

AMACDT Special Interest Groups (SIGs)

Terms of Reference

The Role of the AMACDT SIGs

The role of the AMA Council of Doctors in Training (AMACDT) SIGs is to provide an avenue for wider member engagement by allowing any AMA doctor in training (DiT) member the opportunity to contribute to AMACDT advocacy and policy development at a Federal level. Each SIG will allow DiTs to contribute according to their personal areas of advocacy interest, and are designed to allow DiTs the flexibility to contribute with regards to their other professional and/or personal commitments.

Each SIG will, within their scope of interest:

1. Operationalise specific projects identified in the work plan of the AMACDT.
2. Provide advice on emerging issues and make recommendations to AMACDT on potential policy development and advocacy initiatives, including the development of position statements and input into submissions as required in consultation with the AMACDT Policy Advisory Committee (C-PAC).
3. Provide a forum for sharing information and collaboration.
4. Communicate and promote AMACDT advocacy to the broader DiT membership.

Specifically:

The Industrial SIG (I-SIG) will work to facilitate:

1. Employment arrangements that deliver safe, fair and equitable work and training environments for doctors in training at all stages of their career.

The Wellbeing SIG (W-SIG) will work to:

1. Promote and advance the health and wellbeing of doctors in training.
2. Promote research into doctors in training health and wellbeing.

The Prevocational (P-SIG) and Vocational (V-SIG) SIGs will work to ensure:

1. The high quality of Australian medical education and training is maintained.
2. Robust accreditation processes exist for prevocational and vocational medical education.
3. Trainees have timely access to a sufficient depth and breadth of teaching and training experiences over the course of their training to allow them to develop the skills necessary for safe and independent medical practice.
4. There is optimal integration between all stages of medical training.
5. Selection and/or allocation mechanisms for prevocational positions and vocational training programs are fair and transparent.

Membership

1. Each SIG will consist of AMA DiT members with an interest and/or expertise in each area.
2. Membership of the I- SIG will comprise a dedicated representative from each state and territory DiT Committee to ensure it has an accurate representation of what is happening nationally.

3. In relation to the W-SIG, the AMACDT representative to the DrHs Board and the EAC shall be invited to participate. Each SIG will have 2 co-leads (one being a member of the AMACDT Executive).
4. Membership shall be a maximum of 12, inclusive of the 2 co-leads.
5. Appointments to SIGs will be by an EOI process via social media with final selection by the CDT Executive team. Consideration will be given to previous advocacy and policy experience, involvement with State and Territory AMAs and/or other medical stakeholder organisations, as well as experience related to the specific SIG.
6. Appointments shall be made taking into account diversity in membership including gender, geography, stage of training, and specialty.
7. Appointments will be for a 12 month period with an option to extend for a further 12 months.
8. Each SIG may co-opt other members with specific expertise as necessary from time to time.
9. The AMACDT Executive will have Ex-officio status on all SIGs.

Meeting arrangements

1. The SIGs will be established in Q3 and 4 of 2020. The operation of each SIG will be on a cost neutral basis; there is no funding to support the running of each SIG.
2. Each SIG will meet by videoconference at a frequency to be determined by the SIG depending on projects and workload.
3. The Federal AMACDT Secretariat will be responsible for coordinating meeting arrangements for each SIG as required.
4. Key performance indicators will be established for each SIG e.g. Completion of at least one action arising from the work plan in 12 months.
5. Each SIG is required to report to each meeting of the AMACDT.
6. The operation of each SIG will be reviewed 12 months from establishment and annually thereafter.

AMACDT Advisory Committees (ACs)

Terms of Reference

The role of the AMA Council of Doctors in Training (AMACDT) Advisory Committees are to inform AMA advocacy and policy development in the following key areas:

The AMACDT Policy Advisory Committee (C-PAC) will:

1. Develop and review AMA position statements and submissions pertaining to doctors in training in liaison with relevant SIGs.
2. Contribute to submissions and policies where AMACDT is asked to provide comment.

Membership

- 1 x AMACDT (Chair)
- Up to 9 AMA Member DITs with relevant experience
- Relevant AMA Federal Secretariat Policy Adviser

The AMACDT GP Trainee Advisory Committee (G-TAC) will:

1. Provide advice on advocacy, policy, and training matters relating to GP registrars.

Membership

- 1 x AMACDT rep to CGP (Chair)
- 1 x AMA GP registrar member from each state & territory
- 1 x representative each from RACGP, ACRRM and GPRA
- Relevant AMA Federal Secretariat Policy Adviser

The AMACDT Reference Committee (C-RAC) will:

1. Provide advice on AMACDT governance, strategic priorities and key stakeholder relationships as they pertain to doctors in training.
2. Provide a forum for Past AMACDT leaders to continue to contribute to Federal AMA policy and advocacy.

Membership

- Current AMACDT Executive.
- Immediate Past Chair and Immediate Past Deputy Co-Chairs.
- Immediate Past CDT representative to AMA Board.
- Other Past Chairs, Deputy Co-Chairs, and AMA Board representatives as practicable.

Membership

1. Membership of the C-PAC will be by an EOI process via social media with final selection by the AMACDT Executive. Consideration will be given to previous advocacy, research and policy writing experience.
2. For G-TAC, State and Territory DITCs will be asked to nominate one GP trainee representative.
3. Appointments shall take into account diversity in membership including gender, geography, stage of training, and specialty.
4. Appointments will be for a 12 month period with an option to extend for a further 12 months.

5. Each AC may co-opt other members with specific expertise as necessary from time to time.
6. The AMACDT Executive will have Ex-officio status on all ACs.

Meeting arrangements

- The ACs will be established in Q3 and 4 of 2020. The operation of each AC will be on a cost neutral basis; there is no funding to support the running of each AC.
- Each AC will meet by videoconference at a frequency to be determined by each AC.
- The Federal AMACDT Secretariat will be responsible for coordinating meeting arrangements for each AC as required.
- Key performance indicators will be established for each AC with the exception of the C-RAC which performs an advisory function e.g. Completion of at least one action arising from the work plan in 12 months.
- Each AC will be required to report to each meeting of the AMACDT.
- The operation of each AC will be reviewed 12 months from establishment and annually thereafter.