

Support for non-vocational trainees prior to entering a vocational training program

2016

There are significant numbers of doctors in training working in hospitals who have completed their internship but who are yet to enrol in a specialist vocational training program. This position statement articulates the training, professional development and welfare needs of non-vocational trainees working in public teaching hospitals in Australia.

For the purposes of this position statement, non-vocational trainees are defined as pre-vocational doctors employed in a salaried position in a public teaching hospital who are not enrolled in an accredited vocational training program, but are working to gain entry into a training program. It does not apply to doctors who have made a conscious decision not to enter a specialist training program, or complete specialist training.

1. AMA position

- 1.1. The delivery of high quality patient care depends on doctors receiving excellent training. The AMA believes that the medical profession has a professional and social responsibility to provide non-vocational trainees with a safe and educationally valid training experience that promotes specialist qualification within a realistic time frame, and delivers safe, efficient and effective patient care.
- 1.2. To this end, the AMA encourages the establishment of accredited vocational training positions in preference to unaccredited positions where this is guided by accurate workforce planning, and where the requirements for safety, educational validity, clinical supervisor capacity and supportive health system infrastructure have been satisfied.
- 1.3. Employers should bear the responsibility for providing support to trainees in unaccredited training positions. This includes providing:
 - high quality, targeted education commensurate with the level of training;
 - appropriate supervision;
 - regular appraisal, assessment and feedback on progression of training;
 - fair and equitable grievance and conflict resolution processes;
 - fair and equitable workplace conditions, including rostering;
 - information about upcoming positions;
 - mentoring and support;
 - pastoral care, particularly for those in difficulty; and
 - meaningful career guidance and support.
- 1.4. Processes for selection into vocational training must be open, fair, reliable and cost-effective. The AMA encourages the colleges to provide greater clarity to prevocational trainees about prospects for entry into speciality training programs. Evidence based information on the

probability of, and process for, selection into training should be communicated clearly to trainees from the outset. This includes providing information on potential workforce requirements and available areas of practice so that individuals have realistic expectations about career opportunities and can make informed career decisions. Initiatives could include having defined length of terms for unaccredited registrars; this is already occurring in some specialties in some states, as is the practice of allowing a maximum number of applications for certain training programs.

- 1.5. Colleges should have transparent feedback mechanisms in place to advise trainees who are unsuccessful in applying for a training position so they are better prepared for subsequent applications and selection into training. This includes systems that support early career decision-making and provide career counselling and advice to trainees as they progress through training. This is particularly important where it appears likely that a trainee will not gain entry into a training program.

2. Background

- 2.1. While a number of pre-vocational trainees work as resident, house or principal medical officers (RMO/HMO/PHO), significant numbers also work in 'unaccredited' or 'service registrar' positions to get additional clinical experience to improve their chance of gaining entry into a specialist training program.
- 2.2. Unaccredited positions are typically built around service delivery requirements and in this way, make an important contribution to the delivery of care across Australia's public health system. They also provide relevant clinical and procedural experience for many trainees in preparation for vocational training.
- 2.3. However, in contrast to trainees in accredited vocational training positions, trainees in unaccredited positions often lack access to structured education and training opportunities, clinical oversight, professional development and professional support. Concerns have been expressed about the health and wellbeing this cohort, who may be more vulnerable to exploitation, work-related stress, and workplace harassment and bullying.ⁱ
- 2.4. The complex interplay between workforce planning, service delivery, training, patient safety and doctors' health and wellbeing for this cohort of trainees suggests that better integration between prevocational and vocational training is required.^{ii,iii} This includes making available sufficient numbers of high quality vocational training places, examining the appropriateness of creating accredited vocational training positions in preference to unaccredited positions wherever practicable, and providing for the training, professional development and welfare needs of non-vocational trainees.

See also

AMA Position Statement on Entry requirements for vocational training – 2014
AMA Position Statement on Medical workforce and training – 2013

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ⁱ Mitchell R, Milford WJ, Bonning M, et al. Unaccredited registrar positions in Australian public hospitals: is it time for a rethink? *Aust Health Review* 2013; 37(4):409-411.

ⁱⁱ Leslie SD, Davy P, Boyd M, et al. The Hospital Skills Program: a professional development program for non-specialist doctors in New South Wales. *Med J Aust* 2012; 197 (4): 208-211.

ⁱⁱⁱ AMA submission. Proposed national framework for intern training accreditation.

<https://ama.com.au/submission/proposed-national-framework-intern-training-accreditation>