Official response Ministerial Review Final Report

Responses to Ministerial Review's Recommendations

The recommendations are categorised into the following tables:

- Table 1: Recommendations **supported**
- Table 2: Recommendations **supported in principle and** subject to future funding decisions
- Table 3: Recommendations **supported in principle** that will be subject to bargaining negotiations
- Table 4: Recommendations **supported** and **referred** to the Australian Medical Council
- Table 5: Recommendations **supported** and **referred** to health services for action
- Table 6: Recommendation **not supported**

Table 1: Recommendations supported

Recommendation	Recommendation	Response
3.1	The Minister raise with State Ministers for Health at a Federal level the factors which impact adversely upon the efficient training and supply of medical specialists including reducing the limitations (such as accrediting night and after-hours) on the use of specialist trainees in Public Hospital settings.	This recommendation is **supported.**
4	The Minister take whatever steps are available either at a State or Federal Level, to enable universities to take special measures to facilitate the enrolment and education of students from rural and regional areas.	This recommendation is **supported.**
6	Safer Care Victoria or the Department of Health should:	This recommendation is **supported**

Recommendation	Recommendation	Response
	a) Chair a taskforce to determine safe rostering practices for all Victorian Public Hospitals with emphasis on fatigue management, safe working hours and ensuring role responsibilities align with rostered hours. b) Chair a taskforce to review the models of care for Victorian public hospitals which will examine the relationship between hospital care and out of hospital care against the background of greater use of registered nurses and allied health professionals working to their full scope of practice, with modern models of care enabled by technological advances. c) In the context of Safer Care Victoria examining ways of working, consideration to be given to greater use of multidisciplinary teams to relieve doctors from some functions which might be performed by others working up to their scope of practice. It appears that greater use could be made of teams comprising doctors, nurses and allied health professionals all working up to their scope of practice. Opportunities might exist for some duties to be undertaken by, allied health professionals and registered nurses, as well as a new staff category of Assistants in Medicine, and administrative staff. The greater role of nurse practitioners and advanced practice nurses should also be considered.	
9.1	The Minister in the statement of expectations (sic) require Health Services Boards to report annually on what steps it has taken to implement a positive duty to eliminate bullying, harassment, and discrimination at the health service and to report on those measures.	This recommendation is **supported.**

Table 2: Recommendations supported in principle and subject to future funding decisions

	Recommendation	Response
2	Consideration should be given to training networks comprising multiple health services which can help remove the administrative burden for doctors in training having to apply to each hospital for employment.	This recommendation is **supported in principle.**
5	The Department of Health establish a support service that understands the services in regional and rural areas to assist with “on boarding” to find housing, schools, childcare, partner employment, community support etc. The person/s selected must have local knowledge. International Medical Graduates must be provided with information about the community in which they are going to live; the industrial instruments relevant to them; the industrial organisations and how to deal with matters which may be of concern. Following	This recommendation is **supported in principle.**

	Recommendation	Response
	engagement, they may also require additional information in accessing community support. This might be achieved administratively by combining/coordinating activity across a number of health services.	
7	The Minister in the annual Statement of Expectations require hospitals to provide on a six-monthly basis: a) Workforce data which details the percentages of all contracts of employment (including details of fractions), contractor arrangements and gender distribution within the workforce. b) Data revealing the extent that the total cost of medical staff employment entitlements exceeds the amount that would be payable were entitlements provided in accordance with enterprise agreements only. Information about the impacts of measures the health service or hospital has undertaken to reduce the number of arrangements it has with medical staff according to which the hospital or health service provides terms and conditions that are more beneficial than terms and conditions contained in relevant enterprise agreements.	This recommendation is **supported in principle.**
12.2	A single state-wide record of mandatory training should be established to reduce and or avoid duplication between individual health services.	This recommendation is **supported in principle.**
13	Government to provide funding for the delivery of managerial professional development for senior medical staff who have relevant responsibility. Completion of managerial professional development work to be a key selection criterion in the appointment of medical staff to such positions which could take place before appointment or as a part or orientation. We are not prescriptive about the delivery of this training be it through professional associations or tertiary institutions. An important ingredient is sufficient time allocated to undertake this professional development in addition to a specialist medical officer's CME entitlement.	This recommendation is **supported in principle.**
14	That the Department of Health undertake a comprehensive, population health needs-informed medical workforce 10-year plan, and which: • articulates its assumptions regarding rostered workloads. • acknowledges the role of specialist Colleges in training specialists and the need for distribution of training positions to match local population needs for public sector medical care.	This recommendation is **supported in principle.**

	Recommendation	Response
	• envisions contributions from new classifications of Career Medical Officer and Assistants in Medicine as proposed and if accepted. • envisions the contribution of new technologies for health service delivery. • Envisions new models of care (and staffing numbers) required to provide continuity of care across seven days, either in a hospital, at home or using technology to provide that care as close as safely possible to where Victorians live; and ensures that medical officers are enabled to work to the top of their scope with advances in scopes of other health professionals also.	

Table 3: Recommendations supported in principle that will be subject to bargaining negotiations

	Recommendation	Response
1	The Industrial Parties move in bargaining to create, between medical staff of similar experience, parity between hourly remuneration rates of full time and fractional and amongst fractional medical staff, with the support of Government, over a period of 5 years.	This recommendation is **supported in principle.**
8.2	Parties in bargaining for a replacement enterprise agreement to cover doctors in training should use outcomes of reviews conducted by hospitals per a) above to craft terms to improve job security for doctors in training.	This recommendation is **supported in principle.**
10	The relevant industrial parties should negotiate a new multi-employer agreement (or amend an existing one) with all public hospitals which provides a career path for doctors who wish a career path within a hospital as a generalist hospital doctor (termed Career Medical Officer in other jurisdictions). Attention should be given to remuneration and working conditions (such as training time, Continuing Medical Education [CME] support, leave, out of hours and on call to name a few) of accredited registrars and non-accredited registrars where the work value is identical. Further there should be a classification for Assistants in Medicine for individuals within 12 months of obtaining AHPRA provisional registration as a medical practitioner. The new agreement should provide that an individual eligible to be employed as Assistants in Medicine be paid accordingly, and that any necessary work is undertaken: • to ensure a framework is developed to enable medical students to perform work as an Assistant in Medicine; and • to support health services to gain AMC Accreditation to provide workplace-based assessment requirements of eligible IMGs working as Assistants in Medicine.	This recommendation is **supported in principle.**

	Recommendation	Response
	Additionally training opportunities in metropolitan and regional health services in specialty areas such as paediatrics, palliative care, mental health, and emergency medicine should be expanded and designed to equip general practitioners with skills they need to support skilled hospital practice by general practitioners and development of the rural generalist workforce. Attention should be directed to ensuring fair and appropriate recognition of general practitioners and rural generalists, including those in training, to encourage take up of training opportunities.	
11	That steps be taken by those health services that are not party to the relevant enterprise agreements to explore options under s.216D of the Fair Work Act 2009.	This recommendation is **supported in principle.**
15	Between now and the next round of bargaining the Industrial Parties should examine these issues and agree to rationalise and standardise these issues to create equity and consistency of treatment. Savings clauses should be closely examined rather than rolled over. Remedies might include: • A medical specialist is paid one hour's pay for each and every on-call period, regardless of full-time or fractional status. • An hourly amount should be paid when a medical officer is recalled to duty, regardless of where that duty is performed (recognising that technological advances and regionalisation of some roles will mean that some responsible consulting actions taken while on-call after hours are conducted via telephone or on-line meetings or from their home or other offsite location). • Scheduled ward rounds and other clinical activities conducted by a team's on-call consultant on weekends should either be rostered as working hours (subject to other shift and day compensations) or be considered as recall to duty.	This recommendation is **supported in principle.**

Table 4. Support and refers to the Australian Medical Council

	Recommendation	Response
3.2	To better support health services while responding to the community's current and future healthcare and workforce needs, the Australian Medical Council (AMC) develop and oversee implementation of consistent and transparent standards for accreditation of health services to deliver specialist training programs.	This recommendation is **supported.**

Table 5. Support and refers to health services for action

	Recommendation	Response
8.1	Hospitals should review the need for fixed term contracts and the duration of fixed term contracts offered to doctors in training. Reviews undertaken by hospitals should provide options to increase job security for doctors in training.	This recommendation is **supported.**
8.3	At the time doctors in training are appointed, hospitals should discuss with the doctor options to improve job security, including whether a longer contract term or ongoing employment can or may later be provided to the doctor.	This recommendation is **supported.**
12.1	Appropriate administrative support for clinical staff and doctors in management roles needs to be provided and sufficiently resourced. It is envisaged that the new role of Assistants in Medicine would assist also with clinical administrative tasks. Such tasks might include managing communications/emails correspondence, scheduling, etc.	This recommendation is **supported.**

Table 6. Recommendation not supported

	Recommendation	
9.2	The Minister to establish a Doctors' Advocate. The following should be the criteria for the work of such a person. The person should: a) Report to the Minister b) Be independent of the Department of Health c) Have protections and not be subject to FOI d) Have sufficient administrate support e) Have skills in conciliation and mediation f) Have the power to act on a complaint or "on their own motion" g) Have the power to enter any Hospital facility for the purpose of investigating a complaint; and h) Have the power to refer the matter back to the hospital and/or other mechanisms for review.	This recommendation is **not supported**