of serious fatigue, and obtain a print-out of their risk level.

It empowers doctors, particularly young doctors, to negotiate with hospital management for improved rosters, and ensure patient safety is not endangered by fatigue brought on by excessively long shifts and demanding rosters.

Doctors should contact the AMA if they're concerned about their hospital's response.

The AMA believes that a serious approach to safe hours is well overdue in the health industry.

Pilots and train drivers are not allowed to work long shifts or push through extreme fatigue, because they have other people's lives in their hands when they're at work. Equally, hospitals have a responsibility to ensure patients receive the best possible care from doctors who are well rested and alert.

Sensible, safe rosters benefit patients, doctors and hospitals.

The AMA Fatigue Risk Assessment website can be viewed at

<http://safehours.ama.com.au>

Australian College of Rural and Remote Medicine

The Australian Medical Council has granted interim accreditation for the ACRRM training program – in the specialty of general practice. Junior doctors who complete the new ACRRM training pathway will be eligible for A1 rebates in the same way as RACGP Fellows.

The AMACDT looks forward to working with registrars who enroll in the ACRRM program and will ensure that these registrars are included in the AMACDT junior doctor network.

Surgical training

The AMACDT has met with Professor John Collins, from the Royal Australasian College of Surgeons (RACS), to discuss junior doctors concerns regarding the implementation of the new streamlined Surgical Education and Training (SET) program.

While the AMACDT supports the broad thrust of the SET program, some reservations have been expressed about the new approach. The AMACDT raised specific issues in areas including:

- The level of application fees.
- The impact on existing basic surgical trainees.
- Selection criteria.
- Selection process
- The impact on generalist knowledge and the skills of future doctors.

RACS has made extensive efforts to consult with the AMACDT regarding the new training program and Professor Collins undertook to look carefully at AMACDT concerns. More information on SET is available at:

<http://www.surgeons.org/AM/Template.cfm?Section=Home&TEMPLATE=/CM/HTMLDisplay.cfm&CONTENTID=16098>

BMP Scheme

The AMA has held several meetings in recent months with the Department of Health and Ageing (DoHA) over the unfunded bonded medical places (BMP) scheme. The AMA has highlighted evidence showing that similar overseas schemes are ineffective.

In a welcome move DoHA has committed to consider measures to improve the flexibility of the BMP scheme and provide recruits with greater support. In a good first step, DoHA recently issued a tender for a pilot scheme that will evaluate suitable support programs for BMP students.

The AMA leadership development session 2007

Don't miss this opportunity to learn from high profile leaders with a wealth of experience in leadership, medicine, government, and media.

Following on from the success of the 2006 Leadership Development Session in Adelaide the AMA is once again holding a Leadership Development Program in conjunction with AMA National Conference - targeted specifically at junior doctors and medical students. Entitled 'Leadership, Communication, Inspiration' this important event is being held in Melbourne on Friday 25 May 2007.

The program for this year will be packed full of intriguing insights into the world of leadership with speakers including The Hon Jeff Kennett – who never fails to entertain and inspire – and Dr Mukesh Haikerwal who is passionate about the future of the medical profession and junior doctor issues. Dr Paul Nisselle will teach the important skills of conflict resolution and negotiation while Adam Cresswell, the Health Editor of the Australian newspaper, will provide valuable insights on how to work effectively with the media.

The Leadership Development Session is being run in conjunction with the AMA National Conference – the AMA's major policy setting event. The Session is being sponsored by MIGA and will run from 9.30am until 12.45pm on Friday 25 May 2007 at the Grand Hyatt Melbourne. It is tremendous value at just \$35 a ticket (includes morning tea).

Registration forms can be downloaded from the AMA website - www.ama.com.au/amanationalconference (follow the links to the Professional Development Seminars) or can be obtained by phoning 1300 133 655. Places are limited so don't delay your registration.



Interns and Residents Project

A PHD Project would like to hear from interns and residents (who have been working 3 or fewer years) about their experiences since graduating, as part of a PhD research project investigating the challenges associated with internship and residency. The project team are interested in both good and bad experiences, and in a broad range including experiences with patients, colleagues, and hospital administration.

Participation would involve an individual interview lasting about an hour. All information gathered will be kept confidential. The project is based at the University of Melbourne, and is independent of any particular hospital.

If you are interested in participating or would like more detailed information about the study, please contact:

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E_d it is aimed at all doctors-in-training. Feel free to forward *E_d it* to your colleagues, who can join the network by providing their e-mail address to the Federal AMA at

http://lists.ama.com.au/mailman/listinfo/e-dit_lists.ama.com.au

by facsimile to (02) 6270 5499

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

Please also print off a copy and place it on a notice board in your workplace. You can unsubscribe from this service by visiting the following link:

http://lists.ama.com.au/mailman/listinfo/e-dit_lists.ama.com.au

Contact the AMA

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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.

Junior doctors who want to contact their State/Territory AMACDT representative can do so via the above contact details.