### **Health Workforce Taskforce and Australian Medical Council**



Consult, cooperate, coordinate

Managing concerns and complaints about accredited specialist medical training sites

**Joint Forum August 2024**



Health Workforce Taskforce Secretariat NSW Ministry of Health

1 Reserve Road

ST LEONARDS NSW 2065

[https://www.health.gov.au/committees-and-groups/](https://www.health.gov.au/committees-and-groups/health-workforce-taskforce-hwt) [health-workforce-taskforce-hwt](https://www.health.gov.au/committees-and-groups/health-workforce-taskforce-hwt)

E: [HWTSecretariat@health.nsw.gov.au](mailto:HWTSecretariat@health.nsw.gov.au)

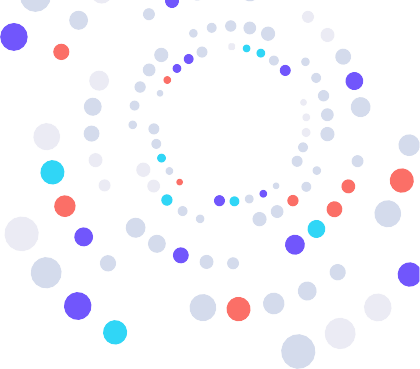
The Health Workforce Taskforce acknowledges the traditional custodians of the lands across Australia. We acknowledge that we live and work on Aboriginal and Torres Strait Islander lands. We pay our respects to Elders past and present and to all Aboriginal and Torres Strait Islander people.

SHPN (WPTD) 240854

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October 2024

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Summary of proceedings

**The Australian Medical Council (AMC), and the Health Workforce Taskforce (HWT) jointly convened the *Consult, cooperate and coordinate: Managing concerns and complaints about accredited specialist training sites foru*m on Thursday 15 August 2024 at the Pullman Hyde Park in Sydney.**

The forum was held to inform development of a framework to manage concerns and complaints about accredited specialist medical training sites, as identified in Recommendation 13 of the National Health Practitioner Ombudsman 2023 report [Processes for Progress – Part one: A roadmap for](https://www.nhpo.gov.au/accreditation-processes-review)

[greater transparency and accountability in specialist](https://www.nhpo.gov.au/accreditation-processes-review)  [medical training site accreditation](https://www.nhpo.gov.au/accreditation-processes-review).

The forum was attended by over 150 stakeholders including trainees and representatives from health departments, health services, specialist medical colleges, regulators, accreditation authorities, industrial organisations and professional associations. The list of attendees is at **Attachment A**.

A pre-reading pack was developed and sent to participants and is at **Attachment B**.

The forum was facilitated by Dr Jo Burnand, Acting Medical Director, Health Education and Training Institute (HETI), and the agenda is at **Attachment C**.

The forum was opened with a Welcome to Country, by Uncle Colin Locke, a proud Dharug man and Elder. Following the welcome, Dr Robyn Lawrence (Deputy Chair, HWT and Chief Executive, Department for

Health and Wellbeing SA), Mr Philip Pigou (CEO, AMC), and Dr Sanjay Jeganathan (Chair, Council of Presidents of Medical Colleges (CPMC)) made opening remarks.

The three speakers noted the importance of accreditation in facilitating high quality specialist medical training. The complex relationship between colleges, health departments and health services were noted. Particular issues that may be the subject of complaints and concerns were enumerated, including bullying, harassment, racism and discrimination, with all speakers emphasising that these behaviours are not acceptable in the context of specialist training.

The speakers also noted the importance of establishing clarity about how concerns and complaints at an accredited specialist medical training site should be assessed and managed, including clarity regarding each stakeholder’s roles and responsibilities.

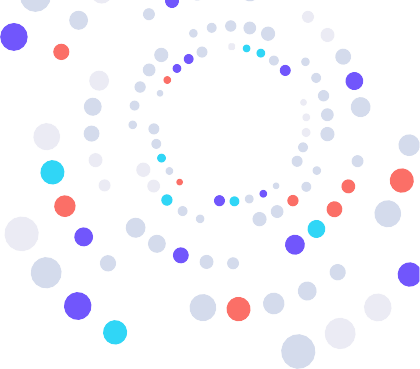
In the first session Dr Burnand interviewed Dr Hash Abdeen, a Medical Administration Trainee with the Royal Australasian College of Medical Administrators. Dr Abdeen provided a trainee perspective about College accreditation, noting that the environment is complex, can be difficult for trainees (and supervisors) to navigate, and that trainees generally do not have

a full awareness of the accreditation process. The supervisor or director of training is often perceived as the main contact point that a trainee has with the College. Due to the complex environment, Dr Abdeen suggested that a trainee will look to take the route that they may be most comfortable with if they have a complaint or a concern to escalate, and that raising a concern through accreditation provides the trainee with some level of protection via anonymity. He noted that regardless of the route of escalation, it takes courage to make a complaint and that bullying, discrimination, harassment and racism greatly impacts training and patient care. Overall, trainees want to be listened to and have their concerns truly acknowledged, whilst ultimately being part of the solutions moving forward.

Following this interview, Ms Kristy Edser (Managing Partner – Sydney Office, Minter Ellison) and Mr Albert Khouri (Senior Associate, Minter Ellison) provided a presentation on key aspects of the Work Health and Safety laws in Australia. The presentation explored the work health and safety duties of colleges and health services, noting that both parties are concurrent duty holders and must:

* consult with each other.
* co-operate with one another in the discharge of their duties; and
* co-ordinate activities with each other and any others who have a duty in relation to the same matter (i.e. the health and safety of trainees).

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Summary of proceedings (cont’d)

The following session involved a panel discussion facilitated by Dr Jo Burnand. Panel members, Dr Sanjay Hettige (Radiology Trainee and Chair, AMA Council of Doctors in Training), Professor Inam Haq (Executive General Manager, Education, Learning and Assessment, Royal Australasian College of Physicians), Mr Olly Jones (Interim CEO, Australasian College for Emergency Medicine), Dr Justine Harris (Chief Medical Workforce Advisor, NSW Ministry of Health), and Ms Kristy Edser (Minter Ellison) explored an evolving hypothetical situation of a trainee at risk

identified during an accreditation site visit by a college accreditation team. The panel offered different stakeholder perspectives in responding to the situation presented including ensuring the trainee’s safety and addressing the underlying issues of

concern. The panel concluded that consultation, prioritisation and partnerships were important when developing processes around accreditation.

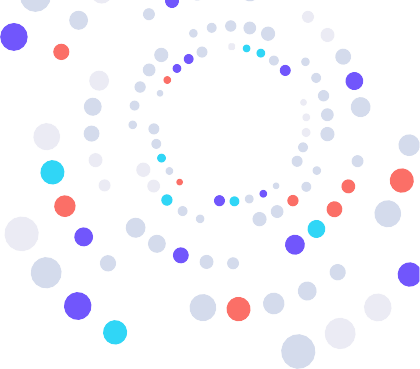
After lunch, participants were allocated to tables to ensure a mix of college, health service, trainee and jurisdictional representatives. Each table was asked to respond to a number of prompt questions designed to facilitate discussion to inform development of a framework **Attachment D**. Participants were asked to consider barriers to achieving effective consultation, how these barriers can be overcome, how stakeholders can effectively cooperate with each other to support the accreditation process, and how grievances and complaints should be managed.

Outcomes from this session were collated and key themes were identified.

**Consultation- tablework summary**

|  |  |
| --- | --- |
| **Consultation – barriers** | **Consultation – possible enablers** |
| * Lack of consultative mechanisms outside of accreditation * Unclear roles of individual (i.e. wearing college hat or health service hat?) when they are consulting with each other * Information held at hospital department level and not provided to DMS/executive where consultation with colleges could be facilitated * Multiple colleges with multiple specialty and sub- specialty mechanisms makes consultation by sites/health services difficult and time consuming * Some colleges accredit many sites – cannot consult with them all, particularly sites like GP clinics. Consultation at site level difficult. * Time and resource constraints, particularly for smaller colleges * Often meetings are arranged, and people do not attend because: they are too busy; the agenda is too general; there are no outcomes. Meetings need to be issue/action focussed * Lack of harmonisation of meetings and too many meetings. * Bi-national nature of colleges is an important factor and there is a need to also know Aotearoa NZ – legislation requirements * Role of Ahpra/MBA in complaints about behaviour is unclear | * Agreed processes for how consultation takes place * Joint meetings, but level of these would have to be targeted as would subject matter for discussion – perhaps use CPMC as a mechanism? * Forums may be useful but may just be a “talkfest”. Also hard at forums to discuss all settings – this forum focussed on hospitals and GP training left out * Agreements/MOUs/training site agreements that set out those matters between colleges and sites which are currently just custom and practice. These could clarify roles, set out expectations, set out communication mechanisms, identify relevant officers for contact, resourcing of complaints management. * Clear understanding of what information about complaints can be shared * Clear understanding of legal obligations of all the parties * Data sharing |

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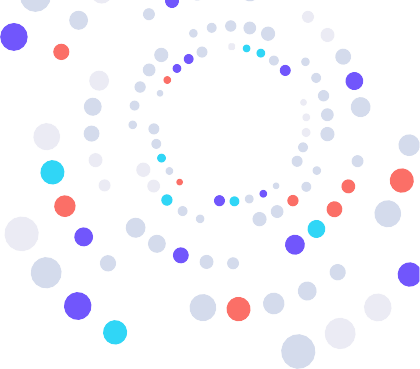


Summary of proceedings (cont’d)

**Complaints and Concerns – tablework summary**

|  |  |
| --- | --- |
| **Classifying complaints** | |
| * Common risk ratings may assist * Clarity on who is empowered to investigate what and classify on that basis. * Framework needs to be clear on roles of other authorities – Ahpra, MBA, Police, other complaints handling bodies (anti-discrimination, human rights etc) * Urgent/not urgent * Complaints where other parties need to be informed, or should not be informed * Complaints related to systemic vs individual matters * Complaints that can be dealt with at site level vs those that require escalation * Acute incidents vs long standing matters * Subject matter – clinical performance/quality of training/behaviour | |
| **Investigation of complaints – barriers** | **Investigation of complaints –possible enablers** |
| * Sharing of information/data is an issue. Unclear as to who can tell who, and in what circumstances * Sharing of information by colleges on training progress reports – makes it hard for sites to identify trainees   in difficulty   * Lack of clarity about what privacy laws allow. Parties cannot resolve problems they do not know about * Lack of transparency about outcomes of complaints. Trainees may not see action taken because of privacy reasons, so they think no action has been taken even if it has. Leads to lack of confidence * Colleges and sites cannot see what each party is doing in relation to complaints, or the complaints they   have received   * Resources – investigating complaints is time and resource consuming * Lack of college powers to investigate and lack of college control over workplaces to effect the changes required * Hard to manage complaints where only one trainee at the site * Difficulties where site and college disagree on how a complaint should handled | * Clarity on what can and cannot be shared. Safe, legally sound ways to share information identified * Better overall data on complaints (non-identified) * Common understanding about a risk matrix to be used * Shared investigation protocol, which includes guidance on what can be disclosed, how to decide who investigates what aspect of a complaint, joint investigations where appropriate and safely managing the complainant |

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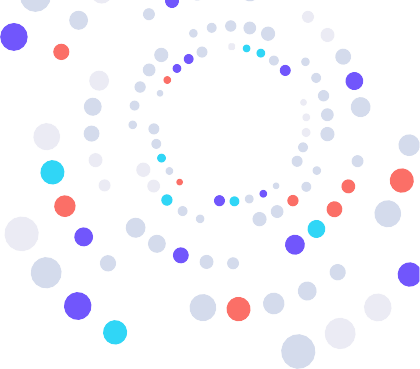


Summary of proceedings (cont’d)

**Complaints and Concerns – tablework summary (Cont’d)**

|  |
| --- |
| **Risk of serious harm to trainees** |
| * Often arises during accreditation – common protocol on what to do in these situations would assist * Manage this situation separately, recognise that withdrawal of trainee may not be the only option or permanent option * Clarity for all parties about what information can be shared with each other when there is an immediate risk of harm * Training for accreditors in how to deal with a situation where trainee is at risk (trauma informed approach) |
| **Anonymous complaints** |
| * Need to remove barriers to the fear that prevents trainees making complaints in the first place * Provide mechanisms where trainees can be engaged in a safe way even if they do not make a complaint * Provide more information to trainees about what can be expected when complaints are confidential/anonymous * Training for those receiving complaints about how to deal with confidential/anonymous complaints (what can and cannot be shared, what to tell the trainee, other mechanisms to support the trainee) * Consideration of collecting data other than through identified complaints. (e.g. a complaints app, a common trainee survey). Allows for identification of “hot spots” or common themes across time at a site * Shared resources to support trainees in distress |
| **Complaints about supervisors** |
| * Introduce 360-degree feedback for supervisors * Determine whether colleges and sites can share information about supervisor complaints * Is within college’s powers to investigate supervisor if complaint is about supervisory issues * Development of college mechanisms to approve, monitor, and remove supervisors where needed |
| **Prevention of issues leading to complaints** |
| * Need to take a systems approach to improving behaviour and culture * Systemic issues vs local issues need to be identified * Sharing data to see what complaints are common across sites/colleges etc so can be addressed by targeted action. Data dashboards could identify common issues, hot spots and allow for cyclical continuous feedback * Other models for improving culture and behaviour: Vanderbilt – coffee chat – peer to peer * Compulsory training for supervisors, fellows, trainees on behaviour etc. * Joint management plans to classify and manage risk when identified * More education for all parties on WHS legal obligations * Shared supervisor training/skills mix development – standard induction packages * Better training in medicine overall on leadership, managing difficult conversations, culture – this is a gap * Aligned codes of conduct between colleges, and between colleges and sites * Change model where a trainee is dependant on a single person to sign off on aspects of training |

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Summary of proceedings (cont’d)

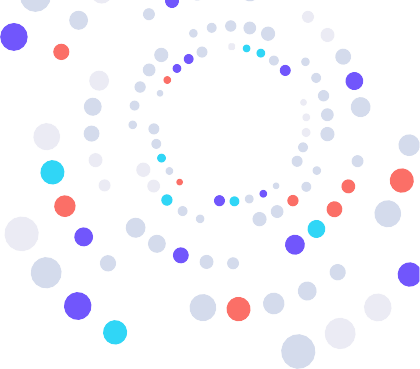
**Cross cutting themes**

1. **Privacy**: Seen as a major barrier to sharing information and effectively managing complaints. Need to understand law better so appropriate information sharing can occur in a legally safe way.
2. **Data sharing**: Need to collect better data – common data across sites and colleges. Identify hot spots, biggest issues, trends – to better target solutions.
3. **Resourcing**: Smaller colleges do not have resources to develop all the necessary tools themselves, and even larger colleges may be financially challenged. Need to develop a range of shared resources: policies, procedures, training packages, communication, and mediators. Removing duplication between colleges, through common policies, procedures and training packages will help to ease this burden.
4. **Role for an independent third party**: Some comments were received regarding whether an independent third party would be of use to resolve, or mediate disagreements between colleges and sites that arise from accreditation, noting existing roles of National Health Practitioner Ombudsman in receiving complaints about accreditation.

**Suggestions to further improve the accreditation process**

* Increased accreditation literacy – so all parties understand what accreditation is, its purpose, and how to conduct it independently
* Improve independence of decision making
* Build shared approaches across colleges to monitoring
* Sharing best practice amongst colleges
* Co-ordinate timing of accreditation to reduce burden on sites that face multiple accreditations
* Possibility of colleges undertaking “common accreditation” of some matters, building on the model being developed by some colleges e.g. a site could be accredited once for certain things, and this could be used for all colleges.
* A toolkit of responses that can be employed before withdrawal of accreditation
* Shared training/training resources for accreditation teams
* Trauma training for accreditation teams
* Role for CPMC/AMC in developing resources, being the independent arbiter, undertaking generic parts of accreditation
* Common conflict of interest policies and management for those involved
* Multi-disciplinary approaches

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Next steps

The Australian Medical Council will develop a draft framework for further consultation with all

stakeholders including trainees, and representatives from health departments, health services and colleges.

For any further queries regarding the event, or planned next steps, please contact the HWT Secretariat via [HWTSecretariat@health.nsw.gov.au](mailto:HWTSecretariat@health.nsw.gov.au) or the AMC project team via amc-nhpo-project@ millerbluegroup.com.au.

**Attachment A: Forum Attendee List Attachment B: Forum Pre-reading pack Attachment C: Forum Agenda**

**Attachment D: Forum table questions from afternoon session**



1 Reserve Road

St Leonards NSW 2065

Office hours:

Monday to Friday 9.00am — 5.00pm

E: [HWTSecretariat@health.nsw.gov.au](mailto:HWTSecretariat@health.nsw.gov.au)

W: <https://www.health.gov.au/committees-and-groups/health-workforce-taskforce-hwt> SHPN (WPTD) 240854



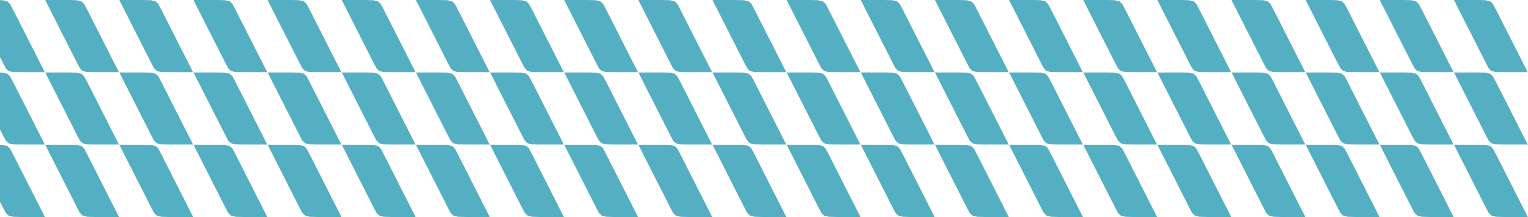


### **Health Workforce Taskforce and Australian Medical Council**

Attachments



**Joint Forum August 2024**



**Attachment A**

Health Workforce Taskforce

Joint Forum

***Consult, cooperate, coordinate:*** *Managing concerns and complaints about specialist medical training sites*

## Attendee List

|  |  |
| --- | --- |
| **Name** | **Organisation** |
| Dr Hash Abdeen | AMA Council of Doctors in Training/Australian Medical Council |
| Dr Nathan Abraham | Australian Salaried Medical Officers'  Federation |
| Associate Professor Stephen Adelstein | Medical Board of Australia |
| Associate Professor Katrina Anderson | Jurisdictional Representative, ACT |
| Dr David Andrews | Royal College of Pathologists of Australasia |
| Ms Briana Baass | Jurisdictional Representative, VIC |
| Mr Iain Bailey | Australian Salaried Medical Officers' Federation |
| Ms Victoria Baker-Smith | Royal Australian and New Zealand College of  Ophthalmologists |
| Ms Natalie Bekis | Commonwealth |
| Ms Linda Belardi | Jurisdictional Representative, NSW |
| Dr Robert Bell | Jurisdictional Representative, TAS |
| Dr Haley Bennett | Australasian College of Dermatologists |
| Mr Scott Bennett | Jurisdictional Representative, VIC |
| Ms Desiree Blackett | Jurisdictional Representative, NSW |
| Dr William Blake | Australian Medical Association |
| Dr Claire Blizard | Royal Australasian College of Medical  Administrators |
| Mr Scott Boehm | Jurisdictional Representative, SA |
| Mr Mark Braybrook | Australian Health Practitioner Regulation Agency |
| Dr Geoff Brieger | Medical Council of NSW |
| Ms Isabel Broderick | Australian College of Rural and Remote Medicine |
| Dr Jeff Brown | Te Whatu Ora - Health New Zealand |
| Dr Jo Burnand | Forum Facilitator |
| Mr Mark Carmichael | Royal Australian and New Zealand College of  Ophthalmologists |
| Mr Mike Carpenter | Australian Health Practitioner Regulation  Agency |
| Mr Marco Chan | Health Workforce Taskforce |
| Dr Steevie Chan | Jurisdictional Representative, NSW |

|  |  |
| --- | --- |
| Dr Hwee Sin Chong | Jurisdictional Representative, QLD |
| Ms Jennifer Chowdhury | Australasian College of Dermatologists |
| Ms Stephanie Clota | Royal Australasian College of Surgeons |
| Ms Margaret Banks | Australian Commission on Safety and Quality in Health Care |
| Mr Andrew Conrad | Jurisdictional Representative, TAS |
| Mrs Jane Conway | Royal College of Pathologists of Australasia |
| Dr Georga Cooke | Jurisdictional Representative, QLD |
| Ms Marita Cowie | Australian College of Rural and Remote Medicine |
| Ms Helen Cox | Miller Blue Group |
| Ms Megan Crawford | Jurisdictional Representative, QLD |
| Dr Michael Cusack | Jurisdictional Representative, SA |
| Dr Sarah Dalton | Jurisdictional Representative, NSW |
| Ms Komal Daredia | A Better Culture |
| Ms Hannah Denney | Royal Australasian College of Physicians |
| Ms Melinda Donevski | Australian Medical Council |
| Mr Mike Dunne | Jurisdictional Representative, NSW |
| Ms Kristy Edser | Minter Ellison |
| Dr Wafa El-Adhami | Advancing Women in Healthcare Leadership |
| Dr Jillann Farmer | A Better Culture |
| Mr Steffen Faurby | Royal Australasian College of Physicians |
| Mr Nigel Fidgeon | Australian and New Zealand College of Anaesthetists |
| Associate Professor Kerin Fielding | Royal Australasian College of Surgeons |
| Mr Duane Findley | Royal Australian and New Zealand College of Radiologists |
| Ms Judy Finn | A Better Culture |
| Mr Robin Flynn | Health Workforce Taskforce |
| Mr Steven Fok | Jurisdictional Representative, VIC |
| Ms Deborah Frew | Miller Blue Group |
| Ms Genevieve Frisby | Jurisdictional Representative, VIC |
| Ms Amy Fulham | Commonwealth |
| Ms Belinda Gibb | Australian Medical Council |
| Dr Gillian Gibson | Royal Australian and New Zealand College of Obstetricians and Gynaecologists |
| Dr Stephen Gourley | Australasian College for Emergency Medicine |
| Dr Brendan Grabau | Royal Australian and New Zealand College of  Radiologists |
| Ms Sally Gyzen | Royal Australasian College of Dental Surgeons |
| Associate Professor Daniel Halliday | Australian College of Rural and Remote Medicine |
| Professor Inam Haq | Royal Australasian College of Physicians |

Attendee List – Joint Forum, *Consult, cooperate, coordinate: Managing concerns and complaints about accredited specialist medical training sites*2

|  |  |
| --- | --- |
| Ms Sarah Harper | Australian Health Practitioner Regulation Agency |
| Dr Justine Harris | Jurisdictional Representative, NSW |
| Ms Alice Henderson | National Health Practitioner Ombudsman |
| Dr Sanjay Hettige | AMA Council of Doctors in Training |
| Dr Belinda Hibble | Australasian College for Emergency Medicine |
| Dr Nicole Higgins | Royal Australian College of General Practitioners |
| Dr Kim Hill | Jurisdictional Representative, NSW |
| Ms Jen Holmes | Jurisdictional Representative, VIC |
| Mr Warwick Hough | Australian Medical Association |
| Ms Phuong Huynh | Health Workforce Taskforce |
| Dr Sarah Hyde | Royal Australasian College of Physicians |
| Associate Professor Sanjay Jeganathan | Council of Presidents of Medical Colleges |
| Dr Antony Ji | Australian Salaried Medical Officers' Federation |
| Dr Jodi Johnson-Glading | Jurisdictional Representative, ACT |
| Mr Olly Jones | Australasian College for Emergency Medicine |
| Professor Alison Jones | Australian Medical Council |
| Dr Viney Joshi | Jurisdictional Representative, TAS |
| Mrs Anna Kaider | Australasian College for Emergency Medicine |
| Ms Callie Kalimniou | Royal Australian and New Zealand College of Psychiatrists |
| Associate Professor Kudzai Kanhutu | Royal Australasian College of Physicians |
| Ms Ally Keane | Royal Australasian College of Surgeons |
| Ms Stephanie Kelly | Health Workforce Taskforce |
| Dr Santosh Khanal | Royal Australian and New Zealand College of Ophthalmologists |
| Mr Albert Khouri | Minter Ellison |
| Dr Tammy Kimpton | Australian Medical Council |
| Dr Brian Kirkby | Royal Australasian College of Surgeons |
| Dr David Ladyman | Jurisdictional Representative, TAS |
| Dr Robyn Lawrence | Health Workforce Taskforce |
| Dr Adriene Lee | Australasian College of Dermatologists |
| Associate Professor Trishe Leong | Royal College of Pathologists of Australasia |
| Ms Anna Lyubomirsky | Royal Australian and New Zealand College of Psychiatrists |
| Dr Linda MacPherson | Health Workforce Taskforce |
| Dr Sana Mahmud | Jurisdictional Representative, TAS |
| Professor Jennifer Martin | Royal Australasian College of Physicians |
| Mr Cris Massis | Royal Australasian College of Medical Administrators |
| Ms Stephanie May | Australian Indigenous Doctors' Association |
| Mr Taylor McBeath | Australasian College for Emergency Medicine |

Attendee List – Joint Forum, *Consult, cooperate, coordinate: Managing concerns and complaints about accredited specialist medical training sites*3

|  |  |
| --- | --- |
| Ms Maureen McCarty | Commonwealth |
| Ms Richelle McCausland | National Health Practitioner Ombudsman |
| Professor Geoff McColl | Australian Medical Council |
| Ms Sharon McGowan | Royal Australian and New Zealand College of Psychiatrists |
| Ms Olivia McLean | College of Intensive Care Medicine of  Australia and New Zealand |
| Dr Roderick McRae | Australian Salaried Medical Officers' Federation |
| Professor Imogen Mitchell | Jurisdictional Representative, ACT |
| Dr Elizabeth Moore | Royal Australian and New Zealand College of Psychiatrists |
| Dr Vanessa Moran | Royal Australian College of General  Practitioners |
| Dr Tom Morrison | Australian Salaried Medical Officers' Federation |
| Associate Professor Priya Nair | College of Intensive Care Medicine of  Australia and New Zealand |
| Dr Thembi Ncube | Jurisdictional Representative, ACT |
| Dr Karen Nicholls | Royal Australian College of General Practitioners |
| Ms Isabella Noblet | College of Intensive Care Medicine of  Australia and New Zealand |
| Dr Bec Nogajski | Jurisdictional Representative, NSW |
| Ms Madeleine Novak | Australian Medical Council |
| Dr Susan O’Dwyer | Medical Board of Australia |
| Dr Joseph Occhino | Jurisdictional Representative, QLD |
| Associate Professor Daniel Owens | Royal College of Pathologists of Australasia |
| Ms Deborah Paltridge | Royal Australasian College of Surgeons |
| Mr Brendan Peek | Royal Australasian College of Dental Surgeons |
| Ms Tracy Pemberton | Miller Blue Group |
| Mr Philip Pigou | Australian Medical Council |
| Dr Keith Potent | AMA Council of Doctors in Training |
| Ms Bettina Poxleitner | Royal Australian and New Zealand College of Obstetricians and Gynaecologists |
| Dr Jenny Proimos | Advancing Women in Healthcare Leadership |
| Associate Professor Michael Rasmussen | Royal Australian and New Zealand College of Obstetricians and Gynaecologists |
| Ms Hannah Rillstone | Health Workforce Taskforce |
| Dr Antony Sara | Australian Salaried Medical Officers' Federation |
| Ms Isabelle Schroeder | Australasian College of Sport and Exercise  Physicians |
| Ms Maite Serra | Australasian College of Dermatologists |
| Ms Juliana Simon | Australian Medical Council |

Attendee List – Joint Forum, *Consult, cooperate, coordinate: Managing concerns and complaints about accredited specialist medical training sites*4

|  |  |
| --- | --- |
| Professor John Slavotinek | Royal Australian and New Zealand College of Radiologists |
| Professor David Story | Australian and New Zealand College of  Anaesthetists |
| Ms Mary-Janes Streeton | Australian College of Rural and Remote Medicine |
| Mrs Shayne Sutton | Royal Australian College of General  Practitioners |
| Dr Simon Towler | Jurisdictional Representative, WA |
| Mrs Georgina van de Water | Royal Australian College of General Practitioners |
| Dr Helen Van Gessel | Jurisdictional Representative, WA |
| Dr Curtis Walker | Medical Council of New Zealand |
| Ms Sharne Westblade | Australian and New Zealand College of Anaesthetists |
| Ms Kirsty White | Australian Medical Council |
| Mr Stephen White | Royal Australian and New Zealand College of Obstetricians and Gynaecologists |
| Dr Fiona Wilkes | Australian Salaried Medical Officers'  Federation |
| Associate Professor Andrew Wilson | Jurisdictional Representative, VIC |
| Dr Mark Young | Australian and New Zealand College of Anaesthetists |
| Mr Peter Young | Health Workforce Taskforce |
| Ms Amy Young | Royal Australian and New Zealand College of Radiologists |

Attendee List – Joint Forum, *Consult, cooperate, coordinate: Managing concerns and complaints about accredited specialist medical training sites*5

**Attachment B**



Consult, cooperate, coordinate: Managing concerns and complaints about accredited specialist medical training sites

**Background reading**

Pullman Sydney Hyde Park, 36 College Street, Sydney

Thursday 15 August 2024

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# Background

Thank you for registering for this important forum, which is co-hosted by the Australian Medical Council (AMC), and the Health Workforce Taskforce (HWT) which is made up of Australian State, Territory and Commonwealth health department representa�ves.

The forum is part of the work being undertaken by the AMC and specialist medical colleges to implement the recommenda�ons of the Na�onal Health Prac��oner Ombudsman (NHPO) in her report: *Processes for progress, Part one: A roadmap for greater transparency and accountability in specialist medical training site accreditation, October 2023*.

Recommenda�on 13 of that report is as follows:

*The AMC should work with colleges and other relevant stakeholders to develop a framework for managing concerns about accredited specialist medical training sites.*

1. *The framework should clarify how concerns related to bullying, harassment, racism and discrimination at an accredited specialist medical training site should be assessed and managed based on agreed and articulated roles and responsibilities.*
2. *The framework should also clarify how concerns about health practitioner performance or misconduct at an accredited specialist medical training site should be assessed and managed, including relevant referral and escalation pathways.*
3. *Once developed, the framework should be made publicly available and implemented with appropriate staﬀ training.*

The aim of the forum is to explore how colleges and health services can work together to develop a framework for dealing with concerns and complaints, as recommended by the NHPO. The forum aims to include the trainee voice in developing the framework.

Many concerns and complaints that arise in accredited training sites relate to maters relevant to colleges’ and health services’ du�es under work health and safety (WHS) laws, including maters such as bullying, harassment, discrimina�on and racism at training sites, as well as other physical and psychosocial risks.

Maters related to professional conduct, health or performance can also arise at training sites. These may be no�ﬁable maters under the Health Prac��oner Regula�on Na�onal Law for which referral to Ahpra and the relevant Na�onal Board (or State co-regulator) is appropriate. Some�mes mandatory no�ﬁca�on is required. There are well ar�culated frameworks for dealing with such maters that have been developed by Ahpra and the Na�onal Boards, as well as health services. This work will not be replicated at the forum.

However, some concerns about professional conduct also relate to work health and safety maters. It is envisaged that the framework will be broad enough to also deal with these kinds of complaints and concerns.

Bac kg roun d Rea di ng — Con su lt , co op erat e, c oo rd in ate: M anag i ng co nc er ns and com p l a int s a bo ut ac c re dit ed

spe ci a l i st m ed ica l t ra in ing s i tes 2

# The objec�ves of the forum

Health services and colleges both owe du�es to trainee doctors under WHS laws. As part of these, health services and colleges have an obliga�on to consult, cooperate and coordinate ac�vi�es (see below). This provides a basis for moving forward in developing the framework recommended by the NHPO. The aim of the forum is for colleges, health services and trainees to:

* gain a greater understanding of their du�es, and of the posi�on of each stakeholder;
* iden�fy current obstacles to dealing eﬀec�vely with complaints and concerns; and
* iden�fy elements of a framework that will, as far as prac�cable, remove those obstacles and open a path for eﬀec�ve resolu�on of maters.

# Principles for the forum

All par�cipants at the forum are asked to respec�ully work together in mee�ng the forum’s objec�ves. This will involve:

* discussing concerns and iden�fying opposing points of view in a respec�ul way;
* recognising that all par�es’ concerns are valid; and
* respec�ng that all par�es are atending the forum in good faith to iden�fy a way forward.

# Work Health and Safety (WHS) laws in Australia

Important notes:

In this reading material, the term “health services” has been used to refer to the legal en��es that administer training sites, posts, and facili�es that are part of accredited training networks and programs. This is for convenience only. It is recognised that there are a variety of accredited en��es, including public and private hospitals, other public and private health services, GP clinics, community health services, Aboriginal and/or Torres Strait Islander health services, and non-health organisa�ons that employ/engage trainees. The term “health service” includes all these en��es, even though they will diﬀer in size, governance structure and services provided.

This reading material is intended for general informa�on. It is based on advice but does not cons�tute legal advice, and forum par�cipants are advised not to rely on this document in subs�tu�on for legal advice. The circumstances of every training site and situa�on will be diﬀerent. This background is intended only for the purposes of providing a basis for the development of a framework.

The informa�on below is based on Australian work health and safety laws. It is recognised that many colleges are bi-na�onal and may wish to have consistent processes that apply across Australia and Aotearoa New Zealand. The AMC will work separately with bi-na�onal colleges, Manatū Hauora I Ministry of Health New Zealand, Te Whatu Ora I Health New Zealand and Te Kaunihera Rata O Aotearoa I Medical Council of New Zealand to consider the applicability of any framework to accredited sites in Aotearoa New Zealand.

Bac kg roun d Rea di ng — Co ns ul t , c oop erate, co ordi nat e: Manag ing c onc e rns an d c om pla int s a bo ut ac c re dit ed

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# Introduc�on

There has been much discussion about the respec�ve roles of colleges and health services in rela�on to maters that arise in accredited training loca�ons, in par�cular, the ques�on of whether colleges have WHS du�es in respect of such maters, and the extent of those du�es. The following provides some guidance for the purposes of the forum.

# Colleges have du�es under WHS laws

WHS laws 1 set out du�es that apply to “persons conduc�ng a business or undertaking (PCBUs)”, workers, oﬃcers, and other persons.

The forum will explore the concept of colleges as PCBUs, because of their role in conduc�ng a business or undertaking which involves facilita�ng the provision of specialist medical training programs which lead to specialist medical registra�on pursuant to the Health Prac��oner Regula�on Na�onal Law. This includes the colleges’ role in: accep�ng applicants into the training program; designing the program’s curriculum and assessment mechanisms; accredi�ng health services on an ongoing basis to provide workplace-based training pursuant to the colleges' accredita�on standards; and in some cases, se�ng requirements for the supervisors of trainees engaged in workplace-based training.

The forum will explore the posi�on of trainees being “other persons” (to be dis�nguished from “workers”) in rela�on to colleges, under WHS laws, and that colleges therefore have relevant du�es in respect of trainees under WHS laws.

The main du�es of colleges include:

* **the primary duty of care**: the overarching duty on a PCBU to ensure, so far as is reasonably prac�cable, the health and safety of **other persons** is not put at risk from work carried out as part of the conduct of the PCBU's business or undertaking;
* a duty to **manage psychosocial risks** and implement control measures; and
* a duty to **consult, cooperate and coordinate** ac�vi�es with all other persons who have a duty in rela�on to the same mater.

Given the complex and varied interplay between colleges, trainees enrolled in specialist medical programs, the senior medical oﬃcers supervising those trainees, the staﬀ/college fellows administering the training program at the health service, and the accredited health service itself, the extent of the colleges’ WHS du�es will very much depend on the facts applicable in each scenario and may diﬀer from one college to another. Relevant factors may include:

* the circumstances of the par�cular trainee placement (such as the applica�on process for entry into the specialist medical program, the college’s involvement in recruitment/placement processes in the health services); and

1 WHS laws includes the relevant work health and safety laws and regulations in place in each of the jurisdictions. WHS laws in each State/Territory except for Victoria are based on a national 'model' law, and vary slightly in each jurisdiction. Victorian 'OHS' laws are very similar to the model WHS laws. The general concept of WHS duties, and the likely scope and extent of those duties, is effectively the same under each State/Territory's legislation.

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* the input, inﬂuence and control a college has on the environment in which trainees perform their work (for example, any input into the selec�on and qualiﬁca�on of supervisors, directors of training and other similar posi�ons).

In general, colleges will be required to do what is “reasonably prac�cable” to eliminate or minimise WHS risks. Some of the relevant factors in determining what is reasonably prac�cable may include:

* the circumstances in which speciﬁc safety risks arise (i.e. is it a physical risk to safety from equipment or environment failures, or a risk to psychological health from work-related stressors or inappropriate workplace behaviour);
* what the colleges knew or ought to have known about the risks that were present in the workplace, the likelihood of their occurrence, the harm that might result from the risk;
* the means available to the colleges to eliminate or mi�gate the risk;
* whether the cost of minimising or elimina�ng the risk is grossly dispropor�onate to the risk; and
* the extent to which the risk is being minimised or eliminated by other duty holders (see below). Neither of the above lists are exhaus�ve.

# Colleges and health services are concurrent duty holders under WHS Laws

Health services also owe a duty to trainees under WHS laws. Where a health service employs trainees, the duty will be owed to the trainee as a “worker” within the meaning of WHS laws. Otherwise, the duty will be as the person with management or control of a workplace, or owed to the trainees as "other persons".

The WHS laws recognise that in any scenario there may be more than one party who owes a WHS duty. These par�es are referred to as “concurrent duty holders”. The forum will explore the posi�on of colleges and health services as concurrent duty holders.

Concurrent duty holders have a separate and speciﬁc duty under WHS laws to:

* consult with each other;
* cooperate with one another in the discharge of their du�es; and
* coordinate ac�vi�es with each other and any others who have a duty in rela�on to the same mater (i.e. the health and safety of trainees).

# Consult, cooperate and coordinate ac�vi�es

Safe Work Australia (the peak regulator for WHS in Australia) has published a [Code of Prac�ce](https://www.safeworkaustralia.gov.au/sites/default/files/2022-09/model%20Code%20of%20Practice%20-%20WHS%20consultation%2C%20cooperation%20and%20coordination%20-%20February%202022%20UD_0.PDF) explaining the obliga�ons to consult, cooperate and coordinate ac�vi�es. This or a similar code of prac�ce has been adopted by WHS regulators in most states and territories.

The Code of Prac�ce states that concurrent duty holders must consult, cooperate and coordinate ac�vi�es to the extent that this is reasonably prac�cable. What is reasonably prac�cable will depend on an objec�ve considera�on of the circumstances.

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Consulta�on, coopera�on and coordina�on of ac�vi�es should commence when duty holders become aware that they are or will be involved in the relevant work. Coopera�on and coordina�on with other duty holders should be an ongoing process throughout the �me in which they are involved in the same work and share the same duty.

The objec�ve of consulta�on is to ensure duty holders have a shared understanding of what the risks are, who is aﬀected and how risks will be controlled.

Coopera�on may involve implemen�ng agreed arrangements reached during consulta�on. It also means that a duty holder should not obstruct another duty holder who wishes to consult with them. Duty holders should also respond to reasonable requests from other duty holders to assist them in mee�ng their duty.

Coordina�ng ac�vi�es requires duty holders to work together so each person can meet their duty of care eﬀec�vely.

# A way forward with a framework

It is considered that the du�es to consult, cooperate and coordinate ac�vi�es provide a sound basis for a framework for resolving concerns and complaints that arise regarding accredited sites, posts, programs and networks. Forum par�cipants will be invited to apply these principles in considering the main elements of such a framework.

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**Attachment C**

Joint Forum

**Consult, cooperate, coordinate:** Managing concerns and complaints about accredited specialist medical training sites

#### Pullman Sydney Hyde Park, 36 College Street, Sydney Thursday 15 August 2024

10.00 am – 4.00 pm

#### Facilitator: Dr Jo Burnand

Program

9.30 am Registration

Tea and coffee on arrival

10.00 am Welcome to Country Uncle Colin Locke

10.10 am Introductory remarks

Dr Robyn Lawrence, Deputy Chair, Health Workforce Taskforce (HWT); Chief Executive, Department for Health and Wellbeing, SA

Mr Philip Pigou, CEO, Australian Medical Council (AMC)

Dr Sanjay Jeganathan, Chair, Council of Presidents of Medical Colleges (CPMC)

10.20 am The trainee perspective

Interview: Dr Hashim Abdeen, Medical Administration Trainee

10.35 am Work Health and Safety

Presentation: Ms Kristy Edser, Managing Partner, Minter Ellison

11.15 am Morning Tea Break

11.30 am Exploring challenges and perspectives through a hypothetical

*Facilitated panel discussion with audience reflections*

Dr Sanjay Hettige, Radiology Trainee; Chair, AMA Council of Doctors in Training

Professor Inam Haq, Executive General Manager, Education, Learning and Assessment, Royal Australasian College of Physicians (RACP)

Mr Olly Jones, Interim CEO, Australasian College for Emergency Medicine (ACEM) Dr Justine Harris, Chief Medical Workforce Advisor, NSW Ministry of Health

Ms Kristy Edser, Managing Partner, Minter Ellison

1.00 pm – 1.45 pm Lunch Break

1.45 pm Developing a framework

Outline of the task: Dr Linda MacPherson, on behalf of HWT; Ms Deborah Frew on behalf of the AMC Workshop session 1: Consultation, cooperation, coordination

How do we do it? What should it cover? What is the result?

2.40 pm Short break

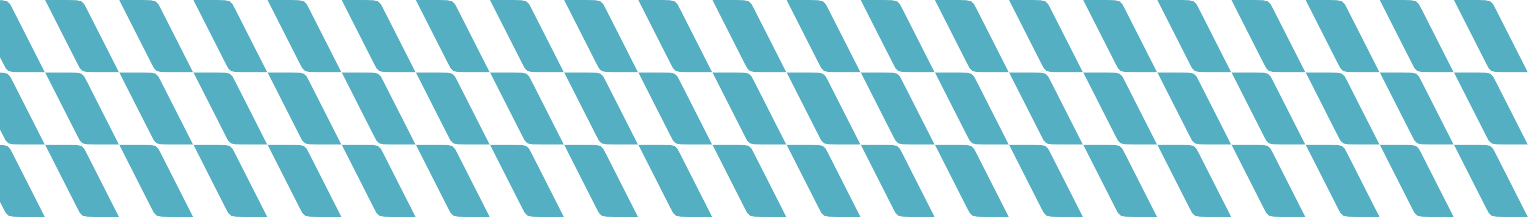
2.50 pm Developing a framework (cont’d)

Workshop session 2: Concerns and complaints

Assessment and classification, managing risks of immediate harm, referral, notification, investigations

3.50 pm Next steps and closing remarks Mr Philip Pigou, CEO, AMC

Health Workforce Taskforce



**Attachment D**

Health Workforce Taskforce

Joint Forum

***Consult, cooperate, coordinate:*** *Managing concerns and complaints about specialist medical training sites*

## Table Questions

#### SESSION ONE: CONSULT, COOPERATE, COORDINATE TO ELIMINATE / MINIMISE HARM

PART A – Consultation

*“Consultation is to ensure duty holders have a shared understanding of what the risks are, who is affected and how the risks will be controlled.”*

1. What are the barriers or challenges to achieving effective consultation? (hold the above statement in mind). Consider the list below.
   * *Ideas/prompts*
     + Time and resource constraints
     + Large number of sites/colleges/sub-specialties
     + Lack of established consultation mechanisms
2. How might jurisdictions and colleges overcome/accommodate these barriers and consult with each other meaningfully? Review the list of ideas/prompts below. Are there any that particularly resonate? Any that should be added? Any that you disagree with? Discuss your rationale.
   * *Ideas/prompts*
     + Regular meetings between colleges and jurisdictions to identify and explore issues
     + Sharing of complaint data between colleges and jurisdictions
     + Focussed joint college/jurisdiction working groups on particular issues
3. How might colleges and sites overcome/accommodate these barriers and consult with each other meaningfully? Review the ideas/prompts below. Are there any that particularly resonate? Any that should be added? Any that you disagree with? Discuss your rationale.
   * *Ideas/prompts*
     + Consultation between sites and colleges pre accreditation visits (consider what issues should be covered in consultation)
     + Consultation between sites and colleges post accreditation visits (consider what issues should be covered in consultation)

PART B – Cooperation and Coordination

*“Cooperation involves implementing agreed arrangements reached during consultation. Coordinating activities requires duty holders to work together so each person can meet their duty of care effectively.”*

1. How could colleges, jurisdictions and sites cooperate and coordinate activities, bearing in mind their roles as employer and education provider? Discuss the list of prompts and ideas on the sheet provided. Which ones resonate the most? Any that you don’t agree with? Any other ideas you would like to suggest?

*Ideas/prompts for cooperation and coordination*

* Forums such as this one
* Cooperation moving forward in developing this framework
* Action plans arising from any focussed working groups
* Developing shared frameworks/approaches on workplace health and safety risks, dealing with concerns/grievances and investigating complaints (consulting on these with sites and jurisdictions. Consider who would coordinate this)
* Improvements to communication protocol to enhance communication
* Is any practical coordination “on the ground” possible? Between colleges? Between sites?

Between colleges and sites? (for example, shared training programs) PART C – Minimisation of Harm

1. Other than dealing with concerns/grievances and complaints, what can each party do to minimise

harm?

*Ideas/prompts*

* Support mechanisms by both parties for trainees (trainees in distress, trainees in difficulty)
* Support mechanisms by both parties for supervisors
* Consider how you might coordinate the above to avoid duplication and reduce the burden on each party
* What can parties do to make sure supervisors are appropriate for the role? (consider training, assessing, supervisor agreements)

#### SESSION TWO: MANAGING CONCERNS/GRIEVANCES AND COMPLAINTS

*Dealing with immediate risks of serious harm.* Consider the following questions in the context of an emergent issue during a site accreditation visit.

1. What actions should be taken when a serious and immediate risk to a trainee is identified? Are there any mechanisms that could be developed to assist sites and colleges?
2. Who should be informed? (Discuss *how* this might occur – are there any mechanisms that could assist sites and colleges?)

*Assessing and classifying complaints*

1. Consider approaches to assessing and classifying complaints both by sites and colleges (including confidential and anonymous complaints).

Tablework Questions – Joint Forum, *Consult, cooperate, coordinate: Managing concerns and complaints about accredited specialist medical training sites* 2

*Prompts*

* + Urgent, not urgent
  + High risk, low risk
  + Within college powers to investigate, not within college powers to investigate
  + For referral to other parties (Ahpra/co-regulators, WHS authorities, police)

*Dealing with anonymous, confidential complaints - managing expectations about what action can be taken if concerns/grievances and complaints are confidential or anonymous.*

1. What information/advice should trainees be provided in circumstances where they are not wishing to make a formal complaint, or are wishing to make a complaint but not have their identify revealed? What information should trainees be provided about making anonymous complaints?

*Investigation of complaints by colleges about hospital/site employed supervisors*.

1. What actions is it reasonable for a college to take in investigating a complaint made about a supervisor who is a college fellow and also employed by a site (Consider employment powers, ability of college to require documents or interview witnesses, available resources to ensure procedural fairness).
2. What matters might a college be able to reasonably investigate? (Prompt – supervisor behaviour with a view to whether the person should continue to be a college appointed supervisor. Consider the potential reach of the college code of conduct, position description of supervisors, compliance with mandated supervisor training – are any of these potential levers?)

*Investigation of complaints about college appointed supervisors by sites/employers.*

1. Where a site (the employer) is undertaking an investigation of a college appointed or endorsed supervisor, what information should be shared with the college?
2. What should be shared with the (complainant) trainee?

In your discussion, focus not on the legal obligations (we will leave that to the lawyers!) but instead think about what you think is *appropriate* to share.

Tablework Questions – Joint Forum, *Consult, cooperate, coordinate: Managing concerns and complaints about accredited specialist medical training sites* 3