

Guide to Survey Evidence (Prevocational Education and Training Accreditation)

*Please upload your evidence into the Prevocational Medical Accreditation Program (PMAP) system according to this list.
If evidence is not available, please provide an explanation as a comment in PMAP.*

Evidence number	Evidence	Corresponding Standard	Further information regarding evidence
1	Current term descriptions for all prevocational terms are provided in the Prevocational Medical Accreditation Program (PMAP) system.	7, 9	<ul style="list-style-type: none"> Do not upload any term descriptions to this folder. Any changes to term descriptions must be made through revising the term in the Terms section in PMAP, at least three months prior to the survey. All term descriptions: <ul style="list-style-type: none"> Must be endorsed by the DPET or respective term supervisor. Must have already been approved by the PAC prior to the survey.
2	Minutes of the five most recent General Clinical Training Committee (GCTC) meetings, or equivalent.	2, 7, 12	<ul style="list-style-type: none"> Provide minutes from the five most recent, consecutive meetings. Include a comment/explanation if a planned meeting has not occurred or if there is a large gap between meetings (e.g. unable to meet quorum).
3	Minutes of the five most recent Network Committee for Prevocational Training (NCPT) meetings.	2, 5	<ul style="list-style-type: none"> Provide minutes from the five most recent, consecutive meetings. Include a comment/explanation if a planned meeting has not occurred or if there is a large gap between meetings (e.g. unable to meet quorum).
4	De-identified minutes of the Assessment Review Committee (ARC).	11	<ul style="list-style-type: none"> Provide minutes of all meetings that have taken place in the previous 12 months. These minutes must have prevocational trainee names redacted.
5	Terms of reference of the GCTC, NCPT and ARC.	2	<ul style="list-style-type: none"> Provide signed copies of the most up to date terms of reference for each of the three committees. If a revision is underway, the draft version must be included indicating that it is a draft.

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6	Documentation of other relevant committees, including terms of reference, meeting schedules and minutes.	2	<ul style="list-style-type: none"> Provide information (terms of reference, agendas and minutes) regarding any other relevant committees or meetings that impact prevocational training from the previous 12 months. Include a comment if there are no other relevant committees.
7	De-identified reports from My Health Learning which show training completed by prevocational trainees.	3, 7	<ul style="list-style-type: none"> Provide a report of prevocational trainees' completion of My Health Learning courses. This must be in a report format and not raw data. The report must be de-identified. The report must be easy to read and can include supporting graphs as appropriate.
8	Details of the physical amenities available to the prevocational trainees.	4	<ul style="list-style-type: none"> Provide photos and descriptions of prevocational trainees' common rooms and overnight accommodation for after-hours shifts and term accommodation for prevocational trainees on rotation. Provide information and photos of amenities at offsite locations if applicable.
9	ROVER or equivalent term handover documentation provided to prevocational trainees.	7, 8	<ul style="list-style-type: none"> Provide copies of the ROVER, or formal equivalent prevocational trainee term handover documents, for each term.
10	Details of the hospital's structure for providing both the formal Prevocational Education and Training Program and clinical teaching.	2, 4	<ul style="list-style-type: none"> Provide information on protected teaching sessions, Grand Rounds, Morbidity and Mortality Meetings, ward rounds, specialty training opportunities and a timetable of different ward training sessions. Provide information on the physical amenities available to prevocational trainees including computer access, library, common room, education rooms, clinical training equipment, resources, support, and supervision.
11	Evidence that the hospital has a system for evaluation which is being used to inform and implement continuous quality improvement of the Prevocational Education and Training Program (in both the whole of program and in specific terms).	12	<ul style="list-style-type: none"> Provide details of how the hospital evaluates the whole of program, individual terms and education sessions. The survey team will look for a cycle of evaluation including reporting systems and feedback. Details of the process must be provided, not just examples of completed forms.

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			<ul style="list-style-type: none"> • A couple of evaluation forms (with prevocational trainee names redacted) may be provided as examples. • A report demonstrating analysis of the evaluation should be provided.
12	Documentation of the process for providing feedback to term supervisors about the term and their skills as a supervisor.	9	<ul style="list-style-type: none"> • Outline the process of how prevocational trainee feedback is provided to the term supervisor. <ul style="list-style-type: none"> ○ Include de-identified examples of feedback provided. ○ Provide information on the duration between the formal evaluation of each term and the provision of feedback the term supervisor.
13	Position descriptions of term supervisors which outline the competencies, duties, responsibilities and accountabilities.	9	<ul style="list-style-type: none"> • Provide copies of all term supervisor position descriptions. • It is recommended that the position descriptions are signed by the term supervisor and the head of department. • The position description must indicate the supervisory responsibilities.
14	Documentation of training opportunities provided to and taken up by term supervisors.	9	<ul style="list-style-type: none"> • Provide any documentation (e.g. emails, posters, formal letters) that shows training opportunities being made available to and completed by term supervisors. • Provide examples of completion of appropriate My Health Learning modules and College and other relevant training workshops.
15	Documentation of an appeals process for assessment and registration decisions.	11	<ul style="list-style-type: none"> • Provide documentation for the process of managing appeals by prevocational trainees. • Provide information/documentation of how the appeals process is made available to prevocational trainees (e.g. Prevocational Trainee Handbook, Orientation, flyers, emails).
16	Current shift rosters for the whole hospital where prevocational trainees work.	3	<ul style="list-style-type: none"> • Shift rosters must show all rosters where a prevocational trainee is working and include all staff on the team. • Shift rosters must: <ul style="list-style-type: none"> ○ Be in a format that easily identifies prevocational trainees. ○ Include a key for any colours or codes used. ○ Include overnight and after hours shifts. ○ Include any shifts at offsite terms.

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17	Term allocations for all prevocational trainees, including between terms and network hospitals.	5, 10	<ul style="list-style-type: none"> • Provide term allocations for all five terms for all prevocational trainees. • If prevocational trainees rotate to offsite or rural terms, these sites must be included. • The site that the term is located must be easily identified.
18	Documentation of the process for term allocations.	10	<ul style="list-style-type: none"> • Provide documentation that outlines the approach the hospital/Network uses to implement fair and transparent allocation of terms. • Provide information on how requests for specific/circumstantial changes are accommodated. • Examples of prevocational trainee term preference forms may be included, if appropriate.
19	Documentation detailing the formal education and training program for PGY1 and PGY2 trainees.	5, 6	<ul style="list-style-type: none"> • Provide details of the PGY1 and PGY2 trainee education programs for the year, including the means of delivery and protected teaching time. • Provide information on how prevocational trainee attendance at education is encouraged by term supervisors. • Provide examples of attendance records, feedback forms and a copy of the training program curriculum. • Provide information on any individual units that have specific training for prevocational trainees. • Provide information on how prevocational trainees working in offsite terms or after-hours shifts can access the education program.
20	Evidence of the hospital orientation program.	3, 5, 7	<ul style="list-style-type: none"> • Provide details and documentation of the hospital orientation program for PGY1 trainees at the start of the clinical year. • Provide information on the orientation process for prevocational trainees commencing work at the hospital for their first time e.g. network relievers, prevocational trainees rotating from offsite terms or other hospitals in the network.
21	Evidence of term specific orientation.	7	<ul style="list-style-type: none"> • Provide details and documentation about when, how and who manages the orientation for each term. • Provide information and documentation on term orientation for relievers and rotating trainees.

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22	Documentation outlining the handover processes between terms.	8	<ul style="list-style-type: none"> • Provide details on how the hospital ensures effective handover for terms and how this is communicated to prevocational trainees. • Provide information on individual responsibilities at the beginning of terms, shifts, transfers of patients from other areas in the same health facility and transfers from other health facilities. • Provide only a couple of examples of handover forms.
23	Evidence of the hospital grievance procedures.	1	<ul style="list-style-type: none"> • Provide information on the procedures and processes to manage grievances. • Provide details of information provided to prevocational trainees to promote the grievance process and inform them of who to contact if they have a grievance. • Provide details of any support provided to prevocational trainees to assist with the grievance process and support their welfare. • Provide a de-identified example, if available.
24	Evidence of formal communication mechanisms/structures between the hospital and the prevocational trainees.	1, 6	<ul style="list-style-type: none"> • Provide examples of formal communications with the prevocational trainees e.g. emails, flyers, texts, intranet.
25	Evidence of the support and welfare services and career advice available to prevocational trainees.	2, 5, 13	<ul style="list-style-type: none"> • Provide information on the onsite and independent support services offered to prevocational trainees. • Provide details of how the prevocational trainees are advised about the supports available. This may include support provided by the JMO Unit, DPET and term supervisors.
26	Evidence of the process used for workload monitoring, including regularly reviewing patient numbers and the level of overtime (both rostered and un-rostered).	2, 3	<ul style="list-style-type: none"> • Provide information on the regular process used, to gather details of patient numbers and hours of work for prevocational trainees. • Provide information on how this information is provided to the relevant governing committees and what effect this data has had on the prevocational training program.
27	Evidence that the hospital has rigorous processes in place to ensure safe clinical supervision.	9	<ul style="list-style-type: none"> • Provide information on the process of how term supervisors are trained and supported in their role, including being provided with feedback.

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			<ul style="list-style-type: none"> • Provide details of information outlining the expectations for supervision during night, evening and weekend shifts and the assurance of onsite supervision for prevocational trainees. • Examples of sub-committees, workshops or other initiatives that have been utilised to promote clinical safety amongst prevocational trainees, may be included if appropriate.
28	Evidence that the hospital delivers clinical learning experiences and clinical training in each term.	5, 6, 10	<ul style="list-style-type: none"> • Provide information about learning opportunities. • Provide examples of the formal education program, grand rounds and unit specific training. (e.g. ED training). • Provide details of any theatre attendance, simulation training, procedural training and practices and other learning opportunities.
29	Evidence of completed Junior Medical Officer Training – Mid and End of Term Assessment Forms for all prevocational trainees.	10, 11	<ul style="list-style-type: none"> • Provide details of the process used to manage, track and store the assessment forms. • Provide evidence to show that the assessment forms are completed by all prevocational trainees. • Provide a broad selection of de-identified examples of mid and end of term assessment forms for both PGY1 and PGY2 trainees. • Note: completed assessment forms for every prevocational trainee do not need to be provided. Add a comment to advise that these assessment forms have been completed and provide examples.
30	Evidence of the hospital supporting prevocational trainees who have requested specific learning opportunities in addition to the term description.	10	<ul style="list-style-type: none"> • Provide details of how prevocational trainees seeking specific learning opportunities are supported. • Examples may include: <ul style="list-style-type: none"> ○ Availability of resources for the prevocational trainees. ○ Teams or term supervisors exposing prevocational trainees to higher level tasks with appropriate supervision ○ Specific training sessions for prevocational trainees • Broader information including access to external workshops or training opportunities, JMO excellence awards or promoting conference attendance to all prevocational trainees may also be included.

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31	Evidence of the hospital's process for managing trainees in difficulty.	9, 11	<ul style="list-style-type: none"> • Provide information on the process used to manage prevocational trainees in difficulty. • Provide de-identified examples of how individual trainees have been managed (i.e. Improving Performance Action Plans), if appropriate.
32	Prevocational Trainee Handbook or equivalent.	7	<ul style="list-style-type: none"> • Provide only one copy.
33	The organisational/executive structure of the hospital (i.e. organisational chart).	1	<ul style="list-style-type: none"> • Provide the organisational structure of the hospital which includes the reporting lines to the GCTC and NCPT.
34	Evidence of any other workplace-based assessments/feedback mechanisms.	6, 11	<ul style="list-style-type: none"> • Provide any relevant documents, if applicable.
35	Evidence of the implementation of appropriate strategies to prevent and manage workplace bullying.	13	<ul style="list-style-type: none"> • Provide information and documentation of practical strategies. • Provide examples of how the strategies are communicated to prevocational trainees.
36	Network MoU and Collaborative Agreement, where applicable.	2	<ul style="list-style-type: none"> • Provide a Network Memorandum of Understanding (MoU) demonstrating that a MoU is in place for the Network. <ul style="list-style-type: none"> ○ The MoU should be consistent with the HETI approved MoU template or similar. • Provide a Collaborative Agreement that is in place between any offsite terms and the home hospital, if applicable.