



AMA

AMA advocacy to
support doctors in
training during the
COVID-19
response

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Introduction

Given the rapidly changing environment and competing priorities surrounding the impact of the COVID-19 virus, the burden on doctors in training and the implications for education, training and clinical care require careful consideration. Doctors in training have overwhelmingly expressed their willingness to respond to the crisis to ensure that patients continue to receive the best care possible as the pandemic evolves. In doing so, ensuring that doctors in training are physically safe at work and have the supervision and support they need to provide care to patients is paramount. It is also important to acknowledge the unprecedented effect that the COVID-19 public health emergency will have on medical education, training and progression through training pathways. Trainees have already experienced examination cancellations, and disruptions to other training activities are likely.

As the situation with COVID-19 expands, a pragmatic and flexible approach to medical education and training will be required. As care needs escalate, it is likely that doctors in training will be asked to work temporarily outside their usual clinical services and roles, either to provide surge capacity in acute areas or due to impacts of illness and subsequent isolation on workforce.

The AMA is working to ensure that both patient and trainee safety is at the forefront of any decisions made during the COVID-19 response. The Federal AMA is talking to medical colleges and regulatory authorities about how we can work together to support doctors in training and mitigate the impact that COVID-19 will have on medical education and training now and over the next 12 to 18 months. It is important that we discuss education and training

issues early whilst acknowledging that under the circumstances training cannot be expected to continue uninterrupted in some way.

Your State and Territory AMAs will be on the ground solving industrial issues as they arise in the rapidly evolving climate. Any doctor who needs to access confidential and supportive health advice should visit www.dr4dr5.com.au/getting-help which will take you to the State/Territory Doctors Health Advisory Services.

The AMA will be advocating for doctors in training in the following areas:

Patient care and scope of practice

- Providing patient care and maintaining patient safety is a priority as we respond to COVID-19. While ideally trainees should be working at their appropriate level of training and competency, we acknowledge that given the complex circumstances surrounding COVID-19, trainees may be asked to work outside of their usual clinical area/role or scope of practice. Where this occurs trainees must receive a proper induction and have adequate supervision. Clear clinical governance arrangements must be in place, including clear lines of reporting and access to senior medical staff for advice where doctors in training are concerned about the management of a patient.
- Where doctors in training are required to transition between different clinical areas/roles and/or work beyond their usual scope of practice, employers should provide refresher courses and simulations that prepare trainees for these duties, including the appropriate use of personal protective equipment (PPE) in unfamiliar situations.



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- Employers should provide clear evidence-based guidelines on assessing and managing COVID-19 patients to all doctors in training looking after COVID-19 patients and servicing fever clinics. This includes providing the necessary PPE and appropriate instruction provided on its use.
- Doctors in training should not undergo clinical duties without appropriate PPE. As the pandemic progresses, if PPE is exhausted then rationalisation should be led by employers in a clear and transparent manner.

Doctor wellbeing

- Consideration needs to be given to the level of work, stress, difficult clinical treatment decisions and large numbers of ill patients which may impact the wellbeing of all frontline healthcare workers. Support, leadership and clear communications will be vital to facilitate this without workers experiencing panic and burnout.
- Clear, consistent and timely communication from health authorities and employers is necessary to support the wellbeing of doctors and health care workers. Consistent messaging from reliable sources to all workers should be a priority during this time to maintain wellbeing and reduce anxiety from misinformation.
- The wellbeing of all doctors and healthcare workers needs to be prioritised in order to maintain a motivated and safe workforce during this period. Promotion of services including the **State/Territory Doctors Health Advisory Services** is paramount to maintaining a healthy workforce.
- It is also important that doctors take care of their own health and look out for the health of their colleagues during this difficult and stressful time.

Working rights, access to leave and fatigue management

• Quarantining/isolation:

It is important that employers explain what leave entitlements are available to doctors in response to COVID-19. Where a need to quarantine or isolate is identified, it is reasonable to expect that employers will offer authorised paid leave (rather than requiring, for example, access to accrued annual leave/unpaid leave/personal leave) or, where practicable, enable flexible work from home arrangements. Further, these periods should be regarded as extenuating circumstances and should not adversely impact on training time requirements.

• Personal (i.e. sick/carers) leave:

It is important for all doctors to have access to sick leave when ill. That same accrual balance is also available when needing to care for a member of your immediate family. Where doctors (e.g. interns) may not have enough personal leave, consideration should be given to ensuring there is access to being paid while absent from work (e.g. annual leave).

• Safe working hours:

There is the potential for standard working hours to be altered in these extenuating circumstances. It is important that doctors are compensated appropriately for their work and remain safe at work. Good rostering and fatigue management practices should be in place, with clear processes for employees to follow if concerned about their welfare. Health services are encouraged to consider implementing automated approval of self-reported un-rostered overtime to reduce the administrative burden on doctors in training.



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- **Other leave:**

As service demand increases, in some cases, rights to approved access to leave may be subject to operational requirements, balanced against your needs. These should be discussed with your employer. If leave must be cancelled due to a high service demand, then employees should be notified as early as possible and given options for compensation in the future such as accrued leave the following year or preference for leave time in the future.

- **Flexible work arrangements:**

Employers and rostering departments are encouraged to design or amend policies and practices to enable flexible work arrangements for those doctors who need to quarantine or isolate, care for family members or look after children who may be prevented from attending childcare or school. This could require flexible work hours, increased flexibility with rostering and allocations of work, flexible worksites, and employer sponsored on-line training at home.

Training Programs

- **Examination cancellations:**

Where possible, we recommend that medical colleges consider alternative assessment and progression pathways whilst also balancing the need to maintain the integrity of training standards. Clear and precise communication from colleges about any changes is paramount to supporting trainees through this difficult time. Adequate notice when reinstating exams must also occur to allow trainees the proper time for preparation, and every attempt must be made to mitigate financial and other imposts for doctors in training.

- **Selection criteria for training and conferences:**

Medical colleges are encouraged to consider that many prospective trainees will have had opportunities for academic advancement removed at short notice as a result of COVID-19 such as courses, examinations and research opportunities. We ask that colleges consider these changes when reviewing selection criteria for programs over the coming 12 to 18 months.

- **Compulsory courses:**

Where compulsory courses are required for training programs, colleges are encouraged to adopt a flexible approach with regards to time frames required for completion. Many of these courses will be cancelled and should only be completed by trainees once safe to do so. Alternate arrangements ought to be explored, with sufficient notice provided to trainees when courses are rescheduled.

- **Conferences:**

Conference organisers should consider virtual conferences and alternative mechanisms for research publication.

- **Virtual teaching sessions:**

Given the recommendations for social distancing, teaching sessions for doctors in training should be made available via tele/videoconferencing where possible to ensure ongoing educational outcomes are met.



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- **Progression through training:**

We ask the AMC and relevant accreditation bodies to consider the impacts of COVID-19 on the progression of final year medical students and interns through their training, whose rotation patterns and clinical workload is likely to be affected due to health care and workforce requirements. A pragmatic and flexible approach to the assessment of learning outcomes will be required. Flexibility should be applied to accreditation requirements to allow final year medical students and interns to progress with

training, acknowledging that patient safety and the development of a safe and skilled workforce will be paramount progressing forward. There should be particular reference to facilitating progression despite time away from work or placement due to time off for quarantine or self-isolation.

- **COVID-19 Advisory / Support Committees:**

Many Colleges, hospital and health services and employers are creating COVID-19 Advisory or Clinical Support Committees and Groups. Where appropriate, doctors in training should be represented on these groups.

Useful links

- [AMA Federal Council COVID-19 Communiqué](#)
- [Australian Department of Health](#)
- [Health Direct Australia](#)
- [New MBS items](#)

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