NSW GOVERNMENT | HETI HEALTH EDUCATION & TRAINING

NETWORK PRINCIPLES FOR PREVOCATIONAL MEDICAL TRAINING

LEARNING MODEL | NETWORK MODEL | GOVERNANCE

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Health Education and Training Institute (HETI)

1 Reserve Road
ST LEONARDS NSW 2065

(02) 9844 6551
(02) 9844 6544

www.heti.nsw.gov.au

HETI-Info@health.nsw.gov.au

Post: Locked Bag 2030
ST LEONARDS NSW 1590

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ABOUT THIS DOCUMENT

This guide is for those responsible for delivering prevocational medical training programs in New South Wales.

It outlines the requirements for the delivery of a successful prevocational medical education and training program in NSW. It also outlines the required structures governing the network system from the state level to the training sites.

An effective training network requires open communication and collaboration between clinicians and administrators working in a diversity of settings. This guide outlines the ground rules for cooperation when managing issues that arise in a complex work and training environment.

"This guide is for staff who are responsible for delivering prevocational training programs across diverse sites."

PREVOCATIONAL EDUCATION AND TRAINING STRUCTURES

The Commonwealth Government provides funding, policy guidance and support for a range of clinical education and training activities.

The Australian Medical Council (**AMC**)[1] is an independent national standards body for medical education and training. Its purpose is to ensure high quality and consistent standards of education, training and assessment of the medical profession to promote and protect the health of the Australian people. The AMC does not provide clinical education and training, however it does assess overseas-qualified medical practitioners seeking registration to practice medicine in Australia.

The Australian Health Practitioner Regulation Agency (**AHPRA**)[2] which includes the Medical Board of Australia (MBA), manages the registration of medical practitioners. The MBA sets national standards for internship that must be met by all state and territory jurisdictions. Both organisations have no direct role in providing education and training. The Health Education and Training Institute (HETI) is accredited by the AMC and approved by the MBA as the intern training accreditation authority for NSW.

The HETI Prevocational Accreditation Program implements and monitors standards for the training and welfare of prevocational trainees in their first two postgraduate years (PGY1 and PGY2).

HETI is responsible for ensuring the health services it accredits comply with the NSW Prevocational Education and Training Standards (the Standards) for Prevocational Training Providers. Its functions include setting standards for education and training, and the accreditation of institutions for prevocational education and supervision.

"The Commonwealth Government provides funding, policy guidance and support for a range of clinical education and training activities."

[1] http://www.amc.org.au/

[2] http://www.ahpra.gov.au/

ABOUT HETI

HETI was established under the Health Services Act 1997 as a Chief Executive Governed Statutory Health Corporation. HETI provides and promotes the support of high-quality education and training to sustain excellence in health care delivery across the NSW Health system.

HETI'S VISION

To be the first-choice partner for Education and Training in NSW Health.

HETI'S PURPOSE

We educate for better health outcomes.

HETI promotes education and training that:

- Supports safe, high quality, multidisciplinary, team-based, patient-centred care.
- Meets service delivery needs and operational requirements.
- Enhances workforce skills, flexibility and productivity.

HETI'S MAIN FUNCTIONS ARE TO:

- Design, commission, conduct, coordinate and evaluate education and training for patient care, administrative and support services.
- Establish governance for whole of health education and training programs for the NSW Health system.
- Take the lead role in NSW Health for the design, commissioning, conduct, coordination and evaluation of leadership and management development.
- Support reform to improve workforce capacity and the quality of clinical and non-clinical training.
- Develop, coordinate, oversee and evaluate education and training networks, ensuring they support service delivery needs and meet operational requirements.

NSW PREVOCATIONAL NETWORK FUNCTIONS

No single health care facility can provide all the training and experience required to prepare new doctors for the diversity of medical practice. Facilities are organised into networks that are able to provide trainees with a varied and well-rounded experience as the trainees rotate within the network's hospitals and services.

1.TRAINING COMPONENTS

It is the responsibility of the training network to ensure that every trainee has access to an effective program of education in an appropriate training environment, across each site within the network. This requires the following:

- Each site must have access to the resources required to deliver clearly documented learning outcomes. This requires:
  - Directors of Prevocational Education and Training (DPETs), supervisors and trainees familiar with the learning outcomes and training curriculum of the site.

  - Term descriptions made available to each trainee prior to the commencement of each term that outline how the trainee will be exposed to learning opportunities specific to the term and in alignment with the curriculum of the training site.
  - An education series and term-specific teaching that addresses the proposed learning outcomes across the network.
- The required amount of accredited training positions to enable allocation of all PGY1 trainees to the terms required for general registration.
- An appropriate mix of specialty terms, including availability for trainees to complete terms in:
  - Paediatrics
  - Psychiatry
  - Obstetrics and Gynaecology
  - Geriatrics or Rehabilitation
- Access to an appropriate mix of training settings (large and small hospitals, rural and metropolitan, with a range of patient types and acuities).
- Relief terms: each trainee should undertake a maximum of 2 relief terms out of the 10 terms available across a two-year full-time contract. This will often include clinical duties providing bedside care after hours. These terms are a valuable practical learning experience for trainees.
- All terms within a network are accredited, which requires that:
  - The term description sets clear and achievable training outcomes and outlines monitoring and assessment procedures.
  - Clinical supervision is sufficient for both clinical effectiveness and the education and training of trainees. Responsibility for direct oversight of all patient care is explicit and there is active senior supervision that ensures patient safety. This includes trainees having immediate access to senior experienced clinicians at all times.
  - The workload is appropriate to maximise both patient care and trainee development.
  - Processes for assessing trainees and evaluating each term are effective.
  - Use of workplace-based assessment tools (including miniCEX and multi-source feedback) are strongly encouraged.
  - Formal assessment is provided at the middle and end of term using the HETI assessment forms.
  - The DPET and General Clinical Training Committee (GCTC) Chair are aware of any changes to existing terms or the potential for new terms.
  - The Prevocational Accreditation Committee (PAC) must approve any amendments or changes relating to new or existing terms before implementation.
- An education series for trainees coordinated at a network level and made available between sites where access to educators or specialists may not be available. (e.g. via video conferencing).
- Protected time for formal prevocational teaching (minimum one hour per week).
- Specific teaching in each term. This may include lectures, demonstrations, journal clubs, morbidity and mortality meetings and quality assurance processes that consolidate the trainee's work experience. The GCTC should routinely evaluate teaching activities using trainee feedback and trainee attendance. Part of the term assessment of the trainee should include participation in training. Specific, assessable assignments as part of term-specific teaching are recommended (e.g. case presentation to peers).
- Supervisors who understand the importance of teaching and providing feedback to trainees. This requires that supervisors:

  - Have enough time and resources to fulfil these responsibilities,
  - Are supported with training in core skills of supervision and teaching and have access to ongoing training opportunities, and
  - Are provided with feedback about their performance as supervisors, via the GCTC and the DPET, in a regular cycle.
- Access to after-hours shifts for all trainees in accordance with accreditation requirements.
- A workplace culture supportive of training and education. This should include a commitment to continuing professional development at all levels.

Good prevocational training cannot occur in a vacuum; the understanding and support of all staff from the Chief Executive down is required. This requires a significant commitment of resources, including for those directly involved in prevocational training (DPET, Junior Medical Officer (JMO) Manager, Education Support Officer (ESO)) to appropriately support term supervisors and trainees.

NETWORK EDUCATION SERIES

Due to the rotation of trainees within training networks it is essential for each network to endorse and implement the use of a single education series. This is important for the intern protected teaching time (minimum one hour per week). An agreed series of learning opportunities will allow trainees across the network to access the same learning topics at each of the network sites. It is expected that this be monitored by the Network Committee for Prevocational Training (NCPT) so that trainees do not experience gaps or repeated training sessions where possible. These suggestions may help:

- Provide access to video or teleconferencing facilities at remote sites.
- Provide access to recorded lectures which are also available for reviewing later.
- Each site provides their own education session based on the agreed timetable of lecture topics with network oversight and support. This ensures trainees receive essential sessions regardless of their rotation.

The Prevocational Training Council (PvTC) of NSW endorses the **Unified Education Series**[3] (available from the **HETI website**[4]) as a concept and recommends it to DPETs as an aid to coordinating trainee education across each training network.

The essential features of a network education series include:

- Access to the education series for all trainees, including those who are rostered to after hours or night shifts, and those who cannot travel from another facility.
- Education sessions are held in protected teaching time. This means that trainees are released from clinical duties to attend and are not interrupted unless in the case of a clinical emergency.
- Education sessions that are organised locally by DPETs with coordination at a network level to avoid trainees missing or repeating topics when they are rotated. This may not be avoidable, but networks should be developing options to overcome the problem such as recording lectures or providing online tutorials for trainees who cannot come to the live event.
- Trainee evaluations of the education sessions are routinely collected and used to improve the series.
- Trainee attendance at the education sessions is recorded and reported to the GCTC.

[3] https://www.heti.nsw.gov.au/education-and-training/courses-and-programs/prevocational-education/publications,-forms-and-templates

[4] https://www.heti.nsw.gov.au

"Due to the rotation of trainees within training networks it is essential for each network to endorse the use of a single education series…"

RATE OF TRAINEE PARTICIPATION REQUIRED FOR INTERN TEACHING

Some training sites report challenges with attendance of prevocational trainees at formal education series. Attendance at mandatory training sessions form the provider's response to HETI's Prevocational Accreditation Standard 3.

The PvTC requires attendance at:

- All core training activities as determined by the NCPT e.g. Detecting Deterioration, Evaluation, Treatment, Escalation and Communicating in Teams (DETECT), basic and advanced life support courses, communication workshops (including breaking bad news) and any other session deemed core training by the NCPT.
- All intern orientation weeks and all term orientation activities.
- A separate orientation program for late starters.
- A percentage (to be determined by the NCPT) of the weekly protected education sessions.

Failure to attend education and training provided by the facility may be deemed a failure of Domain 4 – Professionalism and Leadership in the HETI assessment form. Hospitals with low attendance that show no evidence of attempts to address the issue may jeopardise their accreditation status.

Enforcing attendance is only acceptable if the network and the provider meets organisational requirements:

- The educational program must be regularly scheduled and publicised.
- Educational presenters should be appropriately qualified and prepared.
- Term supervisors and other clinical team members must understand that releasing prevocational trainees for their scheduled education sessions is required in all but exceptional circumstances. The pagers/DETECT phones of prevocational trainees should be held for them by an appropriate party so that educational time is protected.

TERM-SPECIFIC TEACHING

The content and method of term-specific teaching varies from term to term, but can include lectures, journal clubs, morbidity and mortality meetings, procedural skills training sessions, trainee presentations and other educational methods appropriate to the clinical specialty of the term. Interns must participate in education sessions. Often the term-specific teaching of a training site is its unique strength.

RESIDENT TRAINING PROGRAMS

The PvTC advocates for each training network to offer a training program specifically targeting the second year of prevocational training. It is acknowledged that the training program aimed at the interns may not be appropriate to the level of learning required by a resident, so it may be necessary for an alternative program to be implemented. The PvTC recommends that a PGY2 training program include:

- Communication skills.
- Managing teams.
- Dealing with difficult patients.
- Case presentations.
- Career and vocational training pathway requirements.

It is necessary for all PGY2 trainees to continue to undertake mid and end of term assessments, so it may be suitable to align an education program with the outcome statements discussed within these documents.

2. INFRASTRUCTURE

For trainee learning to be effective, each network must provide an appropriate training environment. Clinical governance systems including clinical oversight, infrastructure arrangements, education and support staff, and workplace conditions must all be aligned and continuously maintained to provide an appropriate learning environment accredited for prevocational training.

The NSW Prevocational Education and Training Accreditation Standards describe the specific infrastructure requirements for prevocational training providers, but there are certain requirements worth highlighting here:

- Hospitals within the networks must have infrastructure and staffing to:
  - Manage their trainees' employment and welfare.
  - Supervise trainees.
  - Provide regular feedback to trainees.
  - Assess trainees.
  - Evaluate the program.
  - Keep adequate and secure records.
- Each training site should have appropriate physical amenities for the welfare of trainees e.g. common room.
- Trainees need access to:
  - Libraries — these may be digital libraries accessible from quiet study areas.
  - Simulation training facilities — not every site will provide high-fidelity simulation facilities. Trainees should have access to high-fidelity simulation facilities within the network for training in advanced life support, and low fidelity simulation training for training in teamwork, engaging with people from different cultural backgrounds and practising conflict resolution.
  - Lecture facilities.
  - The internet — both on wards and in study areas.
  - Access to an Employee Assistance Program.
- Videoconferencing should be available within the network to connect smaller sites with larger sites for educational sessions and network meetings.
- The network must provide trainees who are rotated to rural sites a significant distance from their home hospital with suitable accommodation. For rural trainees moving to metropolitan training sites, HETI facilitates the Metropolitan Access Scholarships (MAS) program which provides financial support to eligible NSW rural vocational and prevocational medical trainees undertaking metropolitan training.

The scholarships aim to assist rural trainees, with a strong commitment to rural practice in NSW, to relocate to a metropolitan centre for further training.

3. GEOGRAPHY

HETI encourages prevocational trainees to rotate through the prevocational training network (including to metropolitan, private or rural providers). These rotations provide prevocational trainees with exposure to different health geographies and demographics and an opportunity to experience how the provision of medical services can differ.

Trainees receiving most of their training in metropolitan settings can benefit from receiving part of their training in a rural setting, and vice versa.

BENEFITS OF A RURAL TERM TO METROPOLITAN TRAINEES	BENEFITS OF A METROPOLITAN TERM TO RURAL TRAINEES
Different patient mix	Different patient mix
Smaller teams, closer relationship with senior clinicians	Larger teams, more specialised wards and techniques
More opportunities to be hands-on	More chances to see subspecialists at work

Rural trainees should be encouraged to complete at least one training term in a metropolitan facility out of their 10 training terms (this does not include a relief term).

Metropolitan trainees should be encouraged to complete at least one training term at a rural centre out of their 10 training terms (this does not include a relief term).

Networks should try hard to ensure that this term advances the trainee along their intended vocational pathway and gives the trainee appropriate opportunities to extend hands-on experience in clinical skills.

In networks that contain a private training facility, the network must include their accredited terms, where appropriate, in the allocation to the entire cohort of trainees. This will provide beneficial access to a broader range of clinical settings for all network trainees.

4. NETWORK MEMBERSHIP

Most prevocational networks comprise a diverse range of providers in metropolitan, regional and rural areas with both private and public, and large and small hospitals.

When a new provider wishes to provide training to prevocational trainees, they need to be accredited by meeting the NSW Prevocational Education and Training Accreditation Standards. They also need to be part of an existing NSW prevocational training network which has been approved by the PvTC. HETI encourages the expansion of networks to accommodate new training sites and for existing providers to understand the inherent value in additional training services and educational opportunities for their trainees.

A new provider may come from an existing Local Health District (LHD) and thus, request to join a network already associated with the LHD. Other types of new providers, such as private sector facilities, will typically not be part of an LHD and therefore not allocated interns through the HETI allocation process. These providers could request to join a prevocational network via the PvTC or by liaising with a network directly. In both cases the new provider must contact the Network Chair to request joining their network.

The Commonwealth Junior Doctor Training Program – Private Hospital Stream initiative is used to fund private hospitals to provide training for prevocational trainees from first to third postgraduate year. For more information about the fund please go to their website[5].

[5] https://www1.health.gov.au/internet/main/publishing.nsf/Content/work-commonwealth-medical-internships

5. RELATION TO THE SYSTEM

Links to undergraduate clinical programs, vocational training programs and interdisciplinary programs influence the effectiveness of prevocational training. Relationships which form part of the assessment of a network's viability include:

- Vocational: links to vocational networks provide registrars and the infrastructure for appropriate prevocational terms.
- Interdisciplinary: capacity for training in teams.
- Major tertiary referral hospital: not available within each network, but each network should link to a tertiary centre within its cluster of specialty terms.
- University: a clinical school within a network strengthens continuity of training and can involve sharing staff and facilities in a mutually beneficial way.
- Private sector: links to private sector sites of training.

6. NETWORK GOVERNANCE

Network governance is a vital element in ensuring that prevocational training is effective and continuously improving.

ESSENTIAL ELEMENTS OF EFFECTIVE GOVERNANCE

A prevocational training network is a peer-to-peer network, not a hub-and-spoke network, irrespective of relative size. The alignment of all training networks to the NSW Prevocational Education and Training Accreditation Standards is mandatory and will be subject to annual review. The following elements are necessary for all prevocational training networks in NSW and must be agreed upon within the Network Memorandum of Understanding (MOU).

- **Element 1. Cooperative planning for education and training.**

  Trainees are trained at multiple sites, and there must be a network-level overview of the training they are receiving. To avoid replication of lecture topics and core topics, the education should be coordinated at the network level to ensure all trainees have access. Repeating the same lecture on rotation to a new training site is almost as significant a waste of critical training time as missing major, core topics. DETECT, Advanced Life Support and specific communication courses such as 'breaking bad news' must be coordinated by the network to ensure that all trainees have access.

- **Element 2. Small sites may not be able to provide the same level of education and training and the network must work to overcome these difficulties.**

  There are several possibilities:

  - Videoconferencing.
  - Online learning.
  - Travelling to a central location for educational activities.
  - Education and training resources need to be shared within the network in whatever format maximises their effectiveness for trainees.

- **Element 3. Effective processes for the allocation of trainees.**

  The impact of a missing staff member is proportional to the number of staff in a facility. An effective network must have responsive procedures for managing staff allocation fairly.

- **Element 4. A shared commitment to the welfare of all trainees.**

  This requires good communication and handover at all levels of prevocational support staff and should be a routine agenda item for close attention at network meetings.

- **Element 5. An effective Network Committee for Prevocational Training (NCPT).**

  The NCPT must:

  - Meet regularly, with an appropriate agenda, minutes, chair and secretary.
  - Have committed representation from all training sites within the network.
  - Actively involve trainees in the governance of their training as per the **HETI Prevocational Education and Training Accreditation Standards**[6].

- **Element 6. An effective Assessment Review Committee (ARC).**

  The ARC for prevocational training should ensure that they are available to review assessment decisions at the end of each term. The ARC may be operated by individual facilities or the network. If the ARC is run by individual facilities, there must be a process to report to the network. The key function of the ARC is to discuss trainees in difficulty who are rotating within the network and ensure that appropriate support structures are put in place.

- **Element 7. Effective lines of reporting.**
  Both to HETI and to the health service administration of each LHD, or equivalent, in the network. Without clear lines of reporting, problems identified within the network can remain unresolved.

- **Element 8. Executive sponsorship of the network.**

  Senior administration must value the importance of the prevocational training program in ensuring the effective delivery of patient care. Investment in education and training returns dividends to the health service in improved patient care, improved staff performance and morale, reduced staff turnover and absenteeism, and greater efficiency of work practices. Prevocational training networks require executive support to function effectively.

- **Element 9. Effective procedures for dispute resolution.**

  Network members will not always agree and a network needs to establish a mutually respected procedure for dispute resolution as part of its governance structure. This element of committee function must be agreed upon and included in the MOU.

- **Element 10. Cooperative relations with HETI and other networks.**

  HETI provides support to networks and accredits all prevocational training providers and terms. NSW Health delivers all funding for HETI programs to the LHDs in a block funding grant. Cooperative relations with HETI are essential for the smooth running of the network.

  Cooperation with other networks is useful for:

  - Sharing the development costs of education and training, such as workshops, guidelines, lectures and online resources.
  - Providing extra opportunities to trainees through term swaps or trainee swaps.
  - Solving gaps in the network's training capacity or workforce by negotiation with another network.

- **Element 11. Capacity to implement, evaluate and improve the prevocational program.**

- **Element 12. Effective role definitions, staffing and resourcing for the network committee, hospital training committees, directors of training, JMO managers, supervisors, educators, and trainees.**

  For example, each hospital's GCTC needs to know how its role articulates with the role of the network committee.

[6] https://www.heti.nsw.gov.au/data/assets/pdf_file/0008/425078/prevocational-education-and-training-accreditation-standards.pdf

NETWORK COMMITTEE FOR PREVOCATIONAL TRAINING (NCPT)

Each prevocational training network must establish a NCPT to oversee the efficient running of training in a fair and transparent manner.

The purpose of the NCPT is to develop and manage safe, high quality training for all prevocational trainees within the network, through the provision of good governance of the training programs across the network.

Some NCPTs form sub-committees to manage details of work (e.g. an education sub-committee to coordinate network-wide education) or working groups to manage particular projects.

Wherever possible, the position of Chair should be rotated between the members of the network and be held by a DPET. Each network meeting must invite a HETI representative to provide an update and advise on any accreditation or education matters. HETI staff should be advised at the commencement of each clinical year, of the proposed dates for the year's meetings, be formally invited to attend and given access to agenda papers and minutes.

The template Terms of Reference (see appendices) summarises the NCPTs responsibilities and must form the basis for the Committee.

TRAINEE REPRESENTATION

Prevocational trainees must be actively involved in the governance of their training. All network and hospital committees for prevocational training must include trainee representation with trainees required for any quorum-based decision-making. This is to support advocacy for trainees and encourage engagement of trainees in the work of the committees. To add value to the continuation of trainee representation, the committees should allocate tasks to the trainees and outline expectations for their input to meetings. It may be helpful to have an active trainee sub-committee that meets separately. For more information please see Standard 7.3 on the communication with trainees as per the **AMC Standards for Assessment and Accreditation of Specialist Medical Education Programs and Professional Development**[7].

"All network and hospital committees for prevocational training must include trainee representation."

[7] https://www.amc.org.au/accreditation-and-recognition/accreditation-standards-and-procedures/

NETWORK WORKFORCE DISTRIBUTION

The Prevocational Training Council (PvTC) oversees the functions of the NSW prevocational training networks. It is the responsibility of the prevocational training network to ensure equitable distribution of workforce across all accredited providers whilst supporting workforce needs, patient safety and promoting trainee wellbeing.

To assist networks, the sections entitled 'Managing Leave', 'Leave and Registration Requirements' and 'Workforce Distribution Principles' have been included, to give an example of the appropriate distribution of junior medical workforce staff. This will highlight how staff can best be used to manage workload surges and support the needs of smaller providers within the network.

As an ongoing auditing mechanism, the PvTC will expect each prevocational training provider to have access to and provide the PvTC with a copy of the signed MoU for their training network, specific to the distribution of the prevocational medical workforce. This will be required by each site as part of their annual report submission and will inform the accreditation survey for each accredited training site.

MEMORANDUM OF UNDERSTANDING (MOU)

All training sites within a network must sign off on a MoU for the allocation of trainees, taking into account any rural and regional recruits, prior to recruitment being finalised for the year. It is required that where a network features one or more T5 home hospitals, that they take the lead in supporting the smaller network sites to ensure access to training opportunities, appropriate terms required for a diverse educational experience and support for workforce shortages. As it states in the **AMC national standard 7.1.1**, "The education provider has clear, documented selection policies and principles that can be implemented and sustained in practice. The policies and principles support merit-based selection, can be consistently applied and prevent discrimination and bias."[8]

The MoU must outline the roles of all network sites and, in the case of more than one T5 home hospital within the network, should delineate the responsibilities to the network for those areas mentioned.

Whilst all hospitals in a network are required to be parties to a MoU, some small hospitals with only a few prevocational trainees may be classified as an "offsite term" of the "parent" hospitals and share the same DPET and GCTC. In this case, the smaller hospital is a member of the network through its connection with the larger hospital, and the two hospitals enter into a Collaborative Agreement between them.

[8] https://www.amc.org.au/html-files-to-import/files/2c1fb12996b0f6e6e5cb5478dde9d9e991409359_original.pdf

MANAGING LEAVE

The network's MoU must include an agreement regarding responsibilities for leave cover. This should consider the critical nature of particular rotations, the number of positions at each facility, and the ability to manage the vacancy at a local level.

- Leave is either planned (e.g. annual leave, maternity leave) or unplanned (e.g. sick leave or FACS leave).
- In principle: unplanned leave under two weeks should be the responsibility of the local provider from which the trainee is absent, while unplanned leave beyond two weeks becomes a network responsibility.
- The cover for planned leave should be the responsibility of the provider which approved the leave.
- Generally, planned leave will be approved by the trainee's home hospital and should take place in a term at the home hospital. Planned leave can be taken within an intern's core

surgical, medical or emergency term if they meet their registration requirements. Leave within any training term must be approved by the provider hosting the term. If a home hospital approves leave for a trainee on rotation, it is the responsibility of the home hospital to cover that leave and advise the rotation site of the arrangements.

- Hospitals with Rural Preferential Recruits should aim to employ sufficient numbers to cover relief, or, under prior agreement with the network, use a network reliever.
- Management of leave may include planned transfer of funds between rural and metropolitan hospitals.
- Network agreements, either employing additional leave relief, or "purchasing" positions from other providers in the network, should be in place before the recruitment period ends to provide adequate baseline numbers.

LEAVE AND REGISTRATION REQUIREMENTS

When approving leave for interns, facilities and networks should remember the **MBA Standards for Internship**[9] currently require interns to perform satisfactorily under supervision for a minimum of 47 weeks full time and in the following terms:

a. A term of at least eight weeks that provides experience in emergency medical care.
b. A term of at least 10 weeks that provides experience in medicine.
c. A term of at least 10 weeks that provides experience in surgery.
d. A range of other approved terms to make-up 12 months (minimum of 47 weeks full time equivalent service).

[9] https://www.medicalboard.gov.au/Registration/Interns.aspx

WORKFORCE DISTRIBUTION PRINCIPLES

- All prevocational training terms must be accredited by HETI for all PGY1 and PGY2 positions. Workforce must be distributed in accordance with these accredited positions only. Any changes to the positions must be approved by the PAC before prevocational trainees are allocated. *Please note that the process of approval of new and revised terms can take up to three months. Please email* ***HETI-Accreditation@health.nsw.gov.au*** *for more information regarding this process.*
- Any changes to the number of funded positions available at the facility must be provided to HETI urgently as this may impact allocated workforce. ***Any requests for increases in positions must be accompanied by approval from the LHD CE. Both can be sent to HETI-Internship@health.nsw.gov.au***
- The availability of terms, quality of supervision and the provision of education and training must be considered when distributing the workforce.
- The network shall consider the totality of the individual trainee's experience when making decisions about term allocation.
- In networks with more than one home hospital, the allocation of trainees to home hospitals must be done using a fair and transparent process. Trainees must do at least three terms at their home hospital in their PGY1 and two in their PGY2 year. New trainees must be informed of their home hospital by November the year before the start of the clinical year.
- If there is a workforce shortage, prevocational staff must be shared equitably within the network, having regard to the proportional impact of a shortage and giving priority to smaller or rural network sites.

TERM ALLOCATION

Networks should have a range of terms and educational opportunities which support the career aspirations and outcomes for the prevocational trainees.

Neither rural, regional, nor metropolitan trainees should have special preference in relation to desirable terms. All trainees should have equity of access to desirable terms.

HETI does not allocate terms but has oversight of the effectiveness of these principles.

TERM TO TERM TRANSITIONS

The allocation process must be coordinated at a network level to ensure that trainees are not rostered to an impracticable or unsafe transition from term to term. For example, it would be inappropriate for a trainee to be allocated to complete a term on Sunday night in a metropolitan hospital and then start a term the next day in a rural hospital. A safe number of hours for rest and travel must be arranged at term transitions.

The Ministry of Health's **JMO Wellbeing and Support Plan**[10] stipulates that:

- Employees are not to be rostered for shift periods totaling more than 14 consecutive hours (inclusive of meal breaks and handover).
- Rosters must be arranged so that there is a break after rostered shift periods of at least 10 hours. It is up to the respective workforce teams at both sites to ensure their rosters allow for a safe transition for the trainee.

SWAPS ACROSS NETWORKS

PGY1 trainees cannot rotate to terms outside of their network. During the PGY2 year, trainees can request training at other network sites if there is an opportunity to complete a term at another facility that will enhance their career progression.

Swaps between PGY2 trainees can be arranged between networks on a case-by-case basis when there is a trainee in need of a singular, specific learning opportunity for specialty training that is not available in their current network.

These network changes are supported by HETI to provide opportunities for trainees to support further career paths. JMO Managers can use their professional network to help facilitate trainee swaps.

Swaps require the mutual agreement of the trainees, JMO Management and DPET in both networks. Information on trainees should be shared with JMO Managers and DPETs to ensure that the trainees are supported within their rotation term. HETI does not directly manage the swap of PGY2 trainees but supports the concept.

[10] https://www.health.nsw.gov.au/workforce/culture/Pages/JMO-Wellbeing-and-Support.aspx

WORKFORCE SHORTAGES

When managing workforce shortages, the potential impact on patient safety and JMO well-being are both of paramount importance.

If there is a workforce shortage, this must be shared equitably, according to the agreed MoU, within the network, having regard to the proportional impact of a shortage. For example, generally, if one of two positions in a term is vacant, this has a larger impact than if one of five positions is vacant.

Networks must agree to a policy on how to manage vacancies in the network that considers the number of positions at each provider and their ability to manage the vacancy at a local level.

The network MoU, implemented prior to recruitment, must outline the requirements of the network when managing workforce changes and how workforce shortages are practically managed.

GENERAL CLINICAL TRAINING COMMITTEE (GCTC)

Each provider must have a General Clinical Training Committee (GCTC) to advise on education and information resources needed to support the education program and to advise on other matters relating to the delivery of the prevocational education and training program as required. The GCTC can be part of another committee as long as it is site-based as per the NSW Prevocational Education and Training Accreditation Standards.

The GCTC provides support to the DPET whilst providing oversight of the DPET role including regular assessment and evaluation. This includes ensuring that there is an appropriate succession plan for the DPET.

"Each prevocational training hospital must have a General Clinical Training Committee (GCTC) to advise on education and information resources"

The GCTC will:

- Conduct its activities in accordance with the hospital guidelines and its Terms of Reference.
- Develop, implement, monitor and evaluate all orientation, training and educational programs for prevocational trainees.
- Ensure terms are consistent with the HETI term descriptions and that the term descriptions are reviewed annually and updated if required.
- Regularly review and evaluate the training, education, experience and working conditions of prevocational trainees.
- Review the prevocational training program against the HETI Prevocational Education and Training Accreditation Standards.
- Review and evaluate the performance of Term Supervisors and the DPET.

The HETI template for the GCTC Terms of Reference is provided as an appendix to this document.

ASSESSMENT REVIEW COMMITTEE (ARC)

The Assessment and Review Committee (ARC) reviews the progress of all prevocational trainees to identify, support and manage trainees experiencing clinical training or practice difficulties. The ARC should ensure the early identification and intervention of trainees in difficulty and assist with more complex decisions on the remediation of trainees who do not achieve satisfactory supervisor assessments. The ARC assists DPETs in the assessment of all PGY1s for general registration. The ARC also oversees the rotation between providers of any trainees in difficulty or with special requirements. Where each provider in a network has a separate ARC, there must be a mechanism to review rotations.

NSW PREVOCATIONAL ACCREDITATION

The MBA has accredited HETI as the intern training accreditation authority for NSW to ensure high standards of training, education and welfare for all prevocational trainees. This authority extends across all prevocational training providers inclusive of positions that provide training opportunities for prevocational medical trainees employed by NSW Health and private hospitals.

HETI has the responsibility to revise the NSW Prevocational Education and Training Accreditation Standards and survey tools to align with national accreditation processes.

Intern positions are located in clinical terms. Each year trainees rotate through five terms to provide them with experience in a range of clinical situations and service environments. Rotation between terms means that each accredited full-time equivalent term can train five trainees.

Post Graduate Year One (PGY1) trainees are currently required to rotate through emergency medicine, surgery and medicine terms. These terms are known as core terms. The positions must be accredited under guidelines developed by HETI and must ensure adequate case-mix, service, teaching, supervision and assessment. All core terms must meet the requirements set out in the AMC Intern training – Guidelines for Terms.

HETI's annual prevocational accreditation work plan includes monitoring to ensure there are enough terms accredited such that all trainees can gain general medical registration at the end of their first postgraduate year.

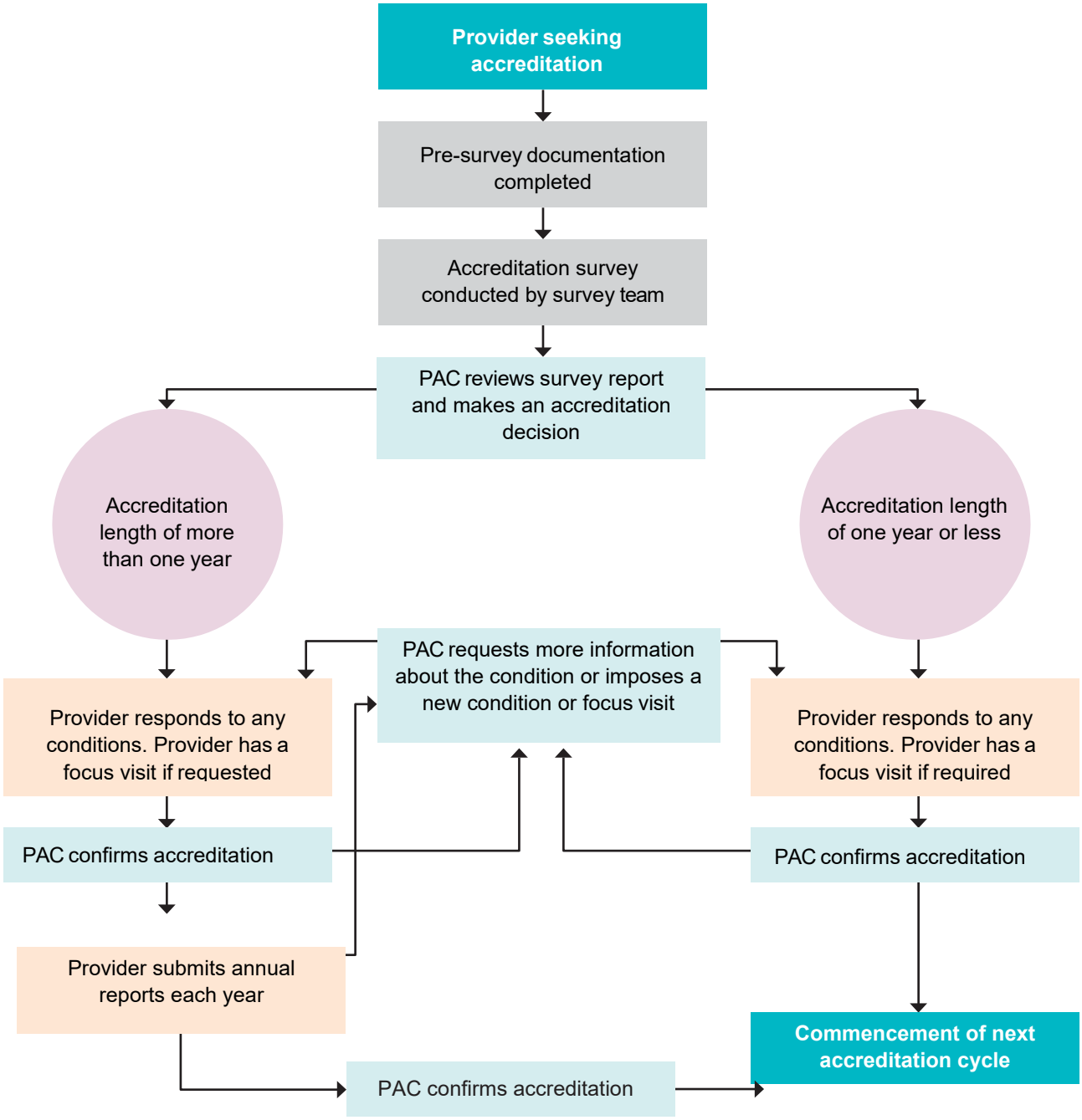
In addition to maintaining their compliance with the Standards, providers have a responsibility to maintain all criteria pertaining to their classification throughout their accreditation cycle. HETI assesses a provider's capacity to deliver a balanced mix of clinical experiences and a variety of training opportunities and awards a classification accordingly.

The PAC assesses all term descriptions for their potential to provide quality prevocational education and training including appropriate supervision.

All terms must ensure the safety of both patients and prevocational trainees by providing appropriate levels of supervision, workload, hours and clinical practice suitable to the skills of the prevocational trainees performing them. These requirements are explained later in this document.

Compliance with the Standards is assessed by accreditation surveys. Following an accreditation survey, a report is compiled and reviewed by the PAC. The PAC then decides the accreditation status of the provider. A provider must have formal accreditation from HETI in NSW before they can employ prevocational trainees.

SUMMARY OF THE ACCREDITATION CYCLE



ACCREDITATION STANDARDS

The PAC develops NSW Prevocational Education and Training Accreditation Standards and oversees all accreditation activities. The PAC decides on the accreditation of providers and individual terms including the conditions placed upon providers. Each provider will be assessed against each of the thirteen standards.

THEME	STANDARD NUMBER	STANDARD TITLE
Governance and Leadership	1	Prevocational Training and Training Program Governance
	2	Prevocational Education and Training Program Management
	3	Trainee Workload and Safe Working with Patients
	4	Facilities and Infrastructure for Education and Training
Education and Training	5	Programs Coordination and Integration
	6	Prevocational Education and Training Program
	7	Trainee Orientation
	8	Trainee Handover
	9	Clinical Supervision
	10	Term Training, Supervision and Trainee Learning Experience
	11	Trainee Assessment, Feedback and Remediation
	12	Training Program Monitoring and Evaluation
Trainee Welfare	13	Trainee Advocacy, Welfare and Support

ACCREDITATION SURVEYS

The NSW prevocational accreditation program is cyclical and involves accreditation of individual clinical terms, and the providers. Accreditation surveys are a peer-to-peer system and the survey team must include a prevocational trainee.

The accreditation process consists of:

- Prevocational Training Provider's self-assessment.
- Accreditation survey.
- PAC decision.
- Ongoing monitoring to ensure the provider continues to meet the Standards via:
  - Annual reports submitted by providers
  - JMO feedback
  - Self-reporting of changes which may affect the provider's ability to meet the Standards
  - Focus visits and site visits.

"The NSW prevocational accreditation program is cyclical and involves accreditation of individual clinical terms, and the providers."

THE PREVOCATIONAL ACCREDITATION COMMITTEE (PAC)

The Prevocational Accreditation Committee (PAC) oversees the HETI accreditation program including setting the accreditation standards and managing the accreditation survey process. The PAC also makes decisions about accreditation of providers, accreditation of terms and the conditions placed on a provider's accreditation.

The PAC can award a provider accreditation for a minimum period of six months up to a maximum period of four years. When there are specific issues that require attention, the PAC may award accreditation contingent on the provider addressing conditions within a given period of time. The PAC may also decide that a focus visit is required to ensure conditions have been addressed.

The PAC also reviews summaries of the provider's annual reports on accreditation. The annual reports are due on the anniversary of a provider's accreditation (excluding years when they are scheduled for an accreditation survey). If the PAC considers it necessary to investigate what is reported, HETI will notify the General Manager of the provider and conduct investigations as requested by the PAC.

THE PREVOCATIONAL TRAINING COUNCIL (PVTC)

The role of the PvTC is to ensure state-wide coordination of the prevocational training networks and develop resources which will improve prevocational training in NSW. The PvTC promotes and supports high quality training for prevocational trainees in NSW.

Functions of the PvTC include, but are not limited to the following:

- Oversee and support medical education and training for prevocational trainees in NSW.
- Advise the HETI Executive on issues related to prevocational training.
- Review and approve applications from providers who wish to appoint a new DPET.
- Review and determine DPET funding to providers in accordance with NSW Health policies.
- Support prevocational training networks in relation to development and delivery of education and training across the NSW health system.
- Approve prevocational training networks and all changes to existing networks.
- Facilitate innovation and workplace teaching, learning and assessment for prevocational trainees.
- Support the professional development of DPETs and term supervisors.

"The role of the PvTC is to ensure state-wide coordination of the prevocational training networks and develop resources which will improve prevocational training in NSW."

DIRECTOR OF PREVOCATIONAL EDUCATION AND TRAINING (DPET)

The DPET directs the training of prevocational trainees at each training site and has a more continuous involvement with trainees than their term supervisors, who change from term to term.

The DPET:

- Promotes, develops and coordinates the clinical training of prevocational trainees in association with prevocational trainee staff management, the GCTC and the NCPT.
- Develops a formal intern education program which is directed by **The Intern Guide**[11].
- Advocates for trainee welfare within the health system.
- Supports term supervisors and prevocational trainees and helps solve problems that can arise during training e.g. underperformance, mismatch of expectations, trainee distress, communication issues between trainee and team.
- Coordinates the assessment of trainees, co-signing all term assessments that have been completed by the term supervisor.
- Certifies prevocational trainees as eligible for general registration at home hospitals, upon the satisfactory completion of the requirements for internship. This may also be undertaken by the Director of Medical Services (DMS).

- Oversees the annual review of term descriptions by term supervisors, helps create new training terms and improves the quality of existing terms, along with the GCTC.
- Takes part in the education of prevocational trainees and promotes professional responsibility and ethical conduct among prevocational trainees.
- Takes the lead in meeting the NSW Prevocational Accreditation Standards for the training program.

The DPET contributes to the provision of a structured education program for prevocational trainees and oversees the evaluation of its effectiveness.

The education program is usually conducted in regular weekly sessions attended by all prevocational trainees. The JMO Management Unit provides administrative support to the program, but the DPET is responsible for the educational content and choice of presenters. The DPET encourages the participation of trainees in the education program and helps to ensure that trainees are released from clinical duties to attend. Using formal and informal feedback from trainees, the DPET evaluates and improves the education program each year.

The DPET plays a major role in the planning, delivery and evaluation of prevocational orientation programs including acting as a resource for clinical teachers.

For more information about the role of the DPET please refer to the **HETI DPET Guide**[12] available for download on the **HETI website**[13].

[11] https://www.heti.nsw.gov.au/education-and-training/courses-and-programs/prevocational-education/the-intern-guide

[12] https://www.heti.nsw.gov.au/__data/assets/pdf_file/0004/426379/The-DPET-guide.pdf

[13] https://www.heti.nsw.gov.au/

ROLE OF JMO MANAGEMENT UNITS

The JMO Management Unit in a hospital is the centre for administration of employment, training and education of prevocational trainees.

The JMO Management Unit is the point of continuous contact for prevocational trainees throughout their time at a hospital, and JMO Managers are well placed to monitor trainee welfare. The JMO Management Unit works closely with the DPET and DMS.

The JMO Management Unit supports and monitors trainees, manages their rosters, rotations and leave requests, advocates for quality training terms and good supervision, and supports the training program in meeting the requirements for their accreditation.

ANNUAL REPORTS

The AMC requires HETI to monitor prevocational training providers annually, between surveys. This is to ensure they continue to meet the NSW Prevocational Education and Training Accreditation Standards and are continuously improving the quality of their prevocational education and training program. To meet this requirement, HETI requires providers to submit an annual report on the anniversary of their accreditation date.

Sites with accreditation as T5 home hospitals, T3 and rotation sites are all required to submit annual reports on the anniversary of their accreditation date each year. Those hospitals with offsite terms are required to include information specific to their offsite terms as part of the report.

PURPOSE OF ANNUAL REPORTS

The PAC will review the provider's responses to outstanding conditions and recommendations from their last accreditation survey, as well as any new or emerging issues that may impact the accreditation status of the provider.

The PvTC will identify issues of trainee welfare, education and/or supervision specific to the learning outcomes of the training program. The PvTC reviews the annual reports for innovative initiatives and the spending of the DPET funds in accordance with the DPET Funding Guidelines.

Each report is reviewed by the PAC and the PvTC with a joint letter issued to show that the report has been accepted. For those annual reports not deemed adequate, the provider is requested to resubmit the report with additional information or clarifications.

The annual report also serves to assist with the preparations for an accreditation survey, by providing a summary of the training program for each year of the current accreditation cycle. Providers are encouraged to view their annual reports in this manner so that they support the cycle of accreditation whilst providing insight into the current programs' issues and initiatives.

"The Australian Medical Council requires HETI to monitor Providers annually, between surveys."

THE ROLE OF LOCAL HEALTH DISTRICTS (LHD)

Education and training of staff is one of the essential functions of health services at the local level.

Prevocational trainees offered a position by HETI are allocated a prevocational training network that assigns the trainee to a home hospital.

Prevocational trainees are employees of the LHD of their home hospital and are managed in accordance with the relevant employment award and NSW Ministry of Health policies. Applicants who accept positions from HETI acknowledge that they will rotate to any facility within the network if required. HETI recommends that prevocational trainees complete at least one term in the two-year period outside their home hospital.

There is potential for conflict within prevocational training networks that cross LHD boundaries. One function of the NCPT is to anticipate potential conflicts and develop methods of managing them.

THE ROLE OF PRIVATE HEALTH ENTITIES

NSW has several privately funded training providers who offer programs for prevocational trainees. Most of these sites seek alternative funding sources for their prevocational trainees but are expected to meet the NSW Prevocational Education and Training Accreditation Standards for the provision of training. They must also comply with requirements for general registration.

Prevocational trainees working at private training sites should have access to the same elements of training as their network counterparts. To ensure accreditation as a training site, providers are required to join an existing network and should align and be engaged, as are all other network members.

It is the responsibility of the network to manage the smooth transition for all trainees between sites and to support the workforce requirements of smaller sites to ensure patient-centred care whilst providing trainees with adequate exposure to learning opportunities.

MEDICAL GRADUATE ALLOCATION / RECRUITMENT

HETI has delegated authority from the NSW Ministry of Health to allocate trainees to prevocational training networks in NSW on behalf of the LHDs.

In NSW, prevocational trainee positions are located within 15 prevocational training networks that work cooperatively to provide the training and experiences required to prepare prevocational trainees for a diverse range of medical practice.

Prevocational training positions offered by HETI are two-year positions and enable the completion of the first and second postgraduate years in a single network. All the terms and facilities in the network are accredited for this training.

The network will assign the trainee to a home hospital. The trainee's employer is the LHD that governs the home hospital.

There are four allocation/recruitment pathways to obtain a prevocational training position in NSW.

The pathways offer positions sequentially in the following order:

1. *Aboriginal Medical Workforce*
2. *Rural Preferential Recruitment*
3. *Direct Regional Allocation*
4. *Optimised Allocation*

ABORIGINAL MEDICAL WORKFORCE

This pathway provides Aboriginal and/or Torres Strait Islander medical graduates with the opportunity to be allocated to a prevocational training network or rural preferential hospital that can support their transition to prevocational training by providing access to established support networks.

RURAL PREFERENTIAL RECRUITMENT

Rural Preferential Recruitment (RPR) is a merit-based recruitment program for medical graduates who want to complete prevocational training in a rural setting. It helps build a sustainable rural workforce by giving priority to filling rural positions.

DIRECT REGIONAL ALLOCATION

This pathway provides applicants with an interest in undertaking prevocational training in a regional or outer metropolitan area with an opportunity to be directly recruited to a regional network, when they nominate one of these networks as their first preference.

OPTIMISED ALLOCATION

This is the main allocation pathway in NSW used to predominantly fill positions across metropolitan prevocational networks. Applicants' rank each of the 15 prevocational training networks in order of preference. Allocation to networks is undertaken using an algorithm that considers all applicant preferences to obtain the best outcome.

The purpose of these pathways is to facilitate recruitment to the networks, not to give preference for specific terms within the network. Trainees recruited to either rural or metropolitan areas must have equitable access to desirable terms in the network, aligned with their individual vocational interests. Not all rural or regional recruited prevocational trainees will pursue a generalist career - they deserve equal opportunity with other trainees to pursue their vocational interest, potentially leading to a subspecialty vocational practice in a rural or regional setting.

APPENDICES

NETWORK COMMITTEE FOR PREVOCATIONAL TRAINING (NCPT)

SUGGESTED TERMS OF REFERENCE

PURPOSE

- Each prevocational training network will establish a Network Committee for Prevocational Training to support the efficient running of training in a fair and transparent manner.
- The purpose of the committee is to develop safe, high quality training of prevocational trainees through good governance and management of the training program based in the network.

ROLE

- Govern the training network in a fair and open manner, on the basis that all training sites are partners in the network.
- Allow all stakeholders (including trainees, supervisors, departmental directors and health service administrators) to participate actively in network governance.
- Distribute prevocational trainees across the network in ways that share workforce equitably among sites and that share training opportunities equitably among trainees.
- Ensure that core orientation activities essential to a safe start at work are provided to all trainees in the network.
- Promote best practice methods as standard within the network.
- Ensure that all trainees within the network have access to high quality education and training.
- Coordinate and monitor formal education programs across the network to ensure that trainees do not have gaps or unnecessary repetition as they rotate through training sites.
- Monitor the quality of clinical supervision provided to trainees and take actions to improve supervision when required.
- Monitor the quality of training terms and education programs using trainee feedback.
- Monitor the progress of trainees as they move from term to term and site to site to ensure that difficulties are detected early. Refer to the hospital or network Assessment Review Committee if required.
- Develop ideas and strategies to improve training within the network and to remedy identified deficiencies.
- Support the Directors of Prevocational Education and Training at each training site in the network
- Promote sharing of resources between training sites within the network to achieve efficiencies and maximise learning opportunities available to trainees.
- In networks with rural preferential recruitment sites or regional preferential allocation sites, the network committee must arrange a formal agreement between sites covering:
  - separate orientation at the rural or regional site for home hospital trainees in addition to any network orientation,

- accommodation arrangements for both rural and metropolitan placements,
- leave arrangements, and
- term allocations.

PRINCIPLES

The NCPT shall uphold the following principles:

Education and training

- Patient safety and quality of care have top priority. Trainees are trained to ensure safety for them and for their patients.
- Education and training are designed to improve patient care now and, in the future.
- Prevocational training aims to produce a well-rounded doctor with the general competencies required for safe practice.
- Trainees have equitable access to training opportunities and a reasonable opportunity to follow their preferred career pathway.
- The network promotes sharing of resources between sites (e.g. teachers, simulation centres, conferencing facilities, e-learning) to achieve efficiencies and maximise learning opportunities available to trainees.
- The education and training of trainees is coordinated at a network level to ensure that learning opportunities are optimised.

Workforce distribution

- All prevocational training terms must be accredited by HETI and workforce shall be distributed in accordance with accreditation requirements.
- The availability of terms, quality of supervision and the provision of education and training must be considered when distributing the workforce.
- The network committee shall consider the totality of the individual trainee's experience when making decisions about workforce distribution.
- In networks with more than one home hospital, the allocation of trainees to home hospitals must be done using a fair and transparent process. Trainees must do at least three terms at their home hospital in PGY1 and two in PGY2. New trainees must be informed of their home hospital by November before the start of the clinical year.
- Trainees belong to the network, not to their home hospitals. The network committee must share the benefits and responsibilities of having prevocational trainees evenly among training sites.
- If there is a workforce shortage, this should be shared equitably within the network, having regard to the proportional impact of a shortage. For example, generally if one of two positions in a term is vacant, this has a much larger impact than if one of five positions is vacant. Networks should have a policy on how to manage vacancies that takes into account the number of positions at each facility and their ability to manage the vacancy at a local level.
- Leave within a training term must be approved by the training site hosting the term and coordinated at the network level.

MEMBERSHIP

Chair

- The Chair of the NCPT will be elected annually at a meeting of the committee.
- The Chair may be shared between co-chairs with the agreement of the committee.
- The Chair may appoint a secretary or put the secretary position to a vote of the committee.

Committee Support Officer responsibilities

The secretary will prepare documentation in conjunction with the Chair for each meeting, distribute documentation for each meeting, and liaise with members as required and document minutes of the meeting.

Committee representatives

- All training sites must be represented on the committee.
- At least four trainee representatives from both PGY1 and PGY2 and from more than one site.
- All the Directors of Prevocational Education and Training from training sites within the network.
- Senior representatives of JMO management
- Senior representatives of Directors of Medical Services.

Other members (e.g. term supervisors, Local Health District executive) to broaden the representation of the committee are encouraged.

The Chair will determine the official membership of the committee, which shall be minuted.

A HETI representative shall be invited to attend the NCPT as a non-voting observer and advisor.

DISTRIBUTION OF AGENDAS AND MINUTES

Agendas and minutes of NCPT meetings will be distributed to:

- trainee representatives from both PGY1 and PGY2,
- all Directors of Prevocational Education and Training from training sites within the network,
- senior representatives of JMO management,
- senior representatives of Directors of Medical Services, and
- HETI.

QUORUM FOR MEETINGS

A quorum requires:

- That 80% of training sites are represented by at least one official member, and
- that JMOs, medical administration, JMO management and DPETs are represented.

For the purposes of a quorum, small rural sites (i.e. rotation sites, not rural home hospitals) should be allowed to delegate representation, provided that the delegate is briefed with a report from the rural site.

EXCLUSIONS FROM MEETING AND MINUTES

The NCPT can regularly include an agenda item to discuss the management of individual trainees in difficulty, with the JMO and HETI representatives on the committee absenting themselves from the meeting for this item.

The minutes of the agenda item to discuss the management of individual trainees in difficulty shall not be distributed by the secretary but will be kept for the reference of the Chair.

VOTING

As required.

FREQUENCY OF MEETINGS

The NCPT will meet at least once per training term (minimum five meetings per year).

NOTICE OF MEETINGS

The NCPT shall set the annual schedule of meetings (time, date and place) at the beginning of the year. The Secretary shall ensure that the schedule is communicated to all members of the NCPT, including HETI at the beginning of the year.

The schedule of meetings should be publicised to trainees, supervisors and others involved in prevocational training in order to encourage their participation in meetings.

The secretary will also provide a reminder to all NCPT members at least one week before each meeting. This notice shall be accompanied by an agenda and the minutes of the last meeting.

FORMAL REPORTING

The NCPT shall report to:

- the Chief Executive of each Local Health District involved in the prevocational training network, or his/her nominated delegate, and
- the Chair of the Prevocational Training Council at HETI.

Formal reporting shall include:

- an annual written report of NCPT activities and achievements,
- specific data about: the number of prevocational trainees in the network, their distribution by training site and term, vacancies, and progression, and
- the minutes of the NCPT.

ENDORSEMENT

These Terms of Reference are endorsed by:

[List should include Chief Executive of each Local Health Network involved in the prevocational training network and the Chair of the Prevocational Training Council at HETI.]

Copies of the endorsed Terms of Reference should be provided to all NCPT members, the Chief Executive of each Local Health Network involved in the prevocational training network and the Chair of the Prevocational Training Council at HETI.

GENERAL CLINICAL TRAINING COMMITTEE (GCTC)

SUGGESTED TERMS OF REFERENCE

PURPOSE

To support the vision of the Health Education and Training Institute (HETI), by ensuring that prevocational trainees are competent for safe practice and provide quality patient care.

ROLE

- Provide governance for the prevocational training program.
- Ensure that the prevocational training program supports prevocational trainees to meet their training requirements.

RESPONSIBILITIES

- The committee will conduct its activities in accordance with the hospital guidelines and its Terms of Reference.
- Develop, implement, monitor and evaluate all orientation, training and educational programs for prevocational doctors.
- Ensure terms are consistent with the HETI term descriptions and that the term descriptions are reviewed annually and updated if required.
- Regularly review and evaluate training, education, experience and working conditions of prevocational trainees.
- Regularly review the prevocational training program according to the HETI Accreditation Standards.
- Review and evaluate the performance of Term Supervisors and the Director of Prevocational Education and Training (DPET) annually.

MEMBERSHIP

The committee should include members with a broad range of backgrounds and expertise. The committee should ensure that all relevant departments of the hospital develop a sense of responsibility for the education, training and development of trainees.

Chair

To be nominated. This role cannot be held by the DPET.

Responsibilities

The Chair provides leadership to the GCTC and advocates on behalf of prevocational trainees to the senior hospital executive. Key roles and responsibilities of the Chair include:

- Evaluate the performance of the DPET annually with the medical executive or Director of Medical Services (DMS) or equivalent.

- Support the DPET to develop, coordinate and promote a structured, high quality prevocational training program.
- Review the performance of Term Supervisors and the prevocational training program as a whole.
- Ensure terms are consistent with the HETI term descriptions and that the term descriptions are updated annually.
- Advocate for prevocational trainees with the senior medical executive.
- Contribute to and confirm the accuracy of the HETI Prevocational Training Provider annual report.
- Disclose conflicts of interest which may impinge upon the exercise of his or her duties as Chair of the committee.

Committee support officer

To be nominated.

Responsibilities

- This person is held accountable for the preparation of agendas, minutes, the distribution of minutes and committee papers and follow-up on matters raised.
- Minutes of meetings should be documented and circulated to members of the committee and the senior management of each hospital no later than one week prior the next meeting.

Committee representatives

The committee must include representatives of:

- Hospital management,
- PGY1 and PGY2 trainees,
- JMO Manager,
- Term Supervisors, and
- DPET.

Ex officio and co-opted non-voting members

The committee may co-opt members to the committee and/or establish working parties as necessary.

QUORUM

The quorum is determined by the committee.

VOTING

As necessary.

FREQUENCY

The committee will meet at least four times a year.

FORMAL REPORTING

The committee reports to the DMS. The DMS and senior hospital management will ensure that the committee has authority for a range of relevant activities and that it is provided with adequate secretarial and administrative support.

ENDORSEMENT

These Terms of Reference are endorsed by:

[List should include the General Manager or equivalent, the Chair of the Committee and the DPET for the training site].

Copies of the endorsed Terms of Reference should be provided to all GCTC members.

TEMPLATE AGENDA: GENERAL CLINICAL TRAINING COMMITTEE MEETING

Date	*Click here to enter text.*	**Time**	*Click here to enter text.*
Meeting Room	*Click here to enter text.*		
Tele/Videoconference	PC, Mac, iOS or Android: *Click here to enter text.* Telephone: Dial – *Click here to enter text.* Meeting ID – *Click here to enter text.*		
Chair	*Click here to enter text.*		
Secretariat	Contact name & email: *Click here to enter text.*		

ITEM NUMBER	DESCRIPTION	LEAD
1	**Welcome, Attendance, Apologies & Conflict of Interest**	
	1.1. Acknowledgement of Country	
	1.2. Attendees and apologies Name Position Attendance	
	1.3. Attendees to declare actual/potential conflict of interest per meeting agenda	
2	**Confirmation of Previous Minutes**	
3	**Update on Action Items**	
	Action Item No: *Click here to enter text.* Enter text of action item	
	Action Item No: *Click here to enter text.* Enter text of action item	
	Action Item No: *Click here to enter text.* Enter text of action item	
4	**Standing Items**	
	4.1 JMO update	
	4.2 DPET update	
	4.3 Review of terms	
	4.4 HETI related items (*example: response or evidence due*)	
5	**Other business**	
	5.1 *Click here to enter text.*	
Next Meeting	*Click here to enter text.*	

TEMPLATE MINUTES: GENERAL CLINICAL TRAINING COMMITTEE MEETING

Date	*Click here to enter text.*	**Time**	*Click here to enter text.*
Meeting Room	*Click here to enter text.*		
Tele/Videoconference	PC, Mac, iOS or Android: *Click here to enter text.* Telephone: Dial – *Click here to enter text.* Meeting ID – *Click here to enter text.*		
Chair	*Click here to enter text.*		
Secretariat	Contact name & email: *Click here to enter text.*		

ITEM NUMBER	AGENDA ITEM			
1	**Attendees**		**Apologies**	
	Name	Position	Name	Position
2	**Minutes of Previous Meeting**			
	The minutes of the previous meeting on: *Click here to enter text.* were confirmed by the Committee.			
3	**Action items**			
	Action Item	**Date when action item was added**	**Responsible person**	**Status**
4	**Standing Items**			
4.1	**JMO update** *Click here to enter text.*			
ACTION				
4.2	**DPET update** *Click here to enter text.*			
ACTION				
4.3	**Review of terms** *Click here to enter text.*			
ACTION				
	Click here to enter text.			
4.4	**HETI related items (example – response or evidence due)** *Click here to enter text.*			
ACTION				

5	**Other Business**
5.1	*Click here to enter text.*
ACTION	
6	**Meeting Close**

POSITION DESCRIPTION: GENERAL CLINICAL TRAINING COMMITTEE (GCTC) CHAIR (TEMPLATE)

POSITION DESCRIPTION:

GENERAL CLINICAL TRAINING COMMITTEE (GCTC) CHAIR

NAME OF HOSPITAL

To be completed by employing hospital

RESPONSIBLE TO

Director of Medical Services (DMS) or equivalent

MISSION OF THE HOSPITAL

(2–3 sentences to be completed by employing hospital)

ROLE OF DPET IN ACHIEVING THE MISSION OF THE HOSPITAL

(2–3 sentences to be completed by employing hospital)

The GCTC Chair provides governance to the prevocational training program and ensures that the prevocational training program supports prevocational doctors to meet their training requirements.

KEY RELATIONSHIPS

- Prevocational trainees
- Term Supervisors
- Director of Prevocational Education and Training (DPET)
- JMO Managers
- Director of Medical Services (DMS)

KEY ROLES AND RESPONSIBILITIES

The Chair provides leadership to the GCTC and advocates on behalf of prevocational trainees to the senior hospital executive. Key roles and responsibilities of the Chair include:

- Evaluate the performance of the DPET annually with the medical executive or DMS or equivalent.
- Support the DPET to develop, coordinate and promote a structured, high quality prevocational training program.
- Review the performance of term supervisors and the prevocational training program.
- Ensure terms are consistent with the HETI term descriptions and that the term descriptions are reviewed annually and updated if required.
- Contribute to and confirm the accuracy of the Prevocational Training Provider Annual report submitted to HETI.
- Disclose conflicts of interest which may impinge upon the exercise of his or her duties as Chair of the Committee.

SKILLS, KNOWLEDGE, EXPERIENCE COMPETENCIES AND BEHAVIOURS

The GCTC Chair must be an Attending Medical Officer (AMO) at the hospital with AMO responsibility for providing patient care within the scope of the term.

GCTC Chairs must have:

- an understanding of the concepts of adult education, performance monitoring and quality improvement, and
- excellent interpersonal skills.

VERIFICATION

This section verifies that the position holder and supervisor have read the above position description and are satisfied that it accurately describes the position.

Position Holder

Signature_____ Date_____

Manager

Signature_____ Date_____

ASSESSMENT REVIEW COMMITTEE

SUGGESTED TERMS OF REFERENCE

PURPOSE

- The Assessment Review Committee's (ARC) purpose is to assist with complex decisions on remediation for PGY1s who do not achieve satisfactory supervisor assessments.
- The ARC may choose to assist with other, or all, prevocational training assessment decisions.
- The ARC should have clear and transparent procedures for deciding on any course of action and for resolving disputes and appeals.
- HETI recommends that the ARC review all JMO assessment decisions, especially for decisions relating to general medical registration, to create a consistent and defensible assessment process for JMOs.
- The ARC can be based within a hospital or at a network level, particularly where networks have one major hospital and a series of smaller hospitals.

ROLE

The Australian Medical Council's *Intern training – National standards* for programs clause 5.2.7 requires "The intern training program establishes assessment review groups, as required, to assist with more complex remediation decisions for interns who do not achieve satisfactory supervisor assessments."

When decisions about the performance of individual interns need review, the document *Intern training – Assessing and certifying completion* outlines processes to be followed.

For NSW training sites, the ARC is accountable to the General Manager or equivalent of the provider.

MEMBERSHIP

- A senior clinician with experience in prevocational education and training.
- Director of Prevocational Education and Training.
- Representative from the JMO workforce administrative team.
- Representative from vocational training programs as appropriate.
- JMOs may nominate their own representative to be a part of the ARC.

FREQUENCY OF MEETINGS

The ARC should be available to review assessment decisions at the end of each term.

APPEALS PROCESS

- Junior Medical Officers have access to and knowledge of the method of appealing decisions made by the ARC.
- Appeals must be submitted formally to the Hospital's General Manager (or equivalent) and reviewed independently.

- Junior Medical Officers can appeal any decision made by the ARC, including those regarding assessment, registration or other decisions included within the remit of the ARC as decided by the training site.

ENDORSEMENT

These Terms of Reference are endorsed by:

[List should include Chair of the committee, Hospital General Manager or equivalent and DPET.]

Copies of the endorsed Terms of Reference should be provided to all NCPT members, the Chief Executive of each Local Health Network involved in the prevocational training network and the Chair of the Prevocational Training Council at HETI.

POSITION DESCRIPTION:

DIRECTOR OF PREVOCATIONAL EDUCATION AND TRAINING (DPET)

KEY RELATIONSHIPS

- Liaise regularly with Prevocational Trainees and Term Supervisors
- Liaise with the General Manager, Attending Medical Officers, and administrative staff as required.

NAME OF HOSPITAL

To be completed by employing hospital

RESPONSIBLE TO

Hospital executive through the General Clinical Training Committee (GCTC)

MISSION OF THE HOSPITAL

(2–3 sentences to be completed by employing hospital)

ROLE OF DPET IN ACHIEVING THE MISSION OF THE HOSPITAL

(2–3 sentences to be completed by employing hospital)

KEY ACCOUNTABILITIES

The role of the DPET is to ensure a high quality, sustainable prevocational training program in the facility. The program must meet the Australian Medical Council's National Standards for prevocational training.

The DPET is responsible for the planning, delivery and evaluation of the prevocational training program at the facility by delivering the following outcomes:

- Develop, coordinate and promote a structured, high quality prevocational training program with hospital executive and the General Clinical Training Committee (GCTC) in the facility.
- Support a formal orientation program which is designed and evaluated to ensure the intern is ready to commence safe, supervised practice.
- Ensure and support constructive prevocational training program review, assessment and feedback processes to inform program improvement and innovation.
- Oversee the policies, procedures and allocation of resources that contribute to the prevocational training program.
- Liaise and attend meetings with relevant groups and individuals to promote and enhance the training and education of prevocational trainees, including:
  - Term Supervisors
  - Network Committee for Prevocational Training (NCPT)
  - GCTC
  - Directors of Medical Services
  - Visiting Medical Officers
  - JMO Managers and administrative staff
  - Hospital executive
  - Other DPETs within the Network
  - HETI

- Advocate for the professional development of prevocational trainees.
- Ensure that adequate supervision and support is provided for prevocational trainees.
- Assist in the provision of fair and transparent term allocations and workload.
- Supervise the personal and professional welfare of prevocational trainees, particularly those experiencing difficulties.

SELECTION CRITERIA – SKILLS, KNOWLEDGE AND EXPERIENCE

1. Medical graduate with clinical postgraduate qualifications.
2. A clinical appointment to practice at the hospital.
3. Qualifications, appointment and experience at a level sufficient for communicating on authoritative terms with senior consultants acting as Term Supervisors.
4. A genuine interest and/or relevant experience in postgraduate medical education, a willingness to develop expertise in this area and a demonstrated understanding of the importance of the continuum of medical education as a lifelong professional commitment.
5. A commitment to and confidence in improving the quality of education and training offered by the hospital.
6. An understanding of the principles of adult education and professional development.
7. A commitment to the mission of HETI and the ability to present and explain HETI's goals.
8. A Term Supervisor may be appointed to the role of DPET only in exceptional circumstances. The facility must ensure policies and procedures are in place to avoid a potential conflict of interest.

APPOINTMENT PROCESS

1. The hospital will send correspondence to the Chair of the Prevocational Training Council (PvTC) informing them when the DPET position will be advertised and when interviews will be conducted. A member of the hospital's GCTC should be involved in the selection process.
2. The hospital will conduct interviews and select the preferred candidate for the DPET role.
3. The Director of Medical Services (DMS) or equivalent will send formal correspondence to the Program Coordinator or Program Support Officer (Allocation) recommending the preferred candidate to the DPET role for submission to the PvTC for approval. The correspondence must include:
    a. An outline of why the preferred candidate has been recommended for the DPET position.
    b. The Full Time Equivalent (FTE) hours the DPET will be allocated to perform the role and the FTE hours spent in the clinical role at the hospital.
    c. A copy of the preferred candidates current curriculum vitae which clearly addresses the selection criteria outlined in the position description.
4. The PvTC will review the DPET application at the scheduled meeting. The PvTC will approve the application for the preferred candidate to be appointed as the DPET at the hospital.

POSITION DESCRIPTION:

TERM SUPERVISOR

NAME OF HOSPITAL

To be completed by employing hospital

RESPONSIBLE TO

Head of Department

MISSION OF THE HOSPITAL

(2–3 sentences to be completed by employing hospital)

ROLE OF DPET IN ACHIEVING THE MISSION OF THE HOSPITAL

(2–3 sentences to be completed by employing hospital)

The Term Supervisor is responsible for the welfare of prevocational trainees allocated to their team or unit. Their key roles are ensuring appropriate supervision for patient safety, providing training to meet the learning objectives of the term, monitoring trainee progress and assessing trainee performance.

KEY RELATIONSHIPS

- Prevocational trainees
- Clinical staff in the department
- Director of Prevocational Education and Training (DPET)
- JMO Managers
- Chair of the General Clinical Training Committee (GCTC).

KEY ACCOUNTABILITIES

Patient safety

- Employs strategies to ensure the safety of care, including combinations of graded supervision, training and personal support for the prevocational trainees assigned to the term.

Trainee welfare

- Coordinates trainee activities across the term.
- Determines the level and proximity of supervision required for each prevocational trainee in each work situation.
- Ensure that the systems of work and training minimise risks and supports the safety of prevocational trainees.
- Discusses issues such as grievances and career guidance with prevocational trainees.
- Encourages prevocational trainees to develop progressively increasing independence.

Education and training

- Prepares and reviews the term description in consultation with other Attending Medical Officers (AMO) in the team, the DPET, Junior Medical Officer Management and prevocational trainees. The term description describes the responsibilities and accountabilities of the prevocational trainee, specifies the skills required by the prevocational trainee to function safely and defines the specific knowledge and skills to be gained or enhanced during the term.
- Discusses training goals and expectations with the trainee at the beginning of term and ensures that a clinical orientation to the term is provided.
- Develops and promotes a departmental educational program, supports attendance of prevocational trainees at facility based educational events and provides effective practice-based teaching.

- Monitors the progress of prevocational trainees and provides constructive feedback to guide their professional development.
- Encourages AMOs to provide teaching, supervision and constructive feedback to prevocational trainees.
- Provides formal documented assessment at mid-term and the end of term. These two formal assessments begin with the trainee's self-assessment and are developed in consultation with AMOs, registrars, nurses and other clinical staff. Assessment includes planning and documenting actions to improve trainee performance.
- Intervenes when necessary to correct gaps or weaknesses in the knowledge or skills of prevocational trainees.
- Supervises the personal and professional welfare of prevocational trainees, particularly those experiencing difficulties.
- Informs the DPET if a prevocational trainee appears to be experiencing difficulty with work or the training program.

SKILLS, KNOWLEDGE, EXPERIENCE COMPETENCIES AND BEHAVIOURS

The Term Supervisor must be an AMO at the hospital with responsibility for providing patient care within the scope of the term.

Term Supervisors must have:

- an understanding of the concepts of adult education, performance monitoring and quality improvement, and
- excellent interpersonal skills.

PERFORMANCE EVALUATION

The performance of the Term Supervisor will be evaluated annually by the GCTC.

VERIFICATION

This section verifies that the Term Supervisor and Head of Department have read the above position description and are satisfied that it accurately describes the position.

Term Supervisor

Signature_____ Date_____

Head of Department

Signature_____ Date_____

MEMORANDUM OF UNDERSTANDING

PREVOCATIONAL NETWORK <INSERT NETWORK NUMBER>

THIS MEMORANDUM OF UNDERSTANDING (MOU) IS MADE ON <DD/MM/YYYY>

ACKNOWLEDGEMENT

HETI acknowledges St George Hospital for their contribution to the drafting of the MOU.

BACKGROUND:

- Network <*insert network number*>, "The Network", consists of <*List all network training sites including offsite terms*>.
- The Network will ensure that an effective governance structure exists that provides opportunities for Prevocational Trainees (Post Graduate Year PGY1 and 2's), to rotate between the network providers in order to meet their training needs and support their career development.
- The Parties agree that the terms of this MOU are not intended to be legally binding on the Parties and are intended to set out the Parties' understanding of their respective roles. The MOU provides a framework and set of principles to inform the equitable and fair distribution of trainees, commitment to education, safe working hours and working conditions for trainees.

1. TERM

1.1. This MOU commences from the date specified on the first page of this MOU, or if such date is not included, on the date this MOU is signed by the last party.

1.2. The term of this MOU is for 5 years unless terminated earlier in accordance with the provisions contained in this MOU.

1.3. The MOU may be extended for such period of time and upon such terms and conditions as agreed in writing by the Parties.

1.4. The terms of the MOU should be reviewed annually as part of the Network Committee for Prevocational Training (NCPT) to ensure the terms are fair and equitable to all parties. The NCPT should ensure that any issues identified at the annual review are addressed.

2. PRINCIPLES

2.1. The principles are those set out as per the Terms of Reference of the NCPT – attached.

2.2. Ensure the Parties share a commitment to welfare of Prevocational Trainees.

2.3. Ensure each Party provides Prevocational Trainees with site specific orientation upon commencement at the local facility in addition to the combined network orientation program at commencement of each clinical year.

2.4. Identify trainees in difficulty and manage such Prevocational Trainees on a network basis. Each provider should identify appropriate terms with adequate support for Prevocational Trainees in difficulty.

3. LEAVE COVER

3.1. Planned leave for all Prevocational Trainees will be approved by <*specify main authoriser*> on an equitable basis. <*Include specifics of leave cover for each training site as required*>

3.2. <*Main authoriser*> approves leave for PGY1 trainees during their relief term. This is to ensure that they meet all the requirements of their core terms. PGY2 trainees are ideally encouraged to take most of their leave during their relief term but with some flexibility for them to split their leave.

3.3. Coverage for unplanned leave under two (2) weeks should be the responsibility of the local facility from which the trainee is absent. Anything in excess of two (2) weeks will require provision of leave cover from <*main network training site*> depending on the availability of a reliever and taking into consideration that other JMOs will not be disadvantaged. This will preferentially be considered for <*list smaller or rural network sites*> due to the greater impact unplanned leave has on the facility and the other JMOs.

4. TERM ALLOCATION

4.1. It is acknowledged that Prevocational Trainees are allocated to the Network and it is recommended that they rotate through all network hospitals during PGY1 & 2 years.

4.2. The network will aim to maintain flexibility with term allocations where possible.

4.3. All terms within the Network must be accredited with HETI and any changes to the terms are to be accredited by the Prevocational Accreditation Committee at HETI prior to being implemented.

4.4. All Prevocational Trainees will have equal access to all terms within the Network.

4.5. Negotiation for term preferences and allocations of terms will occur prior to the term allocations being finalised and before commencement of the clinical year. This process is coordinated by <*Insert contact*>.

4.6. Network <*insert network number*> will ensure that PGY1 trainees, are allocated to core terms that meet the Medical Board of Australia Standards for internship.

4.7. It is envisaged that Prevocational Trainees will spend 2-3 terms at <*list T5 training sites*>, but with some flexibility. All Prevocational Trainees must swap with a doctor of the same grade, i.e. PGY2 with PGY2

5. TERM TO TERM TRANSITIONS

5.1. The rostering process should be coordinated by all JMO Managers for each of the facilities within the Network <*Insert network number*>, to ensure that Prevocational Trainees are not rostered to unsafe hours; and the rostering is in accordance with the Public Hospital Medical Officers Award; and also follow <*list other relevant rostering guides or policies*>.

5.2. The Network needs to make reasonable efforts to allow adequate time for Prevocational Trainees to transition at the beginning and the end of each term. The providers within the Network are to take into consideration how they roster the Prevocational Trainees, so they are able to start on the Monday of the new term and attend local facility orientation.

5.3. The Network should take into consideration any special needs of individual Prevocational Trainees especially those in difficulty, in discussion with the relevant DPET and in conjunction with a management and supervision plan agreed to at the Network level prior to term changes.

6. WORKFORCE SHORTAGE

6.1. It is acknowledged that when managing workforce shortages, the potential impact on patient safety is the paramount consideration. Vacancies will be held by *<list all T5 training sites and or/ large training facilities>* preferentially to ensure there is minimum impact on smaller sites such as *<list all rural or smaller training sites>* where possible. Vacancies will be shared amongst different specialties based on activity in the terms but ensuring that the training needs of the PGY1 and PGY2 is not compromised.

6.2. In the event of significant workforce shortage across the network, the vacancies will have to be shared equitably within the Network, having regard to the proportional impact of the shortage. Decisions during significant workforce shortages require the involvement of the Directors of Medical Services (or equivalent) and the JMO Managers of each facility.

7. EDUCATION PROGRAM

7.1. Prevocational training aims to produce a well-rounded doctor with the general competencies required for safe practice. The education program should be accessible for trainees on rotation to all network providers.

7.2. The Network promotes the sharing of resources between sites (i.e. teachers, simulation centres, conference facilities and e-learning) to achieve efficiency and maximise learning opportunities available to trainees.

8. TERMINATION

8.1. Either Party may terminate this MOU on the giving of 6 months' notice in writing to the other Party. Such notice may be given without cause.

9. VARIATION

9.1. Any variation or extension to this MOU must be in writing and signed by the Parties.

ENDORSEMENT

These Terms of Reference are endorsed by:

[The Director of Medical Services (or equivalent) for each Accredited training site within the network. And the Chair of the Network Committee.]

Copies of the endorsed MOU should be provided to all network members, the Chief Executive of each Local Health District involved in the prevocational training network and the Chair of the Prevocational Training Council at HETI.

Please attach your current and signed Network Committee for Prevocational Training Terms of Reference endorsement

Signatories

PREVOCATIONAL EDUCATION AND TRAINING OFFSITE TERM COLLABORATIVE AGREEMENT

The Health Education and Training Institute (HETI) is accredited by the Medical Board of Australia as the prevocational training accreditation authority for New South Wales. HETI's prevocational accreditation program implements and monitors standards for the training and welfare of prevocational trainees in their first two postgraduate years (junior medical staff).

The *<insert offsite terms provider name>* is applying to HETI to become accredited as an offsite term of *<insert feeder hospital name>* for prevocational education and training.

As an offsite term requires collaboration between the offsite terms provider and the feeder hospital, the accreditation process requires the support of all parties.

1. FEEDER HOSPITAL

The *<insert feeder hospital name>* supports *<insert offsite terms provider name's>* application to become a HETI accredited term, to provide prevocational training. *<Insert feeder hospital name>* will collaborate with *<insert offsite terms provider name>* to:

☐	recruit, select and allocate appropriate trainees to work in the term
☐	perform the administrative functions that facilitate the term
☐	adhere to the Prevocational Education and Training Accreditation Standards
☐	provide education, training and support structures that enable clinical training in the term
☐	provide a Prevocational Education and Training Program
☐	provide adequate and appropriate supervision
☐	facilitate orientation
☐	access the Director of Prevocational Education and Training (DPET)
☐	access the General Clinical Training Council (GCTC)
☐	access the Assessment Review Committee (ARC)
☐	access the Network Committee for Prevocational Training (NCPT)

Signature:		**Position:**		**Date:**	

2. OFFSITE TERM					
The *<insert offsite terms provider name>* will collaborate with *<insert feeder hospital name>* to:					
☐	develop the term description and review it regularly				
☐	appoint a suitable term supervisor who will complete all mid and end of term assessments				
☐	participate in the GCTC, NCPT and ARC for the feeder hospital				
☐	deliver clinical experience, training and supervision				
☐	provide trainee support				
☐	strengthen the Prevocational Education and Training Program				
☐	ensure trainees attend education sessions and provide term specific education				
☐	provide adequate and appropriate supervision				
☐	provide adequate, timely and appropriate orientation to the term				
☐	ensure that the trainee is safe to practice in the term				
☐	deliver timely and adequate assessment using the NSW Prevocational Assessment Forms				
☐	support all aspects of trainee welfare				
Signature:		**Position:**		**Date:**	

GLOSSARY OF TERMS

PGY1 TRAINEE

A PGY1 may be called:

- PGY1 – Post Graduate Year 1
- Intern
- Trainee (generic to both years)
- Prevocational trainee (generic to both years)
- Junior doctor (generic to both years)
- JMO – Junior medical officer (generic to both years)

PGY2 TRAINEE

A PGY2 may be called:

- PGY2 – Post Graduate Year 2
- Resident
- Trainee (generic to both years)
- Prevocational trainee (generic to both years)
- Junior doctor (generic to both years)
- JMO – Junior Medical Officer (generic to both years)

JMO MANAGER

The JMO Manager role can range from managing a small cohort of junior doctors in a rural hospital, often in addition to several other responsibilities, through to having responsibility for the entire junior medical workforce across a large prevocational Network.

DPET

Directors of Prevocational Education and Training (DPET) provide medical leadership and oversight of the prevocational training period in the facility in which they work. In fulfilling this role, the DPET is responsible for the education, training, supervision and welfare of junior doctors during the first two years of medical practice.

NSW GOVERNMENT

HETI HEALTH EDUCATION & TRAINING

T 02 9844 6551

F 02 9844 6544

E heti-info@health.nsw.gov.au

HETI.NSW.GOV.AU

COMPANY/HETI

@NSWHETI

NSWHETI