

ANNUAL REPORT XXXX HOSPITAL

XXXX Hospital was last surveyed xxxx and awarded x years accreditation with x conditions and x recommendations.

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| 1. Conditions (Outstanding) <i>Outstanding conditions are monitored and reviewed by the PAC and are not required to be reported in this section.</i> | |
| Condition x | Evidence due xxxx |
| Condition x | Evidence due xxxx |
| 2. Conditions (Met) It is a requirement that any strategies employed to address conditions must remain in effect for the duration of the accreditation period. Please advise how any actions taken in response to conditions have been monitored to ensure that they remain in effect. | |
| Condition x | <i>Please outline how this condition continues to be met</i> |
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| 3. Recommendations Please advise progress and ongoing actions against all recommendations. | |
| Recommendation 1 Recommendation 2 Recommendation 3 Recommendation 4 | <i>Please briefly outline actions taken to address recommendations in the last 12 months</i> |
| 4. Meetings | |
| Please list dates for <ul style="list-style-type: none"> General Clinical Training Committee (GCTC) | <i>Please list dates for all meetings held in the previous 12 months.</i> |

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| <ul style="list-style-type: none"> • Network Committee for Prevocational Training (NCPT) • Assessment Review Committee (ARC) | |
| <p>Please confirm regular attendance at meetings by relevant members as per Terms of Reference including DMSs, DPETs, Term Supervisors and JMO's.</p> | <p><i>Confirmation of attendance required (attendance lists are not required).</i></p> |
| <p>5. GCTC</p> | |
| <p>What mechanisms does the GCTC use for seeking feedback from JMO's?</p> | |
| <p>What are the key issues identified through the GCTC in the previous 12 months and how have these been addressed?</p> | |
| <p>Please outline how the GCTC has evaluated the education program and any changes made in response to this.</p> | |
| <p>6. Medical Training Survey</p> | |
| <p>What action has the provider taken to address issues identified in the Medical Training Survey (if applicable)?</p> | <p><i>Please refer to the MTS report provided by HETI</i></p> |
| <p>7. Education</p> | |
| <p>Please provide a one-page summary of the formal education programs delivered for PGY1s and PGY2s for the previous 12 months (dates / topics presenters). <i>Please include as an attachment and report on sessions actually provided.</i></p> | |
| <p>8. Innovations to support JMO education, training, and wellbeing</p> | |
| <p>Please briefly outline any new innovations to support JMO education, training, and wellbeing.</p> | <p><i>Please refer to any new initiatives implemented in the previous 12 months</i></p> |
| <p>9. DPET</p> | |

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| <p>Has the DPET had a performance review in the previous 12 months?</p> | <input type="checkbox"/> Yes | <input type="checkbox"/> No <i>Please specify the next performance review date for the DPET:</i> <hr/> |
| <p>Please attach the DPET funds report</p> | | |

Report Authorisation

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

Please note that all signatures are required before HETI will accept this report. Electronic signatures are accepted.