



Guide for surveyors

NSW Prevocational Accreditation Program

February 2024

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 Overview

1.1 Introduction

The purpose of this guide is to provide information about the NSW prevocational accreditation program, including responsibilities of team leaders and surveyors when participating in surveys. The [NSW Prevocational Accreditation Procedure](#) provides an overview of the accreditation process and surveys and should be read in conjunction with this guide.

This guide has been revised to align with the National Framework for Prevocational Medical Education, developed by the Australian Medical Council and implemented nationally from 2024.

1.2 Training for surveyors

In addition to reading this guide and the [NSW Prevocational Accreditation Procedure](#) document, all team leaders and surveyors are required to undertake training. This supports a standardised approach to accreditation surveys. Training comprises of virtual training in the form of a one day workshop held every second year and online modules.

The following modules are available through [My Health Learning](#):

Module 1 – Overview of the NSW Prevocational Accreditation Program

Module 2 – Standards, criteria and rating scale

Module 3 – Preparing for a HETI survey visit

The above three modules should be completed prior to participating on your first survey visit. If you have any issues with accessing the modules, please contact the accreditation program staff by email on HETI-Accreditation@health.nsw.gov.au.

1.3 Composition of the survey team

The NSW prevocational accreditation program, similar to other quality assurance and quality improvement accreditation processes, is predicated on peer review and relies on survey teams comprising members with current direct experience and engagement with prevocational trainees working in the NSW system.

Individuals, either medical practitioners (junior and senior) with an interest in prevocational training, as well as others involved in the education and training or management of prevocational trainees in NSW may apply to become a surveyor. Further details about the application process are provided in Section 3.

In general, the survey team is comprised of a minimum of three surveyors as follows:

- Team leader – either a specialist medical administrator or senior clinician
- Senior doctor – either a specialist medical administrator or senior clinician (if the team leader is a specialist medical administrator, the senior doctor would be a senior clinician and vice versa)
- Junior doctor – a doctor engaged (or recently engaged) with the prevocational training program (PGY1+).

Some teams may also include a JMO manager, and/or additional doctors (either senior or junior). The number of survey team members depends on the number of prevocational trainees at the hospital or health service. Trainee surveyors are in addition to the total number of surveyors. Further information about trainee surveyors is provided at Section 3.

1.4 Responsibilities of team leaders and surveyors

The responsibilities of surveyors are as follows:

- complete the three on-line training modules, read this document and the NSW Accreditation Procedure and attend refresher training once every two years
- declare any actual or potential conflicts of interest to HETI accreditation staff. This is done through completing a conflict of interest form each year when requested. If a surveyor becomes aware of a conflict of interest during a survey visit, this should be declared to the team leader
- provide accurate information about availability to undertake surveys to HETI accreditation staff. This information is generally collected on an annual basis. Once a surveyor has confirmed their availability to undertake a particular survey, only very exceptional circumstances should prevent a surveyor from meeting that commitment
- review all information submitted by the training provider (self-assessment report and evidence) in preparation for the survey
- participate in any pre-survey meetings/teleconferences as required
- undertake a comprehensive and objective review of the supervision, education and training and support of prevocational trainees against the National Standards, in collaboration with other team members
- act in a courteous, professional and non-judgemental manner as a representative of HETI
- contribute to the survey report as requested by the team leader. The report should provide sufficient information and rationale for the assessment against the standards to enable the Prevocational Accreditation Committee (PAC) to make an informed decision on the accreditation status of the training provider
- complete the evaluation form which will be emailed by HETI accreditation staff in the week following the survey.

Team leaders have additional responsibilities to those outlined above, as follows:

- provide oversight and coordination of the survey team to ensure that survey visits are undertaken in a professional, objective and fair manner

- complete the survey assessment report in a timely manner, (within one month of the survey visit) and submit through the online PMAP system
 - provide a verbal report on the survey team's assessment against the standards to the PAC.
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1.5 Why do we accredit prevocational training positions?

The National Standards outline the requirements for systems, processes and resources that contribute to good quality prevocational training. As the prevocational accreditation authority for NSW, HETI has the responsibility to accredit training providers against the National Standards. Accreditation ensures that prevocational trainees are provided with appropriate supervision, education, training and support.

The accreditation process has both a regulatory function (delegated by the Medical Board of Australia through the Australian Medical Council) and a quality improvement function. The National Standards relate to the Medical Board of Australia's registration standards in two important areas:

1. **General registration.** The standards for PGY1s align with the Medical Board of Australia's *Registration Standard – Granting general registration as a medical practitioner to Australian and New Zealand medical graduates on completion of intern training.*
2. **CPD exemption for mandatory registration standards.** Under the Medical Board of Australia's revised *Registration standard: continuing professional development*, PGY2 doctors who are undertaking a structured program leading to a certificate of completion will be exempt from the CPD requirements (and therefore will not need to join a CPD home).

1.6 Summary of the prevocational accreditation process

The accreditation process is cyclical, in line with the National Standards and expectations of prevocational accreditation authorities as outlined in the Quality Assurance document. Figure 1 shows the accreditation process. Over the accreditation cycle, HETI uses a mix of methods to assess whether a prevocational training provider is meeting the National Standards. This includes the pre-survey self-assessment and evidence, paper-based reviews, site visits, teleconference discussions and annual reports.

HETI will assess a prevocational training provider in a number of circumstances, including the following:

- new prevocational training providers or new prevocational training terms
- significant changes in circumstances, in existing prevocational training terms and programs
- notified departure from the National Standards within a term or program
- reaccreditation of established prevocational training providers.

The above assessments may be in the form of one or more of the following:

- a document review by the PAC
- interviews with relevant parties by PAC members
- trainee feedback
- a site visit (face-to-face or virtual) by a survey team.

The usual accreditation process has several key steps:

Self-assessment

Prevocational training providers assess themselves against the National Standards.

Survey visit

HETI appoints a survey team to assess the training provider against the National Standards. This is achieved through reviewing the self-assessment report and evidence prior to the survey visit and interviews with relevant parties (including prevocational trainees, term supervisors, clinical supervisors, DPET, DMS, JMO Manager) at the site visit.

Survey report

The survey team produces a comprehensive survey report that outlines the prevocational training provider's compliance with the standards.

This includes highlighting achievements, identifying issues and, where relevant, making commendations and recommendations.

Accreditation decision

The PAC reviews the survey report and discusses the findings with the team leader. From this information, the PAC decides the period of accreditation and whether any conditions should be made. The period of accreditation that can be awarded ranges from a minimum of 6 months to a maximum of four years.

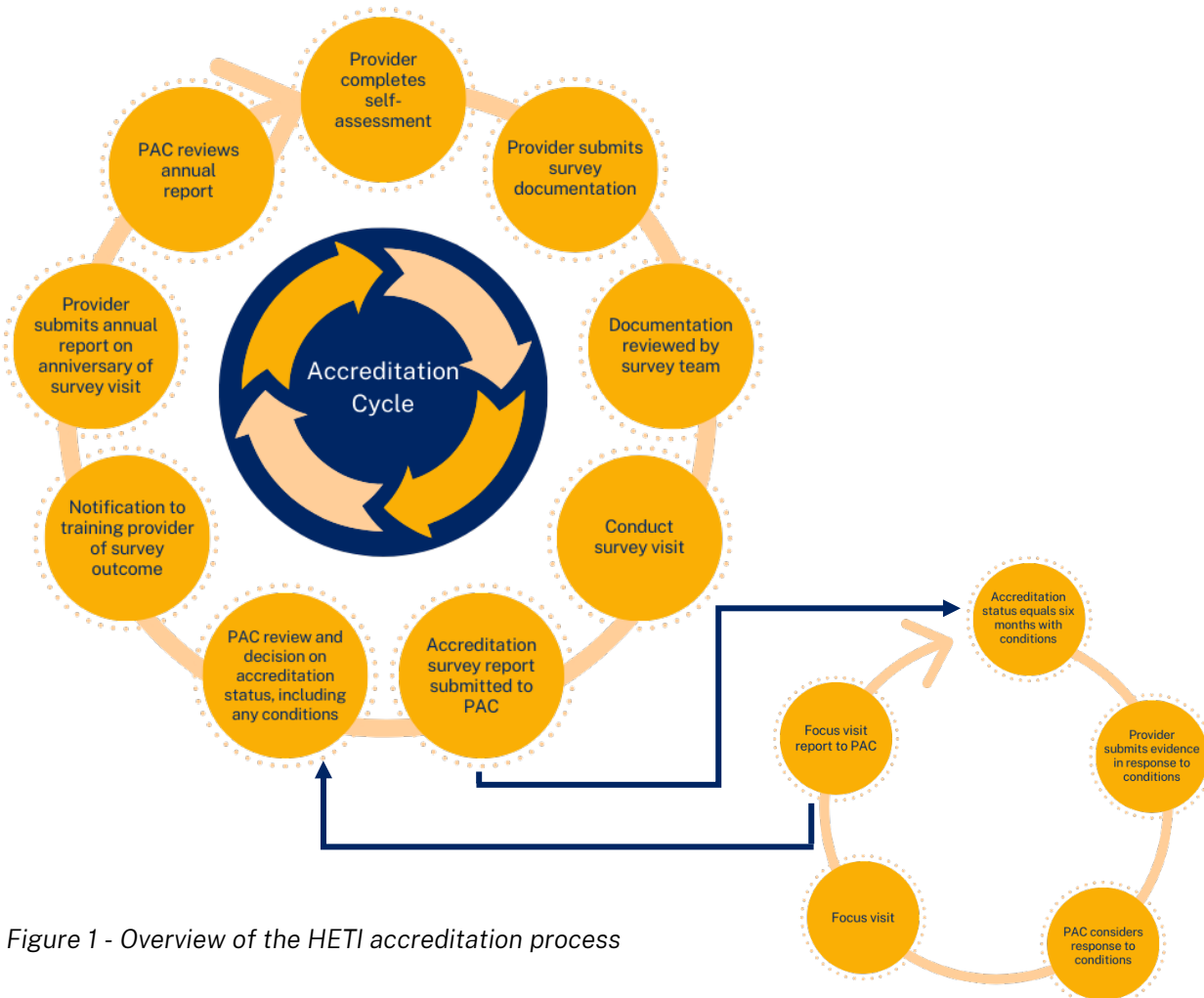


Figure 1 - Overview of the HETI accreditation process

1.7 The Prevocational Accreditation Committee (PAC)

The PAC oversees the NSW prevocational accreditation program. The PAC is responsible for:

1. Oversighting the implementation of the prevocational accreditation program in NSW.
2. Through the accreditation process, maintaining standards for prevocational training.
3. Managing, overseeing, evaluating and improving the survey process used to accredit prevocational training providers and terms in line with the National Standards.
4. Managing, overseeing, evaluating and improving the recruitment and training of surveyors, including their continuing professional development.
5. Reviewing accreditation reports and making decisions regarding the accreditation status of prevocational training providers and prevocational training terms.
6. Other responsibilities as outlined in the PAC Terms of Reference.

2 The survey visit

At an accreditation survey, the prevocational training provider is assessed against each of the 23 criteria under the five standards. Each criteria is assessed using a three-point rating scale as depicted in Figure 2.

Ratings		Rating variables	Not met	Substantially met	Met
Not met	The training provider has failed to demonstrate that they have addressed the requirements of the criteria.	Strength of evidence	There is little or poor-quality documentary or verbal evidence.	A range of documentary evidence is provided and confirmed by verbal evidence although some gaps are identified.	A range of strong documentary evidence is provided and is confirmed by verbal evidence.
Substantially met	The training provider has demonstrated that they have addressed the majority of the requirements and the main intent of the criteria.				
Met	The training provider has met all the requirements of the criteria.				
		Consistency of application	There are a number of circumstances where the requirements of the criteria are not met.	There is consistent application in the majority of the circumstances.	There is consistent application in all circumstances.
		Maintenance over time	Most achievements are the result of recent efforts.	Most achievements have been in place for some time although there is evidence of recent changes	The achievements have been in place for some time.

Figure 2 – Three-point rating scale and rating variables

2.1 Survey preparation

Initial stages

The HETI accreditation program staff will contact the prevocational training provider at least 12 months prior to the date of expiration of their accreditation, to advise that a survey visit will be scheduled in a particular week. The tentative month and year of the next survey would have previously been communicated in correspondence attached to their last survey report.

In the self-assessment phase, the prevocational training provider undertakes a self-assessment against the 23 criteria under the five standards and provides evidence to support its rating. HETI

accreditation staff will undertake an initial review of the submitted information before it is released to the survey team.

HETI will appoint a survey team about four months prior to the scheduled survey. HETI accreditation staff, in consultation with the team leader will coordinate the survey process and planned survey visit. This includes ensuring that all information is available for the survey team to review, four weeks prior to the survey visit. The accreditation program staff are available to clarify any issues or requests for further information by team members, which are generally made through the team leader.

2.2 Prevocational Medical Accreditation Program (PMAP) on-line system

PMAP is the on-line system that supports the prevocational accreditation program. Surveyors will be given access to the system and will use it to review the self-assessment report and evidence submitted by the prevocational training provider.

The following documents are made available to the survey team on PMAP:

- Survey team list (including emails and contact numbers)
- Previous survey report
- Record of accredited terms
- Relevant correspondence.

The following reference documents are also available on PMAP:

- National Standards for Prevocational Medical Training
- HETI Prevocational Accreditation Procedure
- Prevocational Accreditation Guide for Surveyors (this document)
- Guide to Survey Evidence list
- Sample timetable for a one and two-day survey
- Prevocational Accreditation Surveys – A Guide for Junior Doctors
- National Standards (mapped to previous HETI prevocational accreditation standards) (for 2024 and 2025 only)

2.3 Reviewing documentation

The survey team will review the documentation to assess how the prevocational training and education program is led, coordinated and supported. Information obtained during this stage of the process will be corroborated or triangulated during the survey visit when the survey team meet with relevant parties.

The documentation submitted by the training provider will include the following:

- Organisation chart and information about the health service
- Terms of reference and minutes of relevant committees (including GCTC, Network Prevocational Governance Committee and Assessment Review Committee)
- position descriptions of relevant staff (DPET, Term Supervisors)
- term descriptions (of every accredited or provisionally accredited term)
- term allocations for the clinical year for PGY1 and PGY2
- rosters for prevocational trainees
- relevant policies, procedures and manuals
- JMO Handbook
- formal education program
- evaluation tools and reports.

The survey team reviews and evaluates the training provider's documentation by:

1. Reviewing the previous survey report and decision letter.
2. Identifying areas which need clarification in the prevocational training provider's self-assessment and evidence.
3. Reviewing the actions taken by the prevocational training provider in response to their last survey recommendations and/or conditions.
4. Identifying and clarifying any changes or additional requests made by the prevocational training provider since the last survey.

2.4 Planning the survey visit

The team leader takes primary responsibility for liaising with the nominated contact person at prevocational training provider to discuss the survey timetable and any issues. The team leader will also liaise with the HETI accreditation staff and notify the training provider if any alterations to the timetable or additional information is required.

The team leader will also communicate with team members and will usually organise a pre-survey visit teams meeting to discuss approach to the survey visit, including identification of any issues requiring clarification or additional information required.

2.5 Survey visit

All members of the survey team will meet at the facility (for face-to-face surveys) or at 1 Reserve Road, St Leonards (for virtual surveys). Team members will be notified whether the survey visit is to be face-to-face or virtual at the time of confirming their inclusion in the survey team (usually several months prior to the scheduled survey visit).

Survey team pre-meeting

The first meeting of the survey is with survey team members only and provides an opportunity for the team to agree the approach to meetings, highlight any issues to be explored and identify any further information/documentation required.

Meeting with the hospital executive

The formal survey visit commences with a meeting between the hospital executive and the survey team. During this meeting, the survey team will introduce themselves and the team leader will explain the accreditation process and approach to the visit, including what is in scope. There will be an opportunity for the hospital to provide an overview of its prevocational training program.

Scheduled meetings with key staff

The survey team will then meet with a range of people involved in the prevocational training program, including:

- Director of Medical Services (DMS)
- Director of Prevocational Education and Training (DPET)
- Prevocational trainees (usually in groups of 4-6)
- Term Supervisors (usually in groups of 4-6)
- Chair, General Clinical Training Committee
- Chair, Assessment Review Panel
- sample of Registrars (clinical and day-to-day supervisors)
- JMO Management
- other relevant staff (for example RMOA representatives)

Interviews with relevant staff should have a focus on collecting information that allows the survey team to assess the prevocational training provider's compliance against the National Standards. Survey teams should avoid asking questions about or discussing areas which fall outside of the scope of the National Standards. The interview guide (provided at end of this guide) provides examples of relevant questions.

Prevocational training provider facilities and infrastructure

During the site visit, the survey team will undertake a tour of the facility. This includes inspecting the overnight accommodation, long term accommodation, teaching spaces, common rooms, study areas and a sample of clinical areas. The latter generally includes a tour of the Emergency Department, Intensive Care Unit and a sample of wards. When reviewing the clinical spaces, the survey team will be make an assessment of available resources like access for prevocational trainees to computers and clinical protocols, as well as availability of spaces for ward-based teaching or to discuss patients.

For surveys conducted virtually, the prevocational training provider might submit a series of photos or a video showing the relevant facilities. Where a survey team are relying on videos or photographs (compared with an in-person inspection), it will be important to ask additional questions to assess whether the facilities and infrastructure meet the standards.

Prevocational training terms

The survey team will review all existing prevocational training terms to ensure that they meet the requirements of the National Standard and in particular, term requirements. This includes a review of each term description to ensure that the information contained within it is aligned with the actual work

practice (including rostering as per the timetable), training and education activities of the prevocational trainee.

Prevocational training providers wanting to develop a new term or revise a current term must submit the term description through PMAP to the PAC at least two months prior to the survey. Prevocational training providers cannot submit applications for new terms directly to the survey team for review. Only the PAC can initially assess if a term meets the National Standards and provisionally accredit the term. Depending on the timing between submission of a new term application and the survey visit, occasionally the PAC may request that the survey team incorporate an assessment of a new term during the survey team, but this request to the survey team will be made through the PAC Chair and not directly by the prevocational training provider.

New terms determined by PAC as meeting the standards are provisionally accredited until the prevocational training provider's next survey, if the term has been filled for a minimum of 3 terms.

It is the role of the survey team all terms (both accredited and provisionally accredited) and assess whether they deliver the education and training as described in the term description and in line with the standards. The survey team, as part of its reporting to PAC, makes a recommendation as to whether a provisionally accredited term should be fully accredited or whether further action is required.

Prioritise patient safety and prevocational trainee wellbeing

A focus on patient safety (through appropriate supervision) and prevocational trainee wellbeing are foundational tenets underpinning the National Standards. From time to time, survey teams may identify significant issues impacting patient safety and/or prevocational trainee wellbeing. It is important that the survey team interviews, questions and assessment of the prevocational training provider remains within scope and consistent with the roles and responsibilities of the survey team.

If a member of the survey team identifies a potential significant patient safety issue or a prevocational trainee at risk, they should notify the team leader.

For identified issues impacting patient or prevocational trainee safety, the team leader is responsible for:

1. Raising the concerns with the prevocational training provider (generally the DMS for patient safety issues and the DPET for issues impacting prevocational trainees).
2. Include the concern in the survey report where appropriate.
3. If the concerns are serious and represent a significant departure from the standards, contact the PAC Chair or Deputy Medical Director within 24 hours.

Issues which are out of scope

Very rarely, issues may arise which are out of scope of the survey process but warrant escalation to the facility. In these instances, the team leader should raise the issue with the DMS or member of the hospital executive.

Team leaders may contact the Deputy Medical Director or Medical Director, HETI to discuss any significant emergent issues at any time, including during the survey visit itself.

Drafting the survey report

Once the survey team have completed their interviews and document review, they will discuss their findings and commence drafting the report. This includes agreeing what rating to apply to each of the 23 criteria. The survey timetable provides at least 90 minutes for survey teams to undertake this activity.

Hospital de-brief

On completion of the survey, the survey team will meet with relevant staff at the prevocational training provider to provide a high-level summary of their findings. In addition to the survey team, who attends the de-brief meeting on behalf of the prevocational training provider, is at the discretion of the hospital, but at a minimum should include the hospital executive with the overall responsibility for the prevocational training program (generally the General Manager and DMS), and the DPET.

It is important that the de-brief identifies positive feedback about the prevocational training providers achievements against the standards, in addition to identifying any areas of concerns. There should be no surprises when the prevocational training provider eventually receives their survey report (once it has been reviewed by the PAC and accreditation status determined).

The debrief also provides an opportunity for the prevocational training provider to clarify any information or issues raised during the survey visit.

The survey team does not advise the prevocational training provider what ratings have been applied (rarely, the PAC may change a rating to support consistency of application across the state), nor what accreditation status will be recommended to the PAC. The accreditation status is a decision made by the PAC following their review and discussion of the survey report.

In line with the peer review accreditation process, HETI encourages prevocational training providers to provide feedback to the survey team regarding the survey visit.

2.6 Finalisation of the survey

Survey Report

The team leader should complete the survey report within two months of the survey visit. All team members should review the report and provide feedback to the team leader, including confirming their agreement with the contents of the report, prior to the report being submitted to the PAC.

The survey report should provide enough information to support the findings of the survey team, including the rationale for any recommendations to address identified issues.

The Survey Report Writing Guide has been developed to assist team leaders in completing the survey report.

All team members should keep any notes taken during the survey visit for at least six months following the survey visit. All documentation associated with the survey visit should be stored securely and, when appropriate, disposed of in line with NSW Health policy.

Team leader presents report to the PAC

Once the report has been finalised and all team members have confirmed agreement with the content, the report is submitted to the PAC through PMAP. Accreditation program staff will contact the team leader to arrange their attendance (virtual) at the PAC meeting to present the report.

All PAC members are required to review the report in detail prior to the PAC meeting. The team leaders' attendance at the PAC provides an opportunity for the team leader to present a high-level summary, identify any issues for consideration and answer any questions or clarifications for PAC members.

PAC decision on accreditation status

The PAC considers each survey report in detail to ensure a consistent approach is applied across the state. The PAC can award a prevocational training provider accreditation for a minimum period of six months (reserved for facilities in breach of, or at significant risk of breaching the standards) up to a maximum of 4 years.

During its deliberations, the PAC will also determine which (if any) recommendations should be made into conditions. Conditions are reserved for significant issues that need to be addressed to ensure the prevocational training provider continues to meet the National Standards. In applying a condition, the PAC will determine the timeframes for the prevocational training provider to respond to the conditions and the evidence to be submitted. Recommendations support the continuous improvement of the prevocational training program. Progress against recommendations is monitored by the PAC as part of the annual reporting process.

Other potential outcomes of the PAC's deliberations, including further information about focus visits for hospitals awarded the minimum of six months accreditation or processes related to the removal of accreditation of a training term are outlined in the [NSW Accreditation Procedure](#).

Once the PAC has agreed on the survey outcome, HETI will send the survey report to the prevocational training provider along with the PAC's decision regarding accreditation status, including any commendations, conditions or recommendations.

3 Surveyor applications and requirements

3.1 New surveyor applications

Anyone who is either a medical practitioner or has current experience in medical education and training, with a strong interest in prevocational trainees, can apply to become a HETI surveyor. Individuals can find out more about being a surveyor or express their interest by emailing HETI-Accreditation@health.nsw.gov.au

3.2 Steps to becoming a surveyor

1. Submit your CV and the completed [new surveyor application form](#) to HETI-Accreditation@health.nsw.gov.au
2. The Chair of the Prevocational Accreditation Committee will then assess your application and HETI accreditation staff will contact you of the outcome
3. If you are eligible, HETI will send you the following documentation which you are required to read:
 - [The Surveyor Guide – Prevocational Accreditation Program](#)
 - [National Standards](#)
 - [NSW Prevocational Accreditation Procedure](#)
4. You should also complete the three online modules on My Health Learning. You can access the modules by searching for 'accreditation' in the catalogue. The certificates of completion for each module are to be provided to HETI via email.
5. After submitting the certificates of completion, you will receive correspondence from HETI advising that you can participate in a survey as a trainee surveyor.

6. When you have participated in your first survey as a trainee surveyor and received a satisfactory report from the team leader on that survey, you will receive a letter confirming your position as a HETI surveyor.
7. You will need to participate in at least one more survey as a full team member within the first 12 months after participating in your first survey. After that, you will be assigned to participate in at least one survey every two years.

3.3 Requirements to maintain surveyor credentials

1. All surveyors must have current (or very recent experience) with prevocational training programs and meet the criteria specified in the team leader and surveyor statement of duties articulated in the NSW Accreditation Procedure.
2. Surveyors must attend a surveyor training day at least every two years.
3. Surveyors must participate in at least one survey every two years. If a surveyor is unable to attend a survey within two years, the surveyor must attend a surveyor training session prior to attending another survey.
4. If a surveyor advises that they are unavailable to participate in any surveys for more than two years, their surveyor status will lapse.
5. If a surveyor's status lapses, they will be required to complete the three online modules and attend a surveyor training session prior to participating in another survey.
6. HETI will advise surveyors if their surveyor status is due to lapse within the next six months.
7. The PAC Chair will evaluate the performance of surveyors on an ongoing basis using the feedback received through the survey evaluation forms.
8. An annual review will be conducted to confirm that all surveyors:
 - a. Hold current Ahpra registration, if applicable
 - b. Have successfully completed the online accreditation modules
 - c. Have attended a surveyor training session
 - d. Have worked in a hospital that employs prevocational trainees within the past five years or in a role that is significantly involved in / supports prevocational training.

3.4 Requirements to maintain team leader credentials

1. Before surveyors can be considered for the role of team leader, they must meet the criteria specified in the team leader statement of duties in the [NSW Prevocational Accreditation Procedure](#) and:
 - a. be either a senior clinician or a medical administrator and generally a Fellow of a specialist medical college
 - b. have worked in a hospital that employs prevocational trainees within the past five years or in a role that is significantly involved in /supports prevocational training
 - c. have participated in a minimum of two surveys as a surveyor within a two-year period
 - d. have attended at least one survey as a trainee team leader in addition to the two surveys as a surveyor
 - e. received a satisfactory report from the team leader of the survey that they participated in as a trainee team leader

- f. have agreed to follow the team leader statement of duties as articulated in the NSW Prevocational Accreditation Procedure.
 2. Team leaders must attend a team leader training session at least every two years and conduct at least one survey as a team leader every two years to retain their team leader status.
 3. Team leaders whose status lapses are required to attend a team leader training session or participate in a survey as a trainee team leader before leading any further survey teams.
 4. HETI will advise team leaders if their team leader status is due to lapse within the next six months.
 5. The PAC Chair will evaluate the performance of team leaders on an ongoing basis using the feedback received through the survey evaluation forms.
 6. An annual review will be conducted to confirm that all team leaders:
 - a. hold Ahpra registration
 - b. have successfully completed the online accreditation modules
 - c. have attended the required number of surveys
 - d. have attended a team leader training session
 - e. have worked in a hospital that employs prevocational trainees within the past five years or in a role that is significantly involved in / supports prevocational training.
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4 The practicalities of being a surveyor

4.1 Availability

Surveyors are required to complete an availability form to indicate their availability for any scheduled surveys in the following year. This form is available as an online survey and will be emailed to surveyors and team leaders, usually in September of each year.

The availability form lists all training providers that are scheduled to be accredited and surveyors are asked to mark off all potential surveys that they would be available to participate in. This does not mean that they will automatically be allocated to that survey but assists the HETI accreditation staff in putting survey teams together, taking into consideration the team composition requirements outlined earlier in this guide. For this reason, it is fine to nominate as many surveys as you might be available for during a calendar year, on the assumption that surveyors will generally only be allocated to one, and a maximum of two, surveys in any given year.

The availability form also provides an opportunity for surveyors to indicate any conflicts of interest. Further information about conflicts of interest is provided in section 4.3.

As part of the availability form, surveyors are also asked required to answer questions to confirm their surveyor (or team leader) credentials.

4.2 Inability to attend

As documented previously, once a surveyor or team leader confirms their availability and willingness to participate on a particular survey, only very exceptional circumstances should prevent them from meeting that commitment. That said, rarely circumstances may emerge such as illness or significant event which mean that a surveyor is not available to participate in a survey. If a surveyor cannot attend a survey, they are asked to contact HETI accreditation staff and the team leader as soon as possible. If it is after 4pm on the evening before the survey, the surveyor should contact the team leader directly.

The team leader will then notify HETI accreditation staff as soon as is practical. If the team leader cannot attend a survey, they should notify HETI accreditation staff as soon as possible. If it is after 4pm on the evening before the survey, the team leader should contact either the Medical Director or Deputy Medical Director, HETI.

If the team leader is unable to attend the PAC meeting to discuss the survey report, they must nominate another survey team member (usually the senior clinician or medical administrator, whichever is applicable) to present the report. The team leader should notify the HETI accreditation staff that they are unable to attend. HETI accreditation staff will notify the PAC Chair who will decide whether to wait until the team leader is available to discuss the survey report or proceed with their replacement.

4.3 Conflict of interest (COI)

Prior to participating in any surveys, all surveyors and team leaders must declare any conflicts of interest with any training providers that are listed on the availability form. All surveyors and team leaders should be familiar with, and follow the procedures outlined under the *confidentiality and conflict of interest* section of the NSW Accreditation Procedure.

If a surveyor or team leader identifies a conflict of interest after they have submitted the availability form, they must notify HETI accreditation staff via email at HETI-Accreditation@health.nsw.gov.au as soon as possible. Notifying a conflict of interest does not automatically mean that a surveyor or team leader will be removed from a survey team. A risk management approach will be used to assess the conflict of interest (actual or perceived) and determine the appropriate management of the conflict of interest. In some circumstances, this may involve HETI accreditation staff contacting the training provider and discussing this with them.

4.4 Travel

Travel, accommodation and other reasonable expenses incurred by surveyors participating in survey visits will be covered by HETI. Further details about surveyor expenses are provided in the NSW Accreditation Procedure. HETI aims to make all travel and accommodation arrangements six weeks prior to the scheduled survey. Details regarding travel and accommodation will be emailed to surveyors directly.

Depending on the surveyor's location and the location of the training provider being surveyed, (including 1 Reserve Road, St Leonards for virtual surveys), HETI will organise a combination of flights, trains, taxis, car rentals or private car options. All travel and accommodation arrangements must be in accordance with the NSW Health Official Travel Policy and for this reason, surveyors are asked to discuss any intended travel arrangements with HETI accreditation staff, who will book required flights or car hire, on behalf of surveyors.

For rural surveys, surveyors will usually travel to the location of the training provider on the evening before the survey visit. This allows surveys to commence first thing the following morning.

If the training provider is local to the surveyor, it is expected that the surveyor will make their own travel arrangements. HETI will provide a cab charge or reimburse the costs of taxis, buses or private vehicles. The original receipts for these expenses should be forwarded to HETI accreditation staff.

HETI will provide cab charges when a surveyor:

- is flying as a means of travel to and from the airport
- needs to drive to the training provider and car rental or private car options are not possible.

Please provide cab charge receipts to HETI.

Car rental is suggested when there is easy access to a car hire company, and this is the most cost-effective option. In this situation, HETI will check to see whether it is feasible for surveyors to travel together to reduce costs.

Where use of private car is the most appropriate and cost-efficient means of travel to a survey, surveyors can claim mileage, tolls and parking. Please use the mileage claim form to seek reimbursement for approved costs.

4.5 Accommodation

HETI offers accommodation for those times when surveyors must travel significant distances from home to attend a survey. When offering accommodation, HETI considers the surveyors needs, safety, local conditions of the area, survey start and finish times and travel arrangements. Accommodation will be aligned with the [NSW Health Official Travel Policy](#).

4.6 Meals

Surveyors may have their breakfast and dinner in the hotel restaurant and charge the meals to the room. HETI can then be invoiced directly. Please note that HETI does not pay minibar expenses. Surveyors are requested to check all accounts carefully before signing. If the surveyor wishes to dine elsewhere, they will need to submit the original receipt and the claim form for reimbursement. HETI will reimburse at a rate in accordance with NSW Health Policy Directive – Official Travel, per full day for meal expenses incurred. Please note that as per NSW Health Policy, alcoholic drinks are not covered.

4.7 Payments

HETI will provide the following payments to non-NSW Health employees:

- \$500 per day for registrars and non-medical surveyors
- \$700 per day for senior medical practitioners
- An additional \$200 per day is provided to team leaders.

4.8 Making Claims and Reimbursements

HETI will make every effort to pay all reasonable expenses however situations may occur where surveyors have to pay some of their own expenses. Surveyors must retain their original receipts for any reimbursements.

When accommodation is provided, HETI will also pay for incidental costs (as per NSW Health Policy). Please note this does not include laundry, telephone calls, alcohol and minibar.

Refer to the 'PAC and Surveyor Expenses and Honorariums' section in the [NSW Prevocational Accreditation Procedure](#) for more information. An invoice template is provided to facilitate claiming expenses, and is available in [PMAP](#).

4.9 Process for NSW Health employees

NSW Health employees, who have a Stafflink number must submit all reimbursement claims through the iExpenses application in [Stafflink](#).

Prior to submitting any claims through iExpenses, the surveyor will need to contact the HETI Accreditation team via email (HETI-Accreditation@health.nsw.gov.au).

4.10 Process for non-NSW Health employees

1. The claimant must be registered on the iProcurement system as a vendor or supplier. HETI accreditation staff must be notified if the claimant is not registered as a vendor/supplier.
2. Once notified, HETI accreditation staff will then submit a request via the iProcurement system on Stafflink. A link is sent to the vendor automatically asking for some details and register as a vendor. (This has to be done by the vendors themselves).
3. After getting all the details from the claimant, Healthshare NSW administrators register them as a vendor/supplier.
4. If the claimant is already in the system and details are up to date the claimant will need to provide the following:
 - original or scanned copies of the receipts for the expenses incurred
 - supplier Tax invoice form filled in and signed
5. Once the Claimant forwards the relevant information, HETI will verify and process a supplier information form that will require the following:
 - Name
 - Date of Birth
 - Current address
 - Email
6. HETI accreditation staff will then escalate the payment to the Accounts Payable team. The payment is usually made in the next pay cycle.

4.11 Providing HETI with Feedback

Evaluation of survey process

Following the survey, the survey team members, team leader and the training provider are required to complete an evaluation of the survey process. In the week after the survey, the survey team members will receive an email requesting that they follow a link and complete an online survey. The training provider will also be requested to complete an online survey.

The evaluation surveys should be completed as soon as possible. This assists HETI to improve its processes and support for stakeholders.

Evaluation of surveyors and Team Leaders

In addition to evaluations of the survey process, team leaders are required to complete surveys to evaluate the performance of survey team members. The survey team evaluations to be completed by survey team members also includes questions on the performance of the team leader.

Following receipt of the completed survey evaluations forms, feedback is discussed with the PAC Chair. All survey team members, including team leaders, will receive feedback on their performance. In addition, survey teams are encouraged to reflect upon and discuss how well the team worked together as part of debriefing at the conclusion of the survey and after the hospital debrief. This might include making suggestions to HETI accreditation staff on improvements to the process.

A full analysis of all the feedback from surveyors, Team leaders, training providers and prevocational trainees is conducted every six months. A report is compiled which is then reviewed by the PAC.

Prevocational accreditation

Survey interview guide

Instructions

- This list of example questions is a guide only.
- This list is not required to be used in chronological order.
- Not all questions have to be asked at an accreditation survey.
- Only select questions appropriate to the hospital.

Question	Comments
Hospital Executive	
How has the hospital changed since the last survey?	
Are there any changes planned (structural or workforce) over the next four years that will have any impacts on trainees?	
How does the GCTC fit into the hospital's governance structure? Do you get briefed on outstanding issues that are not resolved through the GCTC?	
How do you communicate with trainees and how do they communicate with you?	
How can trainees influence or impact change within the hospital?	
Are there any issues we are likely to hear about that you would like to comment on?	
<p>What organisational activities, structures and behaviours do you have in place to ensure the workplace is a culturally safe and respectful environment for Aboriginal and Torres Strait Islander patients, clients and staff?</p> <p>How do you ensure that your organisation and facilities are culturally safe for Aboriginal and Torres Strait Islander patients, staff, trainee doctors and communities?</p> <p>What activities and approaches are you using to work with Aboriginal and Torres Strait Islander partners?</p> <p>What is the update of the Respecting the difference training? What is the completion rate amongst senior medical staff? What are you doing to improve this?</p> <p>Other initiatives? How are they implemented?</p> <p>Consultation with the local community?</p>	

Question	Comments
Trainee Management – workforce management and Director of Medical Services (DMS)	
<p>How are you working with term supervisors to ensure they are providing a culturally safe training environment? How do you intend to evaluate this?</p> <p>How do you provide opportunities for Term Supervisors to improve their understanding of cultural safety in clinical practice?</p>	
<p>Structure/roles</p> <ul style="list-style-type: none"> Who relieves when others are away? 	
<p>Who do trainees go to with concerns or grievances?</p> <ul style="list-style-type: none"> What is the process? 	
<p>Rosters</p> <ul style="list-style-type: none"> Who does the rosters and is there any involvement by trainees? 	
<p>Trainee requests (leave, rosters etc.)</p> <ul style="list-style-type: none"> How easy is it to meet the requests and are they monitored? Comment on accessing cultural leave? Examples? 	
<p>Term allocations and rotations</p> <ul style="list-style-type: none"> What is the process? 	
<p>Overtime – rostered/un-rostered</p> <ul style="list-style-type: none"> How is this claimed? Is it paid? How is it monitored? 	
<p>Workload</p> <ul style="list-style-type: none"> How is it monitored? 	
<p>Network</p> <ul style="list-style-type: none"> Communication Term Allocation and Rotations 	
<p>How do you communicate with trainees and how do they communicate with you?</p>	
<p>Responsiveness of executive to issues?</p>	
<p>Performance reviews</p>	
<p>Are there sufficient resources?</p>	
<p>Is there anything that concerns you that you would like us to focus on in the report?</p>	
<p>Is there anything further you would like to add?</p>	
<p>Are you briefed on issues of concerns from the GCTC if they are resolved or require affirmative action?</p>	

Question	Comments
Director of Prevocational Education and Training (DPET)	
Wellbeing and support (specific to Aboriginal and Torres Strait Islander trainees): <ul style="list-style-type: none"> • supportive learning environment. • prevocational doctor wellbeing and workplace safety. • Cultural load consideration 	
How have you engaged with Aboriginal and Torres Strait Islander partners and organisations in commencing work around meeting the cultural safety standards? Do they have any involvement in the development of the training program?	
Hospital orientation <ul style="list-style-type: none"> • Innovations? • How is this altered in response to evaluations? • What is the late starter's process? • How do you incorporate cultural safety in the orientation program 	
Term Supervisors <ul style="list-style-type: none"> • How do you communicate with them? • How do you assess their performance? • Are there resources for teaching and supervision (e.g. Teaching on the Run)? • What is your plan for ensuring all supervisors undertake supervisor training? • Have you undertaken any training so far? 	
GCTC <ul style="list-style-type: none"> • Is it effective in supporting trainees and affecting change? 	
Communication <ul style="list-style-type: none"> • How do you communicate with trainees and consultants? 	
Network <ul style="list-style-type: none"> • Is it working in supporting opportunities for trainees? 	
Evaluation processes <ul style="list-style-type: none"> • Examples of changes resulting from these processes 	
Effectiveness of the JMO Office	
Relationship with Executive <ul style="list-style-type: none"> • Are they responsive? 	
Grievances <ul style="list-style-type: none"> • How are various trainee grievances dealt with? • Do you have any examples? 	
Are trainees active on hospital committees?	
Do you meet with trainees individually?	
Funds <ul style="list-style-type: none"> • Access? • Spending? 	
Do you have sufficient resources? <ul style="list-style-type: none"> • Administrative support? • FTE? 	
Trainees with special needs <ul style="list-style-type: none"> • Examples of how the trainees are assisted 	
Trainees with performance issues <ul style="list-style-type: none"> • How are they identified? • How are they managed? 	

Question	Comments
Formal education program <ul style="list-style-type: none"> Attendance? Protected? How do you incorporate Aboriginal Health into the education program? How do you ensure your education program relates to the health care needs of your communities? 	
Are there sufficient education resources/facilities?	
Self-care programs	
How is relief term managed in terms of assessment/feedback?	
Have you had a performance review?	
Succession plan	
Assessment Review Committee <ul style="list-style-type: none"> How does it function? 	
Are there any issues that we may hear about which you would like to discuss?	
Is there anything that concerns you that you would like us to focus on in the report?	

Question	Comments
GCTC Chair	
How regularly are meetings held?	
Attendance <ul style="list-style-type: none"> Trainees? Administrative staff? Consultants? Consistent attendance? 	
How is the GCTC supporting the implementation of the new framework? What progress has been made and what are some of the challenges?	
Term evaluations <ul style="list-style-type: none"> What is the process? How is it communicated 	
Effectiveness of GCTC? <ul style="list-style-type: none"> Examples of successful changes 	
How does the GCTC communicate with trainees and term supervisors?	
DPET evaluation	
Responsiveness of Executive to issues raised by GCTC?	
Assessment Review Committee (ARC) <ul style="list-style-type: none"> Hospital or Network Based? 	
Participation in Network	
Is there anything that concerns you that you would like us to focus on in the report?	

Question	Comments
Term Supervisors	
Orientation to your term <ul style="list-style-type: none"> • How? • Who? 	
Supervision <p>What is your level of awareness/understanding of the requirements on supervisors to complete training?</p> <p>What is your understanding of your responsibilities around prevocational training under the national framework?</p>	
Assessment/feedback <ul style="list-style-type: none"> • How do you conduct assessments and provide feedback to trainees? 	
Trainees with performance issues or special needs <ul style="list-style-type: none"> • Are you told before they start your term? • How have they been managed? • Have you done an IPAP? • How is the DPET involved? 	
JMO Office <ul style="list-style-type: none"> • Responsiveness? • Effectiveness? 	
DPET <ul style="list-style-type: none"> • What sort of job are they doing? 	
Executive	
GCTC	
Education resources	
Workload for trainees <ul style="list-style-type: none"> • Unrostered overtime – would you know? 	
Access off wards <ul style="list-style-type: none"> • Operating theatre • Clinics 	
Teaching on supervision and teaching <ul style="list-style-type: none"> • Teaching on the Run • College programs 	
Evaluation processes <ul style="list-style-type: none"> • Do you get told what trainees think about your term? 	
Do you get information about what is happening in other terms?	
Is there anything that concerns you that you would like us to focus on in the report?	

Question	Comments
Registrars	
Orientation <ul style="list-style-type: none"> What sort of orientation do trainees receive in your term? 	
Education <ul style="list-style-type: none"> What sort of education do the trainees receive? 	
Supervision <ul style="list-style-type: none"> Comment on supervision of trainees If you are away who provides immediate supervision? 	
Assessment/feedback <ul style="list-style-type: none"> Are you asked by consultants to give feedback on a trainee's performance? 	
Have you been involved in the management of a trainee with performance issues? How did that go?	
Do you have access to courses on teaching or supervision?	
Are there any comments you would like to make on workload?	
Is there anything that concerns you that you would like us to focus on in the report?	

Question	Comments
Trainees – Questions about Terms	
Orientation <ul style="list-style-type: none"> Who, when and how? Did you have the skills to start the term? 	
Supervision <ul style="list-style-type: none"> Day-to-day Term supervision 	
Education <ul style="list-style-type: none"> Bedside? Trainee specific? 	
Assessment/feedback	
Workload	
Off ward <ul style="list-style-type: none"> Clinics Operating theatre 	
Formal education <ul style="list-style-type: none"> Can you get there? Can you stay there? Is it protected? 	
Hours worked – rostered/unrostered overtime <ul style="list-style-type: none"> Is it easy to claim? Do you get paid? 	
Do you have an opportunity to give feedback?	
Would you recommend this term?	
Who do you raise issues to if you have a problem?	

Question	Comments
Trainees – General Questions	
DPET	
GCTC	
Network	
Other committees	
How do you make a change?	
Access to executive	
JMO Office <ul style="list-style-type: none"> • Responsiveness? • Effectiveness? 	
Rosters and work hours	
Unrostered overtime – as above	
Do you get your ADOs?	
Requests <ul style="list-style-type: none"> • Do they try and meet them? 	
Term allocations <ul style="list-style-type: none"> • Do you get what you need? • Are they fair? • Do you have access to metro/inter-network? 	
Grievances <ul style="list-style-type: none"> • Who do you go to? • Are they dealt with? 	
Supervision <ul style="list-style-type: none"> • Normal and after-hours • What happens when your registrar is away? • Access to consultants? 	
Information/education resources <ul style="list-style-type: none"> • Library? • Training? • Access? • Computers? • Simulation? 	
Education program <ul style="list-style-type: none"> • Can you attend? • Protected? • Is it meeting your needs? 	
Facilities <ul style="list-style-type: none"> • Common room? • Accommodation? 	
Evaluation processes <ul style="list-style-type: none"> • Do you get asked? 	
Handover <ul style="list-style-type: none"> • Shift • Term • Hospital 	

Question	Comments
Career guidance	
Opportunities to teach? <ul style="list-style-type: none"> Peers? Students? 	
Opportunities to learn how to teach? <ul style="list-style-type: none"> Teaching on the Run? 	
Safety	
Wellness	
RMOA	
Anyone involved in hospital committees? <ul style="list-style-type: none"> Are you made to feel welcome and are free to actively contribute? 	
Bullying or harassment	
Would you recommend this hospital?	
Is there anything that concerns you that you would like us to focus on in the report?	

Question	Comments
Medical Training Survey	
Has your hospital reviewed the MTS results for your prevocational trainees?	
Has your hospital taken any action in response to the MTS findings?	

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