

NETWORK COMMITTEE FOR PREVOCAATIONAL 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.