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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 28 & 29 April 2007.

New AMACDT Chair

In This Edition

- ▶ New AMACDT Chair
- ▶ AMA defends core terms for interns
- ▶ AMACDT leadership development session a big hit - again
- ▶ AMA elects new leadership team
- ▶ Special consideration for trainees
- ▶ Federal Budget update
- ▶ Standards for community placements
- ▶ AMACDT National Conference policy session
- ▶ New AMACDT members
- ▶ MedEd 2007 - more junior doctor input needed
- ▶ AMA supports pre-internships in medical school
- ▶ Know your risk

Dr Tanveer Ahmed has stepped down from his term as Doctors-in-Training nominee on AMA Federal Council and Chair of the AMACDT. Dr Alexandra (Alex) Markwell, a Brisbane-based advanced trainee in Emergency Medicine, has taken over the role for the next year.

Currently working at the Royal Brisbane and Women's Hospital, Alex has an interest in medical education and training. Over the last three years in her position as Chair of the AMA Queensland Council of Residents and Registrars, she has lobbied to address serious issues facing residents and registrars including training, education and supervision of junior doctors, rural relieving, employment conditions, including on-call payments, safe rostering, conference and study leave.

The AMACDT wishes to thank Dr Ahmed for his hard work as Chair on the Council.



AMA defends core terms for interns

AMA Federal Council has adopted a new position statement prepared by the AMACDT on core terms for internships. With the number of graduates from medical schools set to soar, increasing pressure is being brought to bear on the core terms for internship. Instead of beefing up resources and opportunities for clinical experience, some jurisdictions are actively considering how they can be deconstructed.

The AMA sees the core terms of medicine,

surgery and emergency medicine as providing an essential combination of experiences that consolidate and build on the knowledge, skills and experience gained in the undergraduate years, with the dedicated oversight and supervision of senior medical staff.

The full position statement can be viewed at

<http://www.ama.com.au/web.nsf/doc/WEEN-73P6BP>

AMACDT leadership development session a big hit - again

Attended by 100 junior doctors and medical students from around the country, the recent AMACDT Leadership Development Session held in Melbourne on 25 May 2007 scored great reviews. Designed to equip medical students and junior doctors with the skills to be tomorrow's leaders, attendees heard from three distinguished presenters - the Hon Jeff Kennett, Dr Paul Niselle, and Mr Adam Cresswell.

Each gave their perspectives on topics covering leadership principles, work-life flexibility, conflict resolution, and dealing with the media.

There was a great deal of interaction with plenty of time for questions during each presentation. Adam Cresswell, the Australian's Health Editor found it impossible to make a quick getaway at the end of the LDS and stayed behind to answer a multitude of questions over lunch.

The AMACDT will be looking to present another Leadership Development Session in 2008, which will run in conjunction with AMA National Conference in Hobart.

The AMA is particularly grateful to Medical Insurance Group Australia (MIGA) who sponsored the 2007 AMACDT Leadership Development Session.



AMA elects new leadership team

The AMA's National Conference was held in Melbourne from 25 May to 27 May 2007. There were 156 delegates representing all parts of the medical profession in Australia, including 18 doctors-in-training.

Election of a new AMA Federal Executive for 2007/2008: Dr Rosanna Capolingua was elected as President and Dr Gary Speck as Vice President. Dr Dana Wainwright was re-elected Chairman of Council and Dr Samuel Lees as Treasurer.

A general practitioner from Perth, Dr Capolingua has been the AMA's Federal Treasurer since 2005. She was President of AMA Western Australia from 1998 to 2000.

Dr Speck, an orthopaedic spinal surgeon from Victoria, has represented orthopaedic surgeons on the AMA Federal Council and is the Chairman of the Australian Society of Orthopaedic Surgeons.

Dr Wainwright was re-elected Chairman of Council, a position she has held since 2003. A specialist in internal medicine, Dr Wainwright has a private practice in Brisbane and attends at the Royal Brisbane Hospital.

Dr Lees is a general practitioner from Korumburra, Victoria. He has held official positions within the AMA since 1997, and is a board member of the Australian Rural and Remote Workforce Group.

Special consideration for trainees

The AMACDT is increasingly concerned at the treatment by some medical colleges of trainees who suffer from illness, injury or disability. For a profession that prides itself on caring for the sick, it is startling how little regard we have for our own colleagues at times.

More and more complaints are coming forward from trainees who suffer from disabilities or who have encountered serious illnesses such as cancer – and yet have received little or no support from their college.

Of even greater concern are allegations made by trainees that suggest some colleges have gone out of their way to make life difficult – including the denial of opportunities for key rotations after trainees return to work.

The AMACDT is keen to hear from any trainees who have encountered these types of problems. The Council will take complaints up directly with colleges and will also use these instances as examples when making submissions to the Australian Medical Council on various college issues. Trainees should contact workplace@ama.com.au for assistance.

Standards for community placements

AMACDT is busy developing a draft position statement to inform AMA input into the development of standards for these placements. With increased medical student numbers there is no doubt that a growing number of medical students and junior doctors will be placed in training positions in community settings.

The statement addresses various items including accommodation standards, relocation allowances and provisions for doctors with families.

If you have undertaken or are currently undertaking a community placement term, AMACDT is interested in your experiences.

Contributions can be emailed to workplace@ama.com.au. Your contributions will assist in development of the position statement but will not be published.

AMACDT National Conference policy session

The AMACDT sponsored session on training in expanded clinical settings was one of the highlights of AMA National Conference. The session involved formal presentations from Dr Omar Khorshid, Associate Professor Geoff Metz and Professor Rick McLean followed by a panel discussion that included junior doctors, salaried specialists, private specialists and health consumers. There was lively interest among delegates as reflected in questions and comments from the floor.

Delegates gave their overall support for the introduction of a system to facilitate the training of medical specialists in expanded settings, particularly the private sector and recommended to AMA Federal Council that:

- AMA works with other stakeholders and governments to promote the benefits of private sector training to consumers (including veterans groups), private practices, private health insurers, private hospitals and medical defence organisations.
- A formal AMA position statement be developed incorporating the following principles:
 - o Arrangements for specialist training in private settings must respect patient choice by ensuring that all patients treated by trainees are informed about the role of trainees in their medical care and freely consent to this.
 - o Private practices must be resourced appropriately to take on a training role. Resources should be provided by government and should be focused on infrastructure, educational resources, support for the acquisition of teaching skills, IT resources, human resource management support and the like.
 - o Trainee entitlements and working conditions must be protected.
 - o Medical indemnity arrangements must not disadvantage trainees or supervisors, or impose extra costs on trainees or their supervisors.
 - o Training positions must be accredited by the relevant college to ensure that the high quality of training is maintained.
 - o The system for training in the private sector must ensure that income generated by the activity of the trainee together with government or other subsidies fully compensate the practice for losses incurred by taking on a training role.
 - o The salary and allowances of the trainee must be maintained by income generated by the trainee plus government and other subsidies.
 - o There must not be any reduction in services at public hospitals as a result of specialist trainees moving into the private sector.



Doctors-in-training and medical students at the AMA National Conference cocktail party

Federal Budget update

The AMA is disappointed with the Government's decision to remove the 25% cap on domestic full fee-paying undergraduate places in medicine. The number of medical students in Australia is currently being expanded by over 100% and any additional full-fee paying places will further stretch clinical teaching resources.

The AMA is working with stakeholders from all parts of the medical education sector to lobby for more resources for clinical training. The AMA was successful in winning an expanded role for the Medical Training Review Panel to assess the resources available for clinical training and the provision of sufficient training positions to match the future output of medical schools.

The AMA has also supported the push to utilise clinical teaching resources in the private sector for specialist training and is currently lobbying the Federal Government to ensure that the next round of Australian Health Care Agreements include greater funding and more explicit performance benchmarks to ensure that adequate training places are available.

New AMACDT members

AMACDT has welcomed three new members to its meetings. Dr Zoe Wainer (Victoria), Dr Katherine Jeffery (NSW) and Dr Shane George (QLD). The AMACDT wishes to thank Dr Peter Lim (NSW) and Dr Oliver Daly (Victoria) for their tireless work during their time on the Council.

Know your risk

Don't forget to go on-line to check the fatigue risk of your roster using the AMA Fatigue Risk Assessment website located at:

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

MedEd 2007 – More junior doctor input needed

The MedEd 2007 Seamless Medical Education Conference was held in Melbourne on 11 – 13 April 2007 and was opened by the then AMA President Dr Mukesh Haikerwal. The conference consisted of a combination of small discussion groups, keynote speeches and plenary sessions. Topics included making and sustaining good doctors; developing professional skills in medical practice; and the usefulness of the role of teaching hospitals in medical education.

The AMACDT had several representatives at the event and was pleased to see that much of the debate at the conference was consistent with many of the themes being pursued by the Council - including the challenge of dealing with increased medical student numbers and training in a broader range of clinical settings.

Although the conference was extremely worthwhile, it is clear that more junior doctor input is needed at future conferences. While medical schools sponsored a large number of students, postgraduate medical education councils and medical colleges did not give their junior doctors the same level of support. The AMACDT has written to conference organisers calling on them to seek greater junior doctor involvement in future years.

AMA supports pre-internships in medical school

Federal Council has passed an AMACDT sponsored policy paper on pre-internships in medical school. The AMA position statement strongly supports the concept of pre-internship placements providing the following are adhered to:

- Clinical placements in the final year of medical school should aim to consolidate and further develop clinical knowledge and skills. Pre-internship placements should aim to prepare students for their future medical careers and must not be restricted to learning just what is required to function as an intern.
- Clear learning objectives must be in place and supported by formal educational activities, including opportunities for students to debrief about their experiences and discuss clinical cases.
- Students must be appropriately supervised at all times and have a designated senior doctor who is responsible for monitoring their progress and overseeing their integration into the clinical team.
- Comprehensive intern orientation is the responsibility of employing hospitals and should be conducted at the commencement of internship; it is not the responsibility of the medical school.
- Pre-internship placements must always maintain their educational focus and should not be used by health departments as an avenue for accessing cheap labour or as a solution to a workforce shortage.
- There is no monetary payment provided to students in exchange for their participation in a pre-internship placement.

While the integration of medical students into the clinical team should be encouraged, clear boundaries need to be set to ensure that:

- patient safety is maintained at all times.
- the health and safety of the student is assured.
- the workloads and educational needs of the team members are also considered.

A full copy of the AMA position statement is on the web at:
<http://www.ama.com.au/web.nsf/doc/WEEN-73P6NW>

E_d it

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

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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.