

# **NATIONAL JMO FORUM REPORT**

## **10<sup>TH</sup> NATIONAL PREVOCATIONAL MEDICAL EDUCATION FORUM**

**PERTH, NOVEMBER 2005**





## **1. Introduction**

The purpose of this report is to summarise the discussions and resolutions made at the 2005 National JMO Forum and provide guidance to the State Postgraduate Medical Councils (PMCs) in determining the priorities for Junior Medical Officer (JMO) education and training in 2006 and beyond. We hope that when addressing each resolution, State PMCs will assign responsibility to the appropriate sub-committees to ensure that they are acted upon promptly, and that when we meet again in Adelaide at the end of 2006 we will be able to report on the successful progress that has been achieved.



## 2. Overview of the issues identified by the National JMO Forum

- JMOs support the role of the PMCs as the prime advocate for pre-vocational medical education and training.
- JMOs acknowledge that the central role of the PMCs lies in effective accreditation of JMO positions, which encompasses:
  - Service vs training balance
  - Protected teaching time
  - Teaching how to teach
- Other issues of relevance and concern include:
  - Workforce planning & the one year intern model
  - JMO Curriculum
  - Pre-intern concept



### 3. Accreditation

*With medical student numbers increasing, the State and Territory governments will need to create a significant number of new intern and RMO positions to accommodate this graduating group. Many of these new positions are likely to be in hospitals or community placements that have not previously been accredited. Therefore it is of utmost importance that the necessary processes are in place to ensure JMOs are placed in positions that strictly meet all accreditation standards.*

The JMO Forum recognises the key role of the PMCs in accrediting prevocational medical officer positions. We recognise that the PMCs are pivotal in maintaining the high standard of education and training we have generally enjoyed, especially in the face of threats such as increasing service demands. We support the PMCs as the peak state bodies to ensure that our ongoing education is of an international standard.

At the National JMO Forum, the following issues were raised with regards to the accreditation process:

- **There is inconsistency of involvement of JMOs in the accreditation process between states.**

We feel positive about the level of JMO involvement in accreditation committees in states such as Victoria and WA, however remain concerned that there are states that do not actively seek JMO involvement in the accreditation process. JMOs should be encouraged to take part in accreditation, and should be supported by their employers in taking part in the process.

- **Most PMCs are accrediting individual posts rather than simply hospitals ‘en bloc’ however there are still some states where this occurs.**

Most states are accrediting all positions rather than just PGY1, apart from states such as NT. In SA and Tasmania, all PGY2+ positions are accredited ‘en bloc’, and we feel strongly that this is not satisfactory. In supporting PMCs accrediting all PGY2+ positions, we also stress that the pre-registration/intern year should be kept at one year.

- **New jobs are being created without prior accreditation.**

In an attempt to ensure there are enough positions for interns and RMOs when the “tsunami” of medical graduates hits in a few years time, hospitals are creating new positions without going through the proper accreditation process, putting JMOs at risk of being employed in positions that lack adequate supervision, education and training opportunities.



- **We are acutely aware of the potential explosion in the demands on accreditation committees given the increasing numbers of medical students, and want to ensure that this does not result in the Accreditation process being overlooked.**

Currently in some states, despite accreditation bodies providing feedback as to how hospitals can provide better education and training for their JMOs, lip service is being paid to the process and comments are not being taken on board. We acknowledge that if JMOs do not have confidence in the accreditation process, they will not value the PMCs, which is a potentially disastrous outcome. Our belief is that to ensure that accreditation is effective, legislative power and funding must be given to the PMCs in order to carry out their accreditation duties and implement their recommendations.

## **Resolutions**

- **That the JMO Forum strongly supports the PMC's role in accrediting or revoking PGY1/2 positions.**
- **That JMOs and vocational trainees must be involved in**
  - i) setting accreditation standards/criteria and**
  - ii) participating in the decision-making process.**
- **That accreditation of all pre-vocational positions must involve direct assessment of each position rather than on an 'en bloc' basis.**



#### **4. Training for JMOs – *the poor cousin to service***

*Given the increasing pressures of service provision, with a growing Australian population and a deficiency of junior doctors that will not be rectified in the immediate future, quality training for doctors is constantly under threat. As we look to 2010 and beyond, the massive increase in JMO numbers will place demands on education and training. Meanwhile, these future doctors are undergoing undergraduate training with demands on the hospital system for teaching.*

*It must be remembered that quality training and education is an investment in our young doctors who will provide a lifetime of service to our community. It is important that the medical profession make the community aware that training for young doctors in their early postgraduate years is in fact a solid investment in the health system that will result in better patient care.*

At the National JMO Forum, the following issues were raised with regards to the JMO Education and Training:

- **PGY1 currently incorporates protected teaching time in all states as it is inextricably linked to registration.**

As to be expected, Internship generally achieves protected teaching time. This is no doubt in part related to the legislative requirements of the Medical Board. Secondly, we are all very conscious of supporting vulnerable interns as they progress into the hospital system.

- **In contrast to the situation with interns, there are vast inconsistencies between hospitals and states when it comes to protected teaching time in PGY2+.**

Whilst some PGY2+s continue to be provided with exceptional training, for others it is a different story. It seems that once the PGY2 year commences, the JMO may well find him or herself ‘in the wilderness’. One PGY2 mentioned that he had not had any teaching by his superiors, let alone during protected time. We accept that some PGY2+s become more focused on gaining experience in their preferred specialty and are less interested in broad teaching topics, however we are also proud of the fact that Australia is one of the few countries where early streaming does not occur. The particular challenge in getting PGY2+s to attend group teaching sessions lies in the fact that many jobs are highly specialised or involve shift work. Our response to this is that teaching needs to come from a departmental level in these instances.



- **There continues to be ongoing issues with interruptions by other hospital staff during education sessions, leaving us questioning how protected our teaching time really is.**

It is apparent that for teaching time to be truly protected, a hospital culture needs to be developed where other hospital staff are aware of the times that teaching occurs and that JMOs are not contactable during this time. Other medical staff (potentially senior staff) must be prepared to cover JMOs during this time.

- **Successes have been achieved by a number of hospitals in different states that have developed various models to ensure protected teaching time does occur.**

Some examples of models that work:

- Intern teaching at 7.45am
- Teaching at 8-9am
- Each term has one day of protected teaching time where the Registrar covers their JMO
- 2 half days per month where half the PGY1s and 2s attend teaching on the first day while the other half cover them, and vice versa on the second day
- Having the MEO answer all pages during the protected teaching time
- Having a page over the intercom each Friday announcing the protected teaching time and including a statement that interns are not to be paged for non-essential issues during that time.

Let us remember that hospitals do function on weekends and 'low activity days'. It is not essential for medical staffing to be 100% at all times from Monday to Friday, 8am to 5pm.



## **Resolutions**

- **That there must be mandatory weekly ‘pager-free’ protected teaching time for all JMOs. Examples are listed above as to how this CAN be achieved.**
- **That there be a commitment by the PMCs and hospitals to further develop IT resources that will aid JMOs in efficiently providing services and consequently ‘freeing up’ time for educational activities.**
- **The the JMO Forum create of a ‘Charter of the JMO experience’ outlining what JMOs should expect in terms of education and training so that new doctors are aware of their roles, rights and responsibilities.**



## 5. Being Taught how to Teach

*Teaching doctors how to teach has long been neglected in medical education and with the proposed increase in medical students, the pressure on JMOs to provide teaching is greater than ever before.*

Doctors are inherent teachers, in fact, this is the meaning of the word, *docere = to teach*.

The 'teaching aspect' of medicine has been considered a prestigious role in the past, however with the multiple demands of the modern day doctor, the role of the doctor as a teacher has been diminished.

We recognise that the ongoing training and development of today's JMOs, who will be tomorrow's senior doctors, is inextricably linked to the ability of today's senior clinicians to teach. Furthermore, our new generation of doctors will be required to play their part in the education and training of the increasing numbers of medical students.

It is important to note that junior doctors are excited about teaching and want to be given guidance as to how they can be effective teachers. Teaching is an excellent way to reinforce knowledge, as well as enhancing communication skills.

At the National JMO Forum, the following issues were raised with regards to teaching JMOs how to teach:

- **Teaching on the Run is being utilised in multiple states**

A quick survey of the delegates who attended the National JMO Forum revealed that approximately one third of the group had participated in the Teaching on the Run program, or a similar course. Every one of them found it to be educational and practical, and would recommend others to take part.

- **The emphasis has traditionally been on consultants and registrars, who have priority access to Teaching on the Run courses.**

Although we appreciate the value of the course to senior doctors, we feel that JMOs will benefit equally from participating in the course, and should have equal access to the program. An ideal time to introduce JMOs to the program would be during Intern orientation.

- **Medical students benefit from being taught how to teach too.**

Senior medical students in WA have participated in the Teaching on the Run program, and now run grand rounds for the more junior students. This highlights the fact that teaching enhances one's own learning and knowledge, and remains an integral part of being a good doctor.



## Resolution

- **That training in teaching methods must be a mandatory part of the Intern education program. This must be at no cost to the trainee and be conducted in paid time.**



## 6. Planning for the Workforce

*We are cognisant of the 'tsunami' of medical students currently moving through the system. For example, in WA & Queensland, there will be a tripling of the intern numbers in a few years time. This has massive implications for workforce planning, with both pre-vocational and vocational positions being affected.*

At the National JMO Forum, the following issues were raised with regards to workforce planning:

- **To date, we are still unsure if the increased numbers of medical students will be guaranteed Internship positions on graduation. There is also uncertainty about how this will affect employment in years PGY2&3.**

There was debate about whether emphasis should be placed on ensuring all medical students are employed in intern positions on graduation, or ensuring that all positions are accredited, with adequate supervision and educational opportunities, with the possibility that not all interns get jobs. It was felt that it is possible to achieve both by looking outside the tertiary hospital system for new intern jobs that will fulfil the Accreditation standards. It was also clear that JMOs want guaranteed access to accredited jobs in PGY2&3.

- **The career aspirations of current JMOs differ significantly from today's senior doctors, and without proper planning, the health system will likely suffer more workforce problems than it is at present.**

A brief pre-conference survey of the delegates who attended the National JMO Forum revealed that most JMOs are keen to balance work with lifestyle, opting for part-time jobs with opportunities to travel and still have time for their family and pursuits outside of medicine. It is essential that there is a system in place for tracking JMOs along their career paths so that planning for the workforce is based on what is really happening.

### Resolutions

- **That PMCs must regard it as part of their responsibility to ensure that no prevocational doctor is without an accredited internship and PGY2&3 position.**
- **That there should continue to be a maximum of one pre-registration year. To this end, we oppose a 2 year internship.**



## 7. JMO Curriculum

*Funding has been provided by the Federal Government for the development of a National Curriculum for JMOs. There has been debate revolving around the need for national vs state based guidelines. NSW presented their progress in developing a National curriculum, in conjunction with the work done in WA, at the 10<sup>th</sup> National Prevocational Medical Education Forum, and it appears that there has been agreement to develop a National framework with flexible curricula that will can be adapted by the states to suit local conditions.*

At the National JMO Forum, the following issues were raised with regards to the JMO Curriculum:

- **There are currently various models for internship across the states, with varied requirements for registration depending on State Acts.**

Although some states have made moves towards setting guidelines on expectations for the skills attained during prevocational years, no state currently has a formal JMO curriculum, and concern was expressed about the risk of any curriculum becoming a “tick-a-box” assessment tool that is used to pass or fail interns at the end of their internship. However, we can see the benefit of such a curriculum if it used as an incentive for Departments to provide sufficient clinical experience to their JMOs, and highlights the fact that we are not employed purely to provide a service. To this end, we feel it would be valuable to link the JMO curriculum to accreditation standards and criteria.

- **There has been a variable level of involvement of JMOs in the development of the curriculum.**

Despite assurances that JMOs have been involved at a high level in the development of the JMO curriculum, we remained concerned that there have been key meetings held to discuss the curriculum where no or few JMOs have been in attendance. We feel it is essential that JMOs are actively sought and supported to attend relevant meetings regarding the curriculum.

### Resolution

- **That any committee or organisation making decisions affecting JMOs should incorporate multiple JMO members. This includes the JMO curriculum.**



## 7. Pre-intern concept

*NZ medical graduates complete their final examinations in 5<sup>th</sup> year and their final year is a pre-internship year. They receive payment for this year and rotate through general medicine and general surgical positions. They do not have signing rights but can write in patient notes, order investigations, etc so long as an intern/RMO signs them off. Although the pre-internship year for Australian medical students still requires further review, it is likely that it would give prospective interns exposure to a great learning experience.*

At the National JMO Forum, the following issues were raised with regards to the role of the 6<sup>th</sup> year medical student and their interaction with interns:

- **There are various models for the 6<sup>th</sup> year of medical school across the states. Our concern centres around the attempts by South Australia to employ 6<sup>th</sup> year students as Interns, and the potential risk for other states doing the same in order to meet their workforce demands.**

Our priority is to ensure that JMOs receive adequate supervision and training. Employing 6<sup>th</sup> year medical students in Intern positions puts a responsibility on to JMOs and senior medical staff that inevitably threatens the JMO's ability to carry out their service role and engage in educational activities in a safe, supervised environment.

## Resolutions

- **That the JMO forum supports the educational benefits of a pre-intern experience *as learners, not workers.***
- **That the prime focus of the pre-internship should be educational and it should be for a limited period of time. The educational value of the pre-internship should not be diminished by being tied to service demands.**
- **There should be clear limitations of what students can undertake in their pre-intern role.**
- **The experience should parallel other medical student rotations in terms of time demands.**



## **8. Summary**

The 2005 National JMO Forum feels passionately about the issues raised in this report, and JMOs in all states are eager to work with their PMCs to implement the resolutions. We acknowledge that the PMCs are our partners in education and training, and stringent accreditation processes are the key to ensuring all JMOs work in positions that provide high quality education and training. Mandatory, pager-free protected teaching time is an essential part of this, and innovative ways of achieving this must be explored by PMCs and hospitals in each state. Teaching JMOs how to teach is also intrinsic to their learning, and we feel strongly that this become a mandatory part of the Intern curriculum. We maintain that Internship should remain one year in duration, and that the focus of any pre-internship should be educational, with clear limitations on what tasks students can undertake. Importantly, we would like to emphasise the necessity for JMOs to be involved in all committees and organizations that make decisions affecting us.



## **Appendix I: Resolutions**

### **Accreditation**

- That the JMO Forum strongly supports the PMC's role in accrediting or revoking PGY1/2 positions.
- That JMOs and vocational trainees must be involved in
  - i) setting accreditation standards/criteria and
  - ii) participating in the decision-making process.
- That accreditation of all pre-vocational positions must involve direct assessment of each position rather than on an 'en bloc' basis.

### **Training for JMOs**

- That there must be mandatory weekly 'pager-free' protected teaching time for all JMOs. Examples are listed above as to how this CAN be achieved.
- That there be a commitment by the PMCs and hospitals to further develop IT resources that will aid JMOs in efficiently providing services and consequently 'freeing up' time for educational activities.
- That the JMO Forum create a 'Charter of the JMO experience' outlining what JMOs should expect in terms of education and training so that new doctors are aware of their roles, rights and responsibilities.

### **Being Taught how to Teach**

- That training in teaching methods must be a mandatory part of the Intern education program. This must be at no cost to the trainee and be conducted in paid time.

### **Planning for the Workforce**

- That PMCs must regard it as part of their responsibility to ensure that no prevocational doctor is without an accredited internship and PGY2&3 position.
- That there should continue to be a maximum of one pre-registration year. To this end, we oppose a 2 year internship.

### **JMO Curriculum**

- That any committee or organisation making decisions affecting JMOs should incorporate multiple JMO members. This includes the JMO curriculum.



### **Pre-intern concept**

- That the JMO forum supports the educational benefits of a pre-intern experience *as learners, not workers*.
- That the prime focus of the pre-internship should be educational and it should be for a limited period of time. The educational value of the pre-internship should not be diminished by being tied to service demands.
- There should be clear limitations of what students can undertake in their pre-intern role.
- The experience should parallel other medical student rotations in terms of time demands.