

# Final Recommendations of the Review of Trainees in Unaccredited Positions

November 2020



Contact:

Workforce Planning and Talent Development

NSW Ministry of Health

[MOH-JMOWellbeing@health.nsw.gov.au](mailto:MOH-JMOWellbeing@health.nsw.gov.au)

## Table of Contents

Introduction .....	4
Recommendations .....	5
Recommendation 1 - Director of Unaccredited Training.....	5
Recommendation 2 -Professional Development Plans .....	5
Recommendation 3 - Performance Feedback.....	5
Recommendation 4 - Job advertisements.....	6
Recommendation 5 - Orientation .....	6
Recommendation 6 - Feedback on the Role .....	6
Recommendation 7 - Training and Development Leave .....	6
Recommendation 8 - Length of employment contract.....	6
Recommendation 9 – Oversight of Rosters .....	7
Recommendation 10 - College Entry Requirements .....	7
Additional feedback on accreditation .....	7
Appendix 1 - Advisory Committee Membership .....	8
Appendix 2 - Key Accountabilities for Director of Unaccredited Training.....	9

## Introduction

The NSW Ministry of Health has undertaken a review of trainees in unaccredited positions to examine their experience working in the NSW Health system, identify issues that need to be addressed to improve their wellbeing and training, and make recommendations for improvement. These recommendations inform further work to be undertaken to support this cohort of junior doctors in NSW Health.

In 2019 there were approximately 1100 trainees in unaccredited positions working in NSW Health public hospitals representing approximately 21% of the total junior medical officer (JMO) workforce in NSW Health (not including PGY1 and PGY2).<sup>1</sup>

The Review considered trainees working in unaccredited positions in both metropolitan and rural facilities, and in different specialty areas. The Review was initially informed by available literature, various NSW Health surveys, and a consultation process. An Advisory Committee was formed with representatives from the Australian Medical Association, the Australian Salaried Medical Officers Federation, the Health Education and Training Institute and NSW local health districts and specialty networks. Membership is in Appendix 1.

A series of issues were identified, and the Ministry of Health consulted on a set of draft recommendations in July and August 2020, which was sent to all NSW Health Local Health Districts and Specialty Networks (LHD/SNs) for comment. The draft recommendations are available in a Discussion Paper here:

<https://www.health.nsw.gov.au/workforce/culture/Pages/review-trainees-unaccredited.aspx>. The Discussion Paper included a description of the information sources considered in the Review and an overview of the workforce composition of this cohort.

Following consultation, the Advisory Committee re-convened and finalised the recommendations, as outlined in this Report.

Trainees in unaccredited positions for the purposes of the Review were 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 includes doctors employed in resident medical officer, registrar and career medical officer classifications. Doctors working in unaccredited positions include doctors with general registration and also overseas trained doctors with limited or provisional registration. It is acknowledged that this is a heterogeneous group; the majority of the recommendations in this Report pertain to those working under the Public Hospital Medical Officers (State) Award.

---

<sup>1</sup> Based on data extracted from StaffLink (payroll system) of doctors in hospital non-specialist positions, and verified by LHD/SNs

## Recommendations

### Recommendation 1 - Director of Unaccredited Training

It is recommended that Director of Unaccredited Training roles be established by LHD/SNs to support trainees in unaccredited positions. These roles 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. Flexibility is required to allow LHD/SNs to implement the roles as needed locally, and to fit them into their organisation's governance structure accordingly.

The Director of Unaccredited Training provides leadership, support and advocacy for the welfare and professional development for trainees in unaccredited positions. The role primarily provides governance to ensure effective training and support. Where required, the Director may provide some supervision and management of individual trainees.

Key Accountabilities for the Director of Unaccredited Training are in Appendix 2.

### Recommendation 2 - Professional Development Plans

It is recommended that all trainees in unaccredited positions have an annual Professional Development Plan (PDP). Facilities should have processes in place to monitor that PDP are developed.

A professional development plan is used to document professional career goals and identify the skills, strategies, clinical experiences and training required to achieve these goals. The PDP should be tailored for the individual.

The development of an annual PDP is in line with [NSW Health policy](#) that all employees should have a performance plan and a review at least annually. Completing the PDP should support meeting the Medical Board of Australia Continuing Professional Development requirements rather than be an additional requirement.

There should be a designated doctor whose role it is to develop the PDP with the trainee. The person with this designated role will vary between hospitals depending on the size and structure of the available senior medical workforce and on the trainee's position (e.g. rotational or non-rotational). This may be the Director of Unaccredited Training or the trainee's supervisor.

PDPs should be completed by the end of week two of the term<sup>2</sup> and reviewed at the middle of the term (at a minimum) to see progress against goals and identify action that needs to be taken to assist the trainee to achieve them.

### Recommendation 3 - Performance Feedback

It is recommended that trainees in unaccredited positions receive formal performance feedback during and at the end of their term or 12 month period. The formative feedback should incorporate progress against goals in the professional development plans created at the beginning of the term, as well as reflecting on strengths and weaknesses and discussing feedback on matters such as (but not limited to) clinical skills and knowledge, leadership, communication skills, teamwork, handovers, preparing patient documentation, supervising and teaching more junior staff, progress of research, participation in quality assurance activities, learning opportunities, and the trainee's wellbeing (including appropriateness of rosters and working hours).

To avoid duplication of effort by trainees and supervisors, this process should meet the NSW Health requirement for performance appraisals and CPD requirements of the Medical Board of Australia, as per the above recommendation.

- \_\_\_\_\_

<sup>2</sup> Definition of "term" for the purposes of this document: 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. A term will refer to the term of a rotation, or if the employment contract does not include rotations it will refer to a term of no greater than 12 months.

#### **Recommendation 4 - Job advertisements**

It is recommended that advertised details for unaccredited positions clearly articulate training opportunities and education available for the role. This should provide transparency for applicants and guide expectations of incumbents and their supervisors. As an example, unaccredited surgical roles should clearly identify if the role is ward based and the opportunities for going to operating theatres.

#### **Recommendation 5 - Orientation**

It is recommended that all trainees in unaccredited positions receive a face to face orientation when they commence in a new role or rotation. This orientation to the role is in addition to the orientation to the facility and would normally be undertaken by the unaccredited trainee's supervisor. A role orientation should include the trainee roles and responsibilities, team structure and other team members' roles and responsibilities, unaccredited trainee supervision, team principles, verification of trainee's skills and performance expectations.

If the role orientation is provided in written form, the trainee should still receive a face to face orientation during working hours, on commencement. The professional development plan may be completed with the trainee as part of this process.

#### **Recommendation 6 - Feedback on the Role**

It is recommended that each LHD/SN have a process to collect and review feedback from trainees in unaccredited positions about their experience in the term/position, including feedback about workload, training opportunities, system issues, supervision and teaching, and improvements that could be made.

The mechanism to collect feedback may differ between sites but may include survey, focus groups and exit interviews. The mechanism will be a local decision but should have a level of accountability and the LHD/SN should be able to demonstrate that the feedback is used to address issues. The mechanism should, in so far as possible, ensure the anonymity of those providing feedback.

#### **Recommendation 7 - Training and Development Leave**

It is recommended that the Ministry of Health review provisions for paid leave for the purposes of training and development for trainees in unaccredited positions.

#### **Recommendation 8 - Length of employment contract**

It is recommended that unaccredited positions recruited as part of annual medical recruitment campaigns are offered two-year employment contracts, unless there are specific reasons for offering a shorter contract.

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.

To make roles attractive and provide a more diverse training experience, LHD/SNs may wish to create positions that include different rotations in two or more departments, hospitals or LHD/SNs.

Shorter contracts should have justification provided. Reasons for issuing contracts of less than two years duration may include:

- If the position is being backfilled on a temporary basis (e.g. because the incumbent is on extended leave)
- If an accredited position was unable to be filled with an accredited trainee
- If the position provides a temporary rotation for the purposes of gaining a specific training experience towards achieving a qualification

### **Recommendation 9 – Oversight of Rosters**

It is recommended that there is oversight of and accountability of rosters for trainees in unaccredited positions to ensure that trainees are rostered in accordance with safe hours standards and that trainees in unaccredited roles are not unreasonably disadvantaged.

Rosters should be reviewed and approved before being circulated. It is a local decision regarding who has oversight and governance arrangements should be suitable and able to be demonstrated. The approver should have the authority to request that the roster is amended if it does not meet best rostering practices.

A starting principle when developing the rosters should be equivalency of rosters between all trainees participating on that roster, noting that at times it may be appropriate for rosters to differ between those in accredited and unaccredited roles.

### **Recommendation 10 - College Entry Requirements**

It is recommended that NSW Health works with specialist medical colleges regarding entry requirements for college training programs to ensure they are reasonable and effective.

It is noted that medical colleges are binational organisations. However, it is important that NSW provide feedback to medical colleges about entry requirements that are perceived to be unreasonable and impact trainees working in unaccredited positions seeking selection into a college training program.

## **Additional feedback on accreditation**

As part of the consultation process feedback was also sought regarding the concept of establishing an accreditation process for positions that are currently not accredited by a medical college (unaccredited). Review feedback found some support for accreditation but also identified that there were a number of complex issues and challenges that would need to be addressed before an accreditation process could be implemented.

It is recommended that the Ministry implement and monitor the recommendations initially. This will inform if a formal accreditation framework for these non-college positions is required in the future.

## Appendix 1 - Advisory Committee Membership

Organisation	Advisory Group Nominee	Role/s
Ministry of Health	Richard Griffiths	Executive Director, Workforce Planning and Talent Development (Chair)
Ministry of Health	Dr Linda MacPherson	Medical Advisor, Workforce Planning and Talent Development
MNCLHD	Ms Julie Sillince	Network Manager Medical Administration and Workforce
SLHD	Dr Kim Hill	A/Executive Director Medical Services and Executive Clinical Advisor SLHD
MNCLHD	Dr Logan Carroll	Senior Hospitalist Medical Administration
HETI	Dr Claire Blizzard	Medical Director, HETI
ASMOF	Dr Choong-Siew Yong	Vice President ASMOF SWSLHD - Psychiatrist
AMA	Ms Fiona Davies	Chief Executive Officer, AMA NSW
(AMA) DiT	Dr Sanjay Hettige	Unaccredited Nuclear Medicine trainee, Westmead AMA NSW Board member AMA NSW DITC Co-Chair
(AMA) DiT	Dr Tahmina Lata	Unaccredited General Surgical Trainee The Tweed Hospital Member of the AMA Council of Doctor In training Policy Advisory Committee
(AMA) DiT	Dr Tom Morrison	Unaccredited Neurosurgery Trainee, RPA AMA Councillor ASMOF Councillor



## Appendix 2 - Key Accountabilities for Director of Unaccredited Training

The Director of Unaccredited Training provides leadership and advocacy for the welfare, supervision and professional development of trainees in unaccredited positions. The role primarily provides governance, to ensure high quality training and supervision of trainees in unaccredited training positions. Key functions include:

- Advocate for the professional development of trainees in unaccredited training positions
- Advocate for training and education opportunities for trainees and remove barriers to attendance
- Work with trainees and their supervisors to ensure the completion of professional development plans and monitor their completion
- Advocate for appropriate supervision of trainees in unaccredited positions
- Provide pastoral care and career guidance
- Supervise the personal and professional welfare of trainees in unaccredited positions, particularly those experiencing difficulties
- Provide advice to supervisors and managers to address gaps in delivery of effective training
- Ensure trainees receive formal feedback at the appropriate times (mid-term and end of term)
- Ensure trainees receive face to face orientation to the role on commencement to ensure the trainee is ready to commence safe, supervised practice as required by the role
- Develop and maintain a process for receiving feedback from trainees in unaccredited positions about their terms
- Act on feedback about terms to make improvements where needed
- Work with others within the LHD/SN and in other LHD/SNs to create two-year networked unaccredited positions with a variety of experiences.
- Contribute to the strategic direction of unaccredited training positions in the organisation, assisting to develop roles that meet the needs of junior doctors and employers, and that they are appropriately and transparently advertised.
- Liaise and attend meetings with relevant groups and individuals to promote and enhance the training and education of trainees in unaccredited positions e.g. supervisors, Directors of Medical Services, JMO Managers and administrative staff, and Directors of Training for other JMO groups.