

GUIDE TO COMPLETING THE NSW PREVOCATIONAL TRAINING TERM DESCRIPTION TEMPLATE

Section		Guidelines
A	Accredited Prevocational Training Provider (Provider) Name:	Name of the accredited Provider which has governance of the term.
	Training term based at	If the term is an Off-Site term (based at a different physical location to the Provider named above) please provide the location the term is based at. For example if the term was located at a General Practice or other community based setting but governed by a nearby hospital you would provide the name of the General Practice or Community Health organisation.
	Offsite Term?	Here you should indicate if the term is an offsite term (which includes affiliated private hospitals, general practices, and community-based medical services). If the term is an offsite term a collaborative agreement should be attached.
B	Term Name	Here you should indicate the name of the term, this should be descriptive of the department/unit/area where the prevocational trainee in the term will be working. This is also what will be recorded on the interns (PGY1) Certificate of completion of an accredited internship at the end of PGY1.
	Overview of Unit or Service	Here, as the prompts indicate, you should briefly outline <ul style="list-style-type: none"> a) the role of the unit and range of clinical services provided b) the patient case mix, turnover and how acutely ill the patients generally are.
	Term Duration (Weeks)	This is the number of weeks the term would normally go for.
	HETI Term Identifier Number	The Term Identifier Number is assigned by HETI after an accreditation decision. If the term you are writing is a new term, this section should be left blank and this number will be provided to you after the term has been provisionally accredited. If the term is being updated or revised you must include the Term Identifier Number to ensure consistency of records, this will also indicate that the term has been previously accredited. If you require the Term Identifier Number please contact your HETI Program Coordinator.
	Date the term was last reviewed and approved by the PAC.	This is the date the term was last reviewed and approved for accreditation by the PAC.
C	Term Category	This section requires an indication if the term is a core medical, surgical or emergency term. To be a core term (and count towards a PGY1s core terms required for registration) the term will need to meet the requirements of a core term as detailed in the Accreditation Procedure. If the term is not a core term, please indicate it is an 'other' term and specify the speciality. Please also include the term category for PGY2 only terms.

	Is the term a PGY1 or a PGY2 term?	Here you should indicate if the term is to be accredited for PGY1's or PGY2's only. Please note that a PGY2 ONLY accredited term MUST NOT be staffed by a PGY1. Specific accreditation must be sought for a PGY1 term
D	Term Capacity	<p>Here you should indicate the capacity of the term. This is the number of PGY1's, number of PGY2's and maximum number of trainees for the term.</p> <p>The number of PGY1's and PGY2's working in the term MUST NOT exceed the number recorded on the term description.</p> <p>(Please note: number of PGY1s + number of PGY2s = total capacity)</p>
E	Name, Position and Contact Details of Term Supervisor	<p>Here you should indicate the name and position of the term supervisor. The same term supervisor should provide continuous monitoring of the trainee's progress throughout the term. The term supervisor is responsible for certifying the PGY1 trainee's competence (for the term) to enable general registration with the Medical Board of Australia.</p> <p>If the term supervisor will be absent for four or more weeks during a term HETI must be informed (refer to the Notification of a Change in Circumstances section of the Accreditation Procedure).</p>
	Term Supervisors Contact with Trainee	<p>Here you should indicate the Term Supervisors plan for contact with the junior doctor (PGY1 or PGY2 trainee) during the training term.</p> <p>General Contact: here you should indicate the general weekly contact the term supervisor will have with the trainee (e.g. three times a week on ward rounds).</p> <p>Orientation: here you should indicate the term supervisors plan for the initial orientation meeting to discuss the expectations and outcomes of the term.</p> <p>Mid Term: here you should indicate the term supervisors intended plan for conducting the midterm review meeting.</p> <p>End of Term: here you should indicate the term supervisors intended plan for conducting the end of term review meeting.</p>
	Primary Clinical Supervisor (<i>if not Term Supervisor</i>)	Here you should indicate the name, position and contact details of the Primary Clinical Supervisor who would generally be a consultant or senior medical practitioner with experience in managing patients in the relevant discipline. This may also be the term supervisor.

	Immediate Supervisor with direct responsibility for day to day supervision (PGY3+)	Here you should indicate the name, position and contact details of the Immediate Supervisor who has direct responsibility for patient care and is at least at postgraduate-year-three level. This person would be the Trainees first point of contact on the wards, they should be immediately available to attend patients and supervise the prevocational trainee. This person may also be the Term Supervisor or the Primary Clinical Supervisor.
	Clinical Team Structure	Here you should provide the positions and contact details of all members of the clinical team who provide supervision and bedside teaching to prevocational trainees including AMO's, VMO and Registrars; please also include the prevocational trainees in the clinical team. It is sufficient to exclude names for the prevocational trainees and registrars if they are rotating positions. Please provide details of the team structure if there are sub teams within the term.
F	Specific requirements to practice safely before/during the term	In this section you should include any requirements/skills that are specific to THIS term. If there are no specific requirements this section may be left blank. Requirements may include: <ul style="list-style-type: none"> • Courses (e.g. life support, resuscitation) • Procedural skills • e-Learning requirements If there are any specific requirements please provide details of how the trainee will receive this training/will be assessed.
G	Term Learning Opportunities	Please list top 5 learning opportunities/objectives. In this section you should list the top 5 experiences/tasks/opportunities that are specific or unique to the term.
H	Expectations of the prevocational trainee	Please list what is expected of the prevocational trainee in the term.
	Patient Load	Please indicate the patient load per trainee and also for the whole team.
	After hours Roster	Does this term include participation in a hospital-wide afterhours roster and if so please advise frequency and the onsite supervision available after hours. Please also advise if the trainee will be required to work outside normal hours (before 7am and after 6pm) within this term and the supervision that is available.
I	Sign Off	
	Revision date and by who	Please indicate the name of who revised the term description and the date this was completed
	Endorsement by Term Supervisor	Please provide the name, date and signature of the term supervisor to signify their endorsement of the term description.

	Endorsement by GCTC Chair (or representative)	Please provide the name, date and signature of the GCTC Chair or representative to signify their endorsement of the term description.
J	Term / unit timetable and indicative duty roster	<p>Please include the start time and finish times of the shifts the trainee will be rostered to.</p> <p>Please show the activities that the trainee are expected/rostered to attend – these include all education opportunities (both training facility-wide and term specific), ward rounds, theatre sessions, inpatient time, outpatient clinics, shift handover, morning handover from hospital night team, afternoon handover to hospital's after hours team. Please include the approximate times of activities wherever possible.</p> <p>If there are extended shifts or evening shifts as part of the term, please attach four weeks of rosters for the whole team. If the term includes evening shifts please ensure it meets the requirements for evening shifts (refer to the accreditation procedure).</p>