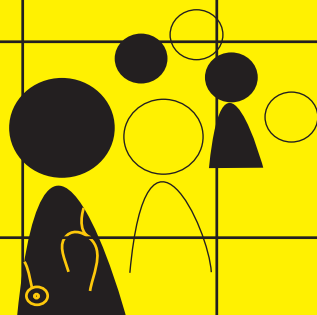


2018  
JMO FORUM  
Junior Medical Officer  
VICTORIA



# POSTGRADUATE MEDICAL COUNCIL OF VICTORIA

## JMO Forum 2018

### *Table of Contents*

Welcome .....	3
Postgraduate Medical Council of Victoria Inc (PMCV).....	4
Prevocational medical training .....	5
Term rotations.....	5
Support structures in your health service .....	5
The Victorian JMO Forum – Aims and Strategic Issues .....	6
Overview .....	6
Education and Training.....	7
Accreditation .....	8
Australian Medical Council - National Internship Framework.....	8
Welfare and Support .....	9
Confederation of Postgraduate Medical Education Councils (CPMEC).....	10
Overview .....	10
Australasian Junior Medical Officer Forum (AJMOC).....	10
Australian Curriculum Framework for Junior Doctors (ACF).....	10
Resources .....	11
Guidelines on internship mentoring programs .....	11
Guidelines on best practice protected teaching time for junior doctors.....	12
Guidelines for the orientation of junior doctors .....	13
A Best Practice Guideline to improve interaction and communication between junior medical staff and medical workforce units in Victorian health services .....	13
Supporting Safe Transition from Intern to PGY2 Year: A professional development guideline for health services .....	13
Projects .....	14
PHEEM (Postgraduate Hospital Educational Environment Measure) .....	14
Feedback Tool Kit.....	14
BAD (Bullying and Discriminatory) Behaviour .....	14
ROVER - Rolling handOVER .....	14
Personal strategies to promote wellbeing and self-care .....	15
Contacts, help services and websites .....	15
Support, referrals and counseling .....	15
Health service contacts.....	16
Referral to a medical practitioner.....	16
Rural Health Services Support .....	16
Medical Indemnity Agencies .....	17
Health, wellbeing and resilience .....	17
Help lines and websites .....	18
Mental health related.....	19
Relationship and family counselling.....	20
Specialty Training in Australia.....	21

## WELCOME

The JMO Forum Guide has been prepared to assist you navigate your early prevocational training years. We hope you will find the Guide useful and welcome any feedback to improve the resource for future years. It includes a range of information and contacts and can be used as a 'where to' for help or advice.

In particular we would like to introduce you to the Victorian Junior Medical Officer (JMO) Forum: a group of like-minded young doctors who are interesting in discussing and addressing common issues facing junior doctors, including (but not limited to) education, welfare, accreditation, and workforce. The Forum was formed in 2006 with the support of the Postgraduate Medical Council of Victoria Inc. (PMCV) and is comprised of nominated representatives from Victorian facilities offering prevocational education and training.

In 2016 the Victorian JMO Forum:

- Included representatives from 24 hospital networks (11 Metropolitan and 9 Regional), as well as delegates from other JMO and medical student organisations such as AMA Victoria, and the Medical Student Council of Victoria.
- Supported JMO Forum members to participate in quarterly meetings and JMO initiated projects (e.g. Transition from Medical Student to Intern; Scenario-based Discussions for Junior Doctors; PHEEM – Postgraduate Hospital Educational Environment Measure; BAD – Bullying and Discriminatory behaviour project; and review of Orientation guidelines).
- Reviewed, evaluated, and developed practical resources for JMOs (including some featured in this booklet!).
- Participated in discussions regarding the expectations of internship and review of supervision guidelines.
- Encouraged JMOs to participate in accreditation training to join facility accreditation visit teams.
- Represented Victoria on the CPMEC Australasian JMO Committee and sent speakers to the National Prevocational Medical Education Forum held in Hobart in 2017.
- Contributed to planning the Joint MEO and JMO Workshop at the 2017 PMCV Symposium;
- Contributed to a discussion on JMO welfare and support issues;
- Continued to review the PMCV website and provided feedback on how it could be improved for a JMO user.
- Considered a social media presence for the JMO Forum and established a JMO Forum Facebook page.
- Received updates on Action Outcome Plans.
- Contributed to the national review of the Medical Intern Year by providing JMO representation at the National Training Survey Workshop (August 2017) and the Work Readiness Workshop (September 2017); JMO forum members provided feedback on issues which were then communicated by JMO Forum representatives at the respective workshop.
- Discussion session on the role of the JMO Forum, the good things it was doing and improvements for the next year.

The forum meets as a whole four to five times a year to examine the current issues affecting our education and training needs, with more frequent meetings of subcommittees, working parties, and interest groups.

Get Involved! Represent your hospital!

Participation in the JMO Forum is open to all Victorian junior doctors who are interested in contributing a modest amount of time and creative energy to improving the experience of internship and beyond for everyone. For more information on becoming a hospital representative for your network, participating in meetings and debates, or joining a working party, please email your request to: [jmoforum@pmcv.com.au](mailto:jmoforum@pmcv.com.au) or check out the JMO Forum Charter available on the PMCV website: <http://www.pmcv.com.au/jmo-welfare-a-support/jmo-resources>

We look forward to seeing you in 2018!

**Dr Laura Raiti, Chair, JMO Forum 2018**  
**Dr Una Pak, Deputy Chair, JMO Forum 2018**

## POSTGRADUATE MEDICAL COUNCIL OF VICTORIA INC (PMCV).

The PMCV was established in August 1999 and is specifically concerned with supporting the training, professional development and welfare of prevocational medical officers (JMOs) and engaging JMOs via the JMO Forum. The Council's main aims are to:

- Ensure there is an open and transparent accreditation system which is suitable for assessing prevocational training posts;
- Work with a range of stakeholder groups (at state and national level) to identify ways in which prevocational training places can be expanded and explore new approaches to clinical training;
- Administer the Computer Matching Service for medical graduates seeking internship, Hospital Medical Officers, Basic Physician Training, Graduate Nurses and Medical Radiation graduates and Radiology Trainees;
- Develop educational programs and resources for use by JMOs, their supervisors, and educators;
- Build partnerships to enhance the education and training of JMOs informed by research, innovation and best practice; and
- Support meetings of the Victorian JMO Forum.

### **JMO Involvement in PMCV Activities – Get Involved!!!!**

There are many and varied opportunities for junior medical staff to become involved in our subcommittees, namely Accreditation, Education and Workforce and in project work groups that are established from time to time. Your views are important and your participation in committees is valued; membership offers important networking opportunities and an opportunity to gain an understanding of governance processes. You can also seek to become a trained surveyor and be involved as a team member in accreditation visits to facilities. There may be opportunities to seek sponsorship to present papers/posters at relevant Conferences through research grants or projects within your facility.

\*\*If you are interested in knowing more about the Council or if you wish to discuss any issues arising from your training in facilities, contact us at: [jmoforumvic@gmail.com](mailto:jmoforumvic@gmail.com)

### **JMO EVENTS 2018**

JMO Forum meetings normally commence at 6.00pm (for a 6.30pm start) and last about 2 hours. Refreshments are provided. Videoconferencing, Teleconferencing is available for JMO members who cannot attend in person. Indicative meetings/events are set out below.

<b>March</b>	<b>JMO Forum meeting One</b>
<b>April</b>	<b>New surveyor/Accreditation training workshop</b>
<b>May</b>	<b>JMO Forum meeting Two</b>
<b>May</b>	<b>PMCV Annual Symposium/joint meeting of medical educators and JMOs</b>
<b>July</b>	<b>JMO Forum meeting Three</b>
<b>September</b>	<b>JMO Forum Meeting Four</b>
<b>November</b>	<b>23rd Australasian Prevocational Medical Education Forum, Melbourne (incorporating the National JMO Forum meeting)</b>
<b>November</b>	<b>JMO Forum Meeting Five</b>

(Note: The JMO Forums are supported with funding provided by the Victorian Department of Health and Human Services. Approved travel costs for rural participants will be met by the PMCV).

### **Contact details: PMCV**

Telephone: +61 3 9670 1066

Location: Level 8, 533 Little Lonsdale Street, Melbourne, Vic, 3001

Postal: PO Box 13330, Law Courts, Vic, 8010

Website: [www.pmcv.com.au](http://www.pmcv.com.au)

Email: [jmoforumvic@gmail.com](mailto:jmoforumvic@gmail.com)

### **Staff:**

Ms Carol Jordon

Dr Sheila Bryan

Ms Marilyn Bullen

Ms Monique Le Sueur

Ms Lucy McEwan

Ms Kylie Nicholls

Ms Helen Singer

Ms Aileen Falzon

Ms Jackie Richards

Chief Executive Officer

Medical Advisor

Education Manager

Accreditation Manager

Accreditation Officer (part-time)

IMG, Website and Publications Manager

Computer Matching Service Manager

Computer Matching Service Officer

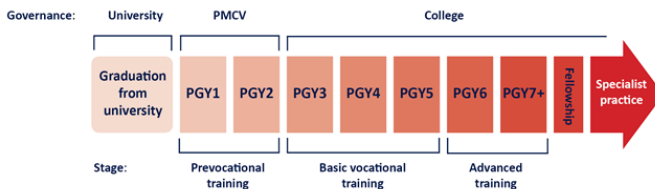
Computer Matching Service Officer/Receptionist

## PREVOCATIONAL MEDICAL TRAINING

Prevocational medical training is the beginning of postgraduate medical education in which doctors develop competencies after completion of their basic medical qualification. The Intern (or PGY1) year is compulsory supervised training year and doctors are registered with the Australian Health Practitioner Regulation Agency (AHPRA) and can only work in accredited training facilities and in accredited rotations. The following years (PGY2, PGY3) etc. are spent working as a Hospital/Resident Medical Officer (HMO/RMO) in health services and/or community placements. These early postgraduate years (PGY1/PGY2and/or PGY3) provide the grounding for future vocational training.

### Training pathways at a glance

Diagram1: Medical training continuum



Medical Training Continuum - Overview of training pathways. This is indicative only - training pathways can vary from speciality to speciality. For information about specific training programs, refer to the relevant College website.

### TERM ROTATIONS

Interns and residents generally undertake five rotations of approximately 10 to 11 weeks duration throughout each year. There are some opportunities to complete 6 months of training at the resident/registrar years. The term dates are published on the PMCV website: <http://www.pmcv.com.au/medical-administrators/term-dates>

### SUPPORT STRUCTURES IN YOUR HEALTH SERVICE

#### Supervisor of Intern Training /Director of Clinical Training/Director of Postgraduate Education and Training

The facility that you work in should appoint and introduce to you the Supervisor of Intern Training (SIT) and/or the Director of Clinical Training (DCT). The SIT and DCT are normally a clinician who are responsible for providing leadership and oversight of the intern and prevocational training program. In fulfilling this role the SIT/DCT is responsible for the education, training, supervision and welfare of junior doctors. The PMCV has developed a position description for this role. Available PMCV website at: <http://www.pmcv.com.au/resources/guidelines-alphabetical>

#### Medical Education Officers

Medical Education Officers are employed at the majority of health network sites, and facilitate the education and training program of prevocational doctors. They generally work with senior clinical staff who are responsible for the supervision and education of prevocational doctors. The MEO is unique to each setting (and responsive to the needs of that setting) but will normally be involved in the intern education program and will keep you up to date with news relevant to your prevocational training. You may also find that they are available to discuss difficult or stressful situations.

#### Medical Workforce Unit/Medical Administration/Human Resources

There is a variation in roles and responsibilities of HMO Managers depending on the support and governance structures in place at a facility so you should make sure you understand the structures and who to approach regarding your issue. HMO Managers may have oversight of doctors in training, may be involved in recruitment, term allocations, leave management, human resource functions relating to payroll, managing grievances, and complaints involving junior doctors, permanence management and including support of doctors in difficulty.

#### Health Service RMO Societies

Each health service will normally have a Hospital/Resident Medical Officer (HMO/RMO) society which provides an opportunity to meet informally with your peers and organises (or participate in) social events for a small membership fee. Some societies also play a vital role in advocacy for their members at a hospital level for employment and training issues.

## THE VICTORIAN JMO FORUM – AIMS AND STRATEGIC ISSUES

### OVERVIEW

The aims of the Victorian JMO Forum are to:

- Provide an opportunity for junior doctors to meet with their peers and to discuss issues related to their education and training, both to facilitate peer advice and also to bring relevant issues to the attention of the Council;
- Provide junior doctor representation within the PMCV through involvement in key Council committees to support the work of Council;
- Facilitate communication and referral of issues to and from, relevant committees to the PMCV Board as appropriate; and
- Provide JMO input into PMCV policy and projects in addition to that provided by Council committees.

### *The JMO Forum has identified the following Solutions/Actions in relation to governance:*

- *Collaborating with Victorian MEOs/HMO Managers to promote the JMO Forum by:*
  - Providing a list of current JMO Forum members who will formally introduce themselves to MEOs/HMO Managers and maintain regular communication prior to and following each meeting of the JMO Forum to ensure two-way communication between your health service and the JMO Forum.
  - Promoting the JMO Forum (verbal/email) and distribution of the JMO Forum Booklet during Intern Orientation Week
  - Seek to participate in health service Orientation and Education sessions to promote the JMO Forum
  - Advocate for JMOs
  - Raise hospital-specific issues at the JMO Forum which are likely to have an impact generally on prevocational doctors (seek approval of your nominated contact person in advance)
  - If a member of your hospital's Medical Education Committee/HMO Society, report back to the meetings re any outcomes of the JMO Forum
  - Seek sponsorship from your health service to attend the National Prevocational Medical Education Forum (e.g. by identifying a project and submitting for an oral presentation or poster (this could be based on an AOP initiated by you or in collaboration with other project members).
- *Encouraging JMO Forum members to be involved by:*
  - Attending the four to five annual Forums (in person or teleconference or videoconference)
  - Reporting back to their MEO/HMO Manager about issues raised at each Forum
  - Participating in relevant projects endorsed by the JMO Forum
  - Seeking sponsorship from their own health service to attend the 23rd National Prevocational Medical Education Forum in Melbourne, 11-14 November 2018 (e.g. initiating a project concept and submitting a conference or poster abstract).
- *Reviewing the JMO Forum Executive Committee and portfolios:*
  - Chairs and Officers: Accreditation, Education, Workforce, Website and Social Media, Engagement, IMG
  - Project officers: PHEEM, Professionalism, Welfare, BAD
  - Relevant Officer to attend committee meetings and present a report (at least one)
- *Website and social media:* Provide advice on the content of the JMO Forum pages on the PMCV website and assist with any policy development in relation to the JMO Forum Facebook presence and provide advice on any changes to JMO Forum Facebook page/PMCV LinkedIn page. Review the annual JMO Forum booklet and provide regular reports of JMO Forum for the PMCV website and e-newsletters (in conjunction with the Chairs).
- *Engagement:* Update and provide induction packs to new members, liaise with members throughout the year to ensure adequate engagement with hospital MEOs, PMCV subcommittees, escalate to Chair / Deputy Chair / PMCV as required, and develop and implement evaluation survey to be completed by each PMCV member at end of year and provide summary of recommendations for following year with feedback to PMCV; develop and implement recruitment drive to medical students and hospital networks.
- *IMG:* Represent JMOs on the PMCV International Medical Graduate (IMG) subcommittee and advocate for JMO issues relating to IMG issues/career progression; prepare a written report on issues before the IMG subcommittee to include with each JMO Forum agenda; co-ordinate participation of JMO Forum members in JMO Forum-endorsed IMG and Training projects; monitor the National JMO resolutions relating to IMG issues.
- *Supporting liaison of JMO Forum representatives:*
  - PMCV Board and committees, Medical Student Council of Victoria (MSCV) and AMA DiTs (Doctors in Training).

The aims of the JMO Forum in relation to education and training include:

- Raise awareness of education and training activities through hospital representatives' attendance at in-hospital Medical Education Committee meetings;
- Develop the JMO as a better learner and teacher (e.g. participation in Teaching on the Run programs);
- Improve orientation for every JMO on each new rotation;
- Prioritise education, allocate and maintain well-attended, regular, protected teaching time ;
- Raise awareness of the Australian Curriculum Framework (ACF);
- Encourage development of educational modules which can be shared;
- Formalise the role of clinical supervisors and monitor key performance indicators for teaching and education; and

The JMO Forum has identified the following Solutions/Actions:

- Promote education and training through collaboration with Victorian medical educators/HMO Managers to:
  - Nominate an intern  $\pm$  PGY2/3 to attend in-hospital Medical Education Committee meetings and report on issues arising at the JMO Forum and vice-versa
  - Increase promotion and awareness of Teaching on the Run (TOTR) sessions
  - Implement Rolling handOVER (ROVER) – JMO specific unit orientation guide
  - Ensure attendance at education sessions is included in JMO job description
  - Ensure teaching time is pager free and registrars, consultants, NUMs have knowledge of protected teaching time
  - Improve technology/networks to extend education to JMOs on shift work or at remote sites
  - Nominate medical educators annually for the annual Clinical Educator Award which recognise excellence in Teaching and Supervision
  - Participate in annual meetings and project groups (e.g. PMCV Symposium/relevant Workshops with medical educators/supervisors)
  - Advocate for ongoing medical education and training to PGY2+ and improve transition

#### **Achievements 2017**

Health services involved in the PHEEM project are using the results to inform the nature of educational preparation, including the need to provide training to supervisors in the provision of effective feedback and JMOs were involved in the development of a Feedback Toolkit. The project group is exploring a number of themes arising from the PHEEM.

JMOs have been contributing ideas to the assist with the development of the Scientific Program for the National Forum in 2018.

## ACCREDITATION

An important activity of the Council is the accreditation of intern training posts (delegated by the Medical Board of Australia) and the quality review of PGY2 posts (on behalf of the Department of Health and Human Services). The JMO Forum advocates for accreditation of all prevocational positions to promote well-supervised, quality prevocational rotations with appropriate education and clinical learning to ensure the highest standard of patient safety and medical care. We aim to increase JMO participation in accreditation visits and decision-making processes.

### ***The JMO Forum has identified the following Solutions/Actions:***

- Promoting participation of JMO on the Accreditation subcommittee (approx. 10 meetings per annum)
- Promoting JMOs to become surveyors through participation in the Accreditation Surveyor training workshop;
- Advocating for ongoing accreditation of PGY2 and non-vocational PGY3 posts;
- Monitoring of health services to ensure they continue to meet accreditation standards;
- Encouraging JMOs to support the accreditation process through provision of feedback at facility accreditation visits;
- Emphasis on the assessment and promotion of welfare of junior doctors in the accreditation process; and
- A publicly accessible report of the accreditation visit and if recommendations identified, a plan for achieving accreditation to accompany the report.

### **Getting involved as a surveyor**

The PMCV conducts survey visits each year as part of a four (4) year accreditation cycle to facilities with prevocational training posts. JMOs are important members of the survey team and we are always on the lookout for new surveyors. Training is provided and travel and accommodation expenses are covered. Visits are normally for one day but there are a number of facilities with multiple sites that may require multiple days. Review of rural facilities may require travel up the night before the visit. Participation in a pre-visit teleconference and pre-reading and review of facility documents are required prior to each visit. Participation in at least one visit per annum. Further information: [accreditation@pmcv.com.au](mailto:accreditation@pmcv.com.au)

### **Achievements 2017**

Training of JMOs to facilitate their involvement in hospital and/or general practice accreditation visits; approximately one third of trained surveyors are JMOs; 7 new JMO surveyors trained in 2017 and 2 JMOs have been identified for mentoring as future team leaders.

Input into the review of the Clinical Learning and Supervision guidelines.

JMO Attendance at Accreditation committee meetings; Dr Ankit Gupta, Dr Sara de Menezes, Dr Kate Gazzard, PGY5 doctor continued as Deputy Chair, Accreditation committee.

PMCV sponsorship of a JMO Surveyor to attend the National Prevocational Education Forum Brisbane, November 2017.

### **AUSTRALIAN MEDICAL COUNCIL - NATIONAL INTERNSHIP FRAMEWORK**

The Australian Medical Council implemented a national approach to intern training from 1 January 2014 and a new set of documents were developed:

- Intern Training - Intern outcome statements
- Intern Training - Guidelines for terms
- Intern Training - National standards for programs
- Intern training - Assessing and certifying completion
- Intern Training - Term assessment forum
- Intern Training - Domains for assessing accreditation authorities

The documents are available from the Australian Medical Council website: <http://www.amc.org.au/index.php/ar/psa>



The Victorian JMO Forum aims to support the physical, mental and emotional health of junior doctors by encouraging implementation of proven management strategies and supporting new research in the area. Safe working hours, effective handover and open disclosure around assessments and expectations all contribute to easing the burden on junior doctors. Sensitive and confidential detection of distress in JMOs and access to both comprehensive information on how to get help and the help itself can relieve the pressure when it is overwhelming. The Victorian JMO Forum is always looking for research and innovation amongst our junior doctors to help develop new paths for welfare support or to provide better evidence and finesse to existing structures. A place at the table at PMCV and other welfare groups gives junior doctors a voice in their work and training while providing invaluable perspective to those trying to find the best ways to support their staff.

The PMCV website has a range of resources to assist JMOs to access the ever-evolving support services available to them. [www.pmcv.com.au/jmo-welfare-a-support/jmo-resources/junior-doctor-welfare-support-services](http://www.pmcv.com.au/jmo-welfare-a-support/jmo-resources/junior-doctor-welfare-support-services)

The JMO Forum advocates a range of Solutions/Actions:

- Implementing Rolling handOVER (ROVER) state-wide to assist orientation to new rotations:
  - JMO roles and responsibilities are highlighted, amongst other things, to demystify new rotations to promote a less anxiety-provoking transition with fewer adverse events for patients and clinical staff alike.
- Ensuring support services are well promoted to JMOs during orientation including:
  - Contact details of MEO, DCT, SIT, HMO Manager
  - List of GPs or Staff Clinic details
  - Resident Medical Officers Society/Association
  - Phone numbers of Victorian Doctors Health Program (VDHP) and AMA Peer Support Service
  - Free, confidential peer support serviced for doctors by doctors
  - Updated list of resources and services (refer PMCV website)
- Exploring whether hospitals are achieving guidelines for the prevention of distress in JMOs such as:
  - MEOs/DCTs should seek regular feedback after every rotation
  - Effective mid/end of term appraisals and feedback (consider multisource feedback)
  - Rotations with good registrar and supervisory support
  - Appropriate work arrangements to cover annual/sick leave
  - Pager-free education sessions which include risk awareness and professionalism
  - Encourage JMOs to have their own GP with annual check-up
  - Comprehensive orientation
- Reducing the morbidity and mortality of mental illness amongst junior staff by:
  - Revitalising the discussion around cause and prevention of burn-out and suicide
  - Encouraging investigation and implementation of early detection and support mechanisms
  - Reinforcing the importance of maintaining wellness – thriving, rather than surviving.
  - Reducing stigma around help-seeking through education and open discussion
  - Advocating for hospital workforce flexibility for doctors and appropriate return to work programs
  - Improving access to information, resources and confidential pathways regarding doctor's healthcare

### **Achievements 2017**

Participation in meetings of the PMCV Welfare Interest Group.

Discussion on barriers in reporting issues in relation to bullying, harassment, health and safety.

Consultation with stakeholders on the development of a JMO Welfare App.

## CONFEDERATION OF POSTGRADUATE MEDICAL EDUCATION COUNCILS (CPMEC)

The Confederation of Postgraduate Medical Education Councils (CPMEC) is an association of Postgraduate Medical Councils (PMCs) of each State or Territory in Australia and the equivalent agency in New Zealand. CPMEC seeks to promote and support high quality medical training and education in the period after medical school and before vocational training at the national level. Amongst CPMEC's various constituent Special Interest Groups is the Australian Junior Medical Officers Committee (AJMOC) which meets quarterly to discuss issues of concern in prevocational education and training for interns and other prevocational doctors nationally. Since 2015 the CPMEC Board also has a junior doctor as one of its Directors. The current representative is Dr Sara de Menezes from Victoria.

### AUSTRALASIAN JUNIOR MEDICAL OFFICER COMMITTEE (AJMOC)

AJMOC itself is comprised of Chairs and Deputy Chairs of each state and territory JMO Forum in Australia. New Zealand is also represented. A major responsibility of AJMOC annually is to organise the Annual JMO Forum (AJMOF) which is held in conjunction with the prevocational medical education conference. JMOs from all Australian states and territories and New Zealand are invited to participate in the AJMOF which is now a major annual training and education event that probably has the most representative group of junior doctors discussing education, training, accreditation, and welfare issues. One of the key outcomes of the AJMOF is the adoption, by consensus, of a series of resolutions for monitoring and/or implementation at the local level by JMO Forums during the following year. The resolutions are distributed widely and published on the CPMEC website once agreed by the AJMOC for release. Further information: [www.cpmec.org.au](http://www.cpmec.org.au)

2017 Australasian Junior Medical Officer Forum (AJMOF) Resolutions:  
<http://www.cpmec.org.au/files/ajmoc2017finalresolutions.pdf>

### THE AUSTRALIAN CURRICULUM FRAMEWORK FOR JUNIOR DOCTORS (ACF)

The Australian Curriculum Framework for Junior Doctors (ACF) is an educational template which sets out the desired learning outcomes for prevocational doctors (PGY1/2 and above) in order to promote safe and quality health care in Australian hospitals and other healthcare settings.

The ACF is particularly useful at the commencement of each rotation to assist in identifying learning opportunities and to identify skills and procedures that may be learnt during the rotation. It may be worthwhile discussing these with your Term Supervisor at the commencement of each rotation. The outcomes of learning are not required to be covered during your intern year; it is a guide to the competencies that you should develop over your first two years of prevocational training.

The ACF includes a list of **clinical symptoms, problems and conditions**, which you can be used as a guide for educational purposes. Assessment and management of these common conditions will vary depending on the setting in which they are seen.

The ACF also includes a list of **skills and procedures** and we encourage you to seek out opportunities to perform procedures linked to your rotations (under appropriate supervision).

Find out more about the ACF, the history of the ACF, the documents and resources supporting the ACF by visiting the website of the Confederation of Postgraduate Medical Education Councils: <http://www.cpmec.org.au/Page/acfjd-project>

## GUIDELINES ON INTERNSHIP MENTORING PROGRAMS

Many Victorian hospitals have highly-regarded mentoring programs for interns. These programs, in line with mentoring models, involve interns as a protégé, and senior doctors as mentors with expertise in the knowledge and professionalism of working in a healthcare setting. These guidelines aim to provide suggestions for the further implementation and optimisation of such programs.

### **Mentoring Programs:**

- 1) Are generally perceived as valuable by interns and should be well publicised to both junior and senior staff to encourage active participation and engagement.
- 2) Should encompass different facets of professional development including emotional support and guidance rather than just specific career advice; mentoring programs should be promoted this way.
- 3) Should be flexible and adaptable; each intern and mentor should discuss and agree upon the aims of their mentoring relationship.
- 4) Should not discourage or exclude interns from seeking other mentoring partnerships including those that may be more career-specific.
- 5) Should be confidential for both interns and mentors.

### **Mentors:**

- 1) Should be available and accessible to interns.
- 2) Should be clinicians to maximise ability to relate to and understand the experiences of interns.
- 3) Should have suitable experience to provide insight and advice into issues interns may face. They should therefore preferably be consultants at the same hospital as interns; registrars or local general practitioners may also be appropriate mentors.
- 4) Can mentor more than one intern provided availability and accessibility to each intern is not affected; and should not feel pressured to have more than one intern.
- 5) Should arrange at least one face-to-face meeting with their intern(s) in the first three months of commencing internship.
- 6) Should be encouraged to maintain contact with their intern via phone, email or social media if face-to-face meetings prove difficult to organise.
- 7) Should not be matched to the specific area of an intern's career interest to avoid future conflicts of interest; however it is desirable to match like-minded mentors and interns, which may involve them sharing broad career interests.
- 8) Should be discouraged from providing references for their intern, which they should discuss with their intern prior to entering the relationship. This suggestion may be difficult to recognise in rural health services given the smaller number of staff available to be mentors.
- 9) May be reimbursed for their time and/or receive continuing medical education (CME) recognition for participating in mentoring programs and relevant training activities. Financial gain or CME recognition, however, should not be their primary motivation for taking part.

### **Interns:**

- 1) Should be encouraged to actively participate and engage in a mentoring program to maintain emotional and psychological wellbeing during their internship year.
- 2) Should arrange at least one face-to-face meeting with their assigned mentor in the first three months of commencing internship.
- 3) Should be encouraged to maintain contact with their mentor via phone, email or social media if face-to-face meetings prove difficult to organise.
- 4) Should not feel that their mentoring relationship is limited only to their internship year; depending on the relationship formed, there may be the possibility of it extending informally beyond this year.
- 5) Should be discouraged from using their mentors as referees for job applications.

### **Program Organisers:**

- 1) Should ensure interns have the opportunity to meet face-to-face with their allocated mentor at least once in the first three months of commencing internship.
- 2) Should contact interns and mentors throughout the year to encourage regular communication.
- 3) Should ensure mentors receive appropriate training on mentoring that may include face to face sessions, printed and/or online materials; and should provide mentors with relevant resources and contacts in case interns experience emotional and workplace difficulties.
- 4) Should organise shared mentor and intern social events, as they are perceived to be of great benefit in strengthening relationships between mentors and interns.
- 5) Should conduct ongoing evaluation about the effectiveness of mentoring programs in an anonymous and confidential manner.

*(Initial endorsement of guideline: 22 October 2010; revised 2016)*

## RESOURCES

### GUIDELINES ON BEST PRACTICE PROTECTED TEACHING TIME FOR JUNIOR DOCTORS

#### Outline

The Postgraduate Medical Council of Victoria (PMCV) regards protected teaching time for junior doctors as an integral part of prevocational training, which is clearly reflected in accreditation standards for the prevocational years. Protected teaching time is recognised as being only one way in which education is delivered and made available to JMOs, although other forms of education, such as daily ward rounds, case discussions and surgical audits, are considered to be less standardised and provide very different learning experiences which are dependent on local factors such as the consultant, the unit, and the rotation.

JMOs are expected to take responsibility for their ongoing education and professional development; these guidelines have been developed by consensus of junior doctors within the Victorian JMO Forum.

#### Scheduling

1. Regular weekly or fortnightly education sessions should be scheduled for all JMOs (e.g. every Friday 1230-1330).
2. Notice and reminders of scheduled teaching sessions should be communicated to JMOs where possible. This may include via email, posters, and the hospital lan-page system.
3. During the scheduled protected teaching sessions other hospital staff should be informed that JMOs will be unavailable to answer pages or to be contacted, unless in the case of an emergency. Measures to address this could include:
  - a. Sending a reminder page to doctors and Nurse Unit Managers (NUMs) on the morning of the scheduled protected teaching session;
  - b. JMOs make contact with the registrars and NUMs prior to the scheduled protected teaching session to advise that they will be attending, and check if any matters require their prior attention;
  - c. The lan-paging system should be used to advise staff of an alternative contact (eg. registrar) during scheduled protected teaching time sessions.
4. The majority of education sessions are conducted within rostered working hours. However, if additional 'special' sessions of interest (e.g. skills workshops or anatomy classes) are conducted on evenings or weekends (i.e. in unrostered time and are unpaid), these should be advertised.

#### Educational Content and Delivery

1. Education sessions should be linked to the Australian Curriculum Framework for Junior Doctors to maintain relevance to JMOs. It is recognized that PGY2+ doctors may face competing educational priorities, which a 'generic' teaching program may not address. It is recommended that health services offer various educational opportunities to address the diverse career pathways that JMOs may be navigating.
2. All sessions should be made available in alternative formats (i.e. uploaded to the intranet, with password protected off-site remote access), along with PowerPoint presentations, and a contact email for questions. This provides increased accessibility (especially for JMOs on rural rotations or night shift).
3. Face-to-face teaching is the mainstay of education sessions and should be supported, not replaced, by online learning. Benefits of face-to-face education sessions include the capacity for networking and peer support.
4. The majority of education sessions should be conducted by consultants and other senior medical staff or registrars.
5. Education sessions conducted by nurses, allied health and other health professionals are recognised as valuable learning opportunities, building on interprofessional education and training.

#### Management

1. It is important that units support JMO attendance at protected teaching sessions by not scheduling unit meetings or consultant ward rounds during education sessions and actively encouraging JMOs to attend.
2. It is advised that JMO's pagers are held by the registrar/consultant/DCT during protected education sessions, or alternatively, there is provision for pagers to be diverted to an alternative staff member.
3. Attendance at protected education sessions should be included in JMO position descriptions and rosters.
4. Health services may consider the provision of food at education sessions, particularly those sessions scheduled around a meal time.

## GUIDELINES FOR THE ORIENTATION OF JUNIOR DOCTORS

### Purpose

The purpose of this document is to assist health services to develop best-practice orientation programs for their interns. Much of the information will also be relevant for orientation of other junior doctors. The document is not intended to be prescriptive or exhaustive, but rather to identify key information that should be communicated to all junior doctors for an effective hospital orientation program. It is anticipated that this document will serve as a useful guide in the creation of new orientation programs and also assist in the revision and development of existing programs.

The Guidelines are available on the PMCV website:

<http://www.pmcv.com.au/resources/guidelines-alphabetical>



## A BEST PRACTICE GUIDELINE TO IMPROVE INTERACTION AND COMMUNICATION BETWEEN JUNIOR MEDICAL AND MEDICAL WORKFORCE UNIT STAFF IN VICTORIAN HEALTH SERVICES

### Purpose

Not all health services have the same structures to support their junior medical staff (JMS) and there are often distinct functions between Medical Workforce Units (MWU), Human Resources (HR), and Payroll, which cause confusion for JMS. Based on the results of the survey as well as input from the Victorian JMO Forum, Victorian Medical Workforce Unit Managers, and a literature review, this document sets out the principles and a content framework for the provision of information that health services should provide to JMS. It also proposes strategies to improve understanding of the roles and responsibilities of JMS and MWU and expectations regarding interactions.

The Guidelines are available on the PMCV website:

<http://www.pmcv.com.au/resources/guidelines-alphabetical>



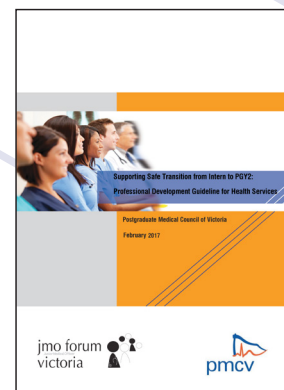
## SUPPORTING SAFE TRANSITION FROM INTERN TO PGY2 YEAR: A PROFESSIONAL DEVELOPMENT GUIDELINE FOR HEALTH SERVICES

### Purpose:

This document can be used by health services to guide the development of a program for their PGY2s, to support transition from the intern year, recognising the key additional roles/duties of the PGY2 in the workplace.

The Guidelines are available on the PMCV website:

<http://www.pmcv.com.au/resources/guidelines-alphabetical>



## PROJECTS

### **PHEEM (POSTGRADUATE HOSPITAL EDUCATIONAL ENVIRONMENT MEASURE)**

The PHEEM is a 40 item questionnaire that was originally developed in the UK and has since been applied to various medical teaching environments around the world. Since 2006 the PMCV has conducted the PHEEM project which has involved eleven hospitals in total. Important information about the clinical training environment in hospitals has been gathered and has helped to inform the development of paging protocols in Victorian hospitals, gaining a better understanding of the social supports required by junior doctors, and raising awareness of the importance of protected teaching time.

Further information available at PMCV website: <http://www.pmcv.com.au/education/pheem>

### **FEEDBACK TOOLKIT**

The PHEEM has identified that virtually without exception, the statement items that relate to feedback – I get regular feedback from seniors - and - the clinical teachers provide me with good feedback on my strengths and weaknesses – rate relatively poorly with little evidence of improvement over the years, despite a raised awareness about supervisory requirements. In a survey of supervisors in 2014, it was identified that a key concern of supervisors is how to give feedback to address poor performance, and to negotiate an action plan for improvement. The Feedback Tool-Kit, launched in December 2015, contains basic information about feedback and primarily focuses on ways to ensure feedback is effective, even when faced with difficult and often tricky situations.

The toolkit can be accessed on the PMCV website: <http://www.pmcv.com.au/education/feedback-tool-kit>

### **BAD (BULLYING AND DISCRIMINATORY) BEHAVIOUR**

The BAD project introduces and explains the difficult topic of workplace bullying and discrimination. It provides a brief overview as well as a list of resources and sources of help available. Posters are also available for those who want to create more awareness at their own workplace.

Further information available on PMCV website: <http://www.pmcv.com.au/education/bad-behaviour-project>

The BAD poster is available on the PMCV website: <http://www.pmcv.com.au/computer-matching-service/resources/997-bad-poster/file>

### **ROVER (Rolling handOVER)**

ROVER (Rolling handOVER) is a resource for junior doctors to relieve stress and anxiety associated with starting a new rotation. This form is designed as a resource written by and intended for doctors about the specific, practical, day-to-day responsibilities involved in a particular rotation. It is a rolling document that may be modified or updated as different JMOs rotate through the term and may help JMOs to prioritise and effectively manage their time and resources. The general areas covered in the ROVER include unit contacts, HMO roles/responsibilities, unit meetings, workplace geography, common medical conditions managed, procedures, useful resources, and contacts.

The ROVER template is available on the PMCV website:  
<http://www.pmcv.com.au/resources/guidelines-alphabetical>

## PERSONAL STRATEGIES TO PROMOTE WELL-BEING AND SELF-CARE

Research suggests that there are a variety of strategies that can assist doctors in their ensuring their own well-being and to minimise work related stress and burnout. There are opportunities for junior doctors to consider their personal choices which may impact on their own well-being. Self-care is about looking after yourself. It is important that you identify the ways available to you to reduce stress in medical practice (i.e. prevention). Support is an essential part of self-care so it is important that you develop your personal, peer and medical support network. Some suggested strategies that you might want to think about include:

- Maintain a positive outlook
- Focus on what is most important in life; identify your expectations and self-care needs
- Use known tools to assess your personal level of well-being
- Obtain treatment for any mental health or emotional concerns
- Integrate personal and professional responsibilities to ensure a balanced lifestyle (e.g. manage time away from work to ensure adequate rest/sleep, personal pursuits, and socialising with peers/family)
- Engage regularly in recreation and hobbies to reduce stress
- Build relationships with peers, mentors, registrars, supervisors – seek additional instructions/support for any specific work-related tasks that you might find stressful (e.g. breaking bad news, procedural task)
- Seek support from supervisors if you suspect you may have had a role in medical error
- Allocate time for independent study and personal pursuits
- Set reasonable personal expectations for completion of work related tasks in each shift
- Handover all patient care needs at the end of a shift to avoid extending your allocated work hours
- Seek advice about any financial difficulties
- Consider mindfulness or resilience training to become more self-aware and lower physical and emotional reactions to stressors
- Find ways to contribute outside of medicine to society (e.g. volunteer, blood donor)
- Find a GP that you feel comfortable with and can discuss all aspects of your health; have an annual health check-up

(Reference: Burnout across the continuum of doctor's training, *Medical Education*, 2016; 50:132-149)

### CONTACTS, HELP SERVICES and WEBSITES

If you or a colleague are experiencing difficulties in either your professional or personal life there are many people you can turn to for advice or support. Get to know where your local support and where it can be found. The following list is by no means exhaustive but does provide some useful contacts.

### SUPPORT, REFERRALS and COUNSELLING

#### 1. Victorian Doctors Health Program: +61 3 9495 6011

A confidential 24 hour service is available to all doctors and medical students who have health concerns including stress & anxiety problems, substance use disorders, mental health disorders, any other health problems.

Further information VDHP website: [www.vdhp.org.au](http://www.vdhp.org.au)

#### 2. Australian Medical Association (AMA VIC) - Peer Support Service: 1300 853 338

An anonymous and confidential peer support service for doctors by doctors over the telephone available from 8.00am to 11.00pm every day. Volunteers are trained in Lifeline model of telephone counselling. Further information AMA Victoria website: <https://www.amavic.com.au/assistance-for-doctors/Support-Programs/peer-support-service>

#### 3. *beyondblue*: 1300 224 636

*beyondblue* aims to reduce the impact of anxiety, depression and suicide in the community by raising awareness and understanding, empowering people to seek help, and supporting recovery, management and resilience.

A 24 hour phone service is available: Call 1300 224 636. There are a range of fact sheets (e.g. covering depression, anxiety, suicide prevention, pregnancy and early parenting) available on the *beyondblue* website:

<http://www.beyondblue.org.au/about-us>

#### 4. APS Find a Psychologist Service

Further information from the APS website: <https://www.psychology.org.au/FindaPsychologist/>

Telephone referrals: +61 3 8662 3300 (Melbourne); Toll Free 1800 33 497 (outside Melbourne)

Email referrals: [contactus@psychology.org.au](mailto:contactus@psychology.org.au)

## CONTACTS, HELP SERVICES & WEBSITES

### HEALTH SERVICE CONTACTS

1. **Supervisor of Intern Training /Director of Clinical Training/Director of Postgraduate Education and Training**  
The Supervisor of Intern Training and/or the Director of Clinical Training at a health service are normally available to discuss any personal or work related concerns.
2. **Medical Administration/Medical Education Officer support**  
You may be able to discuss your issue with a member of the medical administration team, your Medical Education Officer or Medical Clinical Educator at your health service.
3. **Your registrar**
4. **Health Service - Employee Assistance Program**  
Access to a professional and confidential counselling service is usually available at your health service. Check with Medical Workforce Unit or your Supervisor of Training or your Medical Education Officer or mentor (if you have one).

### DO YOU HAVE A GENERAL PRACTITIONER (GP)?

It is advisable for all medical students and prevocational doctors to have their own GP. Your health service may be able to assist you if you do not have your own GP.

### REFERRAL TO A MEDICAL PRACTITIONER

#### Victorian Doctors Health Program

The Victorian Doctors Health Program (VDHP) (refer above) can provide details of doctors who are willing to treat other doctors. If you are working away from your normal place of residence (e.g. on a rural rotation), many rural health services have an arrangement with a local GP who is willing to treat a doctor who may be experiencing difficulties.

#### Doctor Support Service

The aim of the AMA Victoria Doctor Support Service is to assist a doctor in distress by providing ongoing confidential practical support from a trained support person who is also a medical practitioner. The Doctor Support Service supplements the Peer Support Service which is a telephone support service providing a point of first contact for distressed doctors. For a confidential discussion about this member only service, contact the AMA Vic Workplace & Advocacy Unit on (03) 9280 8722.

Website: <https://www.amavic.com.au/assistance-for-doctors/Support-Programs/peer-support-service>

### RURAL HEALTH SERVICE SUPPORTS

#### Bush Support Line

Phone: 1800 805 391.

A confidential, free 24-hour, nation-wide telephone service that is staffed by 9 registered psychologists who have experience working in remote and rural areas. Topics include – self-care and prevention, stress and burnout and post-traumatic stress disorder, bullying and conflict in the workplace.

website: <https://crana.org.au/workforce-support/bush-support-services/>

#### Rural Health Continuing Education (RHCE)

The RHCE Stream One program funded by the Commonwealth Department of Health awards both individual and project grants. Individual grants assist specialists with accessing existing Continuing Professional Development (CPD) activities. Project grants develop and deliver CPD activities for specialists and multi-disciplinary teams.

website: <http://rhce.ruralspecialist.org.au/>



## CONTACTS, HELP SERVICES AND WEBSITES

### **Australian College of Rural and Remote Medicine (ACRRM)**

website: [www.acrrm.org.au](http://www.acrrm.org.au)

### **Rural Family Medical Network**

Victoria: +61 03 8610 6318

The Rural Medical Family Network assists the spouses and families of doctors and medical students when moving to rural locations in NSW, Queensland, Victoria and WA.

Rural Medical Family Network services vary according to state and include:

- Family and kids programs at CPD conferences
- Grants to facilitate face-to-face networking of medical spouses, partners and families
- Spouse retraining and/or education grants
- Newsletters
- Crisis assistance for rural doctors and their families who are stressed or ill
- Gatherings to lessen feelings of loneliness and isolation

### **Rural Doctors Association of Australia**

website: <http://www.rdaa.com.au/>

### **National Rural Health Students Network**

The National Rural Health Student Network is a multi-disciplinary health network comprising of 28 rural health clubs located at universities around Australia.

Website: <https://www.nrhsn.org.au/>

## **MEDICAL INDEMNITY AGENCIES**

There is a range of medical indemnity agencies across Australia and New Zealand that provide support services and counselling programs to their members.

**Avant helpline**, 24/7, Contact: 1800 128 268

website: <http://www.avant.org.au/>

**MDA National**, 24/7, contact 1800 011 255

website: <https://www.mdanational.com.au>

**Medical Indemnity Protection Society**, contact: 1800 021 223 (Clinical legal support); 1800 061 113 (General Enquiries)

website: <https://www.mips.com.au/home/professional-indemnity-insurance-policy>

**Medical Insurance Group Australia**, 24/7, contact: 1800 777 156

website: <https://www.miga.com.au/>

### **The Medical Benevolent Association**

Phone: +61 3 9496 4295. The Medical Benevolent Association assists medical practitioners and their families in circumstances of financial hardship.

## **HEALTH, WELL-BEING AND RESILIENCE**

It is important that you manage your day so that whilst at work you are able to eat, drink, and go to the toilet. When you find it difficult to take a break at work, keep some food handy and re-energise yourself. If you are sick, stay at home but make sure you contact your registrar or medical administration to let them know you are not coming in to work. Try to keep active and get some exercise. Plan so that you are able to spend time with family, friends and peers. Make sure you look after your health and find a GP to obtain care and medical treatment, including prescriptions and referrals.

### **Managing fatigue**

The AMA has produced a fact sheet to assist in managing fatigue in general practice of relevance to General Practitioners and GP Registrars, which includes general advice and a fatigue checklist.

## CONTACTS, HELP SERVICES AND WEBSITES

Further information from AMA website:

<https://ama.com.au/article/managing-risks-fatigue-general-practice-gps-and-gp-registrars>

### **Resilience**

R-Cubed provides GP Registrars, medical students and prevocational doctors with strategies to build resilience in busy times. It is an initiative set up by General Practice Registrars Australia (GPRA) in direct response to feedback from GP Registrars and Medical Students about the pressure they are often under and the need to be able to manage this effectively and stay well. Further information: <http://www.rcubed.org.au/>

### **Are you Okay?**

This website promotes the health and wellbeing of junior doctors and enable you to access a range of self-assessment tools (such as PROQOL, Kessler 10) and to view short vignettes of relevance to junior doctors (such as rural placements, night shift, relationships, anxiety, depression, bullying by seniors, drugs and alcohol, compulsive obsessive disorder and eating disorders. <http://www.jmohealth.org.au/>

### **Australian and New Zealand College of Anaesthetists**

ANZCA has a list of resources covering topics and strategies for maintaining physical and mental health which have been developed for anaesthetics trainees but are also applicable for all trainees.

<http://www.anzca.edu.au/fellows/special-interest-groups/welfare-of-anaesthetists/introduction.html#resources>

### **The Royal College of General Practitioners**

RACGP has developed a publication, *Keeping the Doctor Alive: A self-care guidebook for medical practitioners*.

It is available from RACGP website: [https://www.ranzcp.org/Files/Branches/Victoria/Keeping\\_the\\_Doctor\\_Alive-pdf.aspx](https://www.ranzcp.org/Files/Branches/Victoria/Keeping_the_Doctor_Alive-pdf.aspx)

### **Medical student and wellbeing resources**

*Keeping Your Grass Greener* is user-friendly guide to assist medical students in maintaining their health and wellbeing throughout their time at medical school. AMSA website:

<https://www.amsa.org.au/node/948>

## HELP LINES AND WEBSITE RESOURCES

### **Addiction:**

#### **Alcoholics Anonymous**

Helpline 1800 22 22 22 (national number which will be routed to the nearest AA office or contact)

website: <http://www.aa.org.au/contact-aa-phone-helplines.php>

#### **Al-Anon**

Support for relatives and friends of alcoholics

1300 ALANON or 1300 252 666 (for the cost of a local call)

#### **Narcotics Anonymous Victoria**

Victoria (03) 9525 2833 (anytime)

Helpline 1300 652 820

<http://www.navic.net.au/>

#### **Counselling Online (alcohol and drug concerns)**

Counselling Online is a 24/7 online service where you can communicate with a professional counsellor about an alcohol or drug related concern, using text-interaction.

[www.counsellingonline.org.au](http://www.counsellingonline.org.au)

**MENTAL HEALTH RELATED****Anxiety and depression****Anxiety Disorders Australia**

The Anxiety Disorders Association of Victoria (ADVIC) provides a range of services including Phone and Email support, information and referral, Facebook support, weekly support group meetings, Information sessions, seminars, and workshops, Professional development events, Social Events & Outings and referrals to therapists specialising in anxiety and depression

ADVIC website: <https://www.adavic.org.au/>

**beyondblue (Depression /Anxiety)**

A 24 hour phone service is available: Call 1300 224 636. There are a range of fact sheets (e.g. covering depression, anxiety, suicide prevention, pregnancy and early parenting) available on the *beyondblue* website:

<http://www.beyondblue.org.au/about-us>

**dNet - Depression**

The purpose of dNet is to empower "people" to make informed choices & find solutions to the challenges of living with depression. The website provides a comprehensive resource for information, help to access professionals, treatments, tools, etc throughout Australia, and peer support via the messageboard and chat rooms.

DepressionNET website: <http://depressionnet.org.au>

**E-hub self-help programs**

Including e-couch, moodgym and blue pages

Website: <https://assist.ehubhealth.com/index.php?id=about>

**Eating Disorders**

Eating Disorders Victoria (EDV) provides a comprehensive support and information service on all aspects of eating disorders.

Eating Disorders website: [www.eatingdisorders.org.au](http://www.eatingdisorders.org.au)

**SANE**

SANE provides information about mental health and illness including treatments, support and how you can help yourself.

SANE website: <https://www.sane.org/mental-health-and-illness>

The SANE Helpline provides information about symptoms and treatments related to mental illness, where to go for support, help for carers, and how to look after yourself. Call SANE Helpline: 18 SANE (7263)

<http://www.sane.org/information/helpline>

**Crisis support/Suicide prevention:****Lifeline**

Call: 13 11 14

Lifeline website: <https://lifeline.org.au>

**Suicide prevention provides** information only, not medical or psychological assessment, advice or treatment.

website: [www.suicideprevention.com.au](http://www.suicideprevention.com.au)

**Hold on to Life** @the Australian Suicide Foundation (available 24/7) – 1800 HOLDON (1800 465 366)

**Suicide Callback:** 1300 659 467 (available 24/7)

A 24/7 crisis counselling for people at risk of suicide, people caring for someone who is suicidal, people bereaved by suicide, and health.

## CONTACTS, HELP SERVICES AND WEBSITES

### **ReachOut.com**

Reachout is Australia's leading online youth mental health service, providing help, information and support.  
website: <http://au.reachout.com/>

### **RELATIONSHIP AND FAMILY COUNSELLING**

#### **MensLine**

1300 78 9978 - MensLine Australia is the national telephone (24/7) and online (3pm to 8.30pm daily) support, information and referral service for men with family and relationship concerns.  
website: [www.mensline.org.au](http://www.mensline.org.au)

#### **Relationships Australia**

Call: 1300 364 277  
<http://www.relationshipsvictoria.com.au/>

#### **Relatewell**

Family Relationships Institute Inc. (FRI) is a not-for-profit community educational organisation providing a range of family and relationship support services including relationship and parenting education courses; individual, couple and family counselling (including children); and mediation at significant life stages.  
website: <http://relatewell.org.au/>

#### **Lifeworks**

LifeWorks provides relationship support services including couple and individual family counselling, relationship skills courses, parenting programs and marriage preparation, family and property mediation as well as Employee Assistance Programs (EAP) in Melbourne, Geelong and throughout Victoria, and a Corporate Services team specialising in investigations, mediations and workplace training.  
website: <http://www.lifeworks.com.au/>

#### **Sexual assault (Crisis Line)**

The Sexual Assault Crisis Line Victoria (SACL) offers after hours confidential telephone counselling weeknights between the hours of 5.00pm and 9.00am the following day.  
Crisis line: 1800 806 292 (Freecall Victoria, Australia only)  
website: <http://www.sacl.com.au/>

#### **Domestic Violence**

##### **1800 RESPECT**

1800 737 732 - 1800 RESPECT is the national sexual assault, domestic and family violence counselling service for people living in Australia.  
website: [www.1800respect.org.au](http://www.1800respect.org.au)

### **COMMITTEE OF PRESIDENTS OF MEDICAL COLLEGES (CPMC)**

The Committee of Presidents of Medical Colleges (CPMC) is the unifying organisation of, and support structure for the specialist Medical Colleges of Australia. Visit the CPMC website: [www.cpmc.edu.au](http://www.cpmc.edu.au)

### **NATIONAL MEDICAL TRAINING MEDICAL NETWORK (NMTAN)**

The main function of the NMTAN is to provide policy advice on medical workforce planning and produce medical training plans to inform government, health and education sectors. In addition, the NMTAN will develop policy advice about the planning and coordination of medical training in Australia, in collaboration with other networks involved in the medical training space. The committee is also responsible for producing an annual report of medical education and training, including undergraduate, postgraduate and vocational training projections (Note: This was previously undertaken by the Medical Training Review Panel) but is now overseen by the Data Subcommittee.

The website includes useful resources including:

**Health Workforce Reports** (Currently ED, Psychiatry, Dermatology and Anesthesia and Doctors)

**Fact Sheets on Medical Specialties** (Includes information gathered on the existing prevocational doctor workforce in Australia). <http://www.health.gov.au/internet/main/publishing.nsf/Content/nmtan>

### **MEDICAL SPECIALITIES**

The Medical Board of Australia provides a list of specialties, fields of specialty practice and related specialist titles. To view a copy go to the Medical Board of Australia website:

<http://www.medicalboard.gov.au/Registration/Types/Specialist-Registration/Medical-Specialties-and-Specialty-Fields.aspx>

### **VOCATIONAL COLLEGES WEBSITES**

The vocational colleges provide information on their websites regarding their training program, application processes and costs of training. The website details for the CPMC member college organisations are set out below.

#### **Addiction Medicine**

Information regarding the Australasian Chapter of Addiction Medicine can be found via the Adult Medicine section of the RACP website: <https://www.racp.edu.au/about/racps-structure/adult-medicine-division/australasian-chapter-of-addiction-medicine>

#### **Adult Medicine**

The Adult Medicine Division encompasses a broad spectrum of medical specialties - as diverse as Cardiology, Medical Research, Sexual Health and Palliative Care and can be found via the Adult Medicine section of the RACP website:

<https://www.racp.edu.au/about/racps-structure/adult-medicine-division>

#### **Anaesthetics**

Australian and New Zealand College of Anaesthetists (ANZCA):

<http://www.anzca.edu.au/>

#### **The Australian Society of Anaesthetists (ASA)**

Trainees can join GASACT (i.e. Group of ASA Clinical Trainees) who provide variety of exam and training support and access to events. Check out the membership section of the ANZCA website: [www.asa.org.au](http://www.asa.org.au)

#### **Cardiology (Advanced training)**

Visit the RACP website:

<https://www.racp.edu.au/trainees/advanced-training/advanced-training-programs/cardiology>

#### **Dermatology**

The Australasian College of Dermatologists (ACD):

<http://www.dermcoll.edu.au/>

## SPECIALTY TRAINING IN AUSTRALIA

### **Emergency Medicine**

The Australasian College for Emergency Medicine (ACEM):  
<https://acem.org.au/Content-Sources/About.aspx>

### **Gastroenterology (Advanced training)**

Visit the RACP website:  
<https://www.racp.edu.au/trainees/advanced-training/advanced-training-programs/gastroenterology>

### **General Practice**

There are two colleges offering general practice training:  
The Royal Australian College of General Practitioners (RACGP):  
<http://www.racgp.org.au/>

### **Australian College of Rural and Remote Medicine (ACRRM):**

<https://www.acrrm.org.au/>

The General Practice Registrars Association (GPRA) is an organisation run for Registrars by Registrars and produces a number of educational and professional resources for GP registrars, including a series of publications, several events and regular newsletters to optimise registrars' training experience.  
GPRA website: <http://www.gpra.org.au/>

The Guide, *General Practice: A guide for students and junior doctors* outlines the journey towards general practice from the end of medical school until you're a qualified GP. RACGP website: <http://www.racgp.org.au/becomingagpp/students/>

### **Intensive Care Medicine**

College of Intensive Care Medicine of Australia and New Zealand (CICM): <http://www.cicm.org.au/>

### **Medical Administration**

The Royal Australasian College of Medical Administrators (RACMA) was established with the aim of promoting and advancing the study of health services management by medical practitioners:  
<http://www.racma.edu.au/>

### **Obstetrics and Gynaecology**

The Royal Australian and New Zealand College of Obstetricians & Gynaecologists: (RANZCOG):  
<http://www.ranzcog.edu.au/>

### **Occupational and Environmental Medicine**

Information regarding the Australasian Faculty of Occupational and Environmental Medicine can be found via the RACP website: <https://www.racp.edu.au/about/racps-structure/australasian-faculty-of-occupational-and-environmental-medicine>

### **Ophthalmology**

The Royal Australian and New Zealand College of Ophthalmologists (RANZCO):  
<http://www.ranzco.edu/>

### **Paediatrics and Child Health**

Paediatrics and Child Health is one of two Divisions within the RACP:  
<https://www.racp.edu.au/about/racps-structure/paediatrics-child-health-division>

### **Palliative Medicine**

Information regarding the Australasian Chapter of Palliative Care Medicine can be found via the RACP website:  
<https://www.racp.edu.au/about/racps-structure/adult-medicine-division/australasian-chapter-of-palliative-medicine>

**Pathology**

The Royal College of Pathologists of Australasia (RCPA):

<https://www.rcpa.edu.au/>

**Physician Training**

The Royal Australasian College of Physicians (RACP) offers 60 training programs across two Divisions, three Chapters and three Faculties: <http://www.racp.edu.au/>

**Psychiatry**

Eight Ways to make the most of your Psychiatry rotation

Read the article published by RANZCP:

<https://www.ranzcp.org/Files/PreFellowship/Students-and-graduates/Eight-ways-to-make-the-most-of-your-psychiatry-rot.aspx>

**Psychiatry Interest Forum (PIF)**

If interested in Psychiatry, join the RANZCP Psychiatry Forum:

<https://www.ranzcp.org/Membership/Psychiatry-Interest-Forum.aspx>

**The Royal Australian and New Zealand College of Psychiatrists (RANZCP)**

<https://www.ranzcp.org/Home.aspx>

The Australian Government Department of Health and Ageing has published a report - Australia's Future Health Workforce which provides an analysis of the psychiatry workforce with indications of a future undersupply of 125 by 2030 for psychiatry. To view the report visit the Department of Health and Ageing website:

<http://www.health.gov.au/internet/main/publishing.nsf/Content/Australias-future-health-workforce%E2%80%9393psychiatry>

**Public Health Medicine**

Information about Public Health Medicine can be found via the RACP website:

<http://www.racp.edu.au/trainees/advanced-training/advanced-training-programs/public-health-medicine>

**Radiation Oncology**

Information can be found via the RANZCR website:

<http://www.ranzcr.edu.au/training/radiation-oncology>

**Radiology**

The Royal Australian and New Zealand College of Radiologists (RANZCR):

<http://www.ranzcr.edu.au/>

**Rehabilitation Medicine**

Information regarding the Australasian Faculty of Rehabilitation Medicine can be found via the RACP website:

<https://www.racp.edu.au/about/racps-structure/australasian-faculty-of-rehabilitation-medicine>

**Rheumatology**

Information regarding advanced training in Rheumatology can be found via the RACP website:

<https://www.racp.edu.au/trainees/advanced-training/advanced-training-programs/rheumatology>

**Sexual Health Medicine**

Information about the Australasian Chapter of Sexual Health Medicine can be found via the RACP website:

<https://www.racp.edu.au/trainees/advanced-training/advanced-training-programs/sexual-health-medicine>

## SPECIALTY TRAINING IN AUSTRALIA

### **Sport and Exercise Medicine**

Australasian College of Sports Physicians (ACSP):

<http://acsp.org.au/>

### **Surgical training**

Royal Australasian College of Surgeons (RACS):

<http://www.surgeons.org/>

Surgical specialties include: Cardiothoracic surgery, General surgery, Neurosurgery, Orthopaedic surgery, Otolaryngology - Head and Neck Surgery, Paediatric surgery, Plastic and Reconstructive surgery, Urology and Vascular surgery.

RACS has published two sets of guidelines to provide medical students and young doctors with information which may assist in their decision regarding selection into surgery.

### **Essential Surgical Skills Booklet**

This booklet identifies the recommended skills to be gained by the end of PGY2 and prior to entry into SET. To view a copy, go to: [https://www.surgeons.org/media/473135/2015-01-27\\_gdl\\_essential\\_surgical\\_skills\\_document.pdf](https://www.surgeons.org/media/473135/2015-01-27_gdl_essential_surgical_skills_document.pdf)

### **JDocs Framework**

The JDocs Framework, aligned to the College's nine surgical core competencies, describes the many tasks, skills and behaviours that the junior doctor should achieve at defined levels during postgraduate years (PGY) 1 to 3 and beyond. This will assist doctors in the development towards a career in surgery, as well as supporting those who follow other proceduralist careers.

Visit the JDocs website for further information: <http://www.surgeons.org/becoming-a-surgeon/surgery-as-a-career/>

### **Annual Report**

Includes data on SET Training numbers, the number of applications and applicant data.

<http://www.surgeons.org/government/workforce-and-activities-reports/#Activities>

### **Workforce data**

RACS, Surgical Workforce Projection until 2015, briefing paper for the National Training Plan, 2011

[http://www.surgeons.org/media/437871/rpt\\_racs\\_workforce\\_projection\\_to\\_2025.pdf](http://www.surgeons.org/media/437871/rpt_racs_workforce_projection_to_2025.pdf)

### **Surgical Workforce projections and data**

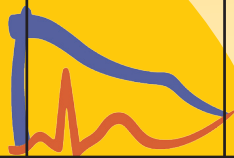
<http://www.surgeons.org/government/workforce-and-activities-reports/>



Postgraduate Medical Council of Victoria Inc.  
Level 8, Dominion Building  
533 Little Lonsdale Street  
Melbourne VIC 3001

Tel: +61 3 9670 1066  
Fax: +61 3 9670 1077

Email: [pmcv@pmcv.com.au](mailto:pmcv@pmcv.com.au)  
Web: [www.pmcv.com.au](http://www.pmcv.com.au)  
ABN: 11 296 600 377



**pmcv**  
Postgraduate Medical Council of Victoria Inc.