A framework for accrediting prevocational medical education, training and supervision in general practice settings

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Introduction

The Clinical Education and Training Institute (CETI) leads, facilitates and builds sustainable capacity to improve health and achieve better health through education, training and development of a clinical workforce that will meet the healthcare needs of the people of New South Wales.

CETI Functions
CETI core functions are

- Lead and collaborate to ensure the development and delivery of clinical education and training across NSW which supports safe, high quality, multi-disciplinary patient centred care that meets service and operational requirements while enhancing workforce skills, flexibility and productivity.

- Design, commission, coordinate, develop, conduct, support and evaluate clinical education and training, and professional development for new, prevocational and vocational clinicians and clinical support staff.

- Build clinical teaching, training, leadership and supervision capacity.

- Set standards and accredit institutions for prevocational education and supervision and coordinate clinical training networks.

The CETI Way
CETI’s approach will be to

- Have CETI’s discipline specific Divisions collaborate, supported by clinical education and training multidisciplinary services, to increase efficiency and effectiveness

- Reduce duplication

- Build sustainable models

- Work multi-professionally but ensure key needs of each discipline are met

- Build on historical good work and learn from each other

Leadership with PGPPP
CETI, Medical Division (IMET) convened a working group to develop a model to streamline the accreditation process for general practices who wish to apply to be part of the Prevocational General Practice Placement Program (PGPPP)

The group reviewed the current process and this document outlines a model to accredit general practices participating in the PGPPP.
Background

General Practice Education and Training

The training of general practitioner registrars in Australia involves three main groups:

- The Colleges: Australian College of Rural and Remote Medicine (ACRRM) and Royal Australian College of General Practitioners (RACGP) which set the training standards for general practice and accredit the training providers, trainers and training posts.
- General Practice Education and Training Ltd (GPET), which manages the Australian General Practice Training Program (AGPT).
- The Regional Training Providers (RTP) who are contracted by GPET to deliver the AGPT at a regional level.

Prevocational General Practice Placement Program (PGPPP)

The PGPPP is a Commonwealth funded program that offers prevocational trainees an opportunity to work in general practice. The PGPPP involves the establishment of a training collaboration consisting of a general practice, feeder hospital(s) and training provider. The training provider is the overall coordinator; they facilitate the placement, apply for funds, provide and manage the education program. The feeder hospital releases the prevocational trainee, supports the trainee through the Director of Prevocational Training and plays a role in orientating the doctor. The training practice provides space, facilities and adequate supervision to support the trainee.

The program was one of the Medicare plus initiatives announced in January 2005 and funding was provided for 400 places nation wide. Between 2005 and 2010 the PGPPP was managed by the PGPPP National Advisory Committee. At the commencement of 2010 the management of the program was given to GPET.

In March 2010 the Commonwealth significantly increased the number of placements in the Program. CETI understands there will be a total of 750 places funded nationwide in 2011 and 985 places funded in 2013. A preliminary analysis by GPET suggests a significant number of places should be placed in NSW to address workforce needs and distribution objectives. GPET are anticipating up to an additional 50 general practices will need to be accredited in NSW in 2010 so places can be filled by trainees for the commencement of 2011 clinical year.

PGPPP in NSW

In NSW the first PGPPP was located at the Hornsby GP Unit which forms part of the service provided by Hornsby Hospital. Concerns about indemnity insurance precluded further placements starting until 2009. In late 2008 CETI modified its accreditation program to accommodate general practices and by 2009 CETI had accredited ten general practices.

CETI General Practice Accreditation

The CETI is responsible for the accreditation of all facilities that undertake prevocational training. The process ensures that the conditions under which prevocational doctors are employed within the NSW and ACT health system meet clear standards relating to supervision, education, training and the working environment. This process has enhanced the quality of the workplace experience of prevocational doctors. The patients who are assessed and managed by these doctors have also benefited from these improvements. Appendix 1 outlines CETI’s current accreditation process.

The current CETI general practice accreditation process involves the practice being accredited in 2 stages:

1. Provisional assessment against the standards (12 months accreditation)
2. Full assessment against the standards (up to 3 years accreditation)
At both stages the practice completes a self assessment tool against the standards. The practice is then visited by a survey team and assessed for compliance with the standards. The Prevocational Accreditation Committee (PAC) review the survey findings and grant accreditation with or without conditions.

The provisional assessment ensures appropriate educational, supervision and training structures have been developed for prevocational trainees before a trainee commences work. The full assessment ensures that the frameworks in place are delivering a good training experience in a safe environment.

CETI is committed to accrediting all general practices who wish to participate in the PGPPP program from 2011.
The Issues

The current accreditation process for general practice has ensured appropriate education, supervision and training of prevocational trainees. However, the incorporation of 50 general practices into CETI’s accreditation program will nearly double the overall number of facilities it accredits.

This increase will significantly impact on CETI’s ability to deliver its current accreditation program. CETI does not have within its resources the surveyors, committee time or staff to accredit 50 practices under the current accreditation framework.

To ensure these practices can be accredited, the CETI general practice accreditation process will be reviewed to make it more effective while maintaining appropriate levels of training and supervision.

The review has provided an opportunity to receive informal feedback from stakeholders about what improvements could be incorporated.

The feedback included:

- Make the standards more relevant to general practice
- Acknowledge within the standards the role of the training provider
- Acknowledge accreditation by other bodies. The education program in general practice is being accredited multiple times by multiple providers.
- Improve the self assessment process so it is less time consuming and paper intensive
- Create standards that support the varying skills of prevocational trainees and trainees located in practices that are a significant distance from the feeder hospital
- Acknowledge within the standards the relationships between the RTP, general practice, feeder hospital and prevocational training network.
General Practice Prevocational Education and Training Accreditation Model

1. Building on Success

The accreditation system managed by CETI ensures appropriate education supervision and training of PGY1 and PGY2 trainees and it has provided an effective mechanism by which facilities focus on the educational, training and supervision needs of our most inexperienced doctors and incorporate those needs into the provision of clinical service.

The General Practice Prevocational Education and Training Accreditation (GP PETA) model has been developed to maintain the success of the CETI’s accreditation program and build onto the successful general practitioner registrar training model. The model recognises that general practice provides clinical experience and training while the Regional Training Provider (RTP) provides the education, training, supervision and support structures that enable effective clinical training within general practice. Both are accredited by multiple bodies including the Australian College of Rural and Remote Medicine (ACRRM) and Royal Australian College of General Practitioners (RACGP).

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The RTP provides the education, training and support structures that enable effective registrar clinical training to occur within general practice. The RTP’s responsibility is to provide:

- a training program that addresses the learning needs of the ACRRM and RACGP curriculum
- a minimum level of educational activities (125 hours of peer/group learning in and 2 ½ days of observation of registrar consultation and feedback in 18 months)
- twice monthly opportunities for registrar group contact as an education and general support mechanism
- regular formative assessment and constructive feedback about performance
- Medical Educators who are involved in planning and delivery of the educational activities
- staff who have expertise and qualifications to conduct and administer training
- mechanisms for pastoral support, counselling and monitoring a trainee’s wellbeing (including policies on doctors in difficulty and remediation, and a process for identifying problems that can lead to difficulties such as remote placements)
- mechanisms for the collection of monitoring and feedback data
- support to trainers. This involves:
  - developing clear descriptions about the expertise, responsibilities and duties of trainers,
  - ensuring trainers are adequately prepared for their role
  - providing at least 3 days of meetings to develop teaching skills.
The General Practice provides the site where clinical learning, supervision and training occurs. Each practice accredited to take registrars is required to provide:

- a full range of ongoing primary care to patients who are clinically managed by general practitioners who work at least three sessions
- resources including consulting space, reference materials and a private space for teaching
- a training position where the service demands are not excessive and structuring of the hours considers the needs of patients, continuity of care and the educational needs of the trainee (on average eight patients per session and no more than four patients per hour)
- feedback on education, support and workload. This information is collected by the RTP.

- A Trainer who:
  - has unrestricted registration and vocational recognition as a General Practitioner
  - has fellowship with the RACGP/ACRRM or is accepted by peers as an excellent clinician
  - is a good role model and demonstrated commitment to the profession
  - participates in professional development aimed at improving their performance as an educator.

- A Trainer that will
  - provide orientation to the practice
  - provide assistance to develop a learning plan for training
  - support access to the medical educator
  - provide a 1 hour face to face educational session each week
  - assess competence of the trainee
  - be onsite for a significant amount of time and when offsite be available by phone and if not have arrangements for another teacher to be available.

With accreditation of the RTP and general practice by ACRRM and or RACGP, CETI will focus its accreditation on the differences between registrar and prevocational training. The model has been constructed so the RTP and practice can utilise its accredited registrar training program to educate and train prevocational trainees. Modification will only need to occur where the needs of the prevocational trainees differ, in particular supervision and workload.

2. Scope
The GP PETA Model applies only to placements where the practice has an ACRRM or RACGP accredited post and is supported by an ACRRM or RACGP accredited training provider.
3. Accreditation Framework

Who will be accredited?
CETI will accredit both the RTP and general practice. The RTP and the practices will be accredited separately as there will be multiple practices aligned to a single RTP. Although very unlikely, the failure of the RTP to be accredited will result in the practices linked to it having their accreditation reviewed as the education and support structures for the trainee may be in jeopardy.

What is the accreditation process?
The accreditation cycle is three years and involves assessment against prevocational education and training standards. Significant deviation from the standards can result in a shorter accreditation period. The RTP and practice must complete a two stage accreditation process to participate in the accreditation cycle. The stages involve provisional and full assessment against the standards.

Provisional Accreditation
The aim of provisional accreditation is to assess whether the education, training and supervision structures required for a prevocational trainee have been developed. Accreditation by ACRRM or RACGP provides CETI with sufficient information to assess that these structures exist for registrars.

CETI will require the RTP and practices to acknowledge they will
- make the registrar education and training structures available to prevocational trainees
- implement the additional specific requirements required to support the prevocational trainee
- work collaboratively with the feeder hospital/s and network/s from which the trainees are drawn.

The provisional accreditation process for general process will involve completion of:
- an application form
- a term description
- a collaborative agreement

While the provisional accreditation process for RTPs will involve completion of:
- an application form
- a Director of Prevocational Education and Training Application Form

The Prevocational Accreditation Committee (PAC) will assess the applications, term description and collaborative agreement to ensure the structures for education and training are in place and the specific CETI requirements have been addressed. A prevocational trainee can commence duties as soon as the RTP and the practice are provisionally accredited.

The Prevocational Training Council will assess the Director of Prevocational Education and Training application.
Accreditation
The aim of accreditation is to ensure the education and training structures developed to support the prevocational trainee have been implemented and are working effectively.

Assessment for accreditation occurs 12 months following provisional accreditation. However, accreditation of a general practice can only proceed when three terms have been filled by prevocational trainees. Accreditation of an RTP can only proceed when at least one of the general practices they support has had prevocational trainees for at least three terms.

The accreditation takes the form of a survey which involves:
- completion of a self assessment
- feedback from the education and training partner
- dialogue with trainees, trainer, training providers, practice and other relevant parties about how the placement is working. The nature of the dialogue would involve a site visit but could also involve video and teleconference.

The RTP and general practice will self assess against different standards. The standards reflect their respective roles in this education and training partnership. The self assessment requires statements that outline performance against the standards. The RTP and practice will be encouraged to detail key achievements and areas that are being improved.

The assessment takes the form of a survey. Evidence will be collected and utilised by CETI survey team to build a report. The survey report will include findings, commendations, recommendations and suggestions for improvements. The PAC will review the report and determine whether the organisation has met the standards. If standards are not met the outcome could include:
- provisos
- a focus visit
- a reduced accreditation cycle of either six months or one year.

Once accreditation is achieved and there are no significant deviations from the standards, the RTP and practice will undergo assessment every three years.

The survey will be conducted on a regional basis. The RTP will be assessed at the same time as its practice partners. It is anticipated that CETI will need to undertake an additional 7 to 10 surveys per cycle once the initial 2 stage accreditation process is complete.

Assuming half a day per practice the survey may take as long as 4 days. Efficiencies will be gained by undertaking the survey at a central location and speaking to stakeholders one time about multiple practices. Where possible the dialogue with stakeholders will be conducted at a central location in the region to reduce the length of the visit further. Site visits to individual practices will only occur when issues specific to the site are identified.

The composition of the survey team would include general practitioners, RTP representatives and trainees. The team will provide multiple smaller reports and each team will require a number of team leaders to share the load. A commitment will be sought from RTPs to support CETI’s accreditation program by providing GP’s and administrators to undertake and lead survey teams.
**Transition into the accreditation cycle**
CETI plans to transition the RTPs and practices at 12 months to fully accredited facilities but a level of flexibility will be incorporated and consideration given to:

- the timing of other accreditation visits by other bodies
- needs of the RTP and practice
- fitting the surveys around the CETI’s hospital accreditations

Once the RTPs and the practices reach accreditation an ongoing survey time will be established and the region will be allocated to CETI’s accreditation plan. Additional practices that are established following the region achieving full accreditation will have their application for full accreditation aligned where possible to the regions next survey. If the timing precludes this, a mini survey will occur and the practice application for full accreditation will be determined separately and then the practice will be aligned with the regions accreditation time.

4. **Alignment with Prevocational Training Networks**
A level of alignment between regions, feeder hospitals and networks is seen as ideal. Prevocational trainees are better supported and less isolated when located geographically close to their feeder hospital. Building relationships between general practices, RTPs and feeder hospitals that are geographically proximate provides an opportunity to enhance relationships between primary health care providers and the hospitals in their community.

RTPs will probably become members of networks that contain the feeder hospital from which the prevocational trainee is drawn. Inclusion into the network must be approved by the Prevocational Training Council. Guidelines about network alignment will be developed as the RTPs’ regions overlap with multiple networks.

5. **Trainee Support**
The current standards require facilities to provide trainee support which includes Junior Medical Officer Management and a Director of Prevocational Training (DPET). With the expansion of the PGPPP in NSW, multiple trainees will be attached to each RTP and they will require administrative and clinical support.

The RTP will provide a Director of Prevocational Training (DPET) and an administrator to support prevocational trainees and practices.

To ensure continuity of training and support the DPET from the feeder hospital will be required to maintain a relationship with the prevocational trainee and the RTP DPET. These requirements will be included as specific requirements into CETI's facility accreditation process and as an appendix in the General Practice Prevocational Education and Training Standards.
6. Trainee Placement
Both postgraduate year (PGY) 1 and 2 trainees can participate in the PGPPP.

Issues were raised about the suitability of general practice for PGY1 trainees. These included:
- limited support for the trainee’s transition from a medical student to practicing doctor
- trainee isolation and limited access to peer support
- the intensive nature of PGY1 trainee supervision
- lack of experience supervising PGY 1 trainees.

The education and training experience provided in general practice outweighs these risks and preclusion of PGY1 trainees is not a solution. To mitigate these concerns additional requirements have been added to ensure the trainee and supervisors are well supported.

General Requirements
- It is preferred that trainees undertake a general practice term from Term 2 in the PGY 1. Hospitals are encouraged to provide PGY2 trainees for the first term. It is acknowledged that a percentage of PGY 1 trainees may have the skills to complete a first term placement in general practice and then successfully transition into the hospital environment in Term 2. If placement of PGY 1 trainees in Term 1 is being considered the PGY1 trainees selected will have:
  - undertaken extended rotations to the feeder hospital in their final year of university training and be orientated to the hospital
  - an interest in general practice and have agreed to undertake the placement
  - be assessed by the hospital and RTP for suitability.
- Practices will be limited to one PGY1 trainee.
- The practice will be located close enough to the feeder hospital so the PGY1 trainee can comfortably commute between the sites within a working day.
- The practice will have sufficient administrative and clinical support staff to support PGY1 trainees and supervisors.
- The feeder hospital’s DPET will continue to oversight the PGY1 trainees.

Requirements for Provisionally Accredited Practices
- The Regional Training Provider will have an accredited practice.
- The Practice will have extensive experience training medical students and or registrars.
- The practice will have multiple FTE Trainers and supervisors

Requirements for Accredited Practices
- The practice will have multiple FTE supervisors.
- The practice will provide positive feedback from PGY2 trainee, RTP and feeder hospital.

Monitoring
In addition CETI may chose to monitor the trainees during the first 12 months of the placement.

Emphasis will be placed on evaluating the PGY1 trainees’ views about placement in general practice in Term 1. Feedback from the pilot of the model may result in changes to the general requirements.
7. The Standards

Two sets of standards have been developed that identify the responsibilities of the RTP and the general practice. The standards have been mapped to the ACRRM and RACGP education and training standards for vocational training. The standards specific requirements are being finalised.

**General Practice Prevocational Education and Training Standards for the Training Provider**

**Standard 1**
The Regional Training Provider has an integrated governance structure that supports the provision and quality of the Prevocational Education and Training Program.

**Standard 2**
The Regional Training Provider has organisational structures that support the provision and quality of the Prevocational Education and Training Program.

**Standard 3**
The regional training provider has policies and processes that support key aspects of the Prevocational Education and Training Program.

**Standard 4**
The Regional Training Provider provides adequate staff with appropriate clinical and educational expertise to plan, conduct and administer the prevocational education and training program.

**Standard 5**
The Regional Training Provider delivers an integrated Prevocational Education and Training Program.

**Standard 6**
The Regional Training Provider provides prevocational trainees with a region wide training program.

**Standard 7**
The Regional Training Provider ensures prevocational trainees have access to clinical and non-clinical professional development opportunities which fit their learning needs.

**Standard 8**
The Regional Training Provider monitors, evaluates and improves key aspects of the prevocational education and training program.

**Standard 9**
The Regional Training Provider ensures the trainees are supported by a Director of Prevocational Education and Training.

**Standard 10**
The Regional Training Provider supports prevocational trainees, monitors their wellbeing and encourages them to take responsibility for their self-care.

**Standard 11**
The Regional Training Provider identifies and supports underperforming Prevocational Trainees.

**Standard 12**
The Regional Training Provider provides accommodation with a high level of amenity.

**Standard 13**
The Regional Training Provider ensures all doctors providing clinical supervision and training to prevocational trainees are educated and supported in that role.

**Standard 14**
The Regional Training Provider releases surveyors and team leaders to support the Prevocational Education and Training Accreditation Program.
General Practice Prevocational Education and Training Standards for Trainers and General Practice

Standard 1
The Trainer provides quality teaching, feedback and support.

Standard 2
The Trainer provides an orientation to prevocational trainees at the start of each term.

Standard 3
The Trainer provides prevocational trainees with a written term description immediately before each term begins.

Standard 4
The Trainer assesses the prevocational trainee’s learning needs and provides practice-based clinical education and training.

Standard 5
At the start of each term, the Trainer ensures the trainee has the knowledge and skills for safe practice.

Standard 6
The Trainer ensures there is effective clinical supervision of trainees at all times.

Standard 7
The Trainer monitors the trainee’s performance and provides ongoing constructive feedback and assessment.

Standard 8
The Trainer identifies underperforming prevocational trainees and provides structured support in a timely manner.

Standard 9
The General Practice acts in partnership with the Regional Training Provider to deliver the prevocational education and training program.

Standard 10
The General Practice provides sufficient appropriately qualified medical staff for effective clinical supervision and training.

Standard 11
The General Practice has an effective rostering system for prevocational trainees.

Standard 12
The General Practice monitors the workload of prevocational trainees.

Standard 13
The General Practice allocates work time exclusively for trainee education and training. It has systems to quarantine this time from service responsibilities.

Standard 14
The General Practice provides an appropriate range of information resources and trains prevocational trainees in using them to deliver safe patient care.

Standard 15
The General Practice provides adequate safe work spaces, equipment and resources.
8. Feeder Hospital Roles and Responsibilities

The placement of a trainee into general practice results from the collaboration of the three parties: general practice, regional training provider and feeder hospital. The feeder hospital roles and responsibilities will be as an appendix of the general practice prevocational education and training standards.

The feeder hospital, as the trainee’s employer, has responsibilities that include:

1. Trainee recruitment, selection and allocation.
The hospital will
   • promote the term to its trainees
   • make every effort to fill the general practice term
   • assess whether the trainee is suitable for the placement and meets the term requirements.

2. Trainee placement administration
The hospital will ensure the:
   • trainee has a provider number and prescriber number
   • trainee has verification of registration with the Medical Board of Australia
   • trainee can provide the practice with a curriculum vitae
   • Regional Training Provider has indemnified the trainee
   • trainee is paid for the hours worked
   • trainee is informed about the term.

3. Trainee Support
The hospital:
   • along with practice monitor the trainee’s workload to ensure they are working safe hours and industrial conditions are being met
   • will ensure its DPET oversights PGY1 trainee placements
   • will provide the trainee access to employee support mechanisms
   • will retain responsibility for trainee performance and assessment. The hospital must ensure
     o performance assessment is undertaken and the associated forms are collected
     o identified trainee issues are managed and appropriate support and remediation is provided.

4. Prevocational Standards for education and training
The hospital must maintain it accreditation against the Standards of Education, Training and Supervision for Prevocational Trainees and Post AMC Supervised Training. When the trainee undertakes work in the hospital it will ensure they are orientated, educated and appropriately supervised.

5. Strengthen The Prevocational Education and Training Program
The hospital will
   • sign an agreement with the RTP and practice outlining the funding arrangements and partner responsibilities
   • ensure effective communication between itself, RTP and Practice
   • ensure an effective relationship between its DPET and the RTP DPET
   • participate in the RTP’s prevocational committee
   • encourage participation of the RTP at GCTC and Network meeting
   • provide access to the formal education program and professional development opportunities when required

Additional responsibilities can be undertaken by the hospital, the partners need to establish what will work best in the local context. The partner’s decisions about who will be responsible should consider whether it contributes to quality prevocational training.
9. Policies and Procedures
It is envisaged that CETI's accreditation policies and procedures will be reviewed and where required modified to reflect the GP PETA model.

10. Prevocational Accreditation Committee
The composition of the Prevocational Accreditation Committee will change and a general practitioner will be invited to sit on the committee.

11. Resources
The GP PETA model requires sufficient resources to be implemented. The funding needs to cover:
- Administration
- Surveyor costs
- Travel and accommodation
- Development of online processes
Implementation

Development
The GP PETA model development will include:

Model Development
- Review of draft model
- Consultation on model

Standards Development
- Writing the standards – criteria, specific requirements, guidelines, evidence
- Incorporating acknowledgement of other accreditations
- Providing recommendations about policies to support the standards.

Accreditation Process Development
- detailing the accreditation process
- building collection tools and reports for the parts of the process
- developing policies and process that document and guide the process

Accreditation On Line (AOL)
- Define GP PETA requirements in AOL
- Build and incorporate data forms – application form, accreditation forms
- Modify Term Description Form
- Survey Team Construction
- Task List Generation – email notification of tasks and outcomes to facilities
- Create Access Permissions
- Letter Generation
- Report Generation

Implementation
Implementation will occur as development is ongoing. Implementation of the provisional accreditation process will be the primary goal so all practices can commence at the beginning of the 2011 clinical year.
Time Line

May 2010
Develop GP PETA model and commence consultation on the model

June 2010
Finalise Model and obtain CETI committee approvals

July 2010
Communicate GP PETA model
Draft application form, collaborative agreement and term description
Develop policy and process to support provisional accreditation.

August 2010
Finalise provisional accreditation tools and obtain CETI committee approvals
Release provisional accreditation tools
Communicate with RTPs, general practices and hospital about the provisional accreditation
Commence acceptance and assessment of applications for provisional accreditation

Staff Training

September 2010
Review and finalise mapping exercise of CETI standards with those of ACRRM, GPET and RACGP
Seek approval from ACRRM and RACGP to publish standards comparison
Draft standards, specific requirements and criteria

November 2010
Consult on standards

December 2010
Commence Accreditation on line requirements document
Finalise standards specific requirements and criteria

February 2011
Build data forms for AOL
Organise timing of accreditation visits
Develop collection tool

March 2011
Build access permissions, task lists, email and report generators for Accreditation Online
Draft policies and process to support full accreditation
Review other policies to ensure inline with GP PETA model

Staff Training

April 2011
Organise timing of survey visits for 2011.
Release collection tool

May 2011
Recruit surveyors with Regional Training Provider and general practice experience
Organise surveyors for first accreditations
Communicate with and support practices and RTPs commencing full accreditation

June 2011
Develop surveyor training materials

July 2011
Undertake Surveyor training

August 2011
Collect pre assessment materials for initial full accreditation surveys

September 2011
Accredit first region.
Appendices

Appendix 1: Current CETI accreditation system

The Clinical Education and Training Institute (CETI) currently administer an accreditation system that accredits Postgraduate Year (PGY1) and Year 2 (PGY2) work based medical education and training. The accreditation system involves term and facility accreditation.

**Term Accreditation**

Term accreditation is a two stage process. The first stage involves assessment of the term via a paper based assessment of a written description which details the term’s educational and training objectives, workload and supervision arrangements. Following approval of the term description the term will be reviewed at a site visit when the facility is accredited.

**Facility Accreditation**

Facility accreditation involves assessment of the facility against a predetermined set of standards. Each facility is accredited for a maximum of three years following completion of a self assessment, on site assessment by surveyors and review of the findings by an accreditation committee.

**Standards**

The standards and associated accreditation system aim to promote high standards of training, education and welfare for PGY1 and PGY2 trainees by focusing facilities on the governance and delivery on education, supervision and training for this group of trainees.

To achieve the objectives the standards cover the following areas:

- Facility and term orientation
- Supervision
- Professional development
- Training and service requirements
- Formal education program
- Clinicians as teachers
- Assessment and feedback
- Education and Information resources
- Prevocational trainee management
- Prevocational trainees with special needs
- Safe Practice
- Promoting Prevocational Trainee Interests
- Supporting Prevocational Trainees
- Physical Amenities

**Accreditation Decisions**

Accreditation decisions are made by a committee. The committee can only give provisional accreditation to a term description. Accreditation of a term requires assessment by a survey team.

Facility accreditation involves determining the length of the accreditation, whether or not provisos and a focus visit are indicated and the nature of the provisos.
### Appendix 2: Overlap between RTPs and Prevocational Networks

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## Regional Training Providers in NSW

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