BEST PRACTICE IN TRAINEE REPRESENTATION, ENGAGEMENT AND COMMUNICATION

AMACDT and Specialist Medical College Trainee Chairs and Representatives met on 28 January 2021 via video conference to discuss best practice College trainee representative structures including trainee involvement in overall College governance, how well different structures and systems had met the challenges posed by COVID-19, and what lessons could be learnt and implemented to improve systems moving forward.

There was agreement that governance structures in which trainees are effectively represented and involved in decision making, and clear, timely and targeted communications to trainee representatives and the wider trainee body, are essential to managing disruptions to training and in a way that meets the needs of everyone impacted.

Representation

Trainees identified several key characteristics that underpin excellence in trainee representation:

- Trainees are represented in all high-level College governance and decision-making structures Board*, Council, or equivalent* and Training and Education Committees[#] – and have full speaking and voting rights.
- Trainee input is valued and sought after, the environment is welcoming, engagement is genuine, and trainees feel confident and safe to raise issues and concerns.
- College and trainee representative structures are known, visible across the trainee cohort and facilitate effective representation.
- Medical training and workplace culture value trainee involvement in governance and advocacy.
- There is diversity in representation across age, gender, culture, and career stage to support inclusivity and equitable decision making.

Engagement and communication

The ability to effectively engage and communicate with trainees has been a longstanding issue that was exacerbated by COVID-19. A multimodal approach is likely to work best in concert with a clear communication and engagement plan. Key elements are:

Comms Structure

- Who's involved: President/Executive, Trainee Chair/Executive, Other trainee representatives
- Clear and direct lines of communication are in place
- Trainee Chair/Executive is consulted on significant issues
- Significant communication should have input from the Trainee Chair/Exec wherever possible
- Dedicated person to manage trainee communications with a trainee lens applied
- Someone with skills in social media
- Clear and timely approval processes to prevent delays in communication

*Two separate representatives are recommended to avoid any conflict of interest. #With the exception being examination writing committees



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<u>Content</u>

Formal communication first:

Important information & detail

- Must be accessible to all trainees
- Officially formatted and distributed in a timely fashion through official channels
- Email is the preferred first line of communication: baseline/summary email with pdf letter/document attached with substantial detail
- Webpage provides a clear, single portal for information, updates, and FAQs following an email

Informal communication second:

Discussion, promotion & advocacy

- Social media
- College vs Trainee account
- Facebook Summaries of important comms i.e. cliff notes, Polls, Facebook live, Prerecorded videos, Discussions/questions, Sharing work/ publications, Promoting events.
- WhatsApp Threads, Regular interaction, Discussion/questions, Updates,
- Webinars -Candid updates/discussion/questions, Networking events

<u>The Trainee Forum was attended by the following Medical College Trainee Committee</u> <u>Chairs and Representatives:</u>

- Australian Medical Association Council of
 Doctors in Training
- Australasian College for Emergency
 Medicine
- Australasian College of Dermatologists
- Australian and New Zealand College of Anaesthetists
- Australian Society of Anaesthetists
- Australian College of Rural and Remote
 Medicine
- New Zealand Medical Association
- Royal Australasian College of Dental Surgeons
- Royal Australasian College of Medical Administrators

- Royal Australasian College of Physicians
- Royal Australasian College of Surgeons
- Royal Australian and New Zealand College of Obstetricians and Gynaecologists
- Royal Australian and New Zealand College of Psychiatrists `
- Royal Australian and New Zealand College of Radiologists
- Royal Australian College of General Practitioners

Apologies

- Australasian College of Sport and Exercise Physicians
- Australian Indigenous Doctors' Association
- College of Intensive Care Medicine of Australia and New Zealand
- Royal Australian and New Zealand College of Ophthalmologists

The AMACDT Trainee Forum is designed to increase collaboration between Medical College Trainee Committees and allows trainees to share ideas and solutions to various education and training issues. The AMACDT continues to hold quarterly Trainee Forums to ensure there are regular discussions occurring to help support the various National Medical College Trainee Committees and to enhance cross specialty communication. If you have any feedback or questions, please contact us at cdt.chair@ama.com.au



Table 1. Key characteristics that underpin excellence in trainee representation

Areas for improvement	Comment	Principles
-Trainees are involved in College representative structures in a variety of ways, some with or without full voting and/or speaking rights	 Trainee directors have provided greater diversity and unique skill sets that are core to the good governance of the Colleges which have them. Trainees are more likely to feel included and engaged with the College if they are well represented within and can be involved and consulted on important decisions that may affect directly or indirectly their education & training. A shared review of representative structures amongst the Colleges can help to identify gaps in trainee representation and provide an opportunity for change. 	Trainees should be represented at all levels in the College - Board, Council and Training Committee's - with full speaking and voting rights. -Separate trainee representatives on Board and Trainee Committee should be considered to reduce conflict of interest and workload. -Lines of communication between trainee representatives and college executive/contacts should be direct and clear, particularly in a crisis. -Trainee representatives are involved and consulted in decision making in times of change and crisis and wherever significant changes may directly or indirectly affect education and training including trainee wellbeing
Need to strengthen the value of trainee representation and the value trainee representatives have within various College committees and bodies. Having voting rights is an important step in addressing this, however this should not be superficial or tokenistic. -Loss of faith in structures where no change occurs leads to disengagement. -Trainees fear repercussions if express concerns. -Meetings are often held at times which may not be conducive to training -Trainees are not always provided with agenda or meeting notes regarding meeting/previous meetings.	 Trainees should have freedom to speak without fear of repercussion or being silenced. Environment, structures, and processes should facilitate future engaged fellows. Loss of trust in ability to make change and fear of recrimination makes it difficult to engage trainees. Barriers to participation unwittingly marginalise groups. 	Trainee input is valued and sought after, the environment is welcoming, engagement is genuine, and trainees feel confident and safe to raise issues and concerns. -Committees should consider all representatives availability and tailor times to suit all members and offer different modes of attendance to suit individual circumstances i.e., videoconference.
 Trainees have a poor understanding of representative structures and how to use those for advocacy. Trainees are unclear what the College does for them and why they should get involved. Signed confidentiality agreements make it difficult to communicate outcomes of important meetings and gain broader trainee viewpoints. 	-Acknowledge some structures are large, complex, and bi-national. -Lack of awareness from grass roots trainees about what representative structures exists and what they do. -Difficulty communicating the work that goes on behind the scenes within a college to trainees.	Representative structures are known and visible across the trainee cohort and facilitate effective representation. -Promotion of college representative structures, and trainee involvement in College. (see Engagement and Communication)
-Trainee representatives are not given time away from workplace to attend meetings and involvement in College Committee and often seen as a distraction/not contributing to training.	-It is important that Colleges and employers acknowledge the benefit from trainee involvement in governance structures and College Committee work, and trainees are provided with time to attend.	Medical training and workplace culture values trainee involvement in governance and advocacy. -There should be support from workplaces/units to attend representative meetings.



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	-Involvement in governance/College representation should regarded as important as clinical work.	
-Lack of diversity of representation impacting on functionality of committees and ability to respond to change.	-Barriers to participation unwittingly marginalises groups. -Small states with fewer trainees often find it difficult to recruit trainee/different representatives	There is diversity in representation across age, gender, culture, and career stage to support inclusivity and equitable decision making.