

PROVIDER DETAILS

Name of prevocational training provider:
Prevocational training network:
Local Health District:
Number of terms accredited:
Number of terms provisionally accredited:
Date of most recent survey visit:
Annual report due date:

<PREVOCATIONAL TRAINING PROVIDER NAME> ACCREDITATION ANNUAL REPORT INFORMATION

HETI is accredited by the Medical Board of Australia as the intern training accreditation authority for New South Wales to ensure high standards of training, education and welfare for all prevocational trainees. This authority extends across all prevocational training providers inclusive of positions that provide training opportunities for prevocational medical trainees employed by NSW Health and private hospitals.

The objective of the prevocational training accreditation process is to ensure that prevocational training providers promote and protect the safety and quality of patient care by effectively training quality junior doctors. A critical component of accreditation involves continuous quality improvement of training programs in order to respond to evolving community need and professional practice.

Following the granting of accreditation, HETI monitors the prevocational medical training program and terms provided by the prevocational training provider to ensure Standards continue to be met between survey visits. Outside of accreditation surveys HETI monitors providers annually to ensure they are continuously improving the quality of their terms and Prevocational Education and Training Program.

Prevocational training providers are required to complete this annual report and return to HETI no later than the specified due date, in years other than those requiring a survey or site visit based on the re-accreditation cycle.

This annual review is part of the accreditation monitoring requirements outlined in the AMC “Intern training - domains for assessing accreditation authorities” and “Intern training - national standards for programs” documents.



Following receipt of the annual report, the Prevocational Accreditation Committee (PAC) will:

1. Determine whether the report indicates that the training provider continues to meet accreditation standards and may recommend ongoing accreditation with or without further conditions;
2. Determine whether further information is needed to make a decision. In these instances, the PAC will write to the prevocational training provider defining the information required and providing a deadline for submission;
3. Determine whether, due to significant concerns, the facility is at risk of not satisfying the accreditation standards.
4. Determine if an extraordinary survey visit is required.

Following receipt of the annual report, the Prevocational Training Committee (PvTC) will:

1. Collate and analyse information relevant for improving prevocational training in New South Wales, including facilitating sharing of ideas and innovations across the state when appropriate;
 2. Review what the DPET Funds are spent on.
 3. Include expenditure of funds data in performance reports of the Prevocational Training Council.
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SECTION 1: PROGRESS REVIEW ON CONDITIONS AND RECOMMENDATIONS FROM PREVIOUS VISIT

Both Conditions and Recommendations relate to outcomes from **Provider Name's** previous survey. Conditions and Recommendations align with the 13 NSW Prevocational Education and Training Accreditation Standards.

As an outcome of the HETI Accreditation Survey, **Provider Name** was awarded with **x** years accreditation with **x** Conditions.

If applicable, please provide a progress report on any actions taken **during the past 12 months** on Conditions imposed and/or quality improvement Recommendations from the most recent survey visit.

Provider Name Information:

Has **Provider Name** been given any Conditions?

HETI Staff to prefill

If yes, have all been met:

HETI Staff to prefill

If no, please list current outstanding Conditions and action taken under Part A:

HETI Staff to prefill

How many Recommendations given at accreditation survey?

HETI Staff to prefill

How many Recommendations do you feel have been met?

Provider to fill in

Is the provider continuing to meet or has met the Recommendations as per Part B?

Provider to fill in

Part A: Please fill in the below noting any ongoing Conditions and what action being taken.

Outstanding Accreditation Conditions from <year> survey	Please report on the current progress or action(s) taken in relation to current outstanding Condition(s) over the previous 12 months
1. HETI To pre-fill	
2.	

Part B: Please fill in the below regarding any Recommendations and how the provider is continuing to meet criteria.

Recommendation/s from previous accreditation survey - <survey year>	Please state if the Recommendation/s have been met/not met or ongoing	If met please note actions undertaken, if not met or ongoing, please list current actions taken to meet Recommendation
1. HETI To pre-fill		
2.		

SECTION 2: STAFF AND INFRASTRUCTURE CHANGES

This section relates to the below Standards.

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.

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.

Part A: Staff Changes

Have there been any, or are there any planned, changes to staff involved in prevocational training program? Please indicate if any of the following staff have changed, including any contact details: **(HETI to repopulate current people in these roles)**

Name	Role	Changed (Yes/No)	New staff member & contact details
	General Manager		
	DMS		
	DPET		
	GCTC Chair		
	JMO Manager		
	<Other>		

Part B: Infrastructure Changes

Have there been any, or are there any planned, infrastructure changes which may impact on prevocational training? This includes changes such as new library, planned construction, telecommunications, or changes to JMO lounge room.

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SECTION 3: PREVOCATIONAL EDUCATION AND GOVERNANCE

This section relates to the below Standards.

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.

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.

Part A: Provide information on orientation programs.

- Please attach your orientation program for PGY1s.

Part B: General Clinical Training Committee (GCTC) meetings.

Please list dates and attach copies of minutes for all GCTC meetings held during the previous 12 months. Please also attach the approved GCTC Terms of Reference. Please note that there should be one meeting held each term.

Part C: Director of Prevocational Education and Training (DPET) annual performance review.

Has the DPET had a performance review? What date did this occur? If the DPET has not had a performance review, please outline why this has not occurred. Note that the DPET should have a performance review annually.

Part D: Network Committee for Prevocational Training (NCPT) meetings.

Please provide the following:

- Dates of all NCPT meetings (please note that there should be one meeting held each term).
- Copies of NCPT meeting minutes held over the previous 12 months (attach).
- Approved Terms of Reference (attach).

Please complete the table below specifying which representative from this provider attended each NCPT meeting. DPETs and a JMO Representative are required to attend all NCPT meetings.

Date of meeting	Hospital's attendees and roles	Comment

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Part E: Assessment Review Committee (ARC) meetings.

Provide the dates of all ARC meetings held over the previous 12 months.

Part F: Medical Training Survey (MTS)

Please list any actions the provider has taken to address any issues identified by the Medical Training Survey (if applicable).

Part G: Term Update.

To complete this section, please refer to the attached spreadsheet listing the current accredited and provisionally accredited terms. Please complete the following columns for all terms:

- Last GCTC review date
- Decision made/were there any changes?

SECTION 4: ACHIEVEMENTS AND NEW INITIATIVES

This section relates to the below Standards.

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.

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.

Part A:

Please outline any new achievements, developments or initiatives for prevocational trainees, that the NCPT and/or the GCTC has **implemented** in the previous 12 months:

Part B:

Please outline any particularly successful longstanding arrangements or programs for prevocational trainees (optional):

SECTION 5: DIRECTORS OF PREVOCATIONAL EDUCATION AND TRAINING (DPET) FUNDS

What is it:

The NSW Ministry provides prevocational training grants (commonly called DPET funding) to support and enhance prevocational education and training activities. NSW Health delivers all funding for HETI programs to local health districts in an allocation called the Medical Specialty Training Networks Funding Allocation (DOHRS no. MB345). It is intended as a subsidy to prevocational training, on the understanding that local health districts will make further expenditures from their general funds. For example, the salary of the DPET is specifically excluded from the prevocational training grant.

How is it managed:

The NSW Health Policy Directive (PD2005_259) requires the Directors of Prevocational Education and Training to report their expenditure to HETI on an annual basis. Under the NSW Health Policy Directive *Clinical Training Grants for Postgraduate Year One and Two Medical Officers*, “the Area or Hospital finance department will hold the funds in a general fund reserve account entitled ‘Director of Clinical Training Grants’.

An established cost center limits the use of funds to cover expenses specified by the Director of Clinical Training [i.e. Director of Prevocational Education and Training]. The DPET has ultimate responsibility for the approval of all expenditure of the funds within the designated cost center and should be appointed as the cost center manager. Staff should be informed of the DPETs role in the approval of and reporting on all fund expenditure. The NSW Health Policy Directive (PD2005_259) states that the Area Health Service/hospital must carry forward unspent funds from year to year.

What to use it for:

This may include (but is not limited to): conducting educational activities, developing or improving educational resources for prevocational trainees and provide education for clinical teachers to support prevocational trainees.

Some suggestions:

- Funding of educational workshops for prevocational trainees or supervisors
- Funding of a research project on prevocational training
- Purchase of equipment or educational software
- Funding prevocational trainee attendance at national prevocational conferences. This should be equally distributed or fairly negotiated amongst junior medical staff.
- Subscriptions to educational medical resources
- Catering (education sessions, orientation, careers night)
- Stationery and orientation material
- Supporting registration fees for JMOs attending courses/workshops such as the Leadership Development Programs.

What not to use it for:

This would include:

- Wages for permanent prevocational training staff
- Purchasing of alcohol
- Repair and maintenance of hospital’s infrastructure
- Maintenance contracts for printers or other machinery
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Part A:

Q1. Was the funding used for prevocational education (DPET funds)? Please tick Yes/ No below.

Yes No

Q2. If yes, please list expenditure on prevocational training during this reporting period in the table below. **Please do not attach any supporting documentation.**

Expenditure information	Cost
Total Cost	

REPORT AUTHORISATION

Signature indicates that this Prevocational Training Provider Annual Report is a true and accurate record.

All signatures below are required before HETI will accept this report.

Electronic signatures are accepted.

Report Authorisation

	Name	Signature	Date
Director of Prevocational Education & Training (DPET)			
General Clinical Training Committee (GCTC) Chair			
Director of Medical Services (DMS) or delegate			

In addition to this signed report please also ensure that **only** the following documents are attached:

- Completed HETI Terms Checklist.
- Signed Memorandum of Understanding for your Prevocational Training Network for Private Providers or a Public Provider who have a shared agreement with a Private Provider only.
- Approved Terms of Reference (ToR) for the Network Committee for Prevocational Training (NCPT).
- Minutes of the NCPT meetings for the previous 12 months.
- Approved Terms of Reference (ToR) for the General Clinical Training Council (GCTC).
- Minutes of the GCTC meetings for the previous 12 months.
- Orientation program for PGY1s

Please note that any extra attachments other than the above will not be accepted unless discussed with the HETI Allocation, Accreditation and Faculty team.