

Accommodation And Appointment Standards For Community Placements

2007

1. Preamble

Community placements provide junior doctors with a period of training, usually of less than twelve months duration, in a community setting. Doctors in these placements are able to gain clinical experience in the breadth of medical problems presented in community-based settings that are not as readily available in the teaching hospital environment.

In many cases, particularly when the placements are in rural settings, there is a requirement for the doctor in training to relocate temporarily. In recognition of the fact that many doctors in training who take up these placements continue to maintain their usual place of residence the AMA believes that placement arrangements should provide for free or heavily subsidised accommodation of a reasonable standard.

This position statement is intended to provide hospitals and practices with accommodation and appointment standards for doctors undertaking work in community placements.

2. Accommodation

The accommodation of junior doctors undertaking community placements is vitally important in ensuring a positive experience for the doctors and their families during their period of placement.

Accommodation should be located near the doctor's place of work and within the local community. This will ensure that doctors have the opportunity to become involved in activities in the community outside of work, as well as facilitating on-call arrangements.

Accommodation must be subsidised and provided free in placements of six months or less. Providing free accommodation is particularly important in placements of short duration where people will still have rental or mortgage commitments on their usual place of residence. Heavily subsidised accommodation may be appropriate for longer terms.

Accommodation should be provided in accordance with the following minimum standards:

- private, secure, clean and well maintained sleeping accommodation;
- windows and doors fitted with security grills and locks as well as external lighting, fire detectors and extinguishers;
- adequate heating and cooling methods;
- furnishings, facilities and whitegoods including:
 - a fully equipped kitchen with a conventional and microwave oven, stove, toaster, refrigerator, cutlery and crockery;
 - a television, radio, dining chairs and bed;
 - an individual, clean and well maintained bathroom;
 - individual study desk with appropriate lighting;
 - a telephone;
 - provision for nearby or onsite safe car parking;
 - internet access.

Accommodation needs to be suitable to enable visits from friends and family, and cater for partners, children and pets where this is necessary, such as the inclusion of a fenced backyard in cases of doctors with children and pets.

3. Relocation Assistance

There is considerable evidence, both in Australia and internationally, that one of the key determinants in ensuring that a work placement is a rewarding experience for employees and their families, is the level of support provided for relocation. During this time, the employer, or organisation responsible for overseeing the placement should play a central role in providing the necessary administrative and organisational support.

Assistance with the removal of personal effects and household furniture (where necessary), should be provided to relocate the junior doctor and family to the new accommodation.

Personal effects and household furniture generally means any items that the doctor and his or her partner and dependants own.

4. Supporting Families

Over the past decade reports on medical workforce have shown that the demographics have changed, particularly as a result of the development of graduate medical schools. Many junior doctors have families and other family responsibilities. These responsibilities require a different type of assistance to ensure that the community placement experience is positive for both the doctors and their families, and to encourage doctors with families to undertake a community placement.

To provide support to doctors with families, the AMA recommends that the employer or organisation responsible for the placement should:

- 'quarantine' a certain number of childcare and school places to ensure positions are available upon commencement of the doctor's placement;
- consider matching the professional needs of spouses with professional placement in rural communities.
- provide study grants or other support for further study to partners accompanying doctors to a community placement;
- prepare an information package for doctors and their families to welcome them to the community and encourage them to pursue social interests and help them become part of the local social networks; and
- provide information about infrastructure and housing prior to placing a doctor in the community to help families gain a realistic expectation of living and working in the community.

5. Work/Education Environment

It is important to ensure that a community placement provides a valued training experience for junior doctors. The work/education environment is therefore a significant factor in ensuring that the placement is a positive experience. Positions must be appropriately supervised and accredited by the relevant accreditation body. Working conditions should be consistent with other AMA policies like Safe Hours.

The AMA recommends that junior doctors undertaking a community placement have access to staff only areas consisting of teaching and learning spaces, consultation rooms, and computers to enable periods of personal study and relaxation.

Additionally, many junior doctors will be undergoing formal programs as part of their vocational training. As such, junior doctors must have access to appropriate study and teaching materials such as a library and/or on-line resources, and videoconferencing facilities when needed.

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