

Prevocational Education and Training Accreditation Framework

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INTRODUCTION

The Health Education and Training Institute (HETI) is accredited by the Australian Medical Council (AMC) as the prevocational training accreditation authority and will undergo periodic review by the AMC. HETI is responsible for ensuring the health services it accredits are compliant with the NSW Prevocational Education and Training Standards for Prevocational Training Providers (Providers). HETI's functions include the setting of standards for education and training and the accreditation of institutions for prevocational education and supervision.

This document outlines the governance underpinning the Prevocational Accreditation Program for NSW. Prevocational Training Providers are responsible for implementing a Prevocational Education and Training Program compliant with the Prevocational Education and Training Standards.

For further information regarding the contents of this document please refer to the Health Education and Training Institute Accreditation Procedure.

ACCREDITATION

The NSW Prevocational Accreditation Program implements and monitors standards for the training and welfare of prevocational trainees in their first two postgraduate years. HETI undertakes the regulatory function of Provider and term accreditation for prevocational training in NSW.

The HETI accreditation processes promote and support continuous quality improvement and supports diversity, innovation and evolution in approaches to Prevocational Education and Training Programs.

The HETI Prevocational Accreditation Committee (PAC) oversees NSW Standards and accreditation activities. The PAC makes decisions about the accreditation of Prevocational Training Providers and individual terms.

All Prevocational Training Providers will be assessed against each of the thirteen Standards. Each Standard is assessed against a three point Accreditation Rating Scale. The level to which a Standard has been addressed is dependent upon whether the Provider meets the Critical Criteria and Criteria within the Standard. The survey team will assess whether a Prevocational Training Provider has successfully addressed the Critical Criteria and Criteria.

PREVOCATIONAL EDUCATION AND TRAINING PROGRAM

The Prevocational Education and Training Program in NSW is a two year generalist education and training program delivered by Prevocational Training Providers. It enables trainees to achieve general registration and provides a foundation for entry into vocational training. The Program should provide trainees with the knowledge, skills and supervision to provide safe patient care through appropriate educational and training opportunities. The interests and welfare of trainees should be at the core of the Program. The Program provides opportunities for trainees to meet the AMC's Intern Outcome Statements and the learning outcomes specified in the Australian Curriculum Framework for Junior Doctors. At the Provider's

accreditation survey, they will be assessed on the quality of, and how successfully, the Program is being delivered.

LEGISLATIVE AND GOVERNANCE FRAMEWORK

All PGY1 trainees (interns) are required to complete five accredited training terms to a satisfactory level of competence in order to qualify for general registration with the Australian Health Practitioner Regulation Agency (AHPRA). These five training terms must include three core terms: General Medicine, General Surgery and Emergency Medicine. HETI endeavours to ensure that all prevocational trainees receive this training through the Accreditation Process.

STAKEHOLDERS IN THE ACCREDITATION PROCESS

HETI

HETI implements and monitors standards for the education, supervision, training and welfare of prevocational trainees in their first two postgraduate years.

The aim of the NSW Prevocational Accreditation Program is to ensure:

- Patient and trainee safety
- High quality education and training of PGY1s and PGY2s
- PGY1s are able to obtain general registration with AHPRA
- PGY2s have a foundation for entry into vocational training

Prevocational Accreditation Committee (PAC)

The HETI PAC has delegated responsibility for managing, advising and making decisions on the accreditation and review processes for Prevocational Training Providers, Prevocational Education and Training Program and Terms.

The PAC assesses Providers in accordance with the procedures which govern the accreditation program.

The PAC can award a Provider accreditation for a minimum period of six months to a maximum period of four years.

The PAC may award accreditation contingent upon the Provider addressing Conditions. The PAC may also decide a Focus Visit is required to ensure specific issues are addressed within a stated timeframe.

At any time PAC can reduce or change the accreditation status of a Provider or Term should there be sufficient evidence of a significant change in the Prevocational Education and Training Program.

The Terms of Reference for the PAC can be found on the HETI website.

Prevocational Training Council

The role of the Prevocational Training Council (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 high quality training for prevocational trainees in NSW. The PvTC advises HETI on the procedures and standards that govern the operation of the Prevocational Education and Training Program, and ensures the effective functioning of the Network Committees for Prevocational Training (NCPT) in NSW.

The Terms of Reference for the PvTC can be found on the HETI website.

Prevocational Training Providers

A Prevocational Training Provider is the institution where the prevocational trainees work and train. The Provider can be a hospital, general practice, community health centre or other accredited health facility. The Provider governs and or provides some or all aspects of the Prevocational Education and Training Program.

Providers must meet HETI's Prevocational Education and Training Standards in order to maintain their accreditation status. For the details about the Standards refer to the Prevocational Education and Training Standards.

In NSW, Providers are arranged into networks that cooperate to deliver training to a group of prevocational trainees. HETI recognises that no single Provider can provide all the training and experience required to prepare new doctors for a diverse range of medical practice. For more information about the network model, please refer to the 'Network principles for Prevocational Medical Education and Training' which can be found on the HETI website.

Prevocational trainees

A Prevocational Trainee is a PGY1 or PGY2 trainee undertaking supervised training. It is essential that prevocational trainees have an opportunity to contribute to the assessment and accreditation of Prevocational Education and Training Programs, therefore trainee involvement is integral to HETI's prevocational committees and accreditation survey teams.

PREVOCATIONAL ACCREDITATION

Accreditation of prevocational education and training

The NSW prevocational accreditation program is cyclical and involves accreditation of individual clinical terms, and the Prevocational Training Provider (Provider).

The accreditation process consists of:

- Prevocational Training Provider's self-assessment
- Accreditation survey
- Prevocational Accreditation Committee decisions, and
- Ongoing monitoring of the Provider to ensure Standards continue to be met via:
 - Annual reports submitted by Provider
 - Self-reporting of changes which may affect the Provider's ability to meet the Standards
 - Focus Visits and site visits
 - Conditions

Figure 1 shows the accreditation cycle for providers seeking re-accreditation.

Accreditation of New Prevocational Training Provider

New Providers that want to be accredited to train prevocational trainees need to meet the Prevocational Education and Training Accreditation Standards (available on the HETI website). A Provider must also comply with the regulations set out in the HETI Accreditation Procedure.

To apply for accreditation the Provider must complete the application form which can be found on the HETI website and provide evidence that the criteria can be achieved:

The Provider must also provide a term description for each proposed term using the NSW Prevocational Training Term Description template.

Figure 2 shows the accreditation process for a new Provider.

Figure 1 - Summary of the re-accreditation cycle

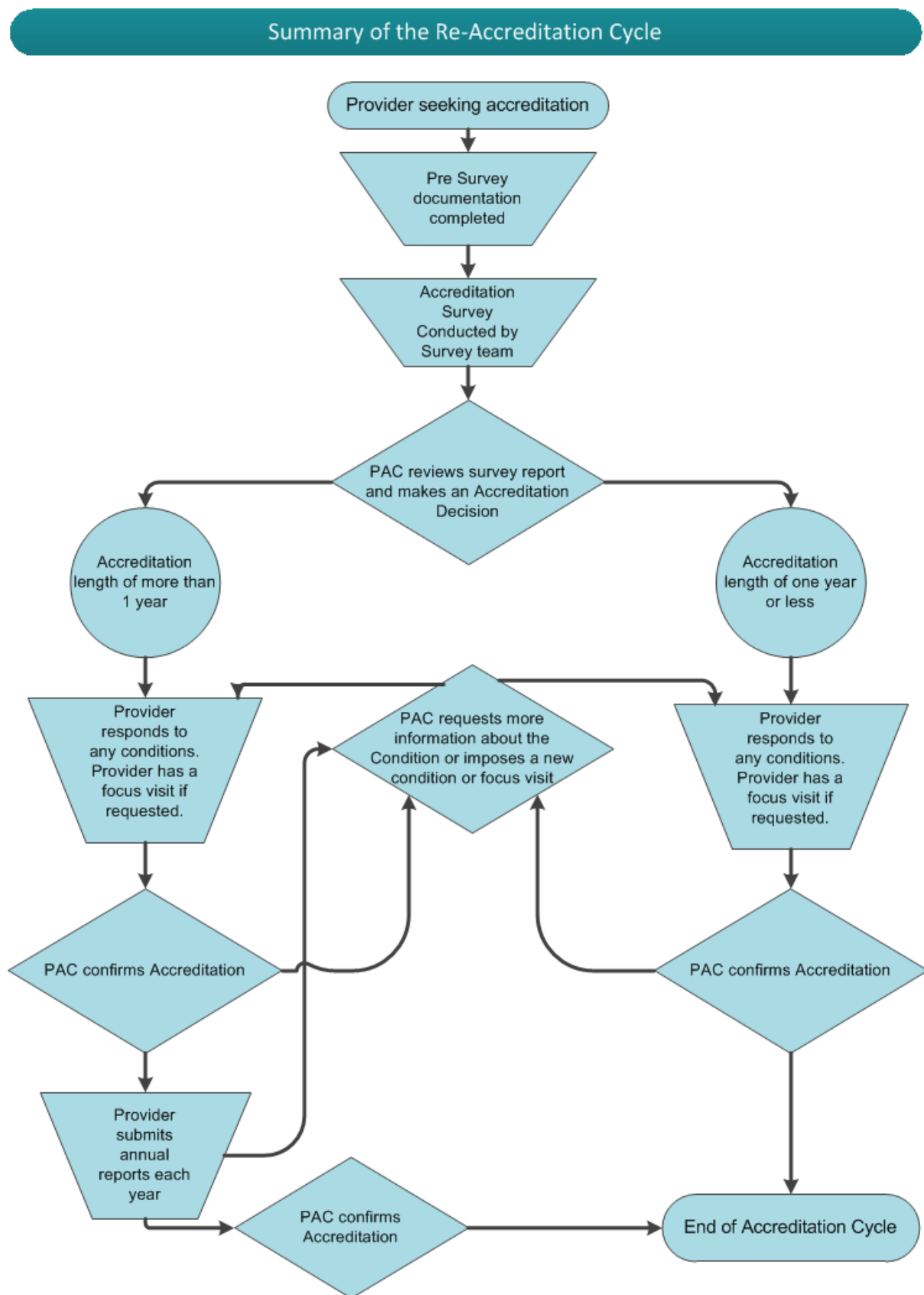
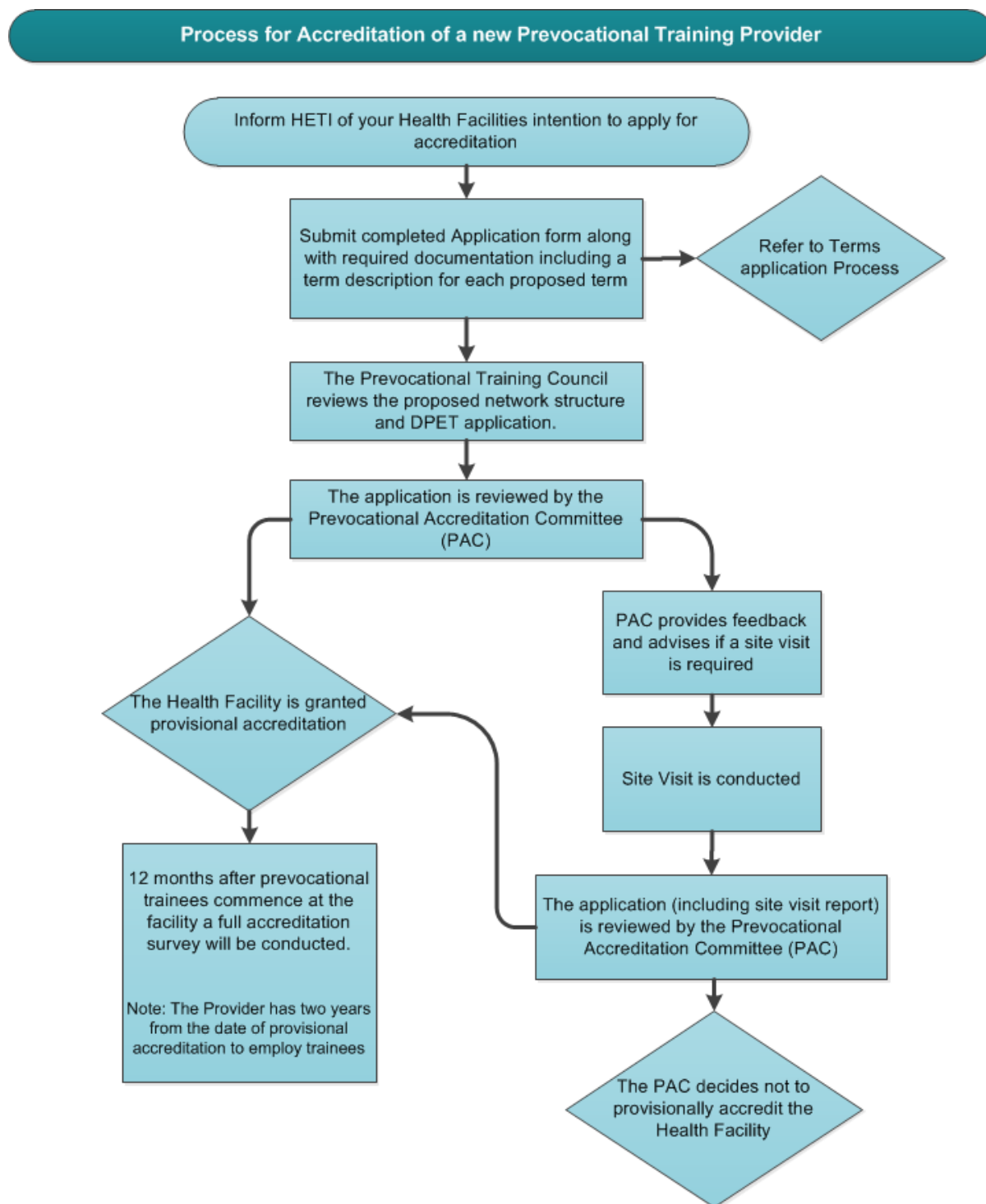


Figure 2 - Accreditation process for a new Provider



Prevocational Training Provider Networks

HETI strongly supports prevocational trainees rotating through the Prevocational Training Network (to metropolitan or rural providers). These rotations provide prevocational trainees with exposure to different health geographies and demographics as well as an opportunity to experience the way different Providers provide medical services.

To ensure that prevocational trainees receive a balanced mix of clinical experiences and a variety of training opportunities, Providers are classified as either a Five Term Home Hospital Prevocational Training Provider, Three Term Home Hospital Prevocational Training Provider, Rotation Hospital Prevocational Training Provider or Offsite Term.

Offsite Terms are assessed as part of the home hospital from which they receive their prevocational trainees.

Term Accreditation

Prevocational trainees must only work in terms accredited or provisionally accredited by PAC.

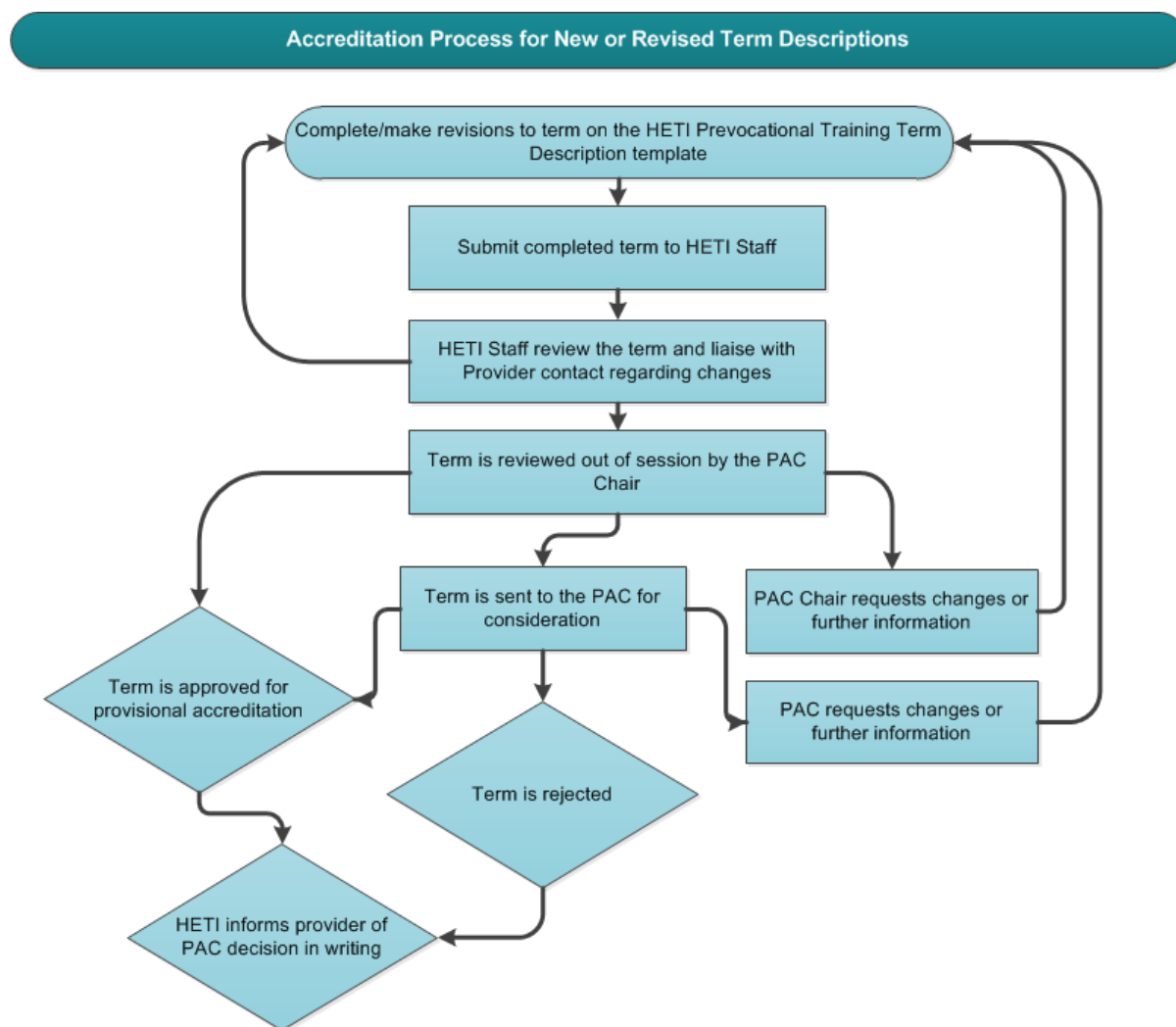
HETI's PAC assesses all term descriptions submitted for accreditation. All terms must ensure the safety of both patients and prevocational trainees by providing appropriate levels of supervision, workload, hours and clinical practice suitable to the skills of the prevocational trainees performing them. The PAC will consider:

- The complexity and volume of the terms workload
- Prevocational trainee workload
- The experience the prevocational trainee can expect to gain
- How the prevocational trainee will be supervised and who will supervise them.

Terms are accredited as a combined PGY1 and PGY2 term or as a PGY2 only term. A PGY2 only term must not be staffed by a PGY1 trainee.

Figure three shows the term accreditation process.

Figure 3 - the term accreditation process



Accreditation Surveys

At an Accreditation Survey the Provider will be assessed against each of the thirteen Prevocational Education and Training Accreditation Standards. Each Standard is assessed against a three point Accreditation Rating Scale. The level to which a standard has been addressed is dependent upon whether the Provider meets the Critical Criteria and Criteria within the Standard. The survey team will assess whether a Provider has successfully addressed the Critical Criteria and Criteria.

Accreditation Survey teams include diverse professional representation including Junior Medical Officers (JMOs) to enable the team to effectively review the Provider and their delivery of the Prevocational Education and Training Program.

Accreditation Rating Scale

The Prevocational Training Provider will be assessed against each of the thirteen Standards. Each Standard is assessed against a three point Accreditation Rating Scale. The level to which a standard has been addressed is dependent upon whether the Provider meets the

Critical Criteria and Criteria within the Standard. The survey team will assess whether a Prevocational Training Provider has successfully addressed the Critical Criteria and Criteria.

Low Achievement (Standard not met)

The Provider has failed to meet the Standard by not demonstrating it has addressed all Critical Criteria within a Standard.

Moderate Achievement (Standard met)

The Provider has met the Standard by demonstrating it has addressed most of the Criteria, including all Critical Criteria.

Extensive Achievement (A leader)

The Provider has met the Standard and demonstrated it has addressed the Critical Criteria and Criteria to a higher than average level through innovation and leadership.

Annual Report Accreditation Status

Annual reports must be submitted by Providers on the anniversary of their accreditation (excluding years when they are scheduled for an accreditation survey) which are reviewed by the PAC. Where necessary the PAC may conduct investigations into what is reported.

Accreditation Decision Appeals

A Provider may appeal against an accreditation decision.

Grounds of Appeal

An appeal may be made on the basis there is:

- (a) An error of fact or due process in the formulation of the accreditation decision, and/or
- (b) Relevant and significant information which was available to the surveyors was not considered in the making of the decision, and/or
- (c) The decision of the PAC was inconsistent with the information considered by the Committee.

There are no other grounds of appeal.

Public Reporting

It is a requirement of the Medical Board of Australia that HETI publish an up-to-date, accurate and comprehensive list of all the positions and courses accredited for intern training in NSW. The list must also set out details of the positions and courses, including the following information:

- the parent health service associated with each program and position;
- location of the position accredited;
- department in which each term of the program is located;
- type of term(s) (i.e. emergency medical care, surgery, medicine or other);
- date program or position was accredited; and
- date program's or position's accreditation is due to expire.

Feedback and Evaluation

The evaluation of HETI's Accreditation Standards and procedures provides an opportunity for all stakeholders to give feedback, and for HETI to continually improve its accreditation program.

HETI seeks feedback on the accreditation process from the following sources:

- The HETI Accreditation Survey Team regarding the accreditation survey
- Consultation with all relevant stakeholders prior to approval and publication of the Standards and procedures.

HETI will review the Prevocational Education and Training Accreditation Standards for assessing the Providers whenever there are significant state or national developments. HETI will review all procedures once per year.

The Accreditation Procedure

HETI has developed The Health Education and Training Institute Accreditation Procedure which details all components of prevocational accreditation. This procedure can be found on the HETI website.

GLOSSARY

Accreditation status

Whether or not a Provider or term is accredited, provisionally accredited, not accredited or lapsed, accreditation status can be varied at any time.

Accreditation decision

A decision made by the PAC regarding a Provider's accreditation status, accreditation period, provisos, terms, recommendations and conditions.

Accreditation cycle

The period of time for which a Provider is accredited. A Providers' accreditation cycle can be varied at any time.

Assessment Review Committee

A committee responsible for reviewing the progress of all prevocational trainees in order to identify, support and manage trainees experiencing clinical training or practice difficulties. The Committee should ensure the early identification and intervention of trainees in difficulty and assist with more complex decisions on the remediation of interns who do not achieve satisfactory supervisor assessments

Australian Curriculum Framework for Junior Doctors

Outlines the knowledge, skills and behaviours required of prevocational doctors (PGY1, PGY2 and above) in order to work safely in Australian hospitals and other healthcare settings.

Australian Medical Council (AMC)

The AMC is an independent national standards body for medical education and training. Its purpose is to ensure that standards of education, training and assessment of the medical profession promote and protect the health of the Australian community.

Clinical supervision

Direct or indirect monitoring of prevocational trainees by a more senior medical practitioner (PGY3 or above) to ensure practices are performed safely for both patients and trainees. Supervisors also provide prevocational trainees with training, feedback and assessment of clinical procedures and patient care.

Clinical team

The clinical team includes all consultants, VMOs, CMOs, staff specialists, registrars and prevocational trainees who will be working with the prevocational trainees.

Core Term

A mandatory term required for general registration. There are three Core Terms - Emergency, Surgery and Medicine. For a term to be accredited as a Core Term it must meet the specific requirements of a Core Term. A PGY1 prevocational trainee must complete all three Core Terms plus an additional two terms to gain general registration with AHPRA.

Criteria

The Criteria are elements of the Standard that should be addressed in order for a Provider to meet the Standard. Where the Provider is deemed to have not addressed the Criteria, they may be judged to have not met the Standard.

Critical Criteria

The Critical Criteria are elements of the Standard that must be addressed in order for a Provider to meet the Standard. Failure to meet a Critical Criteria will result in the Standard not being met.

Director Medical Services (DMS)

The senior clinician in charge of managing medical services in the hospital and the responsible officer for issues affecting the employment, progression and registration of prevocational trainees.

Director of Prevocational Education and Training (DPET)

A medical practitioner appointed by the Provider and approved by HETI to provide medical leadership and oversight of the Prevocational Education and Training Program (Program). This role includes developing, coordinating, promoting and evaluating the Program. The DPET is responsible for the supervision and welfare of junior doctors (PGY1s and PGY2s) and advocating for trainees. This position communicates with the clinical supervisors, term supervisors, JMO Managers and assists the General Clinical Training Committee (GCTC). The DPET position description can be found in the HETI Network Principles for Prevocational Medical Training.

General Clinical Training Committee (GCTC)

A Training Provider based committee responsible for the development, implementation, monitoring and evaluation of the Prevocational Education and Training Program. A suggested Terms of Reference can be found in the HETI Network Principles for Prevocational Medical Training.

Immediate Supervisor of a Prevocational Trainee

The medical practitioner with direct responsibility for patient care delegated to supervise the prevocational trainee on a day to day basis who will be at least a postgraduate year 3 (PGY3) trainee.

JMO Manager

This role may vary between facilities; JMO Managers all have one common responsibility of managing the junior medical workforce of the Training Provider or Network. This role encompasses junior medical officer recruitment, orientation, term allocations, rostering, leave and human resources management, support to trainees in difficulty and managing grievances and complaints involving junior doctors.

Network Committee for Prevocational Training (NCPT)

Provides governance to their prevocational training network. The NCPT coordinates the allocation of terms across the network, ensures safe, high quality prevocational training and ensures equitable agreed distribution of trainees across the network. The NCPT membership includes representatives from each Provider within the network such as Directors of Prevocational Education and Training, senior JMO Management, Directors of Medical

Services or their equivalents and Prevocational Trainees. A suggested Terms of Reference can be found in the HETI Network Principles for Prevocational Medical Training.

PGY1

The first year of supervised training following the completion of medical school or AMC graduation. The year is also referred to as internship. PGY1 Trainees are expected to have Provisional Medical Registration from AHPRA.

PGY1 trainee

An AMC Graduate, International Medical Graduate (IMG) or local graduate undertaking supervised training in their PGY1. PGY1 Trainees have Provisional Medical Registration from AHPRA.

PGY2

The second year of supervised training following PGY1. This year is also referred to as the resident year. PGY2 Trainees have attained General Medical Registration from AHPRA

PGY2 Trainee

A trainee undertaking their second year of supervised training and has attained General Medical Registration from the Australian Health Practitioner Regulation Agency.

Prevocational Accreditation Committee (PAC)

The HETI committee with the delegated responsibility for managing, advising and making decisions on the accreditation and review processes for Prevocational Training Providers, Prevocational Education and Training Program and terms.

Prevocational Education and Training Accreditation Standards (also referred to as Standards)

This refers to HETI's Standards for accrediting Prevocational Training Providers and Terms in NSW.

Prevocational Education and Training Program (Program)

A two year generalist education and training program delivered by a Prevocational Training Provider that enables trainees to achieve general registration and provides a foundation for entry into vocational training. The Program provides trainees with the knowledge, skills and supervision to provide safe patient care through appropriate educational and training opportunities. The Program promotes the interests and welfare of trainees. It provides opportunities for trainees to meet the AMC's Intern Outcome Statements and the learning outcomes specified in the Australian Curriculum Framework for Junior Doctors. At the Provider's accreditation survey they will be assessed on how successfully the Program is being delivered.

Prevocational trainee

A Prevocational Trainee includes PGY1 trainees, PGY2 trainees and AMC graduates undertaking supervised training.

Prevocational Training Council (PvTC)

The HETI Council delegated with responsibility to ensure state-wide coordination of the prevocational training networks and to develop resources that will improve prevocational training in NSW. The Council also provides expert advice to HETI and NSW Health on Prevocational Education and Training matters and related issues. The PvTC is responsible for approving DPET appointments.

Prevocational Training Provider (Provider)

The institution where the prevocational trainees work and train. The Provider can be a hospital, general practice, community health centre or other accredited health facility. The Provider governs and or provides some or all aspects of the Prevocational Education and Training Program.

Primary Clinical Supervisor

A consultant or senior medical practitioner with experience managing patients in the relevant discipline (PGY3 or above). The primary clinical supervisor may be the term supervisor.

Provisional Accreditation

An accreditation status granted by the PAC for a limited period to a new Provider or term that has demonstrated its preparedness to meet the Standards. After the period of provisional accreditation the term or Provider may be eligible for accreditation.

Supervisor

A medical practitioner who is responsible for ensuring the clinical supervision of prevocational trainees. A supervisor must be a medical practitioner with general registration with the Medical Board of Australia. At a minimum their clinical experience must be greater than that of a PGY2 trainee and preferably greater than a PGY3 trainee.

Surveyor

A clinician, medical administrator, JMO Manager or a junior medical officer engaged by HETI on a voluntary basis for the purpose of surveying Providers against the Prevocational Education and Training Accreditation Standards. All surveyors complete training before undertaking a survey.

Team Leader

A surveyor delegated with the responsibility of coordinating the survey team before, during and after a survey. With the survey team's input, the team leader produces the final written accreditation report and reports to the PAC the survey findings. Team leaders are medical administrators or clinicians who are experienced surveyors.

Term

The specific clinical team, service or unit attachment which is accredited for prevocational trainees to work and receive clinical training in. All terms must be accredited prior to prevocational trainees commencing work in the term.

Term description

An orientation document required for each term. 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.

HETI's PAC assesses all term descriptions submitted for their potential to provide safe educational opportunities.

Term Orientation

Provides the trainee with a formal orientation specific to the term, including the clinical experiences and skills development that will be facilitated and the term assessment process.

Term Supervisor

A senior medical practitioner responsible for the orientation, supervision and coordination of clinical training and assessment of prevocational trainees attached to the specific term. Every term must have a dedicated term supervisor that can fulfil the roles, responsibilities and requirements outlined in the HETI Term Supervisor Position Description which can be found in the HETI Network Principles for Prevocational Medical Training.

The National Standards

Refers to the Australian Medical Council National Internship Framework

Standards

Refers to the Prevocational Education and Training Accreditation Standards.

Trainee

This term, where not specified, refers to both PGY1 and PGY2 junior doctors.