

# Prevocational Education and Training Accreditation Standards

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**Health Education and Training Institute**

## Document History

Version	Issued	Status	Author	Reason for Change
1	December 2014	Approved	Louise Cook	New Standards
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Prevocational Education and Training Standards

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## INTRODUCTION

The Health Education and Training Institute (HETI) is accredited by the Australian Medical Council (AMC) on behalf of the Medical Board of Australia as the prevocational training accreditation authority for New South Wales.

HETI's NSW prevocational accreditation program implements and monitors Standards for the education, training and welfare of prevocational trainees in their first two postgraduate years.

This document sets out the Standards for facilities providing prevocational medical education and training. It provides information that supports the Standards and clearly sets out the expectations regarding how the accreditation Standards should be met. The Prevocational Education and Training Accreditation Standards have been developed to align with the AMC's National Standards for intern training<sup>1</sup>. These Standards set the benchmark to ensure that a high quality Prevocational Education and Training Program is delivered by the Prevocational Training Providers and prevocational training network in NSW.

## ACCREDITATION

The HETI NSW accreditation process ensures that Prevocational Education and Training Programs promote and protect the safety and quality of patient care. Accreditation is more than just quality assurance; it involves continuous quality improvement of training in response to evolving community needs and professional practice<sup>2</sup>.

The HETI NSW accreditation process supports diversity, innovation and evolution in approaches to Prevocational Education and Training Programs as well as in how accreditation requirements are met.

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

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.

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<sup>1</sup> Australian Medical Council Limited. Intern Training – National Standards for programs (2013)

<sup>2</sup> Australian Health Practitioner Regulation Agency. Quality framework for the accreditation function (2011)

## THE STANDARD STRUCTURE

### Themes

The themes allow the Standards to be grouped into areas of accreditation responsibility. The Standards are divided into three themes. Standards one through four are governance and leadership, five through twelve are education and training, and thirteen is trainee welfare.

### Standard

A Standard is a statement of what the Prevocational Training Provider is expected to achieve in order to provide a high quality Prevocational Education and Training Program.

### Critical Criteria

The Critical Criteria are elements of a 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.

### Criteria

The Criteria are elements of a 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.

### Guidelines

The guidelines provide direction on how the Standards and Criteria can be met. Where a Standard contains the word 'appropriate', the guidelines explain what would be judged to be appropriate.

### Evidence

The evidence sets out the information and documentation required to show that the Standard has been met. The evidence is material that a Provider will need to provide during the accreditation survey visit.

## THE STANDARDS

THEME	STANDARD NUMBER	STANDARD TITLE
Governance and Leadership	1	Prevocational Education 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	Program 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

## GOVERNANCE AND LEADERSHIP

### Standard 1: Prevocational Education and Training Program Governance

The Prevocational Training Provider has a clear system of governance for the overall management of the Prevocational Education and Training Program for prevocational trainees.

#### Critical Criteria

- 1.1 The Program is incorporated into the Prevocational Training Provider's organisational planning with appropriate priority relative to other responsibilities.
- 1.2 There is a system of clinical governance with clear lines of responsibility for the overall quality of medical practice undertaken by trainees.
- 1.3 The Prevocational Training Provider has an appropriate process for management of grievances.

#### Criteria

- 1.4 The governance of the Provider is clearly defined.
- 1.5 There are documented processes, to support trainees raising their concerns about the Program and supervision. These processes should maintain prevocational trainee confidentiality.

#### Guidelines

- A Delegated manager (such as the DMS, General Manager or equivalent) has executive accountability for the Provider meeting the Prevocational Training and Education Standards and has a line of reporting to the Chief Executive of the Local Health District.
- Providers consider and manage impacts on Prevocational Education and Training when making decisions
- Policies/processes cover the Program governance, orientation, education and training, supervision, trainee welfare, workload, protected training time, feedback, assessment, and grievance management
- Trainees are informed of the process for resolving grievances which should include timely resolution and communication of outcomes.

#### Evidence

23. The Prevocational Training Provider grievance procedures.
24. Evidence of formal communication mechanisms/structures between the Provider and their trainees.
33. A copy of the organisational/executive structure of the hospital (i.e. organisational chart). Including reporting lines to the General Clinical Training Committee (GCTC) and Network Committee for Prevocational Training (NCPT).

## Standard 2: Prevocational Education and Training Program Management

The Prevocational Training Provider has a clear management structure in place with the responsibility, authority and capacity to direct, plan, implement, review and evaluate the Prevocational Education and Training Program.

### Critical Criteria

- 2.1 There is adequate funding and infrastructure to plan, deliver and evaluate the Program including staff with the required administrative, clinical and educational expertise.
- 2.2 The Prevocational Training Provider has effective organisational committees including a site based GCTC, network based NCPT and prevocational trainees are fully informed of the role of these committees.
- 2.3 The Prevocational Training Provider has operational structures (DPET/JMO Unit) to manage and support the prevocational trainees.

### Criteria

- 2.4 The Prevocational Training Provider documents and advises HETI of any significant changes to the Program.

### Guidelines:

- The JMO management unit is staffed to ensure it has the capacity to provide support for all trainees.

### Evidence

2. Minutes of the five most recent General Clinical Training Committee meetings or equivalent
3. Minutes of the five most recent Network Committee meetings.
5. Terms of reference of GCTC, NCPT, Assessment review committee
6. Documentation of other relevant committees terms of reference, meeting schedules and minutes.
10. Details of the Provider's infrastructure for providing the formal and clinical term Prevocational Education and Training Programs.
25. Evidence of the support and welfare services available to trainees.
26. Process for workload monitoring including regularly reviewing patient numbers and the level of overtime (both rostered un-rostered).

## Standard 3: Trainee Workload and Safe Working with Patients

The Prevocational Training Provider monitors the workload and ensures trainees safely work with patients.

### Criteria

- 3.1 The Prevocational Training Provider is responsible for ensuring trainees meet their education outcomes and service delivery requirements within safe working conditions.
- 3.2 The Prevocational Training Provider monitors and ensures the prevocational trainees have reasonable duties and workload.

### Critical Criteria

- 3.3 Trainees are provided with rosters that meet both the organisational service delivery needs as well as their education and training requirements.
- 3.4 The Prevocational Training Provider ensures all trainees complete the training required to work safely as an employee of NSW Health, including all mandatory training.

### Guidelines:

- The procedures for trainees to access leave are published, fair and practical.
- Trainees are provided with an accurate roster in a timely manner at a minimum in accordance with the award.
- The trainee's roster has flexibility and prevocational trainees are aware of the Training Provider's process for negotiating roster changes.
- Patient numbers should be of a range that provides a safe work environment, is conducive to education and training, and ensures safe patient care.
- HETI Online identifies the mandatory training to be completed by trainees.

### Evidence:

7. De-identified reports from HETI Online of training completion by trainees.
16. Current shift rosters for the whole hospital where prevocational trainees work.
20. Evidence of the hospital orientation program.
26. Process for workload monitoring including regularly reviewing patient numbers and the level of overtime (both rostered un-rostered).

## Standard 4: Facilities and Infrastructure for Education and Training

The Prevocational Training Provider will provide appropriate facilities and infrastructure to enable the Prevocational Education and Training Program to be conducted effectively.

### Critical Criteria

- 4.1 The Prevocational Training Provider has appropriate facilities for education and training.
- 4.2 Where necessary for trainee safety, the Prevocational Training Provider provides trainees with accommodation including overnight and term accommodation.

### Criteria

- 4.3 The Prevocational Training Provider provides trainees with access to safe physical amenities, including a common room where trainees can support each other and debrief with colleagues.
- 4.4 The Provider collaborates with the DPET to ensure the trainees have access to appropriate facilities and infrastructure on wards to perform their role effectively.

### Guidelines

- HETI Network Principles for prevocational medical training (2012) provide guidance on facilities and infrastructure needed for Prevocational Education and Training Programs and prevocational trainees.
- Educational facilities include teaching rooms with the necessary equipment, libraries, computers with internet access, e-learning capabilities and access and simulation opportunities;
- Training needs to be provided for trainees regarding the use of the educational resources.
- Education facilities can be hospital based or coordinated across the prevocational training network and must be accessible by all prevocational trainees.
- Computer access should allow trainees to complete their work tasks, access educational activities, complete their training requirements of HETI Online, as well as mandatory orientation and term assessments.
- The common room should be of sufficient size for the Provider's prevocational trainee numbers and safely accessible for the trainees particularly after hours.
- Overnight accommodation should be provided where the trainee is on-call and/or rostered on for after-hours work and is unable to go home due to safety concerns.
- Where long-term accommodation is required (generally due to secondment for a term to a Provider distant from trainee's home hospital) this should include as a minimum a single room with a desk, phone and internet access provided, bathroom facilities with privacy; kitchen; lounge area with television; and security and options for parking of a vehicle.

### Evidence:

8. Details of the physical amenities provided to the trainees including overnight accommodation for after-hours shifts and term accommodation for trainees on rotation.
10. Details of the Provider's infrastructure for providing the formal and clinical term Prevocational Education and Training Programs.

## EDUCATION AND TRAINING

### Standard 5: Program Coordination and Integration

The Prevocational Training Provider ensures there is a coordinated and integrated Prevocational Education and Training Program.

#### Critical Criteria

- 5.1 The Prevocational Education and Training Program is planned, coordinated and delivered across the Prevocational Training Network and allows for addressing individual gaps in learning.
- 5.2 The PGY1 term allocations and the Program are structured to reflect the requirements of the current Medical Board of Australia's Registration Standard and provide learning experiences as described in the AMC's Intern Training – Guidelines for Terms.

#### Criteria

- 5.3 There is a clear structure and processes in place for planning and coordinating the Program at the training provider site level.
- 5.4 All trainees have access to career advisory services. (Career advisory services are publicised to the trainees, their supervisors and other team members.)

#### Guidelines:

- See HETI's Network Principles for Prevocational Medical Training section 1 which outlines a prevocational trainee learning model.

#### Evidence:

3. Minutes of the five most recent Network Committee meetings.
17. Term allocations for all prevocational trainees between terms and network hospitals.
19. Documentation detailing the formal education and training program for PGY1 and PGY2
20. Evidence of the hospital orientation program.
25. Evidence of the support and welfare services available to trainees.
28. Evidence that the Provider delivers clinical learning experiences and clinical training in each term.

## Standard 6: Prevocational Education and Training Program

The Prevocational Training Provider and term supervisor together ensure that prevocational trainees have an effective learning program with an emphasis on blended workplace based learning that equips them for their role in delivering effective patient care.

### Critical Criteria

- 6.1 The Prevocational Training Provider organises an education and training program that meets the learning and training needs of both PGY1 and PGY2 trainees.
- 6.2 The Prevocational Training Provider provides a blended learning approach, with focus on providing clinical and non-clinical based teaching, training, feedback and assessment.
- 6.3 Trainees are engaged in decisions regarding the quality and content of the Prevocational Education and Training Program.
- 6.4 The Provider allocates time exclusively for formal education and training, which is quarantined from service responsibilities.

### Criteria

- 6.5 The Program delivers clearly documented learning outcomes that are aligned with the Australian Medical Council's Intern Outcome Statements for PGY1s, the Australian Curriculum Framework for Junior Doctors, and any HETI authorised curriculum.
- 6.6 The term specific education sessions are designed to support the achievement of the terms learning objectives and the intern outcome statements.

### Guidelines:

- See HETI's Network Principles for Prevocational Medical Training section 1 which outlines a prevocational trainee learning model.
- Participation in the prevocational training is monitored and facilitated.
- The Prevocational Training Provider can access another Provider's education and training program to provide learning opportunities for their trainees.
- The Program includes specific training in delivery of health care to Aboriginal people and the role of all staff in upholding cultural safety and respect.

### Evidence:

19. Documentation detailing the formal education and training program for PGY1 and PGY2
24. Evidence of formal communication mechanisms/structures between the Provider and their trainees.
28. Evidence that the Provider delivers clinical learning experiences and clinical training in each term.
34. Evidence of any other workplace based assessments/feedback mechanisms

## Standard 7: Trainee Orientation

The Prevocational Training Provider provides a comprehensive effective orientation to its prevocational trainees, which ensures the trainees practice safely and are well prepared to commence their prevocational training.

### Critical Criteria

- 7.1 The Provider delivers a comprehensive orientation program which ensures that trainees are adequately prepared to conduct/commence their duties safely and are aware of committees with oversight of the Program.
- 7.2 The Prevocational Training Provider provides an effective formal orientation to all prevocational trainees at the start of each clinical year, term and when on rotation from another Prevocational Training Provider.
- 7.3 The Term Supervisor has primary accountability for the effective orientation of the trainee at the commencement of the clinical term.
- 7.4 The trainees receive a written term description before the clinical term commences. It defines the skills and procedures to be achieved and the nature and range of clinical experiences available to meet the outcomes.

### Criteria

- 7.5 The Prevocational Training Provider considers the needs of trainees from Aboriginal background in planning and delivering the trainee orientation program.
- 7.6 The Provider through the GCTC is responsible for the regular review of term description's to ensure their accuracy.
- 7.7 At the commencement of the clinical year and each term, the Prevocational Training Provider in collaboration with the Term Supervisor will assess the trainee's ability to practice safely. Where necessary, additional supervision and training is to be provided to ensure safe medical practice.

### Guidelines

- An additional orientation component is planned for Aboriginal Trainees to introduce them to the local Aboriginal community and Aboriginal Health Services.
- The orientation program needs to be monitored to ensure orientation is provided to all new junior medical staff including those not commencing at the beginning of the year.
- It is recommended that a ROVER form or its equivalent form should be made available to all trainees at the beginning of a term to facilitate informal term orientation. These forms should be updated by the outgoing trainee for each term, to describe the peculiarities and individual characteristics of the term to help the new trainee perform their duties.
- Orientations would normally include:
  - general information on the hospital/facility/LHD
  - introduction to relevant Provider staff and supervisors
  - roles and responsibilities of the trainee as a junior doctor
  - clinical and procedural skills training and verification
  - clinical term structure and services
  - trainee supervision
  - feedback and assessment processes
  - administrative arrangements; and
  - location of resources and relevant policies
- All term descriptions should be reviewed on an annual basis by the GCTC.

### Evidence:

1. Term descriptions for all prevocational terms on the current HETI term description template.
2. Minutes of the five most recent General Clinical Training Committee meetings or equivalent
7. De-identified reports from HETI Online of training completion by trainees.
9. Any ROVER or equivalent term handover documentation is given to the trainees.
20. Evidence of the hospital orientation program.
21. Evidence of term specific orientation.
32. Prevocational Trainee Handbook (one hard copy only).

## Program

### Standard 8: Trainee Handover

The Prevocational Training Provider provides effective handovers to prevocational trainees that enable them to provide safe patient care.

#### Critical Criteria

- 8.1 The Prevocational Training Provider has a documented and available, well defined process in place for handover at the commencement of each clinical term and when transferring care responsibility of patients.

#### Criteria

- 8.2 The roles and responsibilities of the clinical and non-clinical staff involved in term handover are clearly defined and understood.

#### Guidelines

- The Provider facilitates an effective term handover consisting of both formal and informal processes.
- The process for term handover should include an up to date ROVER like form or discussion for trainees to be aware of an individual consultants' practices and preferences.
- The Prevocational Training Provider has a written, well defined process that is implemented for handover between all shifts (including day, evening and weekend shifts), patients transferred from other areas within the same health facility or other health facilities.

#### Evidence:

9. Any ROVER or equivalent term handover documentation is given to the trainees.
22. Documentation outlining the handover processes between terms and individual responsibilities at the beginning of terms.

## Standard 9: Clinical Supervision

The Prevocational Training Provider and its supervisors ensure a high standard of clinical supervision and training is provided at all times for prevocational trainees.

### Critical Criteria

- 9.1 Trainees have accessible and effective supervision and support at all times, adjusted as required to their individual needs and levels of experience.
- 9.2 The Provider ensures that Supervisors understand their roles and responsibilities associated to supervision.

### Criteria

- 9.3 Each term has clear, explicit supervision arrangements that are documented in the term description.
- 9.4 All supervisors demonstrate a commitment to ongoing professional development in their role as a supervisor and have access to training where required
- 9.5 The Prevocational Training Provider through the GCTC evaluates the quality of all supervision at both a program and individual level and makes the necessary adjustments to improve performance in this area and ensures the AMC requirements for supervisors are met.
- 9.6 The quality of supervision is consistent across the program and terms with processes in place to manage any temporary change of supervisor's circumstances.

### Guidelines

- The Prevocational Training Provider has written, clear, accessible processes, that outline the duties, responsibilities and authority of doctors supervising/training prevocational trainees.
- The Provider provides supervising doctors with feedback on their performance and opportunities to develop supervisory and teaching skills.
- The Prevocational Training Provider understands that all medical staff above the level of prevocational trainee are potential supervisors and should receive appropriate training in supervision from a range of sources.
- The Prevocational Training Provider ensures that supervisors are allocated appropriate time and resources to participate in the Program.
- PGY1 trainees must be supervised at all times by a medical practitioner who is PGY3 or above and who is both on-site and awake.
- The PGY2 trainee cannot be the most senior doctor on site at anytime
- The Term Supervisor position description fits the guidelines contained in HETI's Network Principles for prevocational medical training (2012)
- The supervision provided complies with HETI, the AMC and relevant guidelines on clinical supervision including the HETI Superguide: A Handbook for supervising doctors in training (2013)\*.
- Trainees have been made aware of state-wide and local policies and guidelines in relation to supervision.
- The Prevocational Training Provider provides levels of clinical supervision that not only ensures support for the prevocational trainee but ensures safe patient care.

### Evidence:

1. Term descriptions for all prevocational terms on the current HETI term description template.

12. Documentation of the process for providing feedback to supervisors about their term/skills as a supervisor
13. Position descriptions of supervisors outline the competencies, duties, responsibilities and accountabilities of doctors' responsible for supervising prevocational trainees.
14. Documentation of training opportunities provided to/and taken up by supervisors (including any College training), including evidence of completion of appropriate courses via HETI Online.
27. Evidence that the Provider has rigorous processes in place to ensure safe clinical supervision.
31. Documentation of the Providers process for managing trainees in difficulty. If appropriate include examples of how individual trainees have been managed (i.e. Improving Performance Action Plans).

## Standard 10: Term Training, Supervision and Learning Experience

The Prevocational Training Provider ensures that terms provide broad practice-based clinical experiences and training to meet prevocational trainee's learning outcomes.

### Critical criteria:

- 10.1 The Provider has processes for appointments of trainees to terms based on published criteria that are transparent, rigorous and fair.
- 10.2 The Provider ensures that PGY1 trainees' clinical and learning experiences enable them to develop the knowledge and skills outlined in the AMC's 'Intern training – Intern Outcome Statements' and 'Guidelines for terms' to enable trainees to meet the MBA requirements for general registration.
- 10.3 The supervisor ensures trainee participation in a range of clinical experiences and responsibilities relevant to the clinical term.

### Criteria

- 10.4 The Provider takes individual trainees' future career objectives into account in their term allocation.
- 10.5 The term training opportunities are planned and support the specific term's learning objectives.
- 10.6 All medical staff are actively involved in supervising, teaching, evaluating and providing feedback to prevocational trainees.

### Guidelines

- In identifying terms for training, the Prevocational Training Provider considers:
  - the complexity and volume of the units workload
  - the trainee's workload
  - the breadth of experience the trainee can expect to gain
  - how the trainee will be supervised and who will supervise them
- Term training opportunities can include:
  - multidisciplinary meetings,
  - term or department based activities such as mortality and morbidity audits, quality assurance activities, case presentations, seminars and journal clubs
  - group and one to one training sessions with senior medical/health practitioners
  - developing and practising clinical skills within a simulation environment
  - medical, surgical or hospital wide grand rounds.
- The terms enable prevocational trainees to become team members and allow team members to make reliable judgements on the trainees' abilities, performance and progress.
- Where additional learning goals have been requested, the term supervisor supports the trainee to develop a learning plan The learning plan should consider:
  - The individual trainee's career goals
  - Specific learning needs related to meeting the intern outcome statements
  - Clinical experiences and opportunities available in the term.
- Where specific learning needs have been identified in previous terms, the term supervisor supports the trainee to develop a learning plan with realistic goals. The learning plan should consider:
  - The individual trainee's career goals
  - Specific learning needs related to meeting the intern outcome statements
  - Issues identified in previous terms

- Clinical experiences and opportunities available in the term.
- HETI The Superguide: A Handbook for supervising doctors in training (June 2013).

**Evidence:**

17. Term allocations for all prevocational trainees between terms and network hospitals.
18. Documentation of the Process for term allocations.
28. Evidence that the Provider delivers clinical learning experiences and clinical training in each term.
29. Evidence of completed mid and end of term NSW Prevocational Assessment forms for all Prevocational Trainees.
30. Evidence of the Provider supporting trainees who have requested specific learning opportunities in addition to the term description

## Standard 11: Trainee Assessment, Feedback and Remediation

The Prevocational Training Provider provides effective feedback and assessment of a trainee's performance in clinical practice development and achieving learning outcomes.

### Critical Criteria

- 11.1 The intern assessment process is consistent with MBA registration requirements and AMC's publication 'Intern training – Assessing and certifying completion'.
- 11.2 The Prevocational Training Provider undertakes assessment of PGY2 trainees consistent with the process for PGY1 trainees.
- 11.3 Trainees are provided with both regular formal documented feedback and timely progressive informal feedback from their supervisor. Formal feedback includes formative mid-term appraisal and summative end of term assessments.
- 11.4 The Provider has in place an Assessment Review Committee that reviews the progress of all prevocational trainees in order to identify, support and manage trainees experiencing clinical training or practice difficulties, ensuring their early identification and intervention.
- 11.5 The Provider has an appeals process in place for individual trainees, who wish to appeal an unsatisfactory term assessment report.

### Criteria

- 11.6 The Prevocational Training Provider assesses PGY1 and PGY2 trainees to provide feedback on their progress and determine their ability to practice safely.
- 11.7 The JMO Management Unit collaborates with the DPET to monitor trainee performance.
- 11.8 The Provider maintains confidentiality when dealing with trainees in difficulty whilst balancing the need to gain additional support for the trainee and ensure safe patient care.

### Guidelines

- At term orientation, the trainee is informed of the term assessment process including the assessment criteria, who will provide feedback and undertake assessments and how the information will be collated.
- A formative mid-term appraisal and summative end of term assessment including the trainee self-assessment and the supervisor assessment is completed with the trainee, using the NSW Prevocational Assessment Form. A copy of both assessments is provided to the trainee.
- All trainees should be assessed and provided with constructive feedback during every term. Information that informs the appraisal and assessment can include:
  - direct observation
  - reports from supervisors
  - Improving Performance Action Plans (IPAP)
  - Feedback from patients and other team members
  - audit of medical records, pathology and radiology requests
- The term supervisor encourages trainees to:
  - Reflect on and critically appraise their clinical experiences
  - Seek feedback from their supervisors
  - Take responsibility for their performance

- Assessment can include discussions between the term supervisor and the trainee about their previous clinical experiences, training and specific skills; observation; tools used; and reviews of patient cases and clinical notes.
- Supervisors communicate their concerns about the trainee to the organisation and collaborate on trainee remediation strategies and monitoring the trainee's progress.
- The organisation has processes to:
  - immediately address patient safety concerns related to trainee performance
  - provide early identification, support and remediation of trainees in difficulty
  - inform a trainee when a concern exists with their performance
  - establish trainee assessment review groups to advise on complex remediation decisions where satisfactory trainee assessment isn't achieved
  - support trainees whose progress after remediation remains unsatisfactory
  - communicate with clinical and term supervisors and other prevocational network training facilities about the trainee's performance issues, whilst ensuring anonymity outside relevant stakeholders with a need to know.
- HETI's Trainee in difficulty: a management guide for Directors of Prevocational Education and Training 2nd edition 2012
- Supervisors assessing trainees will have the relevant capabilities and understand the trainee assessment processes.
- The DPET is notified when any trainee receives a less than satisfactory assessment or appraisal and ensures an Improving Performance Action Plan (IPAP) is implemented.
- The Assessment Review Committee will have clearly documented processes for monitoring trainees in difficulty including their progress on their Performance Improvement Action Plans.

#### **Evidence:**

4. De-identified minutes of the Assessment Review Committee.
15. Documentation of an appeal process for assessment and registration decisions.
29. Evidence of completed mid and end of term NSW Prevocational Assessment forms for all Prevocational Trainees.
31. Documentation of the Providers process for managing trainees in difficulty. If appropriate include examples of how individual trainees have been managed (i.e. Improving Performance Action Plans).
34. Evidence of any other workplace based assessments/feedback mechanisms

## Standard 12: Training Program Monitoring and Evaluation

The Prevocational Training Provider regularly monitors and evaluates the Prevocational Education and Training Program and uses the feedback for continuous improvement.

### Critical Criteria

12.1 The Provider through the GCTC regularly evaluates the Program and uses the findings for continuous improvement.

### Criteria

12.2 A quality assurance system has been established, that seeks feedback from Prevocational Trainees, the DPET, Clinical and term supervisors, JMO Management and Consumer perspectives and utilises the feedback to improve the Program.

### Guidelines

- Evaluation should be an integral part of the Program.
- The Provider has a process in place for trainees to evaluate the Program and each term. The program and clinical term evaluation data is to be de-identified and aggregated to maintain the confidentiality of the trainees. This may necessitate withholding evaluation data for a period of time.
- The de-identified term evaluation data is provided annually to supervisors for their use in continual improvement of the term education program.
- Provider through the GCTC should evaluate all areas of the Program including:
  - The performance of the DPET
  - Program orientation
  - workload across all terms
  - the content and effectiveness of the formal education and training program
  - prevocational trainee governance and management
  - identification and management of trainees with difficulties
  - safety of working conditions
  - trainee assessment
  - range and access to information resources
  - self-care programs
  - supervisors
  - consumer representative/patient feedback
- The Prevocational Training Provider should have a structured process for the evaluation of all its terms across the clinical year. This should include the evaluation of:
  - term orientation
  - access and effectiveness of the term based training and experiential learning
  - access to and range of information resources
  - accessibility and effectiveness of supervision
  - trainee working hours and workload
  - feedback from trainees and supervisors
- The Provider should utilise outcomes of evaluation for continuous quality improvement activities.

**Evidence:**

2. Minutes of the five most recent General Clinical Training Committee meetings or equivalent
11. Evidence that the Provider has a system for evaluation and is being used to inform and implement continuous quality improvement of the Program (in both the whole of program and in specific terms).

## TRAINEE WELFARE

### Standard 13: Trainee Advocacy, Support and Welfare

The Prevocational Training Provider ensures that trainee welfare and support is built into all aspects of the Prevocational Education and Training Program. The Prevocational Training Provider ensures that all trainees have access to people who provide support and advocacy.

#### Critical Criteria

- 13.1 The Provider has clear and documented processes to ensure that all trainees are supported and that trainee welfare is prioritised.
- 13.2 The Provider must enable the DPET and JMO Management to provide advocacy and support for trainees.

#### Criteria

- 13.3 The Provider ensures appropriate support structures are in place for trainees which includes a DPET and JMO management unit.
- 13.4 The Provider has systems for providing counselling and support for prevocational trainees.
- 13.5 The Provider demonstrates compliance with the NSW Health policy directive to prevent and combat workplace bullying in all workplaces. Trainees are aware of mechanisms to manage any incidences of Bullying and Harassment.

#### Guidelines

- Procedures on prevention and management of bullying, harassment and cultural respect are followed.
- The DPET:
  - directs the education and training of trainees
  - is available for consultation with trainees
  - actively monitors the wellbeing of trainees
  - regularly communicates with trainees and supervisors about their performance
- It may be appropriate to have a second DPET appointed in some circumstances.
- DPETs work collaboratively within their Training Network to ensure that all trainees are supported and have equitable access to learning opportunities, career advice, feedback, supervision and welfare.
- The Provider ensures that culturally appropriate support systems are in place to support Aboriginal trainees.
- The DPET should meet face to face with each trainee twice per year to monitor their progress, assist with their career development and to gain feedback to improve the Program.
- All trainees have access to both personal counselling (i.e. Employee Assistance Programs) and career advisory services. These services are publicised to trainees, supervisors and other team members.
- Trainees should be encouraged and supported in having their own GP.
- Mentors should be available to trainees who want or need this assistance.
- PGY2 trainees have access to appropriate professional development leave and the procedures to access professional development leave are published, fair and practical.

- HETI's The DPET Guide (2012)
- HETI's JMO Manager's Guide (2013)
- HETI's Network Principles for Prevocational Medical Training (2012)

### **Evidence:**

25. Evidence of the support and welfare services available to trainees.
35. Evidence of the implementation of appropriate strategies to prevent workplace bullying.

## RESOURCES

- The Accreditation Procedure
- NSW Prevocational Training Term Description
- NSW Prevocational Training Assessment Forms
- Prevocational Accreditation- A guide for Hospitals
- HETI Unified Education Series
- HETI Online [https://spzsso.hss.health.nsw.gov.au/hetionline/oam\\_login.jsp](https://spzsso.hss.health.nsw.gov.au/hetionline/oam_login.jsp)
- Network Principles for prevocational medical training (July 2012)
- The DPET Guide – A handbook for Directors of Prevocational Education and Training (2013)
- The Superguide- a handbook for supervising doctors (2013)
- The JMO Managers Guide to managing and supporting prevocational trainees (2013)
- Trainee in difficulty- a management guide for Directors of Prevocational Training (2012)
- The Doctor's Compass- a guide to prevocational training developed by the NSW JMO Forum (2012)
- The Doctor's GPS (2014)
- Australian Curriculum Framework for Junior Doctors
- Australian Medical Council "Intern training – Intern outcome statements"
- Australian Medical Council "Intern training – National Standards for Programs"
- Australian Medical Council "Intern training – Guidelines for terms"
- Australian Medical Council "Intern training – Assessing and Certifying Completion"

## 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, conditions and recommendations.

### **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**

Is 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 Australian Medical Council (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**

Facilities are to list all registrars, consultants and clinical team members including their titles, who will be working with the prevocational trainees. This section should include a contact phone number and pager number for each team member.

### **Core term**

A mandatory term required for general registration. There are three core terms - Emergency, Surgery and Medicine. For terms to be accredited as a core term they 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 the Australian Health Practitioner Regulation Agency.

## **Criteria**

The Criteria are elements of a 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 a 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)**

Is 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)**

Is 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)**

Is 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**

Is the medical practitioner with direct responsibility for patient care delegated to supervisor the prevocational trainee on a day to day basis and 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 the Australian Health Practitioner Regulation Agency.

### **PGY1 trainee**

An AMC Graduate, IMG or local graduate undertaking supervised training in their PGY1. PGY1 Trainees are expected to have Provisional Medical Registration from the Australian Health Practitioner Regulation Agency.

## **PGY2**

Is a second year of supervised training following PGY1. This year is also referred to as the resident year. PGY2 Trainees are expected to have General Medical Registration from the Australian Health Practitioner Regulation Agency.

### **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**

Is a 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)**

Is 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. 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 Providers 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**

Is a HETI Council delegated 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 Prevocational Training Council is responsible for approving DPET appointments.

### **Prevocational Training Provider (Provider)**

Is the institution where the prevocational trainees work and train. The Provider can be a hospital, general practice, community health centres 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**

Is 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 Prevocational Training 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 and during and after a survey. With the survey teams input the team leader produces the final written accreditation report and reports to the Prevocational Accreditation Committee 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 Prevocational Accreditation Committee (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**

Is 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

### **Trainee**

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