

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