NSW GOVERNMENT

HETI HEALTH EDUCATION & TRAINING

NSW Basic Physician Training Network Training Program

Operating Framework

February 2024

DOC24/897

Acknowledgement of Country

Health Education and Training Institute acknowledges the Traditional Custodians of the lands where we work and live. We celebrate the diversity of Aboriginal peoples and their ongoing cultures and connections to the lands and waters of NSW.

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1 Background

Vocational network training programs funded by NSW Health were initiated in 2005 with the inception of the Basic Physician Training Network. In subsequent years further networks have been established in response to workforce or service needs. These networks have a coordinating role in supporting equity of access to high quality training for trainees.

Due to the size and complexity of NSW Health, an overarching coordinating body is required to ensure that our doctors in training are sufficiently supported and have the opportunity to become highly skilled medical professionals providing excellent patient care. In order to achieve a thorough training experience, trainees in NSW undertake rotations through a range of sites to enhance the scope of their experience and to meet the requirements of the relevant Colleges, including the Royal Australian College of Physicians (RACP). Partnerships between Local Health Districts, hospitals, other health care settings and clinicians are required for streamlined training to occur. Network Training Councils provide a mechanism to link these numerous stakeholders and provide a governance structure to support communication and coordination across these groups. The Network model was created in NSW and is increasingly being viewed as best practice across Australia, evidenced in the fact that the Australian Medical Council (AMC) is now recommending training sites to be networked in order to achieve accreditation.

2 Purpose

The framework sets out the principles for operation and the supporting governance structure for the Basic Physician Training (BPT) program.

3 Definitions

Network: A group of sites (minimum of 3) working together to provide a quality education and training experience for medical trainees in a particular speciality.

Network Training Program: A group of networks that work together to deliver quality education and training experience for medical trainees of the BPT program across all of NSW, in partnership with the RACP.

HETI Medical Vocational Networks Program: A group of Network Training Programs that are overseen by HETI on behalf of the NSW Ministry of Health and cover a range of medical specialties.

Network Composition: The number and mix of sites within a BPT network.

Home Site: The employing facility where a BPT spends over 50% of their training time.

Rotation Site: A site that receives a BPT for a rotation of 3-6 months only

Regional Site: A site classified as RA 2 according to the ASGS Remoteness Areas classification

Rural Site: A site classified as RA 3-5 according to the ASGS Remoteness Areas classification, or listed in Part C of the Public Hospital Medical Officers (State) Award

Network Funds: Funding distributed by the Ministry of Health directly to the Local Health Districts and BPT Networks that are primarily for the purposes of funding network staff positions (e.g. Network Directors, Education Support Officers).

4 Principles

The aim of Network Training Programs is to ensure training for Basic Physician Trainees is:

- of high quality
- sustainable
- equitable
- in accordance with the relevant college training requirements
- to support good patient care

In order to deliver these aims, the following are considered guiding and operational principles to support the coordinating role for all Network Training Programs:

4.1 Quality Training Program

Guiding Principles	Operational Principles
1.1. Networks coordinate a learning program that provides equity of access to relevant and high-quality education and training for all Basic Physician Trainees in the Network Program across the state	1.1.1. BPT Networks have an annual education and training plan that is mapped to the RACP curriculum.
	1.1.2. BPT Networks work in partnership with the RACP to proactively identify and address learning needs for trainees.
	1.1.3. BPT Networks provide regular and structured professional development activities for trainees
1.2. Networks provide exposure for BPTs to a range of experiences and learning opportunities across settings and locations.	1.2.1. BPT Networks have an adequate range of sites, terms and documented evidence (e.g. accurate term descriptions) to meet educational and training requirements of the RACP.
	1.2.2. BPT Networks have a minimum of one regional or rural training site.
1.3. BPT supervisors understand their roles and responsibilities and are appropriately supported	1.3.1. BPT Networks maintain evidence of supervisor training in accordance with RACP or appropriate Continuing Professional Development requirements.
1.4. BPT Networks provide appropriate support and oversight to all sites including rural and regional sites where applicable	1.4.1. BPT Networks have agreements in place with regional and rural rotation sites, or the relevant Local Health Districts that address trainee and site support processes.
1.5. BPT Networks require appropriate operational supports to manage and oversee the training program including staffing, time, technology and suitable teaching and office space	1.5.1. BPT Network staff have access to private office space as required for pastoral care of trainees and confidential meetings.

4.2 Balanced Distribution

Guiding Principles	Operational Principles
2.1. All BPT positions are recruited as part of the network	2.1.1. Recruitment of BPT network positions will occur as: • Recruiting as a network (local)
	2.1.2. BPT Networks have a documented recruitment process in place that includes reference to a single set of selection criteria and is consistent with NSW Ministry of Health recruitment policy.
	2.1.3. Wherever possible, length of training contracts should be offered. Continued inclusion in the training program is subject to satisfactory performance.
	2.1.4. Trainees have access to flexible working arrangements made to support breaks in training, paternity leave and part time employment.
2.2. BPT trainees are distributed and rotated across sites and settings via an equitable and transparent allocation system	2.2.1. BPT Networks have a documented allocation process which addresses considerations including, but not necessarily limited to: • Rural and regional sites • Trainee preference • Service delivery needs • Vacancy and leave management • Breaks in Training
	2.2.2. Trainee positions within each network will be filled on the basis of the following principles: • There will be priority filling of rural hospital positions. In consultation with the hospitals, the NSW Physician Training Council (PTC) will determine the minimum number of trainees to be allocated to these sites. If a vacancy arises within a network, rural sites must remain filled. • All other hospitals within a network will take an equal percentage share of vacancies over the year.
	2.2.3. Vacancies in BPT positions are monitored and reported on by Networks for responsive and equitable distribution based on maintaining reasonable capacity for service and education in all networked sites.
	2.2.4. Records of allocations made and term vacancies will be maintained for a minimum of five years and made available to the relevant governance committees on request.

4.3 Effective Governance

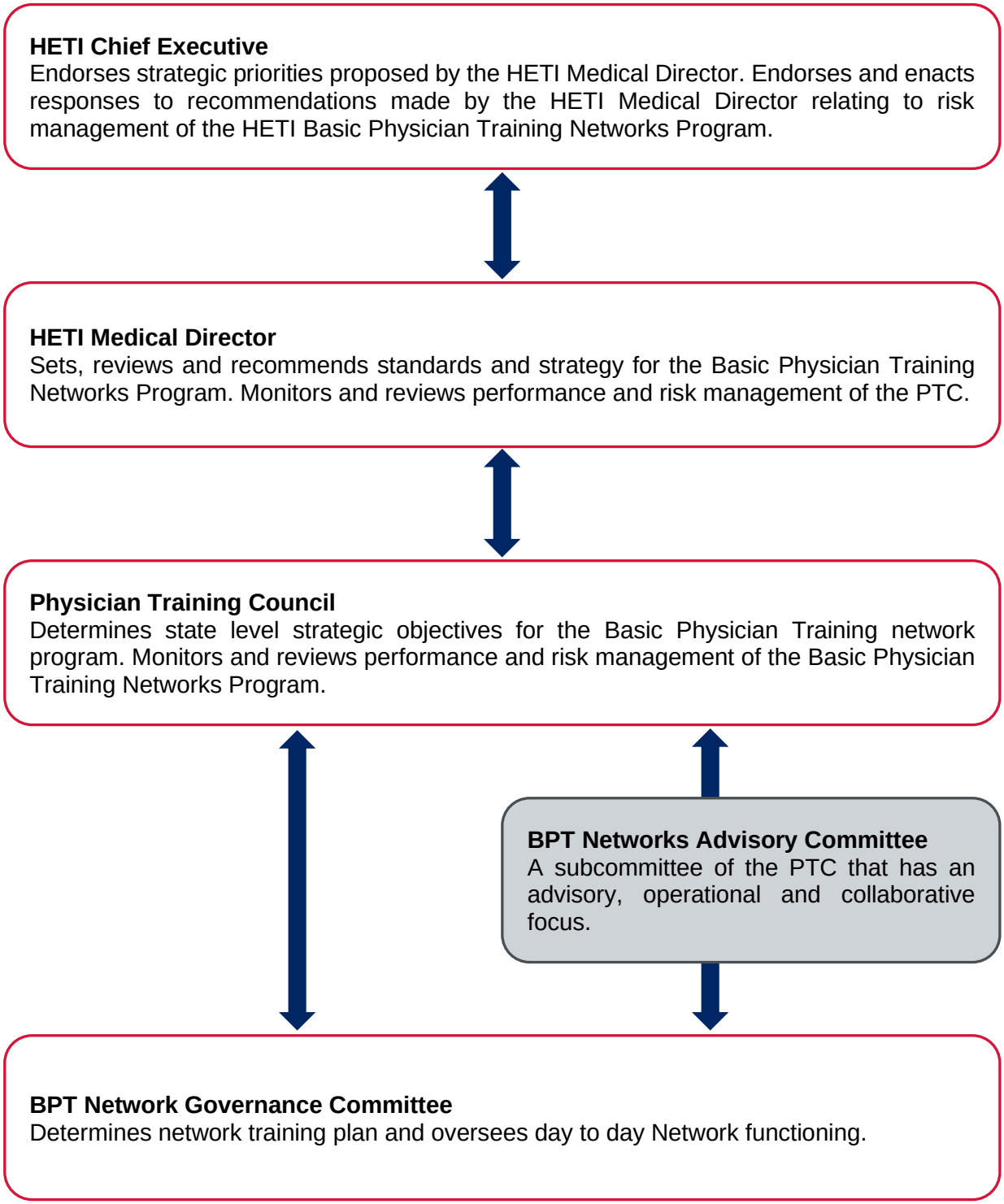
Guiding Principles	Operational Principles
3.1. All BPT Networks require clinician leadership	3.1.1. A Specialist with RACP Fellowship fills the Network Director role.
	3.1.2. BPT Network level positions (e.g. Network Director of Physician Education) will be recruited, employed and paid by a NSW Local Health District or Speciality Network within the relevant Network.
	3.1.3. Program level positions (i.e. state-level) that cross network boundaries (e.g. Stream Coordinators) may be recruited, employed, paid and managed by HETI.
	3.1.4. Network staffing levels will align at minimum with the accreditation requirements of the RACP.
3.2. BPT Networks have transparent and effective governance systems at state and local levels to oversee and support training	3.2.1. Up to two levels of governance may be present within a network structure. Where multiple networks exist across the state, two levels (i.e. state and network level) are required; otherwise, only one (state) level is necessary where one network encompasses the state.
	3.2.2. Trainee representation is required on BPT Governance Committees.
3.3. There are clear processes for reporting, addressing and escalating issues or risks relating to the BPT program and trainee wellbeing	3.3.1. The BPT Network and Network Training Program maintains an issue log identifying concerns raised and the subsequent response and outcome. The issues log will be made available to the relevant Governance Committee on request and function.
	3.3.2. Mechanisms are in place to seek feedback from trainees and supervisors on term rotations.
3.4. Reporting processes are in place to ensure appropriate use of resources and to demonstrate accountability for performance	3.4.1. BPT Network funds, as supplied by the Ministry of Health, are held by the Local Health District/Specialty Network or Pillar that hosts the network staff member (e.g. Network Director, Education Support Officer).
	3.4.2. BPT Network funds will be redirected by the Local Health District/Specialty Network or Pillar to the relevant host organisation when network staff transition occurs.
	3.4.3. BPT Networks submit reporting as agreed with HETI in a transparent Reporting Framework.
3.5. Clear processes are in place for proposed changes to trainee numbers or the composition of a BPT network	3.5.1. Establishment of a new BPT Network must be approved by the Physician Training Council (PTC) and endorsed by the HETI Chief Executive and Ministry of Health.
	3.5.2. BPT Networks have a clear process to consider and address the impact of changes in trainee numbers on the capacity to train at sites.

Guiding Principles	Operational Principles
3.6. Clear processes are in place to investigate ongoing concerns regarding the quality or supervision of training	3.6.1. In circumstances where there is ongoing concern about the quality of training or supervision within a particular term or hospital, NGCs will appoint a team that includes at least one physician, one physician trainee and a health service manager to review the term in question and will provide a report to the NGC. The terms of reference for the review should be transparent and the review shall be conducted in a manner that is fair, thorough, and free from bias.
	3.6.2. Where the NGC determines that the issues raised by the reviewers are unable to be addressed at a local level in the short-term (e.g. a change in rostering) or where the site is unwilling to address the issues raised, notification is to be forwarded by the NGC to the NSW PTC.
	3.6.3. If the NSW PTC determines that the matter requires a formal review, it will convene a review team to undertake a site visit and prepare a report for consideration by the Council.

4.4 Trainee Focused

Guiding Principles	Operational Principles
4.1. BPT Networks are committed to ensuring trainees are supported to meet their learning needs (RACP and non-College) and health service delivery requirements within relevant award conditions	4.1.1. BPT Networks support and provide dedicated time for trainee teaching and to sit exams for trainees.
	4.1.2. BPT Networks are advocates for trainees to relevant bodies on issues related to training, trainee safety and wellbeing.
	4.1.3. All hospitals in the Network must roster BPTs in line with the Public Hospital Medical Officers' Awards and the Employment Arrangements for Medical Officers in the NSW Public Health Service Policy Directive.
	4.1.4. Overtime and on-call will be no more than 1 in 3 on call (and preferably no more than 1 in 4) at any site in the network.
4.2. BPT Networks are committed to supporting the health and wellbeing of their trainees.	4.2.1. Networks provide support for trainee health and wellbeing.
4.3. BPT Networks support continuing professional development	4.3.1. Networks provide a professional development program as appropriate to the needs of training.
4.4. Trainees have accessible and effective supervision (in accordance with national standards) and support, adjusted as required to their individual needs and levels of experience	4.4.1. BPT Networks effectively use a transparent process outlining how trainee feedback is sought and how that feedback is considered and responded.
	4.4.2. BPTs are aware of and are encouraged to access support services as required or desired.

5 Governance Model



6 Reporting Framework

6.1 Reporting Process

Local Health Districts and Specialty Networks (LHDN)	• Communicates and collaborates with NGCs to monitor, address performance concerns and support Site alignment to Principles. • Provides data to Networks to support performance and reporting. • Reports on performance of Sites and Network position holders in accordance with principles and agreements.

Network Governance Committee (NGC)	• Communicates and collaborates with LHDs to monitor, address performance concerns and support Site alignment to Principles. • Approves, collates and submits Site reporting to the State Training Council. • Escalates concerns when resolution unable to be reached locally.

State Training Council (STC)	• Communicates and collaborates with NGCs to monitor, address performance concerns and support Network alignment to Principles. • Endorses Network reports and submits to HETI. • Escalates concerns when resolution unable to be reached within Networks.

Health Education and Training Institute (HETI)	• Communicates and collaborates with STC to monitor, address performance concerns and support Program alignment to Principles. • Endorses and submits Program summary reports to the NSW Ministry of Health (MoH) and Local Health Districts and Specialty Networks (LHDN) executive. • Escalates concerns where resolution unable to be reached at the Network level with the relevant LHDN executives before progression to the MoH if unresolved.

NSW Ministry of Health (MoH)	• Communicates and collaborates with HETI and the STC to monitor performance and support alignment to Principles. • Endorses Network and Program structure amendments as escalated through the STC and HETI. • Addresses performance concerns as escalated.

6.2 Reporting Requirements

Report	Items	Evidence/Measures	Frequency
Performance	Key Performance Indicators	Performance thresholds for KPIs will be determined by HETI at a BPT Network level in consultation with the relevant Network Director/s and PTC Clinical Chair and endorsed by the Medical Director, HETI	Annually
	1) Percentage of education and training plan deliverables achieved		
	2) Medical Board of Australia and AHPRA Medical Training Survey in key data points: a. Overall satisfaction: Recommend as a place to train b. Quality of orientation c. Quality of clinical supervision d. Quality of teaching sessions e. Quality of training to raise patient safety concerns		
	3) Average time a full or part-time BPT takes to complete training not including extended leave		
	4) Attrition rate with comment		
	5) Network Directors communication and collaboration, including time spent engaging with network sites.		
Operational	Funding	Evidence of funded network positions being filled and funded	Biannually
	Workforce data	Minimum workforce data set submitted	
	Delivery of operational principles	Acknowledgement that documents referred to in operational principles are complete and current including reference to how processes are communicated to trainees	

***** HETI acknowledges that the proposed KPIs are operational in focus. Further work will be progressed to develop KPIs or other measures to evaluate the effectiveness and quality of training.***

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