

AMACDT Meeting 28-29 October 2017.

AMA House, Barton, ACT.

Summary and outcomes.

The AMA Council of Doctors in Training (CDT) met at AMA House in Canberra on 28-29 October 2017. AMA doctor in training members from across the country, trainee committee representatives and the Federal AMA Vice President attended the meeting to discuss current and emerging issues in medical education and training.

Medical education and training

Clarity in workforce numbers is essential to be able to train future doctors appropriately. AMACDT discussed current progress with the specialty workforce modelling being done by the National Medical Training Advisory Network (NMTAN) on which AMACDT sits. While reports are being released, the AMACDT is concerned at the slow pace and will be discussing its concerns with NMTAN at their December meeting.

Started in Western Australia in 2015, a Doctor in Training Hospital Health Check now runs in Western Australia, New South Wales, Queensland and soon Victoria, to assess how each health service provides a safe working environment for doctors in training. AMACDT discussed formalising a set of nationally consistent questions, allowing each State to continue to run its own survey, but with standard questioning where interests overlap, to allow comparisons to be drawn across State borders for future health checks.

The AMACDT is renewing its push for fairer conditions for MRBS and BMP scholars. The AMA is continuing to speak to the Department of Health about simplifying the current programs, and allowing common sense to prevail around return of service obligations, and unnecessarily punitive breach conditions such as the 12 year Medicare ban for MRBS graduates. AMACDT approved a motion to establish a bonded student/graduate working group to provide policy guidance on proposals to reform bonded medical workforce arrangements and will work with the Department of Health to discuss what new conditions for scholars might look like.

More and more doctors in training are providing anecdotal reports of inappropriate questions during job applications and training rotations. Examples include questions around pregnancy plans and marital plans. The AMACDT firmly believes that these kinds of questions have no place in the modern workplace or training environment. AMACDT plans to run a concerted campaign across the country around appropriate and inappropriate employment and training practices, to empower trainees to speak up if they're subject to these kinds of behaviours.

After-hours deputising services have been in the media recently because of a rapid increase in urgent after hours claims on the MBS. AMACDT has been working with the Council of General Practice to form policy on what after-hours care in Australia should look like. AMACDT discussed the importance of doctors in training knowing their rights, and that they are not coerced by after-hours operators to bill inappropriately. The

AMACDT agrees that any savings from after hours reform should be reinvested into quality general practice. Other topics discussed included planning for a rural generalist pathway, activity based funding systems for teaching and training, support for indigenous trainees and the future of medical accreditation in Australia.

Doctors' health, wellbeing and safety

The AMA and Doctors' Health Services Board Pty Ltd (DrHS) held a national forum in September on reducing the risk of suicide in the medical profession. The forum itself was a great meeting of minds, and made progress about what the medical landscape should look like over the coming years to improve conditions for doctors. Following Minister Hunt's announcement of a suite of investments in suicide prevention across the workforce at the AMA National Conference in May, AMACDT is now part of the *Caring for Those Who Care: Preventing anxiety, depression and suicidal behaviour among Australia's medical workforce project*. This project is currently developing a national framework on how health services and organisations can improve the mental health of medical students and doctors across the system. The framework is currently scheduled for launch in April 2018 and AMACDT looks forward to the changes it will enable.

The AMA has been opposed to mandatory reporting ever since its inception in 2009, and believes that mandatory reporting of impaired practitioners does nothing for patient safety and makes it harder for mentally ill doctors to seek help. AMACDT raised an urgency motion at the AMA National Conference calling for an end to mandatory reporting and it passed unanimously. Since then, there has been concerted pressure from the AMA across the country to repeal mandatory reporting legislation. AMACDT supports the WA model for mandatory reporting. Other items discussed included the recently launched guide from *beyondblue* on developing a workplace mental health strategy, and ongoing work to review our guide to social media in the medical profession.

Membership and engagement

AMACDT agreed to undertake a major overhaul of its presence on social media to make it easier for doctors in training to see the work being done by the AMA on their behalf. This will include more regular and pertinent updates via Facebook and Twitter, a review of content on the AMACDT web page, and increased promotion of work being done by State and Territory branches across the country.

A broader AMA Medical Workforce and Training Summit will be held in Melbourne on 3 March 2018, covering the big issues in workforce and across the spectrum of training. This will replace the AMA Trainee Forum.

Other discussions included part-time membership categories for doctors in training, plans for AMA National Conference and Leadership Development Dinner, and the upcoming Postgraduate Medical Education Forum.

The next meeting of AMACDT will be held on 4 March 2018 in Melbourne.

Dr John Zorbas, Chair, AMA Council of Doctors in Training

7 November 2017