

# Review of Trainees In Unaccredited Positions

Discussion Paper



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## EXECUTIVE SUMMARY

The NSW Ministry of Health is undertaking a review of trainees in unaccredited positions. The purpose of the Review is to examine the experience of trainees in unaccredited positions working in the NSW Health system, identify issues that need to be addressed to improve their wellbeing and training experience, and if required, make recommendations for improvement. These recommendations will inform further work to be undertaken to support these trainees working in NSW Health. A set of draft recommendations have now been developed as described in this Paper, and feedback is being sought.

Trainees in unaccredited positions for the purposes of the Review are defined as doctors in their third postgraduate year or greater (PGY3+) who are not enrolled in a medical college training program and are engaged under the Public Hospital Medical Officers (State) Award or the Public Hospital Career Medical Officers (State) Award; it is acknowledged that this is a heterogeneous group. There are approximately 1100 trainees in unaccredited positions working in NSW Health public hospitals and they represent approximately 21% of the total junior medical officer (JMO) workforce in NSW Health (not including PGY1 and PGY2).

The Review has to-date been informed by available literature, various NSW Health surveys, and a limited consultation process. A series of issues have been identified and described in the body of this Discussion Paper. The Ministry of Health is now seeking feedback on the following draft recommendations:

1. Director of Unaccredited Training roles should be established to support trainees in unaccredited positions.
  - The role could be filled by one person overseeing trainees across a range of different specialties, or could be specialty specific with more than one person involved.
2. Training plans should be put in place for all trainees in unaccredited positions.
  - There should be a designated doctor whose role it is to develop the plan with the trainee. The person with this designated role will vary between hospitals depending on the size and structure of the workforce available to undertake this role.
  - Training plans should be completed by the end of week two of the term, and reviewed during the term to see progress against goals and identify action that needs to be taken to assist the trainee to achieve them.
3. Advertised role details for unaccredited positions should clearly articulate service requirements and training and education available for the role.
4. Trainees in unaccredited positions should receive formal performance feedback during and at the end of their term, aligned with their training and development plans created at the beginning of the term.
  - To avoid duplication of effort by trainees and supervisors, this process should meet the requirement of the employer for performance appraisals.
  - A proforma for performance appraisals specific to this employee group should be developed, and it should reflect the guidelines and principles for the training plan proforma.
5. An orientation to the role (as distinct from the organisational orientation) should be provided for trainees when commencing in unaccredited positions.
  - Written documentation should be provided that describes team principles, practical information and expectations.
  - Ideally the training plan should be done as part of this process, however the role orientation is more important if the trainee commences working before the training plan has been completed.
6. A mechanism should be established for trainees in unaccredited positions to provide term feedback to the hospital, including to Medical Services, Department Heads and Directors of Training.
  - This mechanism should have a level of accountability and be utilized to ensure that expectations are being met and hospitals should use information to address issues or concerns raised

- Feedback might include information about training opportunities, system issues, supervision and teaching, and improvements that could be made
7. That the Ministry of Health reviews the available award and policy provisions for leave for the purposes of training and development for trainees in unaccredited positions.
  8. The minimum length of employment contracts for unaccredited positions should be routinely offered as part of annual recruitment for a period of two years.
    - Shorter contracts should have suitable justification provided.
  9. There should be oversight of and accountability for rosters for trainees in unaccredited positions.
    - Rosters should be reviewed/approved before being circulated.
    - A starting principle when developing the rosters should be equivalency of rosters between trainees participating on that roster
  10. NSW Health should work with specialist medical colleges regarding entry requirement for college training programs to ensure they are reasonable and effective.

Whilst not forming a specific recommendation for this review, feedback is also sought regarding the concept of establishing an accreditation process for positions that are currently unaccredited.

# 1. REVIEW OF TRAINEES IN UNACCREDITED POSITIONS

## 1.1 Purpose and background of the review of trainees in unaccredited positions

The NSW Ministry of Health is undertaking a review of trainees in unaccredited positions. The purpose of the Review is to examine the experience of trainees in unaccredited positions working in the NSW Health system, identify issues that need to be addressed to improve their wellbeing and training experience, and if required, make recommendations for improvement. These recommendations will inform further work to be undertaken to support these trainees working in NSW Health. A set of draft recommendations has been developed as described in this Paper and feedback is being sought.

The Review considered trainees working in unaccredited positions in both metropolitan and rural facilities, and in different specialty areas. An Advisory Committee has been informing the Review and membership is in Appendix 1.

Trainees in unaccredited positions for the purposes of the Review are defined as doctors in their third postgraduate year or greater (PGY3+) who are not enrolled in a medical college training program and are engaged under the Public Hospital Medical Officers (State) Award or the Public Hospital Career Medical Officers (State) Award. This therefore includes doctors employed as senior resident medical officers, unaccredited registrars and career medical officers. Doctors working in unaccredited positions include doctors with general registration and also overseas trained doctors with limited or provisional registration. It is acknowledged that the definition encompasses a heterogeneous group with varied employment conditions, and therefore some issues and recommendations may not be applicable across all groups.

The Advisory Committee has chosen to follow the lead of Sydney Local Health District to use the term “trainees in unaccredited positions” rather than “unaccredited trainees” to reflect the idea that it is the position that is unaccredited, and that each junior doctor is a doctor in training.

## 1.2 Information Sources

The Ministry of Health’s project team consulted with the Advisory Committee (which includes representation from the Australian Medical Association (AMA), the Australian Salaried Medical Officers Federation (ASMOF) and their Doctors in Training Alliance), and key personnel from within NSW Health including:

- Hospital Directors of Medical Services
- Hospital JMO Managers
- Trainees in, or formerly in, unaccredited positions

Available literature has contributed information as per the references within this document. The Ministry gathered qualitative and quantitative data in July 2019 in an internal survey of hospitals regarding unaccredited trainees (“2019 Unaccredited Positions Data Survey”). The 2019 Unaccredited Positions Data Survey included data from the NSW Health payroll system (StaffLink) which was verified by Local Health Districts and Specialty Networks (LHD/SNs); it did not include post-graduate year (PGY) 1 and PGY2 positions. There is also data available in the Ministry’s 2017 and 2018 Your Training and Wellbeing Matters (YTWM) Surveys, which surveyed JMOs across NSW Health and differentiated responses by unaccredited trainees, senior resident medical officers, and career medical officers. The surveys are available at <https://www.health.nsw.gov.au/workforce/culture/Pages/jmo-survey.aspx>.

### 1.3 Overview of the WorkForce of Trainees in Unaccredited positions

The 2019 Unaccredited Positions Data Survey indicated that:

- There are approximately 1100 trainees in unaccredited positions working in NSW Health public hospitals (not including PGY1 and PGY2).
- They represent approximately 21% of the total junior medical officer (JMO) workforce in NSW Health, not including PGY1 and PGY2.
- The specialty that has the highest proportion of doctors working in unaccredited positions is emergency medicine. This is followed by general surgery and orthopaedic surgery. Other specialties that have high proportions are intensive care, general medicine, obstetrics and gynaecology and general paediatrics.
- The following specialties have very few or no trainees in unaccredited positions: radiology, dermatology, ophthalmology, medical administration, pathology (zero).
- The predominance of unaccredited trainees in particular specialties appears to be reflected equally in rural/regional and metropolitan LHD/SNs.

Although rural and regional hospitals have overall lower numbers of trainees (reflecting overall lower workforce numbers) the proportion of trainees in unaccredited positions (as a proportion of the JMO workforce not including PGY1/2) is on average higher (approximately 24%) than in metropolitan LHD/SNs (approximately 19%). According to the respondents to the NSW Health Your Training and Wellbeing Matters Survey that was conducted in 2018:

- 85% of unaccredited trainees<sup>1</sup> were planning to apply for specialty training in the future
- 23% had previously applied for specialty training but not been selected into the program
- 11% had previously started but not completed specialty training

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<sup>1</sup> The Your Training and Wellbeing Matters surveys asked respondents to select their roles as “unaccredited trainees”, senior resident medical officer, and career medical officer (among others). Therefore the term unaccredited trainee is used in this context and entails a different definition than the one used for the purposes of this review.

## 2. ISSUES AND DRAFT RECOMMENDATIONS

### 2.1 Management and Supervision of Trainees in Unaccredited Positions

Unaccredited positions have a variety of supervisory and management requirements that are spread over a large variety of people throughout the organisation. Qualitative data gathered from the 2019 Unaccredited Positions Data Survey indicates there is a lack of consistency from hospital to hospital as to which people are undertaking each of these requirements. LHD/SNs usually identified more than one person in different types of roles, with each person having a different type of responsibility (e.g. clinical oversight compared to management of employment arrangements or organisation-wide governance). The roles include, but are not limited to, JMO Managers, roster managers, supervisors of training, directors of medical services, and heads of medical departments. It is not always clear whose job it is to undertake certain duties or whether they, themselves are supported in the role. Many responsibilities are managed at departmental level with minimal knowledge or records at a centralized level within the organisation.

Supervision and management duties include, for example:

- providing clinical supervision
- providing pastoral care and career guidance
- providing an induction and orientation to the role
- setting expectations for the term<sup>2</sup>
- undertaking an assessment of competence at the outset of the term
- assisting to develop a training plan
- undertaking a performance appraisal
- providing formal and informal feedback during and at the end of the term
- making rosters
- approving rosters
- approving leave of different types (annual, study, sick)

- monitoring to ensure that excessive leave and accrued days off (ADOs) are taken
- approving unrostered overtime (if it is in a category that requires pre-approval)
- approving education and training opportunities
- receiving feedback on terms

In comparison, accredited training programs have network directors of training and site directors of training whose role is to support trainees. These positions provide oversight to ensure trainees are meeting college training requirements and often have a broader aspect of providing support and pastoral care to trainees.

However, there is not always someone available to undertake such roles for trainees in unaccredited positions. At some locations the Director of Prevocational Education and Training provides oversight and support of some trainees in unaccredited positions and in other locations, college directors of training may take the trainees in unaccredited positions “under their wings”, alongside trainees in accredited positions.

To ensure that trainees in unaccredited positions are receiving the appropriate support there would be benefit from nominating a Director of Unaccredited Training whose role might include advocacy on behalf of the trainees, pastoral care, oversight of rosters for equity and workload, receiving feedback about terms, career guidance and other matters.

#### **DRAFT RECOMMENDATION 1**

**Director of Unaccredited Training roles should be established to support trainees in unaccredited positions.**

The role could be filled by one person overseeing trainees across a range of different specialties, or could be speciality specific with more than one person involved.

<sup>2</sup> During the term of employment for a trainee in an unaccredited position, they may or may not rotate through different roles and facilities. If they are in a position that has rotations, a rotational term is usually 3 to 6 months in duration. For the purposes of this discussion, a term will refer to the term of a rotation, or if the employment contract does not include rotations it will refer to the term of the employment contract.



## 2.2 Training Plans and Access to Education and Training Opportunities

Trainees in accredited positions have training plans that guide their training and have regular assessments as mandated by the relevant medical colleges.

Consultation identified that many trainees in unaccredited training positions do not have a training/performance plan developed and do not always receive regular formal feedback about their performance. Data from the 2018 YTWM Survey indicate that

- only 70% of unaccredited trainees have agreed goals and objectives for their terms with their designated supervisor, and only 64% of SRMOs have this, compared to 82% of trainees in accredited positions<sup>3</sup>
- 71% of unaccredited trainees and 51% of SRMOs receive formal feedback from their supervisor about their performance at work, compared to 86% of trainees in accredited positions

Clinical departments may place value on having unaccredited positions because they give junior doctors valuable experience prior to entering specialty training and allow a department to identify trainees well or poorly suited to a career in that specialty<sup>4</sup>. It is therefore of benefit to have junior doctors with targeted and well-developed skill sets, and a fair and transparent process for assessing their suitability for a future in that specialty. Problems are compounded for supervisors in the absence of a training plan, as it is difficult to set expectations, and to provide feedback when the expectations are not clear.

Consultations found that some supervisors may:

- make assumptions about the trainee's skill set, or have difficulty providing feedback when they themselves are not clear on the expectations
- be reluctant to provide feedback for fear of being criticised for their approach or expectations

- have expectations at one hospital that differ to the expectations of supervisors at another hospital, which may cause confusion when a trainee moves from one term to the next (this issue may also be applicable to trainees in accredited positions)
- be limited by college accreditation requirements that place limits on the number of trainees a consultant can supervise

Trainees in unaccredited positions and their supervisors would benefit from having a training plan established at the beginning of each term, preferably within the first week, and at a minimum within the fortnight.

Training plans could be based on a proforma that provides a format for discussion and minimum expectations, with goals that can be tailored to the trainee's and employer's needs. However, whilst a proforma could be developed, feedback received is that it should not be mandated because it is recognized that many hospitals have already developed such tools, and college or other suitable frameworks may be utilized instead.

There should be a governance mechanism in place to ensure training plans are reviewed for completion and appropriateness. When training plans are created for trainees in unaccredited positions, both the trainee and the supervisor should be cognisant of what opportunities are available and thus what can be realistically achieved during the term.

Feedback indicates that access to education and training opportunities is more limited for trainees in unaccredited positions, compared to their accredited counterparts<sup>5</sup>. Trainees in accredited positions often have priority to undertake procedures or attend educational opportunities, in order to meet college training requirements.<sup>6</sup> Although trainees in unaccredited positions are offered various opportunities, it is unclear whether these are offered during work time or if they must attend in their own time, and whether they are released to attend. Attendance may be difficult if there is a lack of cover in the unit for the trainee in the unaccredited positions to attend training/

3 NSW Ministry of Health 2018 <https://www.health.nsw.gov.au/workforce/culture/Documents/yts-2018-jmo.pdf>

4 Mitchell R, Milford WJ, Bonning M, Markwell A, and Roberts-Thomson R, "Unaccredited Registrar Positions in Australian Hospitals: is it time for a rethink?" Australian Health Review <http://dx.doi.org/10/1071/AH13009> 5 July 2013

5 Australian Medical Association, "Support for Non-Vocational Trainees Prior to Entering a Vocational Training Program - 2016" <https://ama.com.au/position-statement/support-non-vocational-trainees-2016> 10 August 2016

6 Mitchell R, Milford WJ, Bonning M, Markwell A, and Roberts-Thomson R, "Unaccredited Registrar Positions in Australian Hospitals: is it time for a rethink?" Australian Health Review <http://dx.doi.org/10/1071/AH13009> 5 July 2013

education, especially if it is a requirement for the accredited trainee. Having training plans for trainees in unaccredited positions may assist with departmental planning for training opportunities to be provided and decisions regarding their attendance.

Feedback from some trainees indicates that those in unaccredited positions are aware of and accepted the need for trainees in accredited positions to have training opportunities to meet their program requirements; however this should not be completely at the expense of the trainees in unaccredited positions. Feedback from JMO Managers indicates that whilst it may be reasonable to favour access to education and training opportunities for accredited trainees, the opportunities could be more fairly distributed between the accredited and unaccredited groups.

#### **DRAFT RECOMMENDATION 2**

##### **Training plans should be put in place for all trainees in unaccredited positions.**

- There should be a designated doctor whose role it is to develop the plan with the trainee. The person with this designated role will vary between hospitals depending on the size and structure of the workforce available to undertake this role.
- Training plans should be completed by the end of week two of the term, and reviewed during the term to see progress against goals and identify action that needs to be taken to assist the trainee to achieve them.
- Guidelines and a proforma should be developed on how to develop training plans for trainees in unaccredited positions that outline an approach and set principles.

### **2.3 Clarify role expectations during advertising and recruitment**

Feedback indicates that advertised positions and positions descriptions do not always contain adequate information about what training and education opportunities are available in the role and what the service requirements are, and hence trainee and supervisor expectations are not as well managed as they could be. In comparison, some roles are clearly established and advertised as designed to provide junior doctors with training and education that will assist them to get into a college training program. For example, if the role is in a surgical department and it is known that the trainee in an unaccredited position will primarily work in the ward and be given minimal theatre time, this should be made explicit in the advertised role details.

If expectations were set at the time of advertising the role, trainees can make a more informed decision regarding applying for the role, and have realistic expectations when training plans are set. This can be reinforced during the recruitment process to ensure supervisors and trainees have clear expectations.

#### **DRAFT RECOMMENDATION 3**

##### **Advertised role details for unaccredited positions should clearly articulate service requirements and training and education available for the role.**

## 2.4 Feedback on Performance

Feedback indicated that some trainees in unaccredited positions don't receive formal performance feedback during or at the end of their term. According to the 2018 YTWM Survey, 71% of trainees and 51% of SRMOs in unaccredited positions received formal feedback from their designated supervisor about their performance at work; 84% of trainees and 67% of SRMOs in unaccredited positions received informal feedback from their designated supervisors about their performance at work.

Feedback indicated that one of the barriers to providing formal feedback was the lack of an appropriate format. Some sites used and adapted the HETI PGY1/2 assessment form and some the relevant college accredited position assessment form. However, neither approach was considered ideal.

### **DRAFT RECOMMENDATION 4**

**Trainees in unaccredited positions should receive formal performance feedback during and at the end of their term, aligned with their training and development plans created at the beginning of the term.**

- To avoid duplication of effort by trainees and supervisors, this process should meet the requirement of the employer for performance appraisals.
- A proforma for performance appraisals specific to this employee group should be developed, and it should reflect the guidelines and principles for the training plan proforma.

## 2.5 Orientation and Induction to the Role

Feedback indicates that in some unaccredited positions, trainees are unclear about their role in the team and their duties, while position descriptions are generic and do not usually provide specific information about role expectations. Further, trainees in unaccredited positions do not always receive a comprehensive orientation to the role at the beginning of the term, when roles and responsibilities can be clarified and supervisors assess the trainee's ability to undertake the various aspects of the role. Feedback also indicates that trainees filling the same position can have different levels of experience therefore supervisors cannot assume trainee skills and capability. It may also be an increase in responsibility for a junior doctor to move from a resident to a trainee role, in particular working nights and evenings where there is less immediate senior support available.

Information should be provided to trainees when they commence, so they understand what their duties are, and the standard at which they should be performing; and for a supervisor to assess their current level of competence. It is important that trainees have a comprehensive orientation to the role that is separate to the general orientation that is conducted for all trainees on commencement at the hospital.

### **DRAFT RECOMMENDATION 5**

**An orientation to the role should be provided for trainees when commencing in unaccredited positions.**

- Written documentation should be provided that describes team principles, practical information and expectations.
- Ideally the training plan should be done as part of this process, however the role orientation is more important if the trainee commences working before the training plan has been completed.

## 2.6 Feedback from trainees about Terms

Prevocational trainees and trainees in college programs provide feedback on the terms to their college and/or HETI, which feed into the accreditation process and help to identify if there are any issues with the quality of the term. There is not always a mechanism for providing feedback to the employer regarding the quality of a term that has been undertaken by a trainee in an unaccredited position; and if there is, there is less incentive for a trainee to complete one because the feedback is not compulsory and does not impact any future accreditation.

Governance arrangements that included routine review of terms by trainees in unaccredited positions, with feedback to Medical Department Heads and Directors of Training would assist with ensuring that their development plans are in place, they are receiving feedback, their rosters are appropriate and other elements of their term are monitored.

Trainees in unaccredited positions may not be incentivised to provide feedback if it is negative due to concerns about impacts on their career advancement. It will be important to indicate that providing feedback will not lead to negative consequences and the feedback will be confidential. These issues are acknowledged and are not easily resolved; however trainees in unaccredited positions may be more inclined to provide feedback if they are not only given the opportunity but their feedback is welcomed.

### **DRAFT RECOMMENDATION 6**

**A mechanism should be established for trainees in unaccredited positions to provide term feedback to the hospital, including to Medical Services, Department Heads and Directors of Training.**

This mechanism should have a level of accountability and be utilized to ensure that expectations are being met and hospitals should use information to address issues or concerns raised

Feedback might include information about training opportunities, system issues, supervision and teaching, and improvements that could be made.

## 2.7 Access to Study Leave and Other Leave Types

Feedback indicates that trainees in unaccredited positions can have difficulty accessing various leave types. For example, they may wish to attend conferences needed to meet college entry requirements or take study leave to prepare for college entry examinations. In addition, if they are unable to take ADOs and annual leave for recreational purposes, this can affect their wellbeing. There may reasons for this, including limited coverage to accommodate for leave, especially if this hasn't been factored into the staff profile and leave calculations done by roster managers. Priority for leave at certain times of the year may be given to trainees in accredited positions if they need leave (e.g. examination study leave) to meet college training requirements.

The Public Hospitals Medical Officers (State) Award 2019 provides that:

*Study leave shall only be granted in respect of a course:*

- (a) leading to higher medical qualifications as defined in clause 1, Definitions, of this Award; and*
- (b) in respect of a qualification which when obtained would be relevant to the needs of the hospital*

Discussions with JMO Managers indicate that this is applied differently according to the circumstances, for example, a Master's degree may be accepted for a trainee in one specialty but not another, and there are varying interpretations as to whether this qualification meets the needs of the hospital. Feedback indicates that trainees in unaccredited positions may take other leave types (e.g. annual leave and ADOs) to meet training and education needs.

### **DRAFT RECOMMENDATION 7**

**That the Ministry of Health reviews the available award and policy provisions for leave for the purposes of training and development for trainees in unaccredited positions.**

## 2.8 Length of Employment Contracts

In addition to the above issues regarding study leave, there may be a reluctance on the part of the JMO to take leave because they want to remain visible to consultants, especially at certain times of the year (e.g. during recruitment). This is exacerbated by the brevity of employment contracts for some trainees in unaccredited positions. One option is to make the contracts longer, so the junior doctor has more time to be present in a Unit and leave might be easier to apportion.

While there is provision to offer a contract longer than twelve months to trainees working in unaccredited positions, the majority are still employed on annual contracts only. The Policy Directive PD2019\_027 Employment Arrangements for Medical Officers in the NSW Public Health System stipulates that

*Medical officers appointed to vocational training program positions are to be engaged under a single contract for the minimum potential period for completion of the training wherever the employing facility is accredited to cover the full length of training, and/or there is an arrangement in place between facilities which enables the trainee to complete the relevant training requirements...*

*...Medical officers who are not in a pre-vocational or vocational training program are engaged for a specific period as a Resident Medical Officer, Registrar or Senior Registrar, depending on the classification of the position consistent with relevant Award provisions.*

For accredited training positions, NSW Health policy is that the length of the contract should be commensurate with the duration of the training program. NSW Health advertising guidelines circulated to LHD/SNs each year now include advice that contracts can be up to two years for unaccredited roles. However, anecdotally, it is not widely understood that longer contracts are able to be granted for unaccredited positions.

Twelve month employment contracts can lead to

- anxiety relating to finding a position for the following year, with JMOs applying for many positions to ensure they have a job the following year
- JMOs needing additional time off to attend many job interviews during the recruitment period each year
- lack of continuity of training and performance expectations

- a lack of amount of time for investment by supervisors in the trainee's career development
- possible inability to complete research projects (needed for the purposes of applying for college training programs) if moving between hospitals or departments
- minimal incentive for supervisors to provide feedback on performance and assist the trainee to develop, as the trainee will be moving on sooner rather than later; a trainee therefore may leave the role without getting feedback needed
- increased difficulty for departments and trainees to plan for annual and other leave
- increased administration due to the number of positions being advertised and filled each year

Offering up to two year contracts to trainees in unaccredited positions may bring benefits to both the trainee and the health service. Longer employment contracts encourage relationship development and investment in the trainee, with supervisors providing feedback on performance and setting expectations. They allow JMOs to focus more on their role and be present in the workplace; and focus on their development without distraction of finding a new job every year. It also makes it be easier to plan for leave and complete research projects. The longer employment periods provide a recruitment strategy to attract applicants.

If providing longer employment contracts, hospitals should give consideration to networking positions within an LHD/SN, or possibly across LHD/SNs, which could have dual benefit of providing a good developmental experience for the junior doctor, and meeting service needs. Terms that are predominantly service-provision might be linked to terms that have a training focus; rural or regional positions might be linked with terms at metropolitan hospitals.

Concerns have been raised about managing vacancies if trainees leave in their second year to join a training program. Feedback from JMO Managers is that on balance, the reduced administration of advertising multiple vacancies every year would outweigh the need to fill vacancies due to trainees who leave their two-year contracts in the second year. However, concerns were raised that in some places a one-year contract would be preferred because that is how the department reviews the development of trainees; and in some specialties trainees tend to be in unaccredited positions for only 12 months before getting on to the training program.

### **DRAFT RECOMMENDATION 8**

**The minimum length of employment contracts for unaccredited positions should be routinely offered as part of annual recruitment for a period of two years**

- Shorter contracts should have suitable justification provided

This recommendation pertains to those employed under the Public Hospital Medical Officers (State) Award rather than the Public Hospital Career Medical Officers (State) Award, as Career Medical Officer positions are usually either permanent, or temporary for reasons other than duration of training.

- Some trainees in unaccredited positions may choose to work longer hours in order to achieve particular training outcomes or to impress supervisors with a view to getting on the training program

It was reported that some terms may substantially include night or evening shift rosters. Such rosters have the potential to decrease the feeling of belonging to a team, and if not rostered appropriately, affect sleep and other wellbeing aspects.

### **DRAFT RECOMMENDATION 9**

**There should be oversight of and accountability for rosters for trainees in unaccredited positions.**

- Rosters should be reviewed/approved before being circulated
- A starting principle when developing the rosters should be equivalency of rosters between trainees participating on that roster

## **2.9 Rostering Practices**

In some situations where trainees in unaccredited positions participate in the same roster as accredited trainees there may be inequity, for example trainees in unaccredited positions are rostered to more nights or on call than the accredited trainees. The reasons for the different rostering include:

- Need for medical staff to cover the unit, in particular when accredited trainees are on leave
- Priority given to accredited trainees for certain shifts in order for them to obtain experiences needed for college training programs
- College training accreditation requirements placing limits on the number and type of shifts that accredited trainees are allowed to work, leaving the less sociable and/or additional shifts to be picked up by other junior medical staff
- The trainees in unaccredited positions may not feel empowered to speak up against a perceived unfair roster, because their supervisors are key people who can assist (or prevent) the trainee to get into a college training program
- Lack of oversight of the appropriateness of rosters for unaccredited trainees (in contrast to accredited trainees whose supervisors may monitor this more closely to align with college requirements)
- The person making the roster may have a conflict of interest (e.g. a more senior accredited trainee who shares the same rosters)

## 2.10 Entry to College Training Programs

Some specialist medical college entry requirements are deemed onerous by trainees, supervisors and administrators. There is a general understanding that trainees must complete extra research or qualifications to get into some college training programs, and yet there is a question about whether it makes them better clinicians.<sup>7,8</sup> Even with this, there is no guarantee of getting into a training program. The Australian Medical Association states that processes for selection to college programs should be open, fair, reliable and cost-effective and encourages colleges to provide greater clarity to trainees about prospects of entering their programs.<sup>9</sup>

The college requirements compound several problems many of which are already mentioned:

- trainees may work longer hours to obtain relevant experiences and do research
- they undertake multiple research projects, which may require them to put in additional hours (and they may not be able to complete projects within each individual term)
- they may use annual leave to attend to study needs
- they may not receive career counselling
- there is significant financial outlay e.g. exam fees and conference attendance. This leads to financial and emotional stress for the trainees, can add years to their time in training positions during which they may be economically and socially disadvantaged<sup>10</sup>

**DRAFT RECOMMENDATION 10**  
**NSW Health should work with specialist medical colleges regarding entry requirement for college training programs to ensure they are reasonable and effective.**

## 2.11 For further consideration: accreditation of unaccredited positions

Many of the recommendations in this document pertain to increased or improved governance over management unaccredited positions and the trainees occupying these roles. Whilst it may be recommended that training plans are put in place for all trainees, or that rosters are reviewed for equity and suitability, part of the problem is that whilst in many places these things are already happening at a departmental level but there is no monitoring process to ensure it is happening.

All hospitals have quality improvement programs and processes, and external accreditation is a way of ensuring that certain standards are met.

The concept of creating accreditation standards and a mechanism for undertaking accreditation for unaccredited training positions, or hospitals that have unaccredited positions, would be a considerable undertaking, and is not a current recommendation of this Review. However, feedback on this concept would be welcomed and, if supported, further advice on how it could work would also be appreciated.

7 McNamara S, "Does it Take Too Long to Become a Doctor? Part 1" Wiley Online Library <https://onlinelibrary.wiley.com/doi/full/10.5694/mja12.10619> 7 May 2012

8 McNamara S, "Does it Take Too Long to Become a Doctor? Part 2" Wiley Online Library <https://onlinelibrary.wiley.com/doi/full/10.5694/mja12.10720> 12 May 2012

9 Australian Medical Association, "Support for Non-Vocational Trainees Prior to Entering a Vocational Training Program - 2016" <https://ama.com.au/position-statement/support-non-vocational-trainees-2016> 10 August 2016

10 McNamara S, "Does it Take Too Long to Become a Doctor? Part 2" Wiley Online Library <https://onlinelibrary.wiley.com/doi/full/10.5694/mja12.10720> 12 May 2012

## APPENDIX 1: ADVISORY COMMITTEE MEMBERSHIP

Organisation	Advisory Group Nominee	Role/s
1. Ministry of Health	Richard Griffiths	Executive Director, Workforce Planning and Talent Development (Chair)
2. Ministry of Health	Dr Linda MacPherson	Medical Advisor, Workforce Planning and Talent Development
3. MNCLHD	Ms Julie Sillince	Network Manager Medical Administration and Workforce
4. SLHD	Dr Kim Hill	A/Executive Director Medical Services and Executive Clinical Advisor SLHD
5. MNCLHD	Dr Logan Carroll	Senior Hospitalist Medical Administration
6. HETI	Dr Claire Blizzard	Medical Director, HETI
7. ASMOF	Dr Choong-Siew Yong	Vice President ASMOF SWSLHD - Psychiatrist
8. AMA	Ms Fiona Davies	Chief Executive Officer, AMA NSW
9. (AMA) DiT	Dr Sanjay Hettige	Unaccredited Trainee DiT Committee co-chair
10.(AMA) DiT	Dr Tahmina Lata	Unaccredited Trainee AMA DiT Deputy Co-chair
11. (AMA) DiT	Dr Tom Morrison	Neurosurgery Unaccredited Trainee



