

2012
JMO FORUM
Junior Medical Officer
VICTORIA



Welcome to the Victorian JMO Forum Guide which has been prepared to assist you in your early prevocational training years. We trust you will find the Guide useful and welcome your feedback.

In particular, we would like to introduce you to the Victorian JMO (Junior Medical Officer) Forum which comprises a group of like-minded young doctors who are interested in representing junior doctors' issues in education, welfare, accreditation and workforce. It was first formed in 2006 with the support of the Postgraduate Medical Council of Victoria Inc. (PMCV).

In 2011, the Victorian JMO Forum has achieved many successes:

The expansion of hospital representatives (12 of the 13 Victorian hospital networks were represented) and appointment of an IMG officer to more effectively capture issues specific to as many junior doctors as possible

- Increasing the number of Teaching on the Run (TOTR) sessions for junior doctors, and training of JMOs as facilitators of the Teaching on the Run program
- Development of several practical resources for JMOs (some of which are included in this booklet for your reference):
 - Guidelines for the Orientation of Junior Doctors
 - Rolling handOVER (ROVER) document
- Training of JMOs to facilitate their involvement in hospital accreditation visits
- Participation in discussion and an online survey regarding Supervision Standards for Prevocational Doctors
- Providing feedback on the draft Intern Registration standard
- JMO membership of the Organising and Scientific Committees for the National Prevocational Medical Education Forum held in Auckland New Zealand, November 2011.....And many more...

The forum meets approximately four times a year to examine the current issues affecting our on-going education and training needs.

Who can be involved? Medical students, Interns, Residents, Registrars, You!

The forum is made up of a group of young doctors from Victorian health services. Our levels of appointment range from interns to registrars, but we share one thing in common - we are all interested in being actively involved in improving our own education and training opportunities. We are also very keen for all medical students to become involved in the discussion process. So, if you do not like to just stand by and watch things happen without your input, join us!

How can I get involved?

Information regarding how you can participate in the JMO Forum by emailing:

jmoforum@pmcv.com.au

We look forward to working with you during 2012.

Dr Verna Aykanat and Dr Linny Kimly Phuong

Co-Chairs, JMO Forum 2011

JMO FORUM STRUCTURE AND ORGANISATION

The aims of the Victorian JMO Forum are to:

- Promote health service representation within the JMO Forum
- Provide JMO Forum representatives on PMCV subcommittees and Work Groups
- Develop, monitor and evaluate the strategic plan
- Promote dialogue with the PMCV in relation to prevocational education and training

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
 - Promoting the JMO Forum (verbal/email) and distribution of the JMO Forum Booklet during Intern Orientation Week
 - Participating in Orientation Week and/or Education Sessions
 - Seeking the nomination of an intern ± PGY2/3 from each Victorian health service to participate in the Forum
 - Encouraging JMO Forum members to be involved by:
 - Attending the five annual Forums (in person or teleconference)
 - Reporting back to their MEO/HMO Manager about issues raised at each Forum
 - Participating in relevant projects endorsed by the JMO Forum
 - Seeking sponsorship to attend the 17th Australasian Prevocational Medical Education Forum in Perth, 18-21 November 2012 (e.g. by submitting a conference or poster abstract)
- Reviewing the JMO Forum Executive Committee and portfolios:
 - Chairs and Officers: Accreditation, Education, Workforce, Welfare, IMG, Publications, IT
 - Relevant Officer to attend subcommittee meetings and present a report (at least one)
 - IT and Publications Officer: Populate the JMO Forum link on PMCV website and improve promotion of and accessibility to JMO Forum
 - Welfare: Assistant researcher in the Victoria arm of the National JMO Welfare Study
- Supporting liaison of JMO Forum representatives:
 - PMCV Committee and subcommittees, AMA DiTs (Doctors in Training) and Medical Students Council of Victoria

POSTGRADUATE MEDICAL COUNCIL OF VICTORIA

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 training;
- Administer the Computer Matching Service for medical graduates seeking internship, Hospital Medical Officers, Basic Physician Training, Graduate Nurses and Medical Radiation graduates;
- 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

There are opportunities for junior medical staff to become involved in our subcommittees, namely Accreditation, Education, International Medical Graduates and Scope of Practice and Workforce. Your views are important and your participation in committees is valued; membership offers important networking opportunities. You can also seek to become a trained surveyor and be involved as a team member in accreditation visits to health services and other training sites. There are also opportunities to seek sponsorship to present papers/posters at relevant Conferences.

****If you are interested in knowing more about the Council or if you wish to discuss any issues arising from your training in hospitals, contact us now: pmcv@pmcv.com.au**

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JMO FORUM - Education & Training/Accreditation/Workforce/Welfare & Support

EDUCATION & TRAINING

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

- Hospital Representative 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
- Advocate for well-attended, regular, protected teaching time with strong regional training networks
- Support the development and implementation of the Australian Curriculum Framework (ACF)
- Improve education and training during emergency rotations given capacity expansion
- Encourage simulation-based training and development of educational modules
- Support formal training of, and protected time for, educators and supervisors
- Support other health professionals to be educators for specific tasks
- Advocate for formal acknowledgement of educators/supervisors
- Advocate for Medical Education Registrars

The JMO Forum has identified the following Solutions/Actions:

- Collaborating with Victorian MEOs/HMO Managers to promote Education and Training by:
 - Nominate an intern ± 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 the 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, food is provided and registrars, consultants, NUMs have knowledge of protected teaching time
 - Encourage PGY2/3s to attend intern teaching to reduce stress on time-poor educators
 - Improve technology/networks to extend education to JMOs on shift-work or at remote sites
 - Formalise teaching by other health professionals
 - Advocate for annual awards which recognise Excellence in Teaching and Supervision
 - Conducting TOTR sessions and liaising with PMCV to increase the number of sessions per year including expansion to rural and remote sites
 - Participate in annual meetings:
 - PMCV Symposium/relevant Workshops with MEOs/DCTs
 - Joint HMO Manager/JMO meeting in 2012

Achievements 2011

During 2011 the Victorian JMO Forum developed Guidelines for the Orientation of Junior Doctors. These guidelines are reproduced in full on page 16 of this booklet and include an updated ROVER Protocol. A project on Supervision and guidelines for Video ROVERs is also underway.

ACCREDITATION

An important activity of the Council is the accreditation of prevocational training posts. The JMO Forum advocates for accreditation of all prevocational positions (internship and PGY2/3) and for well-supervised, quality prevocational rotations with appropriate education and training to ensure the highest standard of patient care. We aim to increase JMO participation in accreditation visits and decision-making processes.

The JMO Forum has identified the following Solutions/Actions:

- Supporting the development and implementation of the National Registration & Accreditation Scheme (NRAS) for internship through appropriate involvement and engagement

JMO FORUM - Education & Training/Accreditation/Workforce/Welfare & Support

- Lobbying for hospital accreditation to include direct (on-site) supervision of all intern rotations through Accreditation Subcommittee, Prevocational Medical Accreditation Framework (PMAF) and CPMEC
- Providing input into any review of PMAF
- Promoting JMOs to become surveyors through participation in the Surveyor/Accreditation training workshop on 26 March 2012
- Advocating for the accreditation of PGY2 posts
- Liaising with stakeholders to explore ways to expand accreditation to GP, rural, remote and private hospital placements including identification of sites

Achievements 2011

During 2011 JMOs provided feedback on the draft Intern Registration standard released by the Medical Board of Australia in July 2011.

WORKFORCE

In relation to Workforce, the aims of the JMO Forum are to identify flexible workforce solutions to account for capacity expansion (i.e. increased number of medical graduates) without compromising appropriate supervision, to identify strategies to improve recruitment and retention and encourage JMOs to train in rural and remote locations. The JMO Forum seeks to liaise with stakeholders to explore ideas to expand capacity including, increasing GP, rural, remote and private hospital placements, flexible rostering and E-technology.

Achievements 2011

Ongoing collaboration, between JMOs and Medical Workforce Unit Managers, on a project to clarify and improve the nature of the interactions between JMOs and Medical Workforce Unit Managers. A document is nearing finalisation.

WELFARE & SUPPORT

The Victorian JMO Forum aims to support safe working hours and encourages health services to provide a comprehensive orientation for their JMOs. It is important for all JMOs to have knowledge of the support services available to them and how to seek help if you are experiencing personal or health issues. **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
- Participating in the annual Victorian arm of the National JMO Welfare Study
- 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 Line
 - Free, confidential peer support serviced for doctors by doctors
- Exploring whether hospitals are achieving guidelines for the prevention of distress in JMOs proposed by Position Paper on the Welfare and Personal Health of Medical Students and DiTs:
 - 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

JMO FORUM - Education & Training/Accreditation/Workforce/Welfare & Support

- Pager-free education sessions which include risk awareness and professionalism
- Encourage JMOs to have their own GP with annual check-up and contact VDHP if concerns
- Comprehensive orientation

Achievements 2011

During 2011 Victorian JMOs participated in the Victorian arm of the National JMO Welfare Study.

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. It provides a bridge between undergraduate curricula and the curricula that underpin college training programs.

The ACF is built around three learning areas: **Clinical Management**, **Communication** and **Professionalism**. These areas have been divided into categories then further subdivided into learning topics. Each topic includes a number of competencies (i.e. knowledge, skills or behaviours).

For example:

Learning area:

Professionalism

Category:

Doctor and Society

Learning topic:

Culture, society and healthcare

Competencies:

Behaves in ways which acknowledge the social, economic and political factors in patient illness; Behaves in ways which acknowledge the impact of culture, ethnicity and spirituality on health; Identifies his/her own cultural values that may impact on his/her role as a doctor.

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 this rotation. It may be worthwhile discussing these with your Term Supervisor at the commencement of each rotation. The outcomes of learning are not meant 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 can also be used for self-assessment and for monitoring progress during the prevocational years. While it is expected that most of the competencies will be mastered prior to vocational training, it is recognised that a trainee will become more proficient and skilful in these competencies in subsequent years.

A copy of the ACF booklet is included in the "Intern Kit" provided to you by the Postgraduate Medical Council of Victoria.

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:

www.cpmec.org.au

2011 AUSTRALASIAN JUNIOR MEDICAL OFFICER FORUM (AJMOF) RESOLUTIONS

Introduction

The resolutions which are reproduced below, were adopted at the 2011 Australian Junior Medical Officer Forum (AJMOF) which was held at the Sky City Convention Centre in Auckland, New Zealand on 6 November. The meeting was attended by more than seventy junior doctors, representing all states and territories in Australia, and New Zealand. AJMOF is now a major annual training and education event for junior doctors and is held in conjunction with the annual prevocational medical education forum. This year was the first occasion that the Forum was held in NZ and it was jointly steered by the Australasian Junior Medical Officers' Committee (AJMOC) members representing both Australia and New Zealand.

2011 AJMOF Resolutions

The 2011 AJMOF resolutions have been grouped into eight areas as follows:

- Internship and Prevocational Training Standards
- The PGY2 year
- Prevocational Accreditation
- Training Capacity Expansion
- Innovation and Work Reform
- Education, Clinical Supervision, Teaching and Assessment
- Workplace Flexibility and Doctors' Health
- Consultation with JMOs

1: Internship & Prevocational Training Standards

An emergency department (ED) term provides a unique experience where junior doctor autonomy is maximized but senior input is readily available. AJMOF submit that few other specialties offer such qualities and an emergency medical term in an emergency department provides a learning experience for which there is no substitute. AJMOF acknowledges that while the Medical Board of Australia cannot mandate something which jurisdictions do not yet have the capacity to provide, namely an ED term for every intern, junior doctors believe that this is something that we should work towards. AJMOF also believes that while junior doctors must not be compelled to complete a general practice or community term, all junior doctors, regardless of their career trajectory, would benefit from such a placement. Furthermore, the Forum noted that the Australian Curriculum Framework for Junior Doctors (ACF) had provided a vehicle to make significant improvements to the educational aspects of prevocational years and that it should guide the clinical experience, learning objectives and appraisal processes in these years.

Resolution 1.1 The Australasian Junior Medical Officers' Forum (AJMOF) calls upon the Medical Board of Australia (MBA) to ensure that the national intern registration standard mandates that interns complete core terms in medicine, surgery and emergency medicine of a minimum of 8 weeks clinical exposure within that unit. AJMOF defines an emergency medicine rotation as one that is conducted in an emergency department.

Resolution 1.2 AJMOF considers it desirable but not compulsory for all junior doctors to have the opportunity to experience supervised GP or community practice irrespective of their subsequent specialisation.

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Resolution 1.3 AJMOF calls upon MBA and the Australian Medical Council (AMC) to adopt the Australian Curriculum Framework for Junior Doctors (ACF) as the educational framework for all prevocational doctors.

2: The PGY2 Year

AJMOF acknowledges the efforts of health services to institute streaming of terms for PGY2 to assist junior doctors to fulfil college requirements and gain further experiences in a particular field e.g. medicine or surgery. However the Forum noted that there were a significant proportion of junior doctors who did not make their career choice until much later in their prevocational training. AJMOF believes that these undifferentiated doctors should have flexibility in their training programs to facilitate this process.

Resolution 2.1 AJMOF calls upon health services and colleges to allow flexibility in selection of PGY2 terms, noting that some junior doctors may make early choices about future speciality while others prefer to take a more general path in their prevocational training.

3: Prevocational Accreditation

AJMOF believes that prevocational accreditation plays a vital role in ensuring that junior doctors have high quality learning experiences with adequate support, education, supervision and welfare. It is the key instrument that allows for independent quality assurance of training, education and support provided to junior doctors. Noting the need to develop a nationally consistent framework for prevocational accreditation, AJMOF urges the Medical Board of Australia and the Australian Medical Council to recognise the work already done by the Confederation of Postgraduate Medical Education Councils (CPMEC) in consultation with numerous stakeholders to develop and implement the Prevocational Medical Accreditation Framework (PMAF) as a unifying national framework.

This framework has helped to increase consistency across the jurisdictions in accreditation policies and practices; align prevocational accreditation practices with other appropriate local and international benchmarks; reduce work required in each PMC (or its equivalent) to develop and review standards from scratch; and provided increased transparency and knowledge sharing of prevocational accreditation practices. As junior doctors are directly impacted by the prevocational accreditation practices, there is a need for the continuing involvement of JMOs in the accreditation process to ensure that their unique perspective as consumers of prevocational training is considered in all accreditation visits. AJMOF also believes that all prevocational training positions should be accredited.

The Forum acknowledges the progress made in some jurisdictions in this regard to accredit all PGY1 and PGY2 positions but notes that some jurisdictions are still resistant to extending the scope of prevocational accreditation. To ensure that prevocational accreditation activities are maintained and strengthened, there needs to be long-term funding commitments by jurisdictions and the MBA to Postgraduate Medical Councils, or the equivalent agency responsible for prevocational accreditation.

Resolution 3.1 AJMOF calls upon all Postgraduate Medical Councils (PMCs) or equivalent to accredit all PGY1 and 2 positions.

Resolution 3.2 AJMOF endorses the adoption of the Prevocational Medical Accreditation Framework (PMAF) as the national framework for accreditation of prevocational education and training.

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Resolution 3.3 AJMOF reaffirms the continuing need for PMCs or equivalent to include at least one junior doctor in each prevocational accreditation survey. Surveyor training should be provided to junior doctors for this purpose.

Resolution 3.4 AJMOF calls upon the state and territory governments to provide stable and equitable long-term funding to all PMCs or equivalent to undertake accreditation.

4: Training Capacity Expansion

AJMOF notes that expanding training capacity is necessary if Australia is to meet its stated target of reaching self-sufficiency with regard to its health workforce requirements and meet the healthcare needs of a growing and increasingly diverse population. The Forum acknowledges the significant level of effort and resources being expended and notes the contributions that junior doctors can make through their active engagement by the major stakeholders in shaping policy. Junior doctors are at the 'coalface' of healthcare and can make important contributions on the nature and size of the future medical workforce.

Of most immediate concern to junior doctors is accessibility to vocational training places because of the increased flow of medical graduate numbers. AJMOF notes that this bottle-neck could significantly reduce the effectiveness of newly realised workforce gains, and limit career advancement for many capable doctors. The Forum also called upon authorities to find ways of finding internships for all Australian medical graduates through a balanced approach that did not place unfair burdens on particular jurisdictions. At the same time AJMOF wished to highlight the ongoing contribution of international medical graduates who provide much needed health services in rural and remote regions.

Resolution 4.1 AJMOF calls upon Health Workforce Australia (HWA) to ensure ongoing junior doctor involvement in the National Training Plan pipeline analysis relating to the medical workforce of Australia.

Resolution 4.2 To prevent career bottlenecks for junior doctors, AJMOF calls upon all key stakeholders in medical education and training to ensure that the number of vocational training positions is increased and that the quality of training is maintained.

Resolution 4.3 AJMOF calls upon HWA to ensure that all prevocational trainees are able to easily access simulated learning environment (SLE) projects.

Resolution 4.4 AJMOF believes that all medical graduates of Australian universities should be provided internships, and calls for governments, HWA and universities to reach a sustainable solution on this issue.

Resolution 4.5 AJMOF recognises the contribution of international medical graduates (IMGs) in meeting Australian medical workforce shortages and calls upon the AMC, Australian Health Practitioner Regulation Agency (AHPRA) and health services to adopt consistent, efficient and transparent processes for supervision, registration, ongoing employment, and professional support.

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5: Innovation & Work Reform

AJMOF recognises the importance of developing leadership skills among junior doctors including active encouragement to access best practices from beyond the clinical context. The Forum noted that leadership and professionalism are routinely demonstrated in the clinical context, but may not be specifically targeted as learning objectives by supervising clinicians. AJMOF believes cultivation of leadership skills through leadership experiences, training courses, and mentoring will be supplemented by self-directed learning.

AJMOF applauds the improvement of health service delivery and medical education using technology. Investment in technological infrastructure will be best realised through appropriate consultation with stakeholders and up-skilling to optimize implementation and ongoing use of new or improved systems and tools. AJMOF also recognises the integral role of senior clinician teaching in the medical education of junior doctors. Prevocational trainees receive much of their education through clinical exposure with opportunistic teaching from consultants and, increasingly, registrars.

AJMOF recognises the vulnerability of informal teaching opportunities between junior doctors and senior clinicians to ward demands and restructuring of the clinical unit. With regard to a national intern application process, AJMOF acknowledges that a shift away from state-specific application systems to a national process could occur in the future. While debate exists regarding the impact of this system reform on junior doctors, junior doctors are unanimous that applications should remain free of cost to the applicant.

Resolution 5.1 AJMOF calls upon HWA, health services and jurisdictions to provide appropriate access for junior doctors to leadership development programs.

Resolution 5.2 AJMOF supports the use of technology to increase the capacity, efficiency and effectiveness of medical work practices. It is the expectation that training and infrastructure will be provided to support these changes, and that this will be done in direct collaboration and consultation with junior doctors.

Resolution 5.3 AJMOF calls on State and Territory Health Departments and workforce agencies to acknowledge and enumerate the impact of the introduction of new health professionals, such as physicians' assistants, on junior doctor training and take steps to ensure training is not compromised.

Resolution 5.4 AJMOF supports a national intern application portal which allows jurisdictions to retain control over the processing of applications. Applications should be processed at no cost to the applicant.

6: Education, Clinical Supervision, Teaching and Assessment

AJMOF recognises the important role clinical supervisors play in the teaching and supervision of junior doctors. To ensure that they continue this highly valued role, the Forum believes that health services should support their clinical supervisors through protected time, appropriate rostering, and access to professional development programs. To ensure the sustainability of a teaching culture within the wider healthcare sector, with increasing graduate numbers, junior doctors should be provided with training in teaching and supervisory skills at an early stage in their careers.

2011 AUSTRALASIAN JUNIOR MEDICAL OFFICER FORUM (AJMOF) RESOLUTIONS

AJMOF recognises the role of interprofessional learning (IPL) in the distribution of senior clinician supervisor burden, and in enhancing the understanding of the roles of other health professionals to improve collaboration and the quality of patient care. However, AJMOF believes that junior doctor teaching should be primarily given by senior medical staff, but supplemented only where appropriate, with nursing, allied health and other teaching. These concerns are primarily to prevent de-contextualising the medical aspects of doctor training. AJMOF also believes that assessing junior doctors based on a list of individual competencies may be useful in assessing qualities such as proficiencies in procedural skills; however, it does not assess the higher order judgement required by junior doctors to provide comprehensive patient care. AJMOF believes that junior doctor education is a priority and believes that this should be uninterrupted by pagers and the like, to ensure an optimal learning environment.

The health service can enforce protected teaching time through holding pagers and/or having an administrative person answer pages, divert/ physically hand pagers to registrars, and make this explicit to all senior medical staff, nursing and allied health staff through announcements and/or other appropriate advertising. AJMOF also believes that there is an unmet need for training and education of a significant number of prevocational doctors, as they do not fall under the ambit of a college registration. Ideally, all postgraduate doctors who have not completed vocational training qualifications should be in a clearly articulated training pathway.

Resolution 6.1 AJMOF reaffirms its call for health services to ensure protected time for clinical supervision and teaching of supervisors. The role of clinical supervisors must be formalised in rosters, job descriptions and relevant policies. Key performance indicators should emphasise and recognise the teaching and educational obligations of health services.

Resolution 6.2 AJMOF supports the development of a national framework for clinical supervision and calls upon key stakeholders (State and Territory Health Departments, PMCs, HWA's integrated clinical training networks and health services) to ensure continuing support for all junior doctors, registrars and directors of clinical training (or equivalent) to attend professional development programs.

Resolution 6.3 AJMOF supports the incorporation of teaching and supervisory skills into junior doctor and registrar training. Integral to this is access to programs such as 'Teaching on the Run' and the 'Professional Development Program for Registrars'. AJMOF supports the assessment of these non-clinical skills.

Resolution 6.4 AJMOF supports the majority of formal teaching to be given by medical staff with relevant input from allied health, nursing and other disciplines. AJMOF encourages policy makers and funding agencies to facilitate this.

2011 AUSTRALASIAN JUNIOR MEDICAL OFFICER FORUM (AJMOF) RESOLUTIONS

Resolution 6.5 AJMOF recognises that assessment of junior doctors should not solely be competency-based due to its limitations. AJMOF calls upon the AMC, HWA and jurisdictions to recognise this in any policies that will impact on medical education and training.

Resolution 6.6 AJMOF reiterates the importance of pager-free protected teaching time for junior doctors at all levels. AJMOF believes health services should take appropriate steps to enforce this.

Resolution 6.7 AJMOF calls upon all relevant stakeholders to provide education and training opportunities to prevocational junior doctors beyond the PGY2 year.

7: Workplace Flexibility and Doctors' Health

Transition to being a doctor can be a very challenging and stressful period for prevocational doctors. AJMOF considered it imperative that strategies for managing work stress and maintaining work-life balance form an important part of support available to junior doctors, as well as access to the benefits of confidential doctors' health support services.

Resolution 7.1 AJMOF supports the proposal by the MBA for part-time or deferred internships. The proposed time frames could be extended for exceptional circumstances on a case by case basis.

Resolution 7.2 AJMOF calls upon the MBA and State and Territory Health Departments to ensure the ongoing resourcing and implementation of confidential doctors' health services including counselling programs. This information should be included as part of the orientation program.

Resolution 7.3 AJMOF calls upon relevant stakeholders to ensure that Australian prevocational standards include the requirement for adherence to accepted evidence-based safe working hours.

8: Consultation

The ongoing developments in education and training with regard to junior doctors require more than token consultation. JMOs should be consistently and appropriately engaged in development of relevant standards. AJMOF also acknowledges that there are a number of representative bodies and individuals throughout Australasia making contributions to this process on behalf of junior doctors. AJMOF believes that JMOs would be best served by transparent communication and collaboration between all these parties in order to share knowledge and ensure appropriate stakeholder consultation. This resolution reaffirms the belief of junior doctors on the need for more transparent communication between policymakers, other stakeholders and junior doctor groups themselves.

Resolution 8.1 AJMOF calls upon key stakeholders to ensure JMO forum representatives are actively involved in the development and implementation of prevocational education and training standards.

Resolution 8.2 AJMOF resolves to improve communication and collaboration between relevant JMO representative bodies involved in advocacy through an agreed framework for cooperation.

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 more senior doctors 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.

RESOURCES

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.

(Developed by the PMCV JMO Forum & AMA Victoria DIT Subdivision)

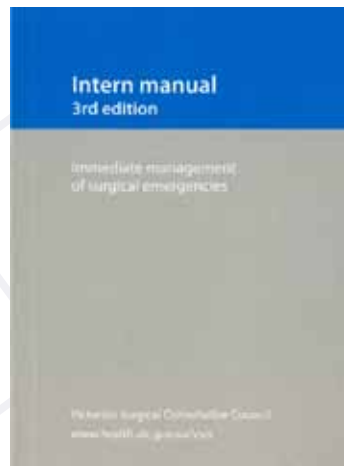
INTERN MANUAL 3RD EDITION: IMMEDIATE MANAGEMENT OF SURGICAL EMERGENCIES

All Victorian commencing interns will receive a copy of the pocket guide, *Intern Manual - immediate management of surgical emergencies*, developed by the Victorian Surgical Consultative Committee.

Further information:

www.health.vic.gov.au/vscc

(Developed by the Victorian Surgical Consultative Council)



GUIDELINES ON BEST PRACTICE PROTECTED TEACHING TIME FOR JUNIOR DOCTORS

Protected teaching time for junior doctors should be an integral part of prevocational training and is clearly reflected in accreditation standards for the prevocational years. It is recognised as being only one way in which education is delivered and made available to junior medical officers (JMOs), and that education is available in many other ways including ward rounds, case discussions and surgical audits. JMOs are expected to take responsibility for their ongoing education and professional development. These guidelines aim to provide suggestions for the further improvement of protected teaching time practice in Victorian health services.

Scheduling

1. A regular weekly or fortnightly schedule of JMO education sessions should be established (e.g. every Friday 1230-1330).
2. An agreed method for advising doctors and nurses of JMO education session times should be implemented so that JMOs are not contacted inappropriately during education sessions. This could include sending a reminder page to doctors and Nurse Unit Managers (NUMs) on the morning of the scheduled education session. JMOs should make contact with their registrars and NUMs prior to the education session to advise that they will be attending and check if any matter requires their attention prior to leaving for the education session.
3. The lan-paging system should be used to advise staff of an alternative contact (e.g. registrar) during scheduled education sessions.

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 to JMOs and other staff. **Educational Content and**

Delivery

4. Education sessions are linked to the Australian Curriculum Framework for Junior Doctors to maintain relevance to JMOs.
5. All sessions should be made available in alternative formats (i.e. DVDs, podcasts or intranet – with password protected off-site remote access), as well as any Powerpoint presentations, with a contact email for questions, to increase accessibility (especially for JMOs on rural rotations or night shift).
6. 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.
7. Education sessions conducted by nurses, allied health and other health professionals are recognised as valuable learning opportunities, building on inter-professional education and training.
8. The majority of education sessions should be conducted by senior medical staff or registrars.

Management

1. It is important that Units support attendance by not scheduling unit meetings or consultant ward rounds during education sessions and actively encourage JMOs to attend.
2. Pagers are held by registrars/consultants/DCTs during education sessions.
3. Attendance at education sessions should be included in JMO position descriptions and rosters.
4. Provision of food – the health service may consider obtaining sponsorship of education sessions.

(Developed by the PMCV JMO Forum)

RESOURCES

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^{1, 2}. 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.

Background

- Orientation to the workplace is critical to the provision of safe clinical care as well as the provision of a supportive transition from medical school to internship and for newly employed junior doctors³. At the commencement of internship, many junior doctors experience high levels of anxiety^{4, 5} and are not confident in many job-related tasks⁶. An increased incidence of hospital errors has been reported when junior doctors commence work at a new hospital⁷. A formal orientation program has been demonstrated to increase both confidence and competence of basic clinical skills of junior doctors^{3, 8} including clinical, clerical and procedural skills⁶. Orientation may even provide a valuable opportunity to identify individuals requiring increased supervision and support throughout the intern year⁹. Whilst each Health Service/hospital has unique practices and micro-cultures, much information that is required at orientation is applicable across all Health Services.
- These orientation guidelines are an initiative of the Postgraduate Medical Council of Victoria (PMCV) Junior Medical Officer Forum, have undergone consultation with relevant PMCV subcommittees and Health Service stakeholders including junior doctors and Medical Education Officers, and have been informed by relevant (published and unpublished) literature. These guidelines also support the requirements for Health Service orientation as defined in the PMCV Accreditation Standards¹⁰ and A Guide for Interns in Victoria¹¹.

Responsibilities

Health Services

- To develop and deliver formal orientation programs by relevant Health Service staff, including but not limited to: the Director of Medical Services, Medical Education Officer, Supervisor of Intern Training, Director of Clinical Training, Medical Workforce personnel, Human Resources personnel, Information Technology personnel.
- Unit supervisors have a responsibility to ensure that new junior doctors are appropriately orientated to their units. Multi-disciplinary orientation, shared with other junior doctors or nursing/administration staff, supports a team based approach¹².

Junior Doctors

- To ensure availability to attend and actively participate in all requested orientation programs.
- To provide feedback regarding orientation programs to support ongoing improvement.

PMCV

- To review and provide feedback in relation to Health Service orientation programs during Health Service accreditation visits.

Framework

A three tiered framework is recommended for orientation programs and is adopted in this document:

1. *Formal orientation to the overall Health Service (central orientation)*
2. *Formal orientation to each campus/hospital site^S*
3. *Formal orientation to each unit^U*

Orientation Principles

A. Program Development

1. It is recommended that orientation programs include feedback from junior doctors and other Health Service personnel in their development;
2. Resources that support orientation should be regularly reviewed to ensure they are contemporaneous.

B. Program Timelines

1. Communication with newly appointed interns begins following signing of contracts, and includes an indication of the components of orientation. This ensures a shared understanding of the orientation process;
2. Health services may provide an opportunity for junior doctors to attend to administrative details and/or an opportunity to familiarise doctors¹³ who are not familiar with the Health Service, prior to the commencement of the main orientation program⁴;
3. A 3-5 day orientation program is provided for interns in the week prior to commencing clinical duties;
4. Resources to support unit orientation should be provided prior to commencement on each unit and formal unit orientation should be held on the first day of work in the new unit where possible;
5. Health Services may elect to extend the educational components of the orientation program into the first few weeks of term rotation.

C. Program Delivery

It is recognised that a range of modes of delivery are appropriate to supporting intern orientation programs. It is recommended that key components of orientation programs are undertaken in an interactive mode,^{14, 15} such as face to face, to ensure communication and allow for clarification if required. Simulation¹⁶ and clinical scenarios^{5, 17} may also prepare junior doctors for critical basic skills they will require from their first day of employment. Finally, permanent access to PowerPoints and/or video streaming of orientation presentations through print or electronic media, such as the hospital intranet, will further allow consolidation of key material covered during the orientation program.

Where possible, current junior staff should be incorporated into the delivery of the Health Service orientation program. Additionally, there should be verbal and written communication between incoming and outgoing unit interns to provide the incoming intern with a degree of familiarity with the clinical setting⁴. The 'ROVER' protocol¹⁸ may be a useful tool for this purpose^U. (See Appendix 1, Rover handOVER on page 23)

RESOURCES

D. Program Contents (central orientation)

1. Introduction to key staff at the Health Service

This includes Management, Administrative, Clinical and Supervisory staff^{S, U} (including key training supervisors such as Director of Physician Training and Director of Surgical Training), at campus and unit level. Introduction to key staff at rotation sites during central orientation is also encouraged, e.g. rural and general practice rotations.

2. Orientation to the physical layout of the Health Service^{S, U}

This may be provided in various ways including physical and electronic formats, and should include a site map of the hospital^S. Unit orientation^U includes ward layout, medical history/chart location, the location of equipment, resuscitation trolley, fire extinguishers, alarms, emergency exits, photocopier and fax machines.

3. Administrative requirements of the Health Service

The administrative requirements of the Health Service for orientation of junior doctors are listed in Table 1.

Table 1

Administrative Requirements of the Health Service
◦ <i>Overview of Health Service (including services, organisational structure)</i>
◦ <i>Occupational Health and Safety requirements</i>
◦ <i>Emergency Codes and Procedures</i>
◦ <i>Medico-legal considerations including consenting for relevant procedures, relevant legislation including guardianship, refusal of medical treatment, others as appropriate</i>
◦ <i>Privacy legislation and policies</i>
◦ <i>General Policy and Procedure manuals</i>
◦ <i>Quality and Safety requirements including incident reporting protocol</i>
◦ <i>Infection control requirements including hand hygiene, needlestick injuries and notification of infectious diseases</i>
◦ <i>Hospital mortuary paperwork and processes; deaths reportable to the Coroner</i>
◦ <i>Code of Conduct/Professional Behaviour expectations</i>
◦ <i>Patient liaison/complaint</i>

4. Administrative requirements specific to Junior doctors

Effective orientation programs involve administrative requirements that are specific to junior doctors. These requirements are listed in Table 2.

Table 2

Administrative Requirements Specific for Junior doctors
◦ Computer systems: login user name and password, email access, relevant software required for JMO use
◦ Identification badges
◦ Lockers
◦ Access cards for parking, building, theatres and change rooms
◦ Distribution of useful resources including the Australian Curriculum Framework for Junior Doctors (ACF) ¹⁹ ROVER documents ^U and Unit handbooks ^U
◦ HMO Manager: rosters (annual, weekly and daily including both in and after-hours cover arrangements), safe work hours, overtime protocols, junior doctor wellbeing, requesting leave
◦ Referral and consultation processes, including with other medical units and allied Health Services
◦ Paging and communication protocols
◦ Interpreter services
◦ Ordering pathology, radiology imaging, special tests and accessing results
◦ Admission/discharge processes including pharmacy scripts
◦ Medical history file management including electronic and hard copy systems
◦ Pre-Admission and Outpatient Clinic processes ^U
◦ Unit specific ^U daily timetable including ward rounds, theatre and relevant meetings
◦ Theatre booking processes
◦ Handover processes, including verbal and written
◦ Key clinical policies and procedures, such as DVT prophylaxis and treatment
◦ Work-up for specific diagnoses/system-specific investigation ^U
◦ Feedback and Assessment processes, including mid-term appraisal and end of term assessment Junior doctors should share responsibility for ensuring that regular review of their performance is undertaken
◦ Mentoring and support processes, including colleagues and senior mentors, Residents' society, GP, Victorian Doctors Health Program, AMA Peer Support Service and PMCV
◦ Expectations and role of the intern, including daily activities and after hours/nights covering shift including a description of escalation processes
◦ Hospital/rotational feedback/evaluation processes for junior doctors to provide feedback regarding their rotation experiences
◦ Opportunities for Junior Medical Officer involvement in the Health Service e.g. HMO society, JMO committee representatives, PMCV Junior Medical Officer Forum
◦ Learning Management Systems (if applicable)

RESOURCES

5. Junior Doctor Shadowing

It is recommended that all incoming interns have the opportunity to shadow the outgoing intern prior to commencement. Interns who commence on an external rotation could shadow at the external site or another unit at the parent hospital. In the latter case, there should be the opportunity for the intern to undertake a verbal handover with the outgoing intern of the external site.

6. Education Program

A program of continuing education is necessary for the professional development of junior doctors^{20, 21}. The Australian Curriculum Framework for Junior Doctors¹⁹ is an appropriate resource on which to base education programs at each level (Health Service / hospital / individual unit). Junior doctors should be advised of the timetabling of a Health Service-wide education program, and the processes for supporting attendance. Health Services may elect to cover certain educational topics during the orientation period that are relevant to all interns working across the Health Service. Clinical education that could be considered within a central orientation program or early in the clinical year is included in Table 3. It is Important that junior doctors are made aware of all internal (unit and Health Service-wide) and external opportunities for professional development throughout the year including professional development programs such as the PMCV-run Teaching on the Run²⁰ program.

Table 3

Continuing Education Program	
<i>Common Ward Calls</i>	<ul style="list-style-type: none"> ◦ <i>Chest pain</i> ◦ <i>Acute shortness of breath</i> ◦ <i>Post falls review</i> ◦ <i>Fluid management</i> ◦ <i>Hypo/hyperglycemia</i> ◦ <i>Hypo/hypertension</i> ◦ <i>Abdominal pain</i> ◦ <i>Vomiting</i> ◦ <i>Seizures</i> ◦ <i>The febrile patient</i> ◦ <i>Acute confusion/delirium</i> ◦ <i>The suicidal patient</i> ◦ <i>Seclusion review</i> ◦ <i>Palliation</i> ◦ <i>Certifying death</i>
<i>Prescribing Drugs</i>	<ul style="list-style-type: none"> ◦ <i>Antiemetics</i> ◦ <i>Analgesia</i> ◦ <i>Anticoagulation</i> ◦ <i>Common antibiotics</i>

Table 3 cont...

Clinical Procedures	<ul style="list-style-type: none"> ◦ <i>Basic and advanced life support</i> ◦ <i>Venepuncture</i> ◦ <i>Intravenous cannulation</i> ◦ <i>Urinary catheter insertion</i> ◦ <i>Naso-gastric tube insertion</i> ◦ <i>Performance and interpretation of ECGs</i> ◦ <i>Plastering and suturing</i>
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E. Program Evaluation

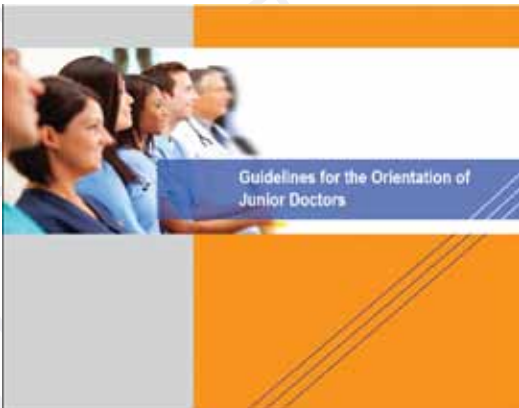
Junior doctors should be given the opportunity to provide feedback on each element of the orientation process, and this information should inform the regular review and development of future programs.

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ROVER (ROLLING HANDOVER)

APPENDIX 1

[Rotation Name] Last updated: / / by Dr _____
 Reviewed: / / by _____ e.g. Supervisor Intern Training (SIT) or appropriate other

ROVER (Rolling handOVER) is a resource for junior doctors to relieve stress and anxiety associated with starting a new rotation. Focus on providing information and tips that may help JMOs to prioritise and effectively manage their time and resources. Start off with a brief statement outlining the rotation. Sum up the rotation from a big picture point of view

UNIT STAFF MEMBERS – KEY CONTACTS

This section outlines the make-up of the team such as the Head of Unit, names of consultants (and any sub-specialty interests), Fellow, registrars, rotating residents and interns, nurse in charge. Include if medical students will be present on the Unit.

HMO ROLES / RESPONSIBILITIES & TIPS

- This section encompasses the main crux of the ROVER, and structure/presentation is very much up to you, the author. Include information and useful tips on the following areas of responsibility:
 - The Unit activities you are involved in, such as:
 - Preparing/presenting at Unit meetings (audit, MDT, radiology)
 - Attendance at outpatient clinics and theatre
 - After hours work
- Unit-specific or consultant-specific information, consultant-specific pre-theatre preparation, and specific pathways/processes for Unit-specific conditions.
- The investigations you do on a regular basis, who to contact for further advice or review.
- Cover shifts
 - Include additional Units covered during this rotation
 - Frequency of cover/weekend/on call shifts
 - Which teams to handover to and how this process occurs, eg. Phone call / paging or in person etc.
 - If admissions are required under other Units, briefly list any specific details which are expected for such admissions.
- Discharge Summaries
 - Include relevant information about what is expected under this Unit. For example - in Cardiology, cardiac risk factors, troponin, ECG results, coronary angiogram results, stenting procedure (type/ name/ size), which vessel stents were deployed to, if patients are enrolled in particular studies, cardiac rehab (Y/N), clopidogrel (Y/N).

UNIT MEETINGS / SCHEDULE

This section outlines the meetings/activities that are available to JMOs on the Unit. Differentiate between meetings that JMOs are definitely expected to attend, and meetings that are useful to attend if time and workload permits. Consider including a wide variety of potential meetings including MDTs, audits, journal club and educational sessions.

Day	Time	Meeting & Location

RESOURCES

WORKPLACE GEOGRAPHY

This section outlines the main places JMOs need to locate during their rotation on the Unit. Think of all the places you were required to find and a more descriptive location, e.g. 2nd floor, by the outpatients department; adjacent to blue lifts.

Location of doctors' room	
Printer	
Fax	
Consultants' Offices	
Main meeting room	
Radiology meeting room	
Outpatient Clinic	

COMMON MEDICAL CONDITIONS MANAGED BY UNIT/KNOW THE BASICS OF...

This section outlines what medical conditions the Unit manages with a brief summary of the foundation knowledge that a JMO will need prior to starting on the Unit. It is not necessary to provide specifics about management but should serve as a primer for stimulating additional independent learning.

COMMON MEDICATIONS USED SPECIFICALLY BY UNIT

This section covers useful information regarding commonly used medications that JMOs need to be aware of, as well as their most clinically significant side effects. You may wish to include notes about consultants/registrar's preferences for administration of medications.

Medication	Indication	Route	Dose	Frequency	Comments

PROCEDURES

This section outlines the procedures that JMOs will encounter or perform during the rotation. It is not necessary to provide specifics about how the procedures are actually performed but should serve as a primer for stimulating additional independent learning.

USEFUL RESOURCES

This section outlines recommended resources that JMOs will benefit from accessing during their time on the Unit, such as Unit Orientation Handbooks, intranet guidelines and protocols, books, websites & journal articles.

USEFUL CONTACTS

This section includes useful contact phone numbers/extensions commonly used by JMOs, including Unit Fax Number, Extension for Doctor's Room, Nurse in Charge and Allied Health. Where appropriate, include a list of consultant-specific provider numbers if JMOs are required to order tests or make referrals on behalf of consultants.

JUNIOR DOCTOR WELFARE: SUPPORT SERVICES

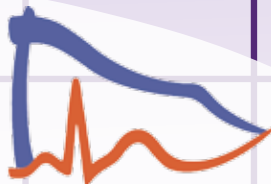
If you or a colleague are experiencing difficulties in either your professional or personal life there are many people you can turn to for advice or support. The following list is by no means exhaustive but does provide some useful contacts.

1. **Colleague of First Contact (Victorian Doctors Health program: (+61 3 9495 6011)).** A confidential 24 hr service available to all doctors and medical students. They can be contacted by the person themselves, or by a concerned family member, friend, colleague or staff member. Callers do not need to identify themselves. It consists of a group of experienced male and female GPs, and is independent, reporting back to no other medical organisation. VDHP is a confidential and compassionate service for doctors and medical students with health concerns including stress & anxiety problems, substance use disorders, mental health disorders, any other health problems, including physical health concerns. VDHP website: www.vdhp.org.au. There is also a link section on the VDHP website where you can find related health websites and further contacts. <http://www.vdhp.org.au/links.htm>
2. **General Practitioner (GP).** It is advisable for all medical students and doctors to have their own GP. If you are having trouble finding one, the “GPs for Doctors” program provides information on self care and a list of GPs who have offered to assist in treating their colleagues.
3. **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 are available to discuss any personal or work related concerns.
4. **Medical Administration/Medical Education Officer support.** You may be able to discuss your issue with medical administration members of your Medical education officer or Medical Clinical educators.
5. **Your registrar**
6. **Australian Medical Association Victoria: Peer Support Service (1300 853 338).** AMA Victoria website: www.amavic.com.au/page/Our_Services/Peer_Support The AMA Peer Support Service is anonymous and confidential and is open to both members and non-members of AMA Victoria.
7. **Employee Assistance Program (for public sector employees): (1800 337 068).** A professional counselling service provided by ITIM and available 24hrs a day, 7-days a week. The service is available by telephone or in person. Employees and immediate family members are eligible for up to 6 sessions for any issue where counselling is required. Contact details can be found on the ITIM website: <http://www.itim.com.au/index.html>
8. **beyondblue National Doctors Mental Health Program: (+61 3 9810 6100)** Beyond blue website: www.beyondblue.org.au

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