




HEALTH
EDUCATION
& TRAINING

THE HEALTH EDUCATION AND TRAINING INSTITUTE PREVOCATIONAL ACCREDITATION PROCEDURE

Accreditation Allocation and Faculty (AAF) Unit



VERSION	ISSUED	STATUS	REASON FOR CHANGE
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INTRODUCTION

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 (PTPs) inclusive of positions that provide training opportunities for prevocational medical trainees employed by NSW Health and private hospitals.

HETI has the responsibility to revise the prevocational training accreditation Standards, framework and survey tools to align with national accreditation processes.

Medical intern positions are located in clinical terms. Each year trainees rotate through five positions located in various terms to enable them experience in a range of clinical situations and service environments. Rotation between terms means that each accredited fulltime equivalent position can be used to train five trainees.

Post graduate year one (PGY1) trainees are required to rotate through an emergency medicine, surgery and medicine term. The positions must be accredited in accordance with guidelines developed by HETI and must ensure adequate case-mix, service, teaching, supervision and assessment. All core terms must meet the requirements set out in the AMC Intern training – Guidelines for terms.

HETI's annual prevocational accreditation work plan includes monitoring to ensure there are sufficient terms accredited such that all trainees gain general medical registration at the end of their first postgraduate year.

In addition to maintaining their compliance to the Standards, providers have a responsibility to maintain all criteria pertaining to their classification throughout their accreditation cycle. HETI assesses a provider's capacity to deliver a balanced mix of clinical experiences and a variety of training opportunities and award a classification accordingly.

Unless there are exceptional circumstances, new Prevocational Training Providers (providers) can only be accredited as a Rotation Hospital and all new providers can only be provisionally accredited for a maximum of 12 months. A survey for provisional accreditation will usually take place within 12 months of the initial site visit if prevocational trainees have been placed with the provider for a minimum of three terms.

The Prevocational Accreditation Committee (PAC) assesses all term descriptions submitted for their potential to provide quality prevocational education and training including appropriate supervision. 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. These requirements are explained later in this document.

All PGY1 trainees (interns) are required to complete five accredited training terms to gain general registration. Once internship has been completed the facility provides written confirmation to the Australian Health Practitioner Regulation Agency (APRHA) that the doctor has satisfied the requirements for general registration. As all junior doctors (PGY1 and 2) must only work in accredited terms, HETI works with PTPs to ensure this is the case.

HETI also expects that all PGY2 prevocational trainees undertake a second generalist year of training.

HETI recognises that adequate and appropriate supervision is critical to the training and development of prevocational trainees. Supervision of prevocational trainees is imperative to ensuring not only their safety but the safety of their patients.

Accreditation Surveys are undertaken to assess compliance with the NSW Prevocational Accreditation Standards. Following an accreditation survey a report is compiled and reviewed by the Prevocational Accreditation Committee (PAC). The PAC then makes a decision regarding the accreditation status to be awarded to the facility. Before a provider in NSW can commence employing prevocational trainees, they must have formal accreditation from HETI.

SCOPE

This document is applicable to all Prevocational Training Providers and accredited terms where prevocational trainees are employed.

This document is applicable to anyone involved in Prevocational Education and Training. This may include but is not limited to the following groups:

- Prevocational Trainees
- Provider Executives (General Managers, Directors of Medical Services)
- Local Health Districts
- Private Health Organisations
- NSW Health Staff
- Directors of Prevocational Education and Training
- Junior Medical Officer Managers
- Education Support Officers
- Members of a Providers' General Clinical Training Committee
- Prevocational Accreditation Committee Members
- HETI staff
- Surveyors
- Members of the public (including patients)

DISTRIBUTION

This document is available publicly on the HETI website or upon request to the HETI Medical Portfolio.

HETI will ensure Directors of Prevocational Education and Training (DPETs) and JMO Managers are notified of any updates to this document.

PROCEDURES

SUMMARY OF THE ACCREDITATION PROCESS

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

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

The HETI accreditation process ensures that Prevocational Education and Training Programs promote and protect the safety and quality of patient care. The HETI accreditation process supports diversity, innovation and evolution in approaches to Prevocational Education and Training Programs as well as how accreditation requirements are met.

All Prevocational Training Providers (providers) will be assessed against each of the thirteen Prevocational Education and Training Accreditation Standards and will need to demonstrate their compliance with these.

In addition to maintaining their compliance to the Standards, HETI assesses a provider's capacity to deliver a balanced mix of clinical experiences and a variety of training opportunities.

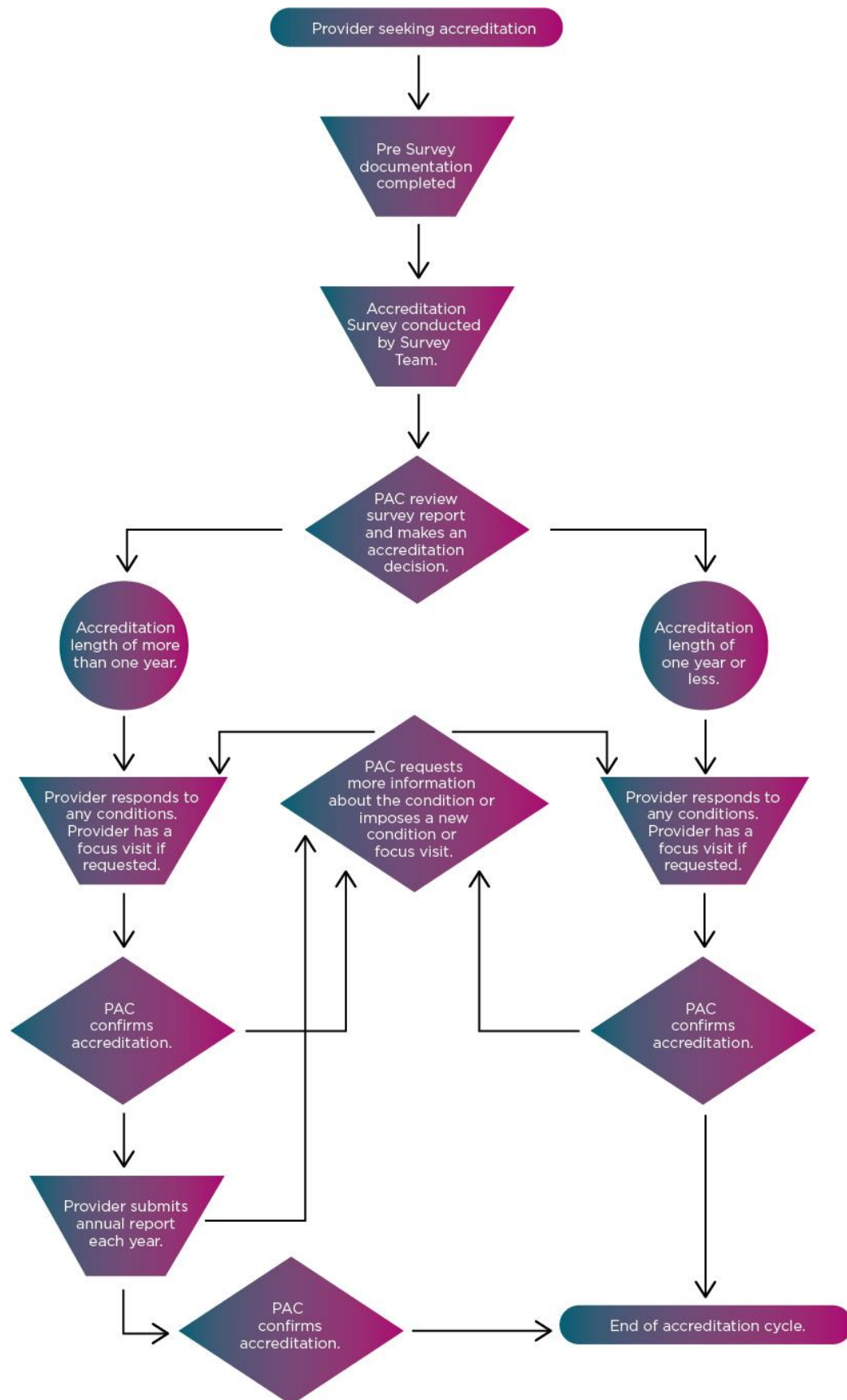
PROCEDURE STATEMENTS:

1. All providers and terms must be fully or provisionally accredited before PGY1s and PGY2s can be rostered to work in the term.
2. HETI will maintain a Prevocational Accreditation Committee (PAC) responsible for:
 - reviewing facility accreditation survey reports and make decisions regarding the accreditation status of the facility and terms for prevocational training.
 - overseeing, advising and supporting the requirements and processes for the accreditation of all NSW prevocational training terms and facilities.
 - managing, overseeing, evaluating and improving a site surveying system to accredit facilities and training terms according to the standards set by the AMC.
 - ensuring that over an accreditation cycle an appropriate mix of methods is used to assess whether an intern training program is meeting the national standards.
 - managing, overseeing, evaluating and improving the recruitment and training of surveyors and team leaders and facilitating their continuing education for those roles.
 - developing and revising NSW Prevocational Training Standards and accreditation procedures that adhere to the national standards for medical intern training ensuring that accreditation processes can contribute to the quality improvement of intern training.
 - establishing such committees or working groups as are required and delegate to these implementation matters. These committees may be standing committees or for specific timeframes.
3. HETI will maintain a NSW Prevocational Training Council (PvTC) responsible for:
 - advocating for prevocational trainees and DPETs.
 - monitoring and supporting the prevocational training Networks.
 - overseeing of Network operations: Ensure that prevocational training Networks adhere to relevant NSW Health / HETI (including PvTC) procedures or guidelines relevant to prevocational training.

- facilitating innovative and appropriate workplace teaching and learning for prevocational doctors in training.
 - ensuring trainees have the required opportunities to meet the AMCs registration standards.
 - all other responsibilities as outlined in the Prevocational Training Council Terms of Reference.
4. The PAC will assess providers and their terms for accreditation. This process is underpinned by this procedure document.
 5. The length of accreditation will be awarded from the date of survey however this can vary at the PAC's discretion.
 6. The PAC will award accreditation dependant on the provider meeting conditions in accordance with the Conditions section.
 7. The PAC will decide whether a Focus Visit is required to determine if strategies put in place to address conditions have been successful.
 8. The PAC will determine if ongoing monitoring is required to ensure strategies put in place to address any breaches to Standards or procedures have been successful.
 9. The PAC's decision, including length of accreditation, will be communicated in writing to the General Manager of the provider with a copy to the LHD Chief Executive.
 10. The maximum accreditation period a newly accredited provider can be awarded is 12 months provisional accreditation.
 11. All new or revised terms are required to be reviewed and approved by the PAC before prevocational trainees are placed in the term. Revised terms may also be reviewed and approved out of session. When reviewing a new or revised term the PAC may award provisional accreditation or the term can be deemed not appropriate for accreditation. For more information on the accreditation of terms please see the Term Accreditation section.
 12. The PAC may disaccredit a term or provider if it is assessed at survey as not meeting the Standards or if there has been notification of a breach of the Standards. This is in accordance with the Term Accreditation section.
 13. If terms have not had prevocational trainees placed in them for a period of two years, the accreditation will lapse, and the term will no longer be accredited for prevocational trainees. A provider can submit a term for re-accreditation should they wish to reinstate the term, and this must be approved by the PAC before a prevocational trainee is able to work in the term. This is in accordance with the Term Accreditation section.
 14. A newly accredited provider has two years from the date of provisional accreditation to employ prevocational trainees. If a provider has not employed prevocational trainees within two years, the provisional accreditation status of the provider will lapse. Providers will need to re-apply for accreditation if they wish to employ prevocational trainees.
 15. The first survey will be conducted at a time deemed appropriate by the PAC and in agreement with the provider.
 16. The number of terms a prevocational trainee can undertake in a clinical year within the same provider is determined by the providers classification. All providers are classified as either an Offsite Term, Rotation Hospital Prevocational Training Provider, Three Term Home Hospital Prevocational Training Provider or Five Term Home Hospital Prevocational Training Provider and are bound by the conditions specified in the Prevocational Training Provider Classification and Reclassification section.

17. When a potential departure from the Standards is brought to the attention of HETI, the PAC will review the information provided and determine what action, if any, is required according to the Departure from the Standards section.
18. Any appeals to a PAC decision will be handled in accordance to the Appeals section of this procedure.

SUMMARY OF THE RE-ACCREDITATION CYCLE



APPLICATION FOR ACCREDITATION OF A NEW PREVOCATIONAL TRAINING PROVIDER

New providers wishing to include prevocational trainees in their workforce, need to be accredited by meeting the Prevocational Accreditation Standards (available on the HETI website). A provider must also comply with the Registration Standards as set by the MBA and the regulations set out in this procedure.

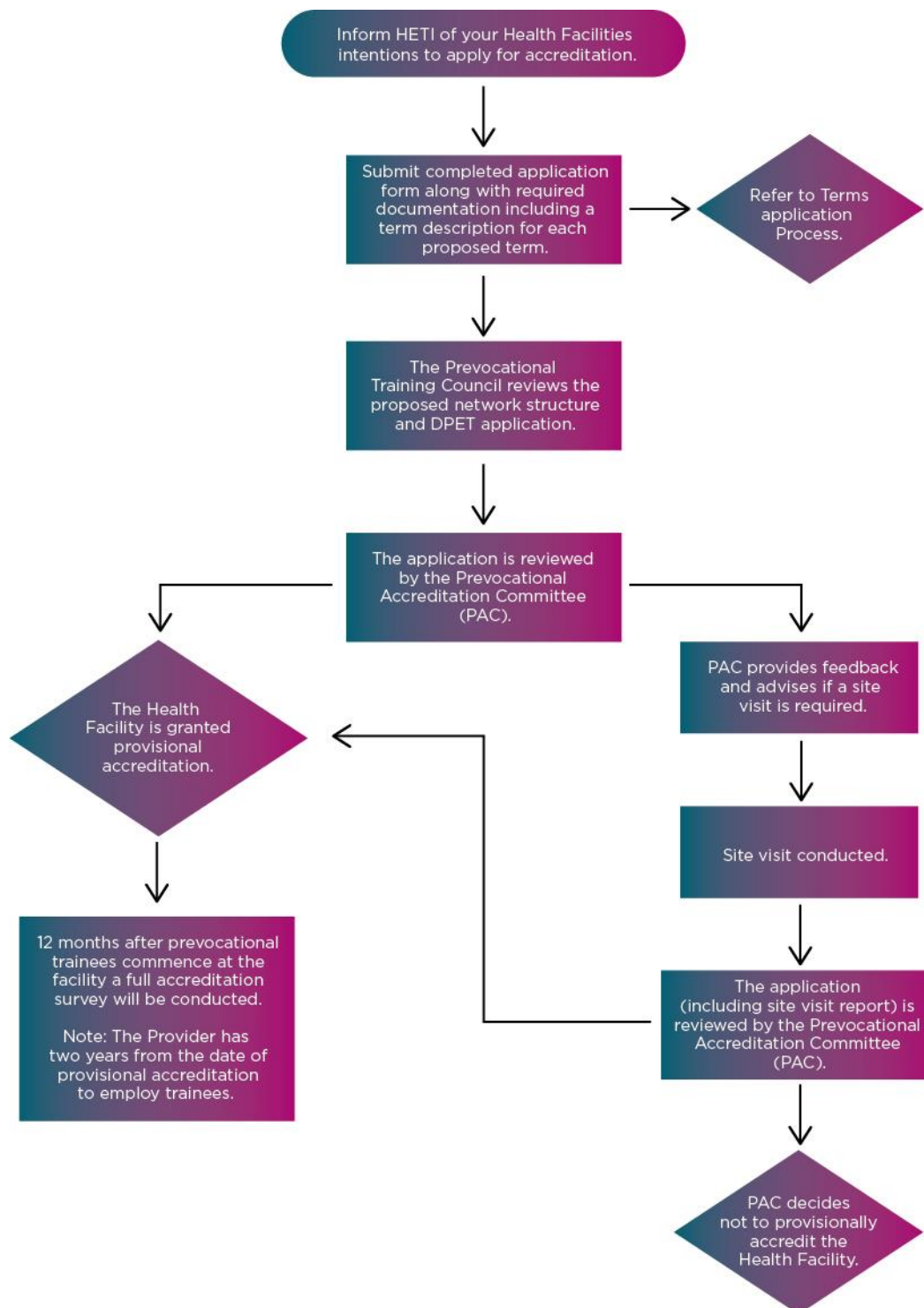
To apply for accreditation the provider must complete the application form which can be found on the HETI website and provide evidence that the following criteria can be achieved:

- a) The provider can provide a range of education and training opportunities.
- b) The provider has implemented procedures and processes to promote the safety, welfare and interest of prevocational trainees in accordance with the Standards (i.e. accommodation, orientation to the facility, a Director of Prevocational Education and Training, Employee Assistance Programs, counselling, prevocational trainee representation on committees, JMO Manager).
- c) The provider has organisational and staffing structures to ensure effective clinical supervision and support of prevocational trainees at all times (i.e. General Clinical Training Committee, Director of Prevocational Education and Training, JMO Manager, Assessment Review Committee).
- d) Documented procedures by which the provider can manage the performance of prevocational trainees (i.e. performance appraisal, identification and management of trainees in difficulty, identification and management of prevocational trainees with special needs).

The provider must submit a term description to HETI for each proposed term. To ensure against working in isolation, rotation hospitals must have a minimum of two full time equivalent (FTE) prevocational trainees, unless an exception is approved by the PAC. The Term Accreditation section details the regulations governing terms.

Please note: this section does not apply to applications for Offsite Terms. Applications for Offsite Terms can be made by following the procedures in the Term Accreditation section.

PROCESS FOR ACCREDITATION OF A NEW PREVOCATIONAL TRAINING PROVIDER



PREVOCATIONAL TRAINING PROVIDER CLASSIFICATION AND RECLASSIFICATION

This section is applicable to all HETI accredited providers and outlines the criteria pertaining to each of the provider classifications and the requirements for applying for reclassification. Classifications include:

- Five Term Home Hospital Prevocational Training Provider
- Three Term Home Hospital Prevocational Training Provider
- Rotation Hospital Prevocational Training Provider
- Offsite Term

To ensure that prevocational trainees receive a balanced mix of clinical experiences and a variety of training opportunities whilst maintaining a consistent support structure, providers are classified as either a Five Term Home Hospital, Three Term Home Hospital, Rotation Hospital or Offsite Term.

Offsite Terms are assessed as part of the home hospital from which they receive their prevocational trainees for the purposes of accreditation survey visits.

HETI strongly supports prevocational trainees rotating through the prevocational training Network (to metropolitan or rural providers). These rotations provide prevocational trainees with exposure to different health geographies and demographics as well as an opportunity to experience the way different providers provide medical services.

PROCEDURE STATEMENTS

General

1. HETI must accredit all providers where prevocational training takes place.
2. PGY1 trainees must not work in a hospital where the provider is accredited to only train PGY2 trainees.
3. If the provider cannot provide all five terms, prevocational trainees must rotate to other providers within their prevocational training Network for the remaining terms as set out by this procedure. It is the responsibility of both the individual provider and the Network Committee for Prevocational Training (NCPT) to ensure that this occurs.
4. HETI will classify newly accredited providers as Rotation Hospital Providers or Offsite Terms. In rare circumstances PAC may decide a newly accredited provider may be given Five Term Home Hospital status.
5. HETI will accept an application for reclassification from a Three Term Home Hospital Provider to a Five Term Home Hospital Provider but the provider must fulfil the requirements detailed below under reclassification as well as meet the requirements of a Five Term Home Hospital Provider.
6. A Rotation Hospital Provider who wishes to have prevocational trainees for more than 2 terms per year must apply to PAC for approval for trainees to complete more than two terms a year at their hospital.
7. An Offsite Term can request approval from PAC to move to the status of Rotation Hospital Provider by fulfilling the details below under reclassification.
8. All providers regardless of their classification must provide effective clinical supervision inside and outside of normal hours.
9. In addition to maintaining their compliance to the Standards, providers are required to maintain all criteria pertaining to their classification throughout their accreditation cycle.

CLASSIFICATIONS

Five Term Home Hospital Prevocational Training Provider

1. A Five Term Home Hospital can provide training to both PGY1 and 2 prevocational trainees for five terms. However, a Five Term Home Hospital, through their NCPT, should support prevocational trainees to undertake at least one term in two years with another PTP within the prevocational training Network.
2. A Five Term Home Hospital must be able to provide two years of prevocational training with a balance and mix of terms that ensures a variety of experiences and training opportunities. Therefore, a five-term home provider must:
 - a) at least 10 different terms that are accredited and include the three core terms (Emergency, Surgery and Medicine) required for general registration.
 - b) have a sufficient number of accredited terms for PGY1 and PGY2 prevocational trainees working in their hospital.
3. A Five Term Home Hospital has a primary caretaker role and must ensure that:
 - a) Post Graduate Year 1 Trainees (PGY1s) receive a two-week orientation at the commencement of the clinical year incorporating a range of topics aimed at assisting medical graduates transitioning to working as a prevocational trainee. This orientation should also include a period of ward attachment with the outgoing junior doctors.
 - b) PGY1s complete the necessary terms for general registration.
 - c) all documentation regarding prevocational trainee registration is sent to the Australian Health Practitioner Regulation Agency.
 - d) prevocational trainees complete all documents related to human resources within the provider and where possible, facilitate the completion of the documents at any provider where the prevocational trainee may have a rotation.
4. A Five Term Home Hospital Provider must have effective organisational structures in place to manage prevocational trainees and prevocational training. Therefore, a Five Term Home Hospital Provider must:
 - a) employ and adequately support a Director of Prevocational Education and Training (DPET)
 - b) employ a JMO Manager or equivalent
 - c) have a fully functioning General Clinical Training Committee (GCTC)
 - d) have access to a fully functioning Assessment Review Committee (ARC)
5. A Five Term Home Hospital Provider must provide a formal structured education program that allows for the progressive learning of prevocational trainees across PGY1 and PGY2. The program may utilise some of the same education sessions when they are appropriate for the learning needs of both PGY1 and PGY2 prevocational trainees.

Three Term Home Hospital Prevocational Training Provider

1. A Three Term Home Hospital can provide training to prevocational trainees for a maximum of three out of the five terms of a prevocational trainee's PGY1 and PGY2 year. Three Term Home Hospital Providers, through their NCPT, must therefore ensure that prevocational trainees rotate to another provider within the same prevocational training Network for a minimum of two out of the five terms of a prevocational trainee's PGY1 and PGY2 year.

2. A Three Term Home Hospital must offer a balance and mix of terms that ensures prevocational trainees can complete three out of the five terms of both their PGY1 and PGY2 year. Therefore, a three-term home provider must have accredited terms for PGY1 and PGY2 prevocational trainees.
3. A Three Term Home Hospital has a primary caretaker role and must ensure that:
 - a) prevocational trainees complete the necessary terms for general registration.
 - b) all documentation regarding prevocational trainee registration is sent to the Australian Health Practitioner Regulation Agency.
 - c) prevocational trainees complete all documents related to human resources within the provider and where possible, facilitate the completion of the documents at any provider where the prevocational trainee may have a rotation.
4. A Three Term Home Hospital must have effective organisational structures in place to manage prevocational trainees and prevocational training. Therefore, a Three Term Home Hospital must:
 - a) employ and adequately support a Director of Prevocational Education and Training (DPET)
 - b) employ a JMO Manager or equivalent
 - c) have a fully functioning General Clinical Training Committee (GCTC)
 - d) have access to a fully functioning Assessment Review Committee (ARC)
5. A Three Term Home Hospital must provide a formal structured education program that allows for the progressive learning of prevocational trainees across PGY1 and PGY2. The program may utilise some of the same education sessions when they are appropriate for the learning needs of both PGY1 and PGY2 prevocational trainees.
6. If a Three Term Home Hospital Provider does not have one of the three core terms accredited (Emergency, Surgery or Medicine) they must have arrangements in place to ensure prevocational trainees can complete these terms in another hospital within the Network.

Rotational Hospital Prevocational Training Provider

1. A Rotation Hospital can only provide training to prevocational trainees for a maximum of two out of the five terms of a prevocational trainee's PGY1 and PGY2 year.
2. To ensure against working in isolation, HETI recommends that Rotational Hospitals have a minimum of two fulltime equivalent prevocational trainees placed with them at any one time, unless otherwise approved by the PAC.
3. A Rotational Hospital must meet all of the Standards. However, when assessing a Rotational Hospital Provider, the Prevocational Accreditation Committee will consider the size of the provider and the functioning of the arrangements in place with other PTPs to meet the Standards.
4. A Rotation Hospital must ensure prevocational trainees have access to a Director of Prevocational Education and Training (DPET). When a Rotation Hospital is providing training to three or more prevocational trainees at any one time, the PTP must appoint the DPET from within the rotational hospital. If a Rotation Hospital provides training to less than three prevocational trainees at any one time, the Rotation Hospital may second a DPET from another PTP. The DPET must have the authority at the rotational hospital to which they have been seconded, to perform all the roles and responsibilities as set out in the DPET position description.
5. A Rotation Hospital is responsible for a prevocational trainee's education, training, supervision, assessment, safety and welfare when they are at the rotational hospital site.

Offsite Term

1. An Offsite Term is a term which is based at a different physical location to the provider that has the overall responsibility for the prevocational trainees. For example, this would include a term which is located at a General Practice or other community-based setting. The provider that the trainee/s have been sent from have the overall responsibility for the trainee/s.
2. A prevocational trainee would usually only spend one term at any given Offsite Term.
3. Offsite Terms may have a minimum of one prevocational trainee.
4. Offsite Terms can include but are not limited to private or public hospitals; general practices; and community-based medical services.
5. Where a provider is requesting accreditation of an Offsite Term a collaborative agreement between both sites must be attached to the term description.
6. An Offsite Term functions as a term within the accredited Prevocational Training Provider.
7. The Prevocational Training Provider is responsible for providing the prevocational trainees:
 - a) education and training
 - b) supervision
 - c) orientation
 - d) access to a DPET
 - e) access to the GCTC
 - f) access to the ARC
 - g) access to a NCPT
8. Whilst the trainee is working in the offsite term, the organisation within which it resides is responsible for:
 - a) allowing trainees to attend education sessions and providing term specific education
 - b) supervision
 - c) orientation to the term
 - d) ensuring the trainee is safe to practice in the term
 - e) assessment
 - f) welfare

Reclassification

1. Applications for reclassification must be approved by both the Prevocational Accreditation Committee and Prevocational Training Council.
2. Applications for reclassification must have the support of the applying provider's Local Health District and their Network Committee for Prevocational Training (NCPT).
3. HETI will only accept applications for reclassification from providers on a four-year accreditation cycle.
4. HETI will only consider requests from Rotation Hospital to support prevocational trainees for more than two terms in writing and including a request from prevocational trainees to support the application. If the prevocational trainee is a PGY1 then the provider must ensure that any changes will not prejudice the PGY1 trainee's ability to meet the requirements for general registration.

5. HETI will only accept applications for reclassification from a provider that can demonstrate that they have all the trainee requirements in place for the reclassification they are seeking.

How to apply for reclassification

The provider should send a letter to the Prevocational Accreditation Committee Chair, with a copy to the Prevocational Training Council Chair requesting reclassification. The letter should include:

- what classification the provider is seeking;
- proof that the provider has met all the requirements of the classification being applied for;
- A letter from the Local Health District supporting the reclassification;
- A letter or minutes from the NCPT supporting the reclassification.

The Prevocational Accreditation Committee and Prevocational Training Council will assess the application and make a decision. The provider will be notified in writing of the outcome.

PREVOCATIONAL TRAINING PROVIDER CLASSIFICATION AND RECLASSIFICATION SUMMARY TABLE

CRITERIA	FIVE TERM HOME PROVIDER	THREE TERM HOME PROVIDER	ROTATION PROVIDER	OFFSITE TERM
Max. number of terms that can be provided to prevocational trainees in their PGY1 and PGY2 year	5 Terms – (HETI recommends prevocational trainees rotate to another provider for at least 1 term of their PGY1 and PGY2 year).	3	2	1
Min. number of accredited terms required	10	6	1	1
Number of core terms required	All 3	2 out of the 3	Nil	Nil
DPET required	Yes	Yes	Yes - when the provider employs three or more prevocational trainees. If below three the provider may second a DPET from another provider.	No
GCTC required	Yes	Yes	Yes - when the provider employs three or more prevocational trainees. If below three the provider may be part of the GCTC from a Network provider.	No
Assessment Review Committee (ARC) required	Yes, the provider or Network must have a functioning ARC.	Yes, the provider or Network must have a functioning ARC.	Yes, the provider or Network must have a functioning ARC.	No
Accredited PGY1 and PGY2 terms	Yes	Yes	Yes	Yes
Responsible for safety and supervision	Yes	Yes	Yes	Yes

Responsible for ensuring trainees complete the necessary terms for registration	Yes	Yes	Yes, if trainees can spend more than 3 terms.	No
Required to send prevocational trainee registration documentation to AHPRA	Yes	Yes	No, however providers must ensure the HETI Progress Review Form is completed and returned to the prevocational trainee's home provider.	No
Required to ensure completion of HR related documents	Required to ensure completion of HR related documents.	Required to ensure completion of HR related documents.	Required to ensure completion of HR related documents.	Required to ensure completion of HR related documents.
Formal education program requirements	All providers are required to ensure that prevocational trainees have access to formal, structured education programs.	All providers are required to ensure that prevocational trainees have access to formal, structured education programs.	All providers are required to ensure that prevocational trainees have access to formal, structured education programs.	All providers are required to ensure that prevocational trainees have access to formal, structured education programs.
Min. time for holding current classification before reclassification	N/A	4 years	4 years	4 years
Required accreditation cycle before reclassification considered	N/A	4 years	4 years	4 years
Max. classification when reclassified	N/A	Five Term Home Provider	N/A	Rotation Term Home Provider

TERM ACCREDITATION

This section has been developed to assist providers completing the HETI term description template for accreditation of terms and ensure compliance with Medical Board of Australia (MBA) registration standard (2014) and the Prevocational Education and Training Accreditation Standards (2020).

HETI's Prevocational Accreditation Committee (PAC) assesses all term descriptions submitted for accreditation. 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. The PAC will consider:

- the complexity and volume of the term's workload;
- prevocational trainee workload;
- the experience the prevocational trainee can expect to gain;
- the supervision provided to trainees.

All PGY1 trainees (interns) are required to complete five accredited terms to the satisfactory global rating in order to qualify for general registration with the Medical Board of Australia. However an intern who has performed at a borderline or unsatisfactorily global rating "in a specified term but who has demonstrated 'significant' progress with evidence of remediation may be deemed to have met the standard expected for general registration by the end of the year" (AMC Intern Training Assessing and Certifying Completion). The five training terms must include three core terms: General Medicine, General Surgery and Emergency Medicine.

Prevocational trainees in NSW are also expected to complete a second generalist year of training

TERM ACCREDITATION

Prevocational trainees can only work in terms accredited or provisionally accredited by the PAC. Accredited training terms are assigned with a HETI term identifier number after accreditation by the PAC. This will be included on the letter regarding the accreditation outcome for the term to the provider. If a trainee works in a non-accredited term this will not be considered toward meeting the registration standard.

POSTGRADUATE LEVEL IN TRAINING TERMS

Terms are accredited as a combined PGY1 and PGY2 term or as a PGY2 only term. A PGY2 only term must not be staffed by a PGY1 trainee.

A PGY1 trainee:

- cannot travel between multiple provider sites in their working week unless permission is sought from the PAC
- has the primary role to look after the patients
- should complete a range of different terms
- must not be allocated to PGY2 only terms even for relief
- must not be the most senior person on site at any time
- must be supervised by a supervisor who is awake and onsite at all times
- generally, must not be rostered to nights during their first four weeks of internship

A PGY2 trainee:

- must complete a variety of terms however the provider can consider requests from a PGY2 to stream their term choices towards their intended area of specialisation
- PGY2 terms do not require patient contact, however a PGY2 must have sufficient patient contact throughout the year to develop clinical skills
- can travel between multiple sites in their working week on the condition that appropriate supervision is provided at each site

- must be supervised however the supervisor can be asleep but must be onsite and readily accessible
- PGY2 must not be the most senior person on site at any time unless approval has been granted from the PAC
- PGY2 terms are only available to junior doctors who have been granted general medical registration

In certain circumstances, and at their discretion, the PAC may allow terms which deviate from the above statements. However, any deviations must have the express permission of the PAC.

A PGY2 only accredited term cannot be staffed by a PGY1 prevocational trainee.

LEARNING OBJECTIVES ALIGNED WITH OUTCOMES

The Australian Curriculum Framework for Junior Doctors (ACFJD) identifies the educational and training needs of PGY1 and PGY2 trainees in terms of knowledge, skills and behaviours. For a copy of this document visit <http://www.cpmec.org.au>.

Terms should provide opportunities for prevocational trainees to practice competencies across the broad range of the curriculum framework.

The ACFJD contains learning outcomes to be achieved across the two years of prevocational training. The AMC's [Intern training – Intern outcomes statements](#) document and the aligned [Intern training – Term assessment form](#) contains specific learning outcomes that must be achieved in PGY1 in order for general medical registration to be gained. Prevocational Training Providers must use the AMC's Intern Outcome Statements as a guide for the delivery of education and training to PGY1s, the ACFJD is a useful guide for education and training for PGY1s and PGY2s.

CLINICAL EXPERIENCE

Core medical and surgical terms must require the trainee to be engaged in care of individual patients over a continuous period of ongoing care, rather than episodic tasks performed for a series of unfamiliar patients.

The number of patients in the care of the trainee and the severity of their conditions must be at a level for which the trainee can provide safe continuing care.

STRUCTURE OF TERM AND SUPERVISION ARRANGEMENTS

a) Educational supervision

All terms must have a Term Supervisor who is responsible for ensuring the following key tasks take place for each trainee:

- a formal term orientation;
- an initial meeting to discuss goals and expectations of the term;
- an education program specific to the term;
- a formal mid-term formative appraisal and end-term summative assessment using the [NSW Prevocational Assessment Forms](#).

The provider must provide protected teaching time for **all** prevocational trainees. Systems need to be implemented to ensure that **all** prevocational trainees are able to leave the wards to attend protected teaching time. PGY1 trainees must have protected teaching time each week. PGY2 trainees must have regular protected teaching that may or may not be weekly, but it must be of equivalent duration.

The same Term Supervisor should provide continuous monitoring of the trainee's progress throughout the term. The DPET and Term Supervisor are responsible for certifying the PGY1 trainee's competence for each term.

HETI acknowledges that prevocational trainees may participate in a relief term, where there is limited continuity and/or consistency. This will be considered acceptable for one out of the five terms, provided it is not a core term.

b) Clinical supervision***(i) Availability***

The clinical management of each patient must be supervised by a senior clinician. In the event of deterioration in a patient's condition, a more senior clinician must be immediately available to attend the patient and supervise the prevocational trainee (generally this would be the Immediate Supervisor).

(ii) Continuity and consistency

Prevocational trainees must have appropriate supervision at all times. In order to develop competencies required for the sustained care of patients, as well as for episodes of acute care, the trainee must be supervised by a more senior clinician (at least PGY3) who is responsible for the progress of the patient's care. Direct patient care supervision on site is the responsibility of the consultant or delegated by the supervisor to another suitably experienced practitioner.

Continuity of care and continuity of supervision will be demonstrated by attendance on clinical rounds, theatre or ward meetings with the consultant, which the trainee must attend at least three times a week.

The trainee should have consistent supervision by the same group of supervisors during the term. This should allow the prevocational trainee to build a relationship with their supervisors.

The Term Supervisor must have sufficient contact with the trainee to assess their progress across the term.

HETI acknowledges that prevocational trainees may participate in a relief term, where there is limited continuity and/or consistency. This will be considered acceptable for one out of the five terms, provided it is not a core term.

(iii) After-hours shift handover

If the trainee is rostered to an after-hours shift providing more episodic care for patients as a substantial element of the term, there must be a handover at the start of each shift and a handover before the end. The ongoing care plan for each patient needs to be evident to the trainee.

(iv) Other competencies and PGY2 learning outcomes

The Australian Curriculum Framework for Junior Doctors includes a list of specific skills and procedures that trainees should acquire over the two years of prevocational training, and a list of common problems and conditions they should learn to assess and manage.

It is recommended that trainees record their experience for continuing professional development purposes.

The approach to the care of deteriorating patients is an important aspect of training in every term. It is a particular responsibility of the Emergency Term that urgent life support skills are developed and assessed.

TERM REQUIREMENTS**a) Requirements of a core emergency term**

- minimum of 8 weeks in a term that is accredited.
- Term Supervisor: specialist emergency physician or a senior clinician with appropriate experience in emergency medicine responsible for patient care.
- continuous clinical supervision in the department at all times.
- supervision of bedside procedural skills by direct observation.
- supervision of medical emergency skills to ensure that trainees demonstrate satisfactory participation in a resuscitation team. This can occur in supervised exposure to acutely ill patients or in a simulated setting.
- supervision to ensure that trainees demonstrate the ability to identify urgent priorities in the assessment, referral and management of an undifferentiated acute patient.

b) Requirements of a core medicine term

- minimum of 10 weeks in a term that is accredited.
- Term Supervisor: specialist physician responsible for patient care.
- appropriate caseload: considering acuity, comorbidities and patient turnover and opportunities for a PGY1 trainee to participate in the assessment and admission of patients with acute medical problems.
- patient management ward rounds for the ongoing care of patients conducted with the same senior clinician (minimum PGY3).
- immediate senior clinical assistance available at all times (minimum PGY3).
- supervision to continuously evaluate aspects of the trainee's history-taking, physical examination skills, discharge planning and communication skills (both written and verbal).
- supervision to ensure that the trainee safely prescribes therapeutic agents.

c) Requirements of a core surgery term

- minimum of 10 weeks in a term that is accredited.
- Term Supervisor: specialist surgeon responsible for patient care.
- appropriate caseload, considering acuity, comorbidities and patient turnover across a broad range of acute and elective surgical conditions.
- clinical exposure to the range of pre-operative assessment, operative procedures and post-operative care including to patients who exhibit the common features of surgical illness including the metabolic response to trauma, infection, shock and neoplasia.
- immediate senior clinical assistance available at all times (minimum PGY3).
- daily ward rounds for the ongoing care of patients conducted with the same senior clinician (at least PGY3).
- it is expected that the trainee 'scrubs in' to actively participate in operating theatre sessions for at least four half-day sessions in the term. The intern should have opportunities to participate in surgical procedures common to the term.

d) Other PGY1 terms

A range of other approved positions to make up 12 months (minimum of 47 weeks full time equivalent service excluding leave). These terms provide experience in additional areas such as but not limited to aged care, anaesthesia, general practice/community-based terms, palliative medicine, psychiatry, rehabilitation medicine and obstetrics/gynaecology.

PGY1 trainees should experience consistent supervision throughout all terms (excluding relief terms). When rostered to a non-core term supervision should remain continuous and not be significantly different to the supervision provided during a core Emergency, Medical or Surgical term.

e) Clinical experience for PGY1 and PGY2 in other terms

- opportunities to apply, consolidate and expand clinical knowledge and skills while taking increasing responsibility for providing safe, high-quality patient care.
- opportunities to develop diagnostic skills, communication skills, clinical management skills (including therapeutic and procedural skills), evidence-based care approaches, and professionalism, all under appropriate supervision.

- opportunities to further develop and reflect on skills and behaviours for safe professional and ethical practice consistent with the Medical Board of Australia's Good Medical Practice: A Code of Conduct for Doctors in Australia.
- opportunities to participate in quality assurance, quality improvement, risk management processes, and/or incident reporting.

MIXED SHIFT TERMS AND NIGHT SHIFT

Providers must complete the afterhours roster section within the term description when prevocational trainees are expected to work outside of the day shift. Requests for terms that include rostered day shifts which commence prior to 7am require specific approval from the PAC.

Providers must provide a timetable of the routine of the unit or term such as ward rounds, education sessions, departmental meetings and shift handover times.

The Term Supervisor must still have sufficient contact with the trainee to assess their progress across the activities of the term.

Providers must indicate how the supervision is being provided and by whom. The prevocational trainee must be directly supervised in all aspects of clinical patient care. In order to develop competencies required for the sustained care of patients, as well as for episodes of acute care, the trainee must be supervised by a more senior clinician (at least PGY3) who is responsible for the progress of the patient's care.

Providers must indicate how many ward rounds prevocational trainees are expected to attend and whether they are expected to attend rounds after hours. Prevocational trainees must do rounds with a supervisor.

Night rosters must include details of morning handover to the day shift.

When it is proposed that a **PGY1 trainee is participating in a mixed shift term where part of that core term may be worked in rostered afternoon/evening shift and overlap with the provider's after hours shift**, the following must be in place in order for the term structure to meet the requirements of the term counting towards the PGY1 trainee's general registration:

- The provider should only roster a PGY1 trainee to a maximum of 1:4 on the evening shift during the term, i.e. 2 weeks per 10-week term.
- If a trainee is rostered for more than 2 weeks of afternoon/evening work in the term (and it is not a standard/normal after-hours overtime shift), then the following is required.
 - supervision on the shift by a 'team' registrar not the afterhours registrar (to meet the AMC requirement for 'continuous supervision').
 - specified teaching rounds by consultants for JMO on the shift – on a regular and scheduled basis (2-3 times per week).
 - patient load on the evening shift should broadly reflect daytime patient loads.
 - formal handover from day to evening shift.
 - access to formal JMO education sessions.

APPLICATION FOR A NEW TERM

Any application for a new term must have the endorsement of the Providers' General Clinical Training Committee (GCTC) and the Term Supervisor. The GCTC Chair (or representative) and Term Supervisor must sign all term descriptions to signify their endorsement.

Providers must submit new term descriptions using the online accreditation Prevocational Medical Accreditation Program (PMAP). New terms must be approved and endorsed by either the Term Supervisor or the GCTC Chair.

Term descriptions are initially reviewed by HETI staff. Providers will be contacted if there is any further information or clarifications required. When complete with the required and requested information, the PAC Chair refers new term descriptions to the next available PAC meeting for the full committee's consideration.

REVISED AND UPDATED TERMS FOR ACCREDITATION

All terms should be reviewed by the GCTC annually. The GCTC must assess whether the term is operating appropriately and what improvements could be made. The outcomes of the GCTC review of each term are reported to HETI as part of the annual report. For more information see the Annual Report on Accreditation Status section.

Whether as a result of a GCTC review or at any other time, all changes to a term must be submitted via PMAP to HETI for approval by the PAC.

The PAC Chair may choose to provisionally accredit a revised term out of session or refer it to the next available PAC meeting for the full committee's consideration. This is at the discretion of the PAC Chair. Where the PAC Chair has a conflict of interest or is unavailable, another member of the PAC may be asked to review terms out of session. In the first instance the Deputy Chair will be contacted to perform this duty. For more information about the process for accrediting terms please see the flow chart below.

ACCREDITATION APPROVAL

If deemed suitable, the PAC will award new and updated terms with provisional accreditation.

At the provider's next survey, provided the term will be assessed for accreditation provided the term has been filled for a minimum of 3 terms.

LAPSED TERMS

The accreditation of a term will lapse in the following circumstances:

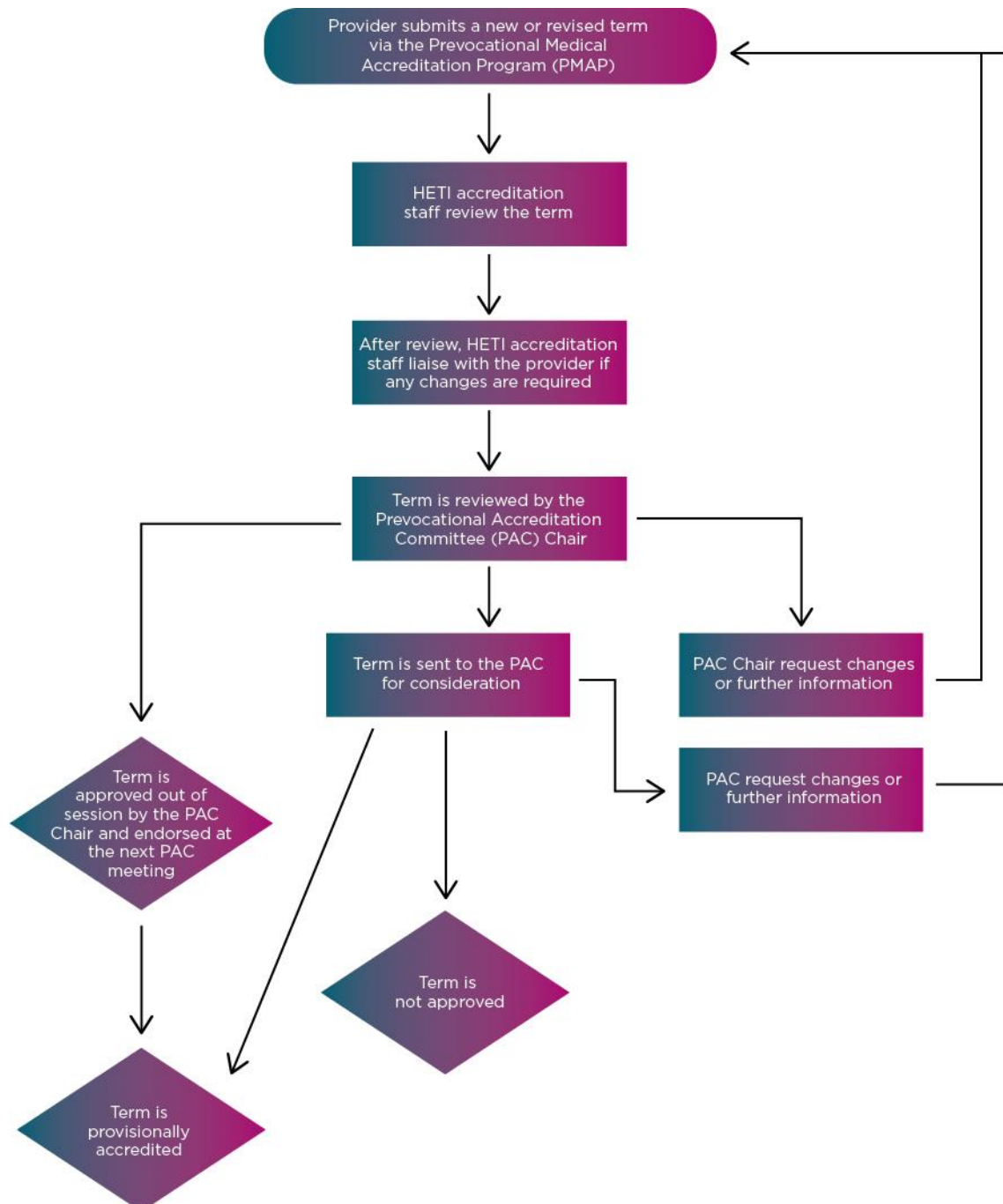
- The provider no longer wishes to have the term accredited.
- No prevocational trainees have worked in the term for two years.

Once a term has been lapsed, prevocational trainees can no longer be placed in this term. Before a provider can recommence using the term, they would need to re-submit a term description for approval by the PAC as if it was a new term.

GUIDE TO SUBMITTING NEW OR REVISED NSW PREVOCATIONAL TRAINING TERM DESCRIPTIONS

ACCREDITATION PROCESS FOR NEW OR REVISED TERM DESCRIPTIONS

Note: Please refer to the complete Guide to Submitting a New or Revised NSW Prevocational Training Term Description on the following page.



GUIDE TO SUBMITTING NEW OR REVISED NSW PREVOCATIONAL TRAINING TERM DESCRIPTIONS

The HETI online system PMAP (Prevocational Medical Accreditation Program) is used to manage NSW prevocational term descriptions. HETI provides Prevocational Training Providers (providers) with access to PMAP to submit new and revised term descriptions.

OFFSITE TERMS

- An offsite term is a term based at a different physical location to the provider that has governance of the term.
- Offsite terms may be located at affiliated public or private hospitals, general practices or community-based medical services.
- For any new offsite terms, the provider must advise HETI **prior** to creating a new term on PMAP.
- Revised offsite terms may be updated in PMAP without prior notification to HETI.
- All offsite terms must have a signed Collaborative Agreement with the provider. This may be uploaded in the Supporting Documents section within the term description on PMAP.

SUPPORTING DOCUMENTS

- This section is not mandatory and is used to upload any documentation that will support the term description e.g. Collaborative Agreements.

(NOTE: grey indicates the fields required to be completed by the provider)

PMAP FIELD	INFORMATION
Provider Name	Name of the accredited Prevocational Training Provider (provider) which has governance of the term.
Term Name	State the name of the term that describes the department / unit / area where the prevocational trainee will be working. This term name will be recorded on the interns (PGY1) Certificate of completion of an accredited internship at the end of their PGY1 year.
Term Category	Select whether the term is a core medical, surgical or emergency term. NOTE: <ul style="list-style-type: none"> • 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 HETI Accreditation Procedure. • If the term is not a core term, please select 'other' and specify the speciality in the Term Specialty section. • 'Other' must be selected for all PGY2 only terms
Term Specialty	Indicate the specialty in which the term is directly linked.
Term Duration (weeks)	Enter the minimum and maximum term duration. This is the number of weeks of the usual term duration.
Is the term a PGY1 or a PGY2 only term?	Indicate whether the term is to be accredited for PGY1s and PGY2s or PGY2s only. NOTE: A PGY2 ONLY term MUST NOT be staffed by PGY1 trainees. Specific accreditation must be sought for a PGY1 term.
Variation in PGY1/PGY2 Capacity	Indicate whether there will be variation in the capacity during the term. If the capacity remains constant throughout the term, select 'No'.

Term Capacity	<p>Indicate the capacity of the term. This is the number of PGY1s, number of PGY2s and total number of trainees for the term.</p> <p>NOTE:</p> <ul style="list-style-type: none"> The number of PGY1s and PGY2s working in the term MUST NOT exceed the number recorded on the term description. If the term is only for PGY1s or PGY2s, enter information in the specific Capacity box. The Total Capacity will be automatically updated by PMAP. The number of PGY1s + number of PGY2s = total capacity. PMAP automatically adds the PGY1 and PGY2 numbers to provide a total capacity.
HETI Term Number	The term identifier number is assigned automatically by PMAP after the Prevocational Accreditation Committee (PAC) provisionally accredits a new term. The term ID remains unchanged if the term is revised by the provider.
Accreditation Status	<p>The term will either be accredited, provisionally accredited (if a term has been revised by a provider), not accredited, lapsed (by request from a provider) or disaccredited.</p> <p>NOTE:</p> <ul style="list-style-type: none"> If a term is provisionally accredited and used for at least three terms, the provisional status will be reviewed at the providers next accreditation survey. If a term is provisionally accredited and used for less than three terms prior to an accreditation survey, the provisional status will not be reviewed until the following accreditation survey.
Date of Accreditation	This indicates the date a term was first provisionally accredited. This date does not change if the term is revised by the provider.
Last Approved by PAC	This indicates the date the term was last reviewed and provisionally accredited by the PAC.
Disclaimer	DPET or GCTC Chair to tick this box once term has been reviewed and ready to be submitted to HETI for the PAC to review.
Endorsed by	This acknowledges that the term has been endorsed by the DPET or the GCTC Chair and the provider agrees to submit the term to HETI for the PAC to review.
Created by	<p>The name of the person who created or revised the term and the date will appear in this section.</p> <p>A DPET, JMO Manager or Administrator can create a new term or revise an existing term.</p>
Updated by	<p>The HETI staff members' name and the date the term was reviewed will appear in this section.</p> <p>A term is updated by a HETI Program Coordinator once it has been provisionally accredited by the PAC.</p>
Overview	<p>Briefly outline:</p> <ul style="list-style-type: none"> The role of the unit and range of clinical services provided. The patient case mix, turnover and how acutely ill the patients generally are.

TERM SUPERVISION

Name, Position and Contact Details of Term Supervisor	<p>Indicate the name and position of the Term Supervisor. The same Term Supervisor must provide continuous monitoring of the trainee's progress throughout the term. The Term Supervisor is responsible for certifying the PGY1 trainees' competence (for the term) to enable general registration with the Medical Board of Australia.</p> <p>NOTE: If the Term Supervisor will be absent for four or more weeks during a term, the hospital must advise the HETI Program Coordinator and outline the arrangements in place during this time (refer to the Notification of a Change in Circumstances section of the Accreditation Procedure).</p>
Term Supervisor Contact with Trainee	<p>Indicate the Term Supervisors plan for contact with the trainees during the term.</p> <p>General Contact: 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: Indicate the Term Supervisors plan for the initial orientation meeting with the trainees to discuss the expectations and outcomes of the term.</p> <p>Mid Term: Indicate the Term Supervisors intended plan for conducting the mid-term review meeting with the trainee.</p> <p>End of Term: Indicate the Term Supervisors intended plan for conducting the end of term review meeting with the trainee.</p>
Primary Clinical Supervisor (if not Term Supervisor)	<p>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 be the Term Supervisor.</p>
Immediate Supervisor with direct responsibility for day to day supervision (PGY3+)	<p>Indicate the name, position and contact details of the Immediate Supervisor who has direct responsibility for patient care and is at PGY3 level or above. 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.</p>
Clinical Team Structure	<p>Indicate the positions and contact details of all members of the clinical team who provide supervision and bedside teaching to prevocational trainees including Staff Specialists, Visiting Medical Officers (VMOs) and Registrars. Include the prevocational trainees in the clinical team.</p> <p>The names of the prevocational trainees and registrars may be excluded if they are rotating positions.</p> <p>Include details of the team structure if there are sub-teams within the term.</p>
Specific requirements to practice safely before / during the term	<p>Indicate any requirements/skills that are specific to this term.</p> <p>Requirements may include:</p> <ul style="list-style-type: none"> • Courses (e.g. life support, resuscitation) • Procedural skills • e-Learning requirements

	Include details of how the prevocational trainee will receive training for the specific requirements and how their competency will be assessed if required.
Term Learning Opportunities	List the top 5 learning opportunities, objectives, experiences and/or tasks that are specific or unique to the term.
Expectations of the prevocational trainee	List what is expected of the prevocational trainee during the term.
Patient Load	Indicate the patient load for the prevocational trainee and for the whole team.
After hours Roster	<p>If the term includes participation in a hospital-wide after-hours roster, indicate the frequency and the onsite supervision available during after-hours shifts.</p> <p>Please also indicate whether the prevocational trainee will be required to work outside normal hours (before 7am and after 6pm) within this term and the supervision that is available outside normal hours.</p> <p>NOTE:</p> <ul style="list-style-type: none"> • If no after-hours shifts are required, write 'N/A' in this section.
Term / unit timetable and indicative duty roster	<p>Include the start and finish times of the shifts the prevocational trainee will be rostered to.</p> <p>Indicate the activities that the prevocational trainees are expected/rostered to attend. These include the following:</p> <ul style="list-style-type: none"> • All education opportunities (both training facility-wide and term specific) • Ward rounds • Theatre sessions • Inpatient time • Outpatient clinics • Morning handover from night team • Afternoon handover to evening / after-hours team. <p>Include the approximate times of activities wherever possible.</p> <p>If there are extended shifts or evening shifts as part of the term, four separate timetables must be completed. This should show four weeks of rosters for the whole team.</p> <p>If the term includes evening shifts please ensure it meets the requirements for evening shifts (refer page 24).</p>

CLINICAL SUPERVISION

PROCEDURE STATEMENTS

1. A prevocational trainee must not be the most senior doctor on site at any time without specific approval from PAC.
2. Supervisors supervising a PGY1 trainee must be awake and onsite at all times.
Supervisors supervising a PGY2 trainee can be asleep but must still be onsite and readily accessible. Any exceptions require specific approval from PAC.
3. Clinical supervision must:
 - provide a safe environment for patients and prevocational trainees
 - ensure optimal training of prevocational trainees
 - allow for increasing opportunities for independent decision making
 - be readily available at all times.
4. The supervision arrangements described in the accredited term description should be in place at all times whilst a prevocational trainee is working in the term. The proximity of clinical supervision required may differ depending on the work situation. When accrediting a term description, the PAC will consider the following factors with regards to the appropriateness of clinical supervision:
 - the medical provider setting
 - the type of term
 - the knowledge, experience and skill level of the prevocational trainee
 - the scope of practice
 - the complexity of patient care required
 - consistency and continuity of supervision
5. Supervisors must:
 - make themselves known to the prevocational trainees
 - all supervisors of prevocational trainees must be PGY3 or above
 - be aware of their responsibilities in providing clinical supervision
 - have demonstrated competencies to provide clinical supervision
 - be registered with the Medical Board of Australia
 - actively assess the level of supervision required and provide a level of supervision appropriate to the skill level of the prevocational trainee
6. A Senior Medical Officer (specialist or GP) opinion must always be available.
7. The provider must:
 - ensure appropriate levels of clinical supervision are provided at all times
 - ensure supervisors are aware of their responsibilities in providing clinical supervision
 - ensure the process for contacting supervisors is clear to all involved
 - ensure supervisors have the skills, experience and training to provide safe and effective clinical supervision

- monitor the workload of supervisors to ensure they can effectively fulfil their role as a clinical supervisor
 - assess the suitability of a doctor to provide clinical supervision when there are conditions placed on their registration
 - ensure there is continuity of responsibility for supervision during periods of supervisory leave. If this leave is greater than one month the provider also communicates the interim arrangements to HETI
 - provide the Term Supervisor with a position description in line with the HETI Term Supervisor position description template
 - provide position descriptions to all staff responsible for supervising prevocational trainees that clarifies their roles and responsibilities for supervision
 - evaluate the adequacy and effectiveness of prevocational trainee supervision
8. Term Supervisors must ensure that their contact with each prevocational trainee is sufficient to permit a valid assessment of the prevocational trainee's performance.
 9. Term Supervisors must fulfil the roles, responsibilities and criteria outlined in the HETI Term Supervisor position description template.
 10. If the supervisor is not on site, supervision must be delegated by the supervisor to another suitably experienced practitioner on site.

PREVOCATIONAL ACCREDITATION COMMITTEE

The Prevocational Accreditation Committee (PAC) oversees the NSW prevocational accreditation program. The PAC makes decisions about accreditation of providers, accreditation of terms and the conditions placed on a provider's accreditation.

The Terms of Reference for the PAC can be found on the HETI website.

APPOINTMENT AND TENURE OF PAC MEMBERS

PAC members are initially offered three-year tenure. On completion of the first tenure a further three years may be offered. After this time, HETI may extend an individual's membership for the benefit of the PAC.

HETI will recruit and appoint a PAC Chair in accordance with the Appointment, Credentialing, Contracting and Payment of HETI Clinical Chairs Procedure.

The Deputy Chair is appointed by the HETI Chief Executive through expressions of interest received from serving PAC members.

PAC MEETINGS – LOCATION, TIMES AND DIRECTIONS

PAC meetings are held at 6pm on the third Thursday of each month. The length of each meeting depends on the number and nature of the agenda items listed for consideration, but meetings will be brought to a close by 8.30pm. A full list of PAC meeting dates including submission dates can be found on the HETI website.

MEETING ATTENDANCE

PAC members can attend meetings in person, by teleconference or by videoconference. If members live outside metropolitan Sydney, HETI will book and pay for their travel and accommodation to attend several meetings per year in person.

CONFIDENTIALITY AND CONFLICT OF INTEREST

Members are required to declare all interests where a potential conflict may arise on appointment to the PAC. The PAC Member Confidentiality and Conflict of Interest Declaration form is used to collect this information.

All material viewed by the PAC is confidential. No information should be distributed outside of the required channels.

PAC members are required to declare their conflicts of interests by March of each year they reside on the committee. If a member does not provide a true and completed form to HETI the HETI secretariat will follow up with the PAC member.

All conflicts for agenda items included for the meeting are noted on the agenda. When a PAC member has a conflict of interest, they are to withdraw from the discussion either by leaving the meeting room or disconnecting if attending via teleconference or videoconference. The Prevocational Accreditation Committee Conflict of Duty and Interest section of this document is followed.

PAC AGENDA DISTRIBUTION

The PAC agenda is distributed electronically one week before each meeting. If a PAC member has difficulty accessing the agenda, they should contact the Allocation Accreditation and Faculty Unit at HETI.

APOLOGIES

PAC members must attend at least 70% of Committee meetings per annum. Members that know in advance that they cannot attend are requested to inform HETI as soon as possible.

ABSENTEEISM

If a PAC member does not attend a meeting and has not forwarded an apology, they are considered absent. If a member is absent for three or more meetings over the course of a year, they will be asked to show cause to continue as a PAC member. However, PAC will support legitimate requests from PAC members who require leave for work or personal reasons, a period of absence can be approved for up to six months by the PAC Chair or for a further period not exceeding six months by the full PAC.

PAC AGENDA

The following items are standing items on the PAC's agenda:

- Attendees and Apologies
- Conflict of Interest - PAC members to declare any conflict of interest with the current agenda items
- Confirmation of previous minutes
- Update of outstanding action items
- Business Arising
- PAC Reports and Reviews
- Prevocational Training Provider Accreditation
- Conditions
- Term Descriptions - New
- Term Descriptions - Revised
- Annual reports on Accreditation Status
- AMC
- Change in Circumstances
- Out of Session Decisions
- PAC Chairs Report
- PvTC Chairs Report
- Correspondence
- Business Without Notice

Accreditation Survey Reports, term descriptions, conditions and annual reports are delegated to a PAC member one week prior to meetings. The delegated member is requested to review the agenda item in detail and lead the PAC's discussion. If the member is not able to attend or other responsibilities prohibit them from reviewing the agenda item, they need to inform HETI as soon as possible. HETI will contact the back-up PAC member requesting them to lead the discussion. If neither the lead nor the back-up attends the meeting the PAC Chair will lead the discussion on that particular agenda item.

TEAM LEADER DISCUSSIONS

When a survey report is reviewed, HETI will arrange to have the team leader of the survey team attend in person or by teleconference to present the team's findings and to answer any questions from the PAC.

HOW DOES THE PAC ASSESS PREVOCATIONAL TRAINING PROVIDERS?

The PAC assesses providers in accordance with the procedures which govern the accreditation program. The PAC will discuss and consider all issues related to prevocational accreditation, including any evidence. The Committee will come to a consensus on the actions, if any, to be taken.

HOW DOES THE PAC COME TO A DECISION AFTER AN ACCREDITATION SURVEY?

The PAC uses the following resources when considering the accreditation status of a provider following a survey:

- Accreditation Survey Report
- the previous outcomes both overall and for each standard
- looking at areas that have not improved since the last survey (outstanding recommendations or conditions)
- looking at the evidence of continuous quality improvement
- considering the overall assessment

- considering the Critical Criteria and Criteria which were not met
- survey findings as presented by the team leader
- recommendations provided by the survey team
- reviewing the providers annual reports on accreditation status
- any other available information

ACCREDITATION DECISIONS

The Prevocational Accreditation Committee (PAC) can award a provider accreditation for a minimum period of 6 months up to a maximum period of four years.

The PAC may award accreditation contingent upon the provider addressing conditions. The PAC may also decide a Focus Visit is required to ensure specific issues are addressed within a stated timeframe.

The PAC Chair notifies the provider in writing once an accreditation decision has been made.

At any time, PAC can reduce or withdraw accreditation of a provider or term should there be sufficient evidence of a significant change in the Prevocational Education and Training Program. This is in accordance with the Notification of a Departure from the Standards section.

At their discretion, the PAC may revise the rating of any Standard, at any time.

WITHDRAWAL OR REDUCTION OF ACCREDITATION

When the PAC concludes that there are major deficiencies in the delivery of prevocational training within a provider and that there are serious concerns regarding patient and or prevocational trainee safety, they may decide to withdraw or reduce accreditation of a provider or a term. In this event prevocational trainees will be removed from the provider or term immediately. No trainees will be permitted to work in the provider or term until the PAC is satisfied the issues have been addressed and have formally notified the provider. The Chief Executive of HETI will inform the Secretary of NSW Health when a provider is discredited, or the providers accreditation cycle is significantly reduced (less than 12 months).

ANNUAL REPORTS ON ACCREDITATION STATUS

Annual reports are submitted by providers on the anniversary of their accreditation (excluding years when they are scheduled for an accreditation survey) which are reviewed by HETI staff and a summary of the report is provided to the PAC. If the PAC considers it necessary to conduct investigation into what is reported, HETI will notify the General Manager of the provider and conduct investigations as requested by the PAC. Any investigations would be as per the section on Notification of a Change in Circumstances or a Departure from the Standards. In the case of serious issues being reported, HETI will contact the PAC Chair and immediate action may be taken as per the section on Notification of a Change in Circumstances or a Departure from the Standards.

Annual reports are also reviewed by the Prevocational Training Council.

CONDITIONS

When the PAC reviews the survey report they may place a condition on a training provider. The PAC set conditions if there are serious or recurring issues, or a failure to meet a Standard. The PAC relies heavily on recommendations in the survey report as well as feedback from the team leader in determining conditions for a training provider.

The PAC issues conditions in order to allow a provider to address identified deficiencies within a defined period, while maintaining accreditation. If conditions are not met to the satisfaction of the PAC or within the given period, the PAC will decide on one of the following actions:

- undertake a focus visit
- undertake a full survey
- reduce the accreditation period
- withdraw accreditation from the provider or term

- issue further conditions

More information can be found in the Conditions section.

FOCUS AND SITE VISITS

The PAC may recommend a focus visit if an issue is considered of a serious enough nature or where paper evidence will not suffice. An issue may be identified during a survey or at any time during a provider's accreditation period.

In rare circumstances and at the request of the Local Health District Chief Executive a focus visit may occur to provide assistance and advice to the provider.

After the focus visit the PAC will determine if the provider has addressed the conditions. If the PAC is satisfied the provider's accreditation status will be confirmed. If it is determined that the provider has not addressed the conditions the PAC may decide:

- that further evidence from the provider is required within a given timeframe
- another survey visit is required
- to reduce the period of accreditation
- to withdraw accreditation from the provider or term.

If a focus visit is requested by the LHD the provider will submit a report regarding the issues to be considered at the focus visit. The report will include the provider's progress towards addressing any conditions or recommendations. At the focus visit the survey team will consider the report and any other information gathered. After the visit the team leader will write a short report summarising the providers progress towards meeting the conditions.

More information can be found in the Focus Visit section.

PREVOCATIONAL TRAINING COUNCIL

The role of the Prevocational Training Council (PvTC) is to ensure state-wide coordination of the prevocational training Networks and develop resources to assist with the improvement of prevocational training in NSW. The PvTC promotes high quality training for prevocational trainees in NSW. The PvTC advises HETI on the procedures and standards that govern the operation of the Prevocational Education and Training Program and ensures the effective functioning of the Network Committees for Prevocational Training (NCPT) in NSW.

The Terms of Reference for the PvTC can be found on the HETI website.

APPOINTMENT AND TENURE OF PVTC MEMBERS

PvTC members will serve a term of three years. At the discretion of the Committee Chair, a member can have their membership extended for a further term.

HETI will recruit and appoint a PvTC Chair in accordance with the Appointment, Credentialing, Contracting and Payment of HETI Clinical Chairs Procedure.

The Deputy Chair is appointed by HETI through expressions of interest received from serving PvTC members.

PVTC MEETINGS

The Council will meet at least seven times each year. Extraordinary meetings may be called to consider urgent matters.

DISTRIBUTION OF PVTC MEETING PAPERS

Agendas, minutes and actions are distributed to members one week before the meeting date.

KEY FUNCTIONS OF THE PVTC

- Oversee and support medical education and training for prevocational trainees in NSW.
- Provide advice and expertise to the HETI Executive on issues related to prevocational training.
- Monitor allocation/recruitment outcomes to ensure that NSW continues to meet its commitment to intern training places under the 2006 Council of Australian Governments (COAG) agreement.
- Review and approve applications from Prevocational Training Providers who wish to appoint a new DPET.
- Advocate for prevocational trainees and Directors of Prevocational Education and Training (DPETs).
- Review and determine DPET funding to hospitals in accordance with NSW Health policies (PD2005_259).
- Seek solutions to issues raised by the DPETs, prevocational trainees, NSW Junior Medical Officer (JMO) Forum, JMO Managers and other individuals and bodies involved in prevocational education and training.
- Develop high quality relationships and communication channels with the DPETs, prevocational trainees, NSW Junior Medical Officer (JMO) Forum, JMO Managers and other individuals and bodies involved in prevocational education and training.
- Support prevocational training Networks in relation to development and delivery of education and training across the NSW health system.
- Review the Prevocational Training Network Principle Guide and the individual prevocational training Networks Terms of References.
- Approval of prevocational training Networks: The Council is responsible for approving all prevocational training Networks in NSW including changes to existing Networks. The Council will make decisions concerning revisions to Networks, in consultation with the hospitals involved, the Medical Director and NSW Health.

- Consult with Networks and other stakeholders (NSW Health, clinicians and trainees) in relation to the development of guidelines and resources.
- Facilitate innovative and appropriate workplace teaching, learning and assessment for prevocational trainees.
- Review annual reports received from hospitals in relation to the prevocational training Networks.
- Promote medical education research around prevocational training and the transition from medical school to internship.
- Provide expert advice and guidance on projects that specifically develop professional skills for staff involved in medical education and training within the NSW health system, ensuring continued high-level support for NSW prevocational trainees.
- Support the organisation of educational forums or training days that empower and continue to develop staff involved in medical education and training within the NSW health service.
- Review applications and make decisions regarding the winner for the annual prevocational awards.
- Oversight of the NSW Junior Medical Officer (JMO) Forum.

DIRECTOR OF PREVOCATIONAL EDUCATION AND TRAINING (DPET) APPLICATIONS

The PvTC is responsible for approving applications from providers who wish to appoint a new DPET. DPET's are responsible for providing medical leadership and oversight of the Prevocational Education and Training Program in the facility in which they work. In fulfilling this role, the DPET is responsible for the education, training, supervision and welfare of the prevocational trainees who work in their hospital.

A provider wishing to appoint a new DPET must:

1. Recruit (through formal recruitment or expressions of interest) to the DPET position as per the DPET position description.
2. The hospital will send correspondence to the Chair of the PvTC informing them when the DPET position will be advertised and when interviews will be conducted. A member of the hospital's General Clinical Training Committee (GCTC) should be involved in the selection process.
3. The hospital will conduct interviews and select the preferred candidate for the DPET role.
4. The Director of Medical Services (DMS) or equivalent will send formal correspondence to the Program Coordinator or Program Support Officer (Allocation) recommending the preferred candidate to the DPET role for submission to the PvTC for approval.

The correspondence must include:

- An outline of why the preferred candidate has been recommended for the DPET position, including evidence of previous experience in medical education;
- The Full Time Equivalent (FTE) load of the position; and
- The curriculum vitae of the preferred candidate which clearly addresses the selection criteria in the position description.

ASSESSMENT OF DPET APPLICATIONS BY THE PVTC

The PvTC will review each DPET application at its scheduled meetings.

On rare occasions the Chair of the PvTC will assess and make a decision on the DPET applications out of session. The decision will be reported to the next PvTC meeting.

The PvTC may make one of the following decisions:

1. Approve the application for the preferred candidate to be appointed as the DPET at the hospital.
 - the PvTC will send a letter to the DMS or equivalent approving the application.
 - the PvTC will send a letter to the new DPET welcoming them to the role.

2. Request more information from the hospital about the application before making a decision.
 - the Program Coordinator and Program Support Officer will contact the hospital requesting the additional information.
3. Decline the DPET application.
 - the PvTC will send a letter to the Chair of the GCTC explaining the rationale behind the Council's decision.

For more information please refer to the procedure for application and appointment of Directors of Prevocational Education and Training.

COMPLAINTS OR APPEALS

Any complaints or appeals should be put in writing to the HETI Medical Portfolio and attention the PvTC Coordinator. Complaints or appeals will be discussed with the PvTC Chair and if necessary, the HETI Chief Executive.

ACCREDITATION SURVEYS

The NSW prevocational accreditation program is cyclical and involves accreditation of individual clinical terms, and the Prevocational Training Provider (provider).

The accreditation process consists of:

- Prevocational Training Provider's self-assessment;
- Accreditation survey;
- Prevocational Accreditation Committee decision; and
- Ongoing monitoring of the provider to ensure Standards continue to be met via:
 - annual reports submitted by providers
 - self-reporting of changes which may affect the providers ability to meet the Standards
 - focus visits and site visits

At an Accreditation Survey the provider will be assessed against each of the thirteen NSW Prevocational Education and Training Accreditation 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 provider has successfully addressed the Critical Criteria and Criteria.

HETI ACCREDITATION SURVEY TEAMS

The HETI staff will convene an accreditation survey team when an Accreditation Survey or Focus Visit is required. Teams will include diverse professional representation including trainees to enable the team to effectively review the Prevocational Training Provider and their delivery of the Prevocational Education and Training Program. For more information about becoming a surveyor and the role of surveyors and survey teams please see the Surveyors and Survey Teams section. The convening of survey teams will be done in accordance with the Surveyor Management and Composition Procedure.

PRE-SURVEY

Twelve months prior to the survey HETI will e-mail the General Manager (or equivalent), DMS, DPET, JMO Manager and GCTC Chair of the provider to inform them of the upcoming survey, confirm a date, and request the pre-survey documentation. Accreditation surveys are managed online via the Prevocational Medical Accreditation Program (PMAP) system. Information about PMAP will be sent to providers in conjunction with formal correspondence. Through PMAP, providers are to prepare for their survey by uploading the following documentation:

- Draft survey timetable
- All 36 pieces of evidence listed
- Map of the hospital including parking information

All information provided by the provider will remain confidential.

Documentation is to be uploaded to PMAP, at the latest, six weeks before the survey date. Once this is complete, HETI will review the evidence and liaise with the provider if any further evidence is required. Four weeks prior to the survey HETI will release the evidence to the survey team to review.

To assist providers in preparing for a survey HETI, via PMAP, will provide a range of support documents including:

- The providers previous survey report
- NSW Prevocational Education and Training Accreditation Standards
- All correspondence between the provider and HETI since the providers' last survey
- The Guide to Survey Evidence

- The HETI Accreditation Procedure
- Surveyor Management and Survey Team Composition Procedure
- Sample timetable for a one day and a two-day survey
- Accreditation Surveys – A voice for JMOs flyer

The survey team will wish to interview as many of the prevocational PGY1 and PGY2 trainees as possible, Term Supervisors and staff involved in prevocational education and training. A suggested survey timetable can be found at the end of this section. It is very important that the survey team meets with the Director of Medical Services, Director of Prevocational Education and Training, General Clinical Training Committee Chair, Assessment Review Committee Chair, Network Committee Chair and the JMO Manager.

PROVIDER NOMINATED LIAISON PERSON

The provider should advise the HETI Program Coordinator of a nominated liaison person/s. In the lead up to the survey, the team leader and HETI staff will be in contact with the liaison person to discuss:

- Logistical and administrative requirements of the team
- Any adjustments to be made to the survey timetable
- Personnel the team wishes to interview on the visit

This is to minimise potential communication problems before the accreditation survey visit and to provide a contact person for the accreditation survey team leader. If no one is nominated by the provider, the JMO Manager will be nominated by HETI.

AT THE SURVEY

At the survey the HETI surveyors will conduct confidential interviews as well as tour the provider and its facilities, as well as any facilities where offsite terms are located.

During the survey, the team may request further documentation or other meetings if they require further information. This additional information allows the surveyors to investigate any issues that may be reported to them and should be provided at the Prevocational Training Providers earliest convenience. If any serious issues are uncovered which require immediate action, the team leader will contact the PAC Chair and the provider may be required to take immediate action to resolve the issue.

Towards the end of a survey visit the survey team meet to review the findings. This discussion includes the survey team applying a rating against each Standard and also providing comments, commendations and recommendations against each Standard.

RECOMMENDATIONS

Recommendations can be made by the survey team for any level of rating of the Standard. The recommendation is outcome focused rather than process focused and will be reviewed at the next survey. The PAC relies on recommendations to determine whether a condition is to be issued to the training provider. All recommendations must be linked to a particular Standard.

Recommendations must be:

- Aimed at assisting the training provider to achieve the requirements of the Standard
- Achievable and clear
- Written in a way that it can be easily converted into an objective by the training provider

At the end of the survey, the team will debrief the Executive Staff and the DPET. During the debrief all major issues should be identified so that the provider will have time to discuss the preliminary findings of the survey with the team, including the commendations and recommendations to correct any inaccuracies.

AFTER THE SURVEY

The team leader will write up and finalise the Prevocational Education and Training Accreditation Survey Report. The report will be scheduled on the agenda of a PAC meeting. At this meeting the PAC will receive a verbal report from the team leader and discuss the survey report. The PAC will decide the length of accreditation and any conditions on the providers accreditation.

For more information about the PAC's decision-making process please see the Prevocational Accreditation Committee section of this document, and for information on conditions please see the Conditions section of this document.

The General Manager of the provider will then be notified of the outcome of the accreditation survey in writing, with a copy to the LHD Chief Executive.

For further information about how to prepare for accreditation surveys please refer to the NSW Prevocational Education and Training Accreditation Standards.

APPEALS PROCESS

Should a provider wish to lodge an appeal against the accreditation status awarded by HETI, it may do so within 30 days of being advised of its accreditation status. A further 30 days will be allowed for the provider to provide written documentation to support the appeal. For full information about the appeal process please see the appeals section.

SURVEY SCHEDULING AND RESCHEDULING

The scheduling of surveys is a complex process where HETI needs to take into consideration:

- a) the requirements of all accredited providers
- b) the unique requirements of individual providers at the time of their scheduled survey
- c) the availability of surveyors
- d) the integrity of the accreditation program
- e) HETI's administrative resources

When scheduling surveys, HETI also takes into consideration the following:

- a) scheduling surveys well in advance in accordance to this procedure to allow providers and surveyors adequate time to prepare
- b) not scheduling surveys in the first four weeks of a term to ensure prevocational trainees have had sufficient experience at the facility and in the term to provide surveyors with quality feedback
- c) not scheduling surveys during the Christmas/New Year and school holidays as this is when many staff are on leave
- d) annual JMO recruitment campaign

HETI will ensure an efficient and effective survey scheduling process by:

- a) scheduling surveys fairly and transparently
- b) communicating clearly
- c) giving adequate notice of survey dates

Providers will ensure an efficient and effective survey scheduling process by:

- a) requesting changes to the dates of scheduled surveys including the reasons for the request as early as possible
- b) completing and submitting their pre-survey requirements on time

Surveyors will ensure an efficient and effective survey scheduling process by:

- a) giving timely notice of their availability to participate on surveys
- b) giving adequate notice if they become unavailable to undertake a previously agreed survey

PROCEDURE STATEMENTS:

1. HETI will inform providers in writing the week of their next survey at the time of notifying them of their current survey accreditation decision.
2. HETI will confirm with providers the date of their scheduled survey seven months prior to the survey taking place.
3. Providers may renegotiate the date of their survey up to six months prior to their scheduled survey date. Requests are required to be in writing to HETI stating the reasons for the request and the preferred date/s for the survey.
4. It will be at the discretion of the PAC to accept a request to reschedule a survey. Valid reasons for a provider to reschedule a survey six months prior to the scheduled dates could include, but is not limited to:
 - a) another accreditation survey taking place on the same scheduled days or within the same week
 - b) significant staff absences that would compromise the robustness of the survey process
5. Should a request for deferment of a survey result in the accreditation of a provider lapsing, approval from PAC is required for an extension of the period of accreditation.
6. HETI will endeavour to ensure that surveys take place on the scheduled date. However, there are instances that will require HETI to reschedule a survey to ensure the robustness of the survey process is not compromised. In these instances:
 - a) HETI will seek approval from the PAC or, if time does not allow, the PAC Chair
 - b) if approval is granted, HETI will notify the provider in writing as soon as possible
 - c) HETI will be responsible for any cost HETI incurs as a result of the rescheduling
 - d) providers will not be required to resubmit documentation but HETI may request updates of any changes that have occurred since the original date of submission

SAMPLE TIMETABLE FOR A ONE-DAY ACCREDITATION SURVEY

MEETING	TIME ALLOCATED
Preliminary meeting of survey team	30 minutes
Meeting with Hospital Executive Team – Hospital General Manager, DMS, DPET, JMO Manager and Director of Nursing (optional)	30 minutes
Meeting with DPET	15 minutes
Meeting with JMO Manager	15 minutes
Meeting with Chair GCTC	15 minutes
Meet with PGY1s (multiple groups dependant on numbers, maximum of 5-6 per group)	30 minutes (each group)
MORNING TEA BREAK	15 minutes
Meet with PGY2s (multiple groups dependant on numbers, maximum of 5-6 per group)	30 minutes (each group)
Meeting with Registrars (multiple groups dependant on numbers, maximum of 5-6 per group)	30 minutes (each group)
Tour of hospital and/or Review of survey documentation	30 minutes
LUNCH BREAK	30 minutes
Meet with Term Supervisors (group departments if possible) (multiple groups dependant on numbers, maximum of 5-6 per group)	30 minutes (each group)
Document review and report writing with survey team members <i>*Director of Medical Services, DPET, JMO Manager available for questions if required</i>	1 to 2 hours
Debrief with Hospital Executive Team – Hospital General Manager, DMS, DPET, JMO Manager and Director of Nursing (optional)	30 minutes
CLOSE	

SAMPLE TIMETABLE FOR A TWO-DAY ACCREDITATION SURVEY

MEETING (DAY 1)	TIME ALLOCATED
Preliminary meeting of survey team / set up	30 minutes
Meeting with Hospital Executive Team – DMS, DPET, JMO Manager, Director of Nursing (optional) and Hospital General Manager	30 minutes
Meeting with DPET	15 minutes
Meeting with JMO Manager	15 minutes
Meeting with Chair GCTC	15 minutes
MORNING TEA BREAK	30 minutes
Meet with PGY1s (multiple groups dependant on numbers)	30 minutes (each group)
Meet with PGY2s (multiple groups dependant on numbers)	30 minutes (each group)
LUNCH BREAK	30 minutes
Document review	30 minutes
Meet with Term Supervisors (group departments if possible) (multiple groups dependant on numbers)	30 minutes (each group)
Hospital Tour	30 minutes
Survey Team debrief and documentation review	30 minutes
CLOSE DAY 1 SURVEY	
MEETING (DAY 2)	TIME ALLOCATED
Meeting with post night JMOs <i>*allow time to meet any JMOs who missed yesterday</i>	30 minutes
Meet with Term Supervisors (group departments if possible) (multiple groups dependant on numbers)	30 minutes (each group)
Review of survey documentation	30 minutes
MORNING TEA BREAK	30 minutes
Meet with Term Supervisors (group departments if possible) (multiple groups dependant on numbers)	30 minutes (each group)
<i>*Allow time for any additional interviews</i>	30 minutes
LUNCH BREAK	30 minutes
Document Review and Report writing <i>*Director of Medical Services, DPET, JMO Manager available for questions if required</i>	1 – 2 hours
Debrief with Hospital Executive Team – JMO Manager, DPET, DMS, Director of Nursing (optional), Hospital General Manager	30 minutes
CLOSE DAY 2 SURVEY	
Note: Please have two adjacent rooms available so that the survey team is able to split up if necessary when interviewing prevocational trainees and Term Supervisors.	

ANNUAL REPORT ON ACCREDITATION STATUS

The objective of the prevocational accreditation program is to ensure that 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. Outside of accreditation surveys annual reports are required from providers to ensure they are continuously improving the quality of their terms and Prevocational Education and Training Program.

COMPLETING THE REPORT

A letter and prepopulated report template will be sent to the provider's General Manager two months prior to the anniversary of their accreditation. The completed report is due back at HETI by the anniversary of their accreditation (excluding years when the provider has a survey), the due date can be found on the top of the report template. A blank example annual report on Accreditation Status template can be found on the HETI website.

The report template consists of six sections:

- Progress and review on conditions and recommendations from previous accreditation survey.
- Staff and infrastructure changes
- Prevocational education and governance
- Achievements and new initiatives
- DPET funds report
- Report authorisation

Reports are to be signed off by the Director of Medical Services, DPET and the GCTC Chair.

REVIEW OF THE REPORTS

Reports are reviewed by HETI staff and a summary is provided to the PAC and PvTC. The PAC may review the entire report if it is deemed necessary. If the PAC considers it necessary to conduct an investigation into what is reported, HETI will notify the General Manager and conduct investigations as requested by the PAC. Any investigations would be as per the section on Notifications of a Change in Circumstances or a Departure from the Standards. In the case of serious issues being reported, HETI will contact the PAC Chair and immediate action may be taken as per the section on Notifications of a Change in Circumstances or a Departure from the Standards.

An overdue report will be followed up by a letter to the provider's General Manager with a copy sent to the Local Health District Chief Executive. Failure to submit the report will result in a review of the providers accreditation status by the PAC.

CONDITIONS

A provider's accreditation status can be dependent on the addressing of conditions that have been identified by the PAC. A condition may be generated from any failure to meet a Standard, Critical Criteria or Criteria as provided to the PAC by the survey team following either a survey or focus visit. Conditions may be generated at any time during a provider's accreditation cycle if the PAC deems it the appropriate way to deal with a Departure from the Standards. For more information about a Departure from the Standards please refer to that section of this document.

Providers are required to provide evidence they have met the condition(s) within the time limit set by the PAC. If a failure to meet a Standard is very serious or if a written response is insufficient to meet the condition(s), a focus visit may be used to determine if the condition(s) have been addressed. Further condition(s) may be identified in the focus visit and accreditation will become dependent on the new conditions as well as any outstanding conditions. Once a provider has met a condition it must ensure the failure to meet a Standard does not reoccur.

For each condition the PAC will specify the:

- failure to meet a Standard that has occurred with reference to the Standard/Critical Criteria/Criteria
- action required to address the failure to meet a Standard
- evidence required
- date to submit the evidence to the PAC

The PAC may specify that ongoing monitoring of a condition is required.

Once the PAC receives the evidence or focus visit report, they will make one of the following decisions:

- the condition has been met and confirmation it continues to be met is required to be included in the annual report
- further monitoring over a period of time is required to ensure the effectiveness and sustainability of the strategies put in place. At the end or during the monitoring period the PAC may decide the strategies put in place are not satisfactory. The provider will then be subject to the consequences of not meeting a condition
- the condition has not been met

When conditions are not met, the PAC may do any one or combination of the following:

- give an extension to meet the condition(s)
- request additional actions/evidence
- undertake a focus visit
- change the accreditation of a term
- disaccredit a term
- limit prevocational trainees work times or activities
- reduce the length of the provider's accreditation
- disaccredit the provider and remove the prevocational trainees

FOCUS VISITS

If a provider is required to have a focus visit by HETI, the following information is a guide to the administrative aspects of preparing for the focus visit.

DATE OF THE FOCUS VISIT

HETI will advise the provider of the week in which the focus visit will be conducted, in the letter regarding their accreditation survey outcome. HETI will contact the provider to confirm a date for the visit.

TEAM MEMBERS

The team will normally consist of two to three surveyors, one being a member of the last survey team if possible. The focus visit team should also include at least one member that did not participate in the provider's previous accreditation survey visit.

PREVOCATIONAL TRAINING PROVIDER NOMINATED LIAISON PERSON

The provider should advise the HETI Program Coordinator of a nominated liaison person. This is to minimise potential communication problems before the focus visit and to provide a contact person for the focus visit team leader. If no one is nominated by the provider, the JMO Manager will be nominated by HETI.

The nominated liaison person, usually the JMO Manager, should liaise with the team leader to discuss and arrange:

- administrative requirements of the focus visit team
- the focus visit timetable
- personnel the focus visit team wishes to meet on the visit

The surveyors will generally wish to see as many of the prevocational trainees as possible, a representative selection of Career Medical Officers and several Term Supervisors. This will depend on the reasons for the focus visit and should be negotiated with the team leader.

DOCUMENTATION

Where possible, HETI will provide the provider with access to PMAP to prepare for the Focus Visit 12 weeks before the visit. Evidence will need to be provided to show the progress the provider has made towards addressing their conditions/s and recommendations prior to the focus visit. The evidence is due to be submitted to HETI 5 weeks before the Focus Visit along with the following documentation:

- a draft focus visit timetable
- a map for the surveyors and instructions for parking during the focus visit
- any additional documentation requested by HETI or by the team leader

HETI will release the evidence (via PMAP) to the survey team 4 weeks before the focus visit.

APPEAL PROCESS

For information about the appeal process please see the appeal section.

RESURVEY

HETI reserves the right, at any time, to carry out further surveys of a provider should it receive information to suggest that a provider has failed to adhere to the Standards.

SAMPLE TIMETABLE FOR A FOCUS VISIT

The sample timetable for a focus visit (below) will need to be modified so that it focuses on the particular issues which the visit is to assess. This will be done by the provider contact in consultation with the team leader.

TIME	MEETING	TIME ALLOCATED
8:30	Preliminary meeting of survey team	approximately 30 minutes
9:00	Meeting with provider executive	15 minutes
9:15	Meetings with HETI-appointed PGY1s and PGY2s (multiple groups dependant on numbers, maximum of 5-6 per group)	60 minutes (approx. 15 minutes each group)
10:15	Morning Tea Break	15 minutes
10:30	Meetings with Registrars	30 minutes
11:00	Meeting with DPET, Director of Medical Services, Chair GCTC and JMO Manager	30 minutes
11:30	Review of documentation by survey team – provider committees, training program, rosters, minutes of GCTC etc and tour of the provider if required	30 minutes
12:00	Lunch Break	45 minutes
12:45	Meeting with Director of Prevocational Education and Training	30 minutes
1:30	Meeting with Term Supervisors	45 minutes
2:15	Meeting with Chair of GCTC	15 minutes
2:30	Afternoon Tea Break	
	Director of Medical Services, DPET, JMO Manager available for any queries or clarification Debriefing and report writing with survey team members on their own	60 minutes
3.30	Debriefing with provider executive and DPET	30 minutes
	Close	

NOTIFICATION OF A CHANGE IN CIRCUMSTANCES OR DEPARTURE FROM THE STANDARDS

This section explains the procedures and processes which the Prevocational Accreditation Committee (PAC) use to monitor providers between surveys and to assess the impact a Change in Circumstance or Departure from the Standards may have on a provider's compliance with the Standards.

It is an Australian Medical Council requirement that all changes of circumstances be brought to the attention of HETI at any point in a provider's accreditation cycle. The PAC will review the information provided and determine what actions if any are required.

Any party who believes that a provider has failed to meet the Standards must notify HETI.

When assessing a Change in Circumstance, the PAC and HETI will be guided by procedural fairness and their concerns regarding patient and prevocational trainee safety.

If HETI becomes aware of any circumstances at a hospital, which gives rise to a significant risk to patient safety or a significant risk to the provision of good quality patient care, HETI is required to:

1. Notify the Chief Executive of the Local Health District or statutory health corporation or public health organisation together with recommendations for the appropriate remedial actions to be taken.
2. Report to the Secretary of NSW Health and provide recommendations for action by the Secretary, if the remedial actions have proven to be inappropriate or inadequate to remedy the risks within an appropriate timeframe.

REPORTABLE CHANGES

It is a requirement that HETI is notified of current and foreseeable changes of circumstances that may:

- affect the delivery of prevocational education, training and supervision within a provider; and or
- diminish a provider's compliance with one or more of the Standards.

Reportable changes include but are not limited to:

- absence of senior staff with significant roles for more than one month, General Managers, DMS, DPETS, Term Supervisors, JMO Managers or their equivalent
- proposed significant redesign or restructure of the health service that impacts on trainees
- rostering changes that alter supervision or education
- removal of Specialist College accreditation for vocational trainees (registrars) where the vocational trainees are responsible for supervision and training of prevocational trainees
- resource changes that significantly reduce administrative support or education availability
- the structure of the supervision in terms
- the structure of supervision for overtime
- a deterioration of prevocational trainee safety, patient safety or the provision of good quality patient care
- a deterioration of a hospital's working conditions including safe working hours
- diminished support for the process of roster and JMO management
- changes that affect the functioning of a Network that remain unresolved
- any departure from HETI's Prevocational Education and Training Accreditation Standards

The General Manager has overall responsibility for ensuring HETI is notified of any significant current or foreseeable changes affecting or potentially affecting prevocational education, training and supervision that may lead to a review of the providers accreditation status. This helps to ensure providers maintain the

quality of prevocational education, training and supervision and comply with HETI Standards throughout their accreditation cycle.

Providers require an internal process to ensure HETI is notified of any changes as stated above.

How to make a Notification

Notification of a Departure from the Standards to HETI must be in writing and:

- a) include who is making the Notification along with contact details
- b) articulate the issue and the impact on prevocational education, training and supervision
- c) detail what action the Notifier has attempted to do to resolve the matter locally

Any person may notify HETI if there has been a Departure from the Standards. HETI recommends that whenever appropriate, a Notifier should first attempt to formally resolve a matter at the provider level. This may involve but is not limited to representation to the: Director of Prevocational Education and Training (DPET); General Clinical Training Committee (GCTC); Medical Administration; Network Committee for Prevocational Training; Local Health District. Where the Notifier is an employee of a hospital involved in a Notification, they must be offered support by the hospital through appropriate Employee Assistance Programs. A Notifier is not to be bullied or harassed as a result of their Notification.

Action by HETI and the PAC

The following steps are followed when HETI receives a **Notification of a Change in Circumstance or a Notification of a Departure from the Standards**.

1. HETI receives a written Notification of a current or foreseeable change of circumstances.
2. The Prevocational Accreditation Committee (PAC) Chair considers the Notification. Depending on the severity of the Notification, the Chair may order immediate investigation of the Notification.
3. The PAC Chair informs the provider of any concerns raised by the Notification. Depending on the risks posed to prevocational trainee and patient safety this will usually be done in writing.
4. Provider responds to concerns raised by the Notification.
5. The PAC considers the Notification and the provider's response.
6. The PAC decides on a course of investigative action if any in accordance to the principles of this policy.
7. Investigation of the Notification takes place.
8. The PAC considers all documentation available and makes a decision in accordance with the principles of this procedure.
9. The PAC Chair informs the provider and Notifier of the outcome. If actions are required, the PAC Chair also informs the relevant LHD Chief Executive, or the Chief Executive of the Statutory Health Corporation.
10. The PAC monitors strategies put in place to address a Notification are effective and sustainable (when required).
11. HETI informs the relevant Local Health District Chief Executive, or the chief executive of the statutory health corporation, or the chief executive of a public health organisation, of any unresolved Notifications. When an unresolved Notification poses a significant risk to patient safety or to the provision of good quality patient care in a NSW facility, HETI also delivers to the Secretary of NSW Health a report that includes recommendations for action by the Secretary.

Investigation of a Notification

Where the PAC decide that investigation of a Notification is required, the actions and the timeliness of those actions will be based on the extent of:

- a) the impact on prevocational trainee safety, patient safety or the provision of good quality patient care
- b) the severity of the Notification
- c) the impact the change of circumstances has had or may have on the delivery of prevocational education, training and supervision
- d) the impact the change of circumstances has had or may have on the provider's level of compliance with one or more of the Standards
- e) the appropriateness of the providers' response about the Notification
- f) the provider's ability to implement timely sustainable and effective strategies to avoid any negative consequences or to rectify any negative consequences as a result of a change
- g) failure by the provider to implement timely sustainable and effective strategies to rectify the Notification
- h) the provider's ability to provide further satisfactory explanation to any concerns raised
- i) significant discrepancies between the Notifiers' and providers' account of the Notification
- j) whether the Notification has been raised previously

The PAC may investigate Notifications by way of contacting the General Manager, Director of Medical Services and/or the DPET to discuss the Notification; where the Notifier is doing so not in an official capacity HETI may contact the Notifier for more information; contacting any potential party affected by or involved in the Notification such as prevocational trainees, Term Supervisors and JMO Managers; requiring the provider to provide a written response to any concerns raised by the Notification; requiring the provider to provide evidence regarding the Notification.

PAC Decision and Further Action

Following investigation of a Notification, the PAC will consider the Notification and all other information available and may decide to:

- a) take no further action
- b) provide advice to assist the provider in developing a solution
- c) place additional recommendations on the provider's accreditation
- d) place additional conditions on the provider's accreditation
- e) reduce the provider's accreditation cycle
- f) reduce a provider's classification
- g) place conditions on or disaccredit a term
- h) require the provider to resolve the matter locally
- i) request that the provider seek the advice of an external and independent senior clinician to resolve the matter
- j) undertake a Focus Visit to assess the provider

Whenever a significant deficiency in meeting the Standards is identified, HETI will inform the relevant Local Health District Chief Executive or the Chief Executive of the statutory health corporation, together with recommendations for the appropriate remedial actions to be taken.

To determine if strategies put in place to address a Notification have been effective and sustainable the PAC may:

- a) require the provider to provide a written report on how the Notification has been resolved and sustained
- b) require the provider to provide evidence that the Notification has been addressed
- c) employ a focus visit team to visit the provider
- d) contact any party involved in or affected by the Notification

Providers have a right to appeal an accreditation decision as a result of a Notification. Any appeal must follow the process detailed in the Accreditation Decision Appeal section of this document.

ACCREDITATION DECISION APPEAL

Accreditation surveys are undertaken of providers to assess compliance to the Standards. A report is then made to the Prevocational Accreditation Committee. The Prevocational Accreditation Committee then makes a decision about the accreditation status to be awarded to the provider. A provider requires accreditation to employ and train prevocational trainees.

A provider may appeal against an accreditation decision.

1. Grounds for Appeal

An appeal may be made if the following is evident:

- a) an error of fact or due process in the formulation of the accreditation decision; and/or
- b) relevant and significant information which was available to the surveyors was not considered in the making of the decision; and/or
- c) the decision of the Prevocational Accreditation Committee was inconsistent with the information considered by the Committee.

There are no other grounds for appeal.

2. Establishment and Membership of the Appeal Committee

The Appeal Committee will be comprised of members nominated by:

- a) the Medical Director of HETI; and
- b) New South Wales Ministry of Health.

In addition, there shall be an independent Chairperson appointed by HETI.

None of the nominees or appointee shall have had prior involvement in the decision being appealed or be a member of any current HETI committee or employed or engaged by the appellant provider.

HETI may appoint a person to be secretary to the Appeal Committee but who shall not be a member of the Appeal Committee nor have an entitlement to vote.

All other members of the Appeal Committee shall be entitled to vote in respect to the decision of the Committee. Decisions of the Appeal Committee shall be carried on the basis of a majority vote. There shall be no second or casting vote for the Chairperson.

The Chairperson shall ensure that the rules of natural justice are observed. The rules of natural justice require procedural fairness to be applied. This includes:

- a) the provision of all relevant material in respect of the process to the relevant parties;
- b) the opportunity with an appropriate timeframe for the respective parties to have an opportunity to respond. This is called the hearing rule and is satisfied by an opportunity to respond in writing;
- c) adequate time to consider documentation and make submissions;
- d) adjudication on an unbiased basis. Bias can be pecuniary, that is there is a financial or other interest in the matter or non-pecuniary bias. This can include prior involvement in the process or predetermination or prior course of dealings. The apprehension of bias can be enough to infringe the rules of natural justice.

The rules of natural justice do not require a face-to-face hearing or legal representation at any hearing.

The Chairperson shall have the right to obtain legal advice in relation to the appeal process, subject to the approval of HETI.

3. Lodgement of Appeal

Any provider that is the subject of an accreditation decision may within 30 days from being advised of the accreditation decision, apply to HETI to have the decision reviewed by the Appeal Committee.

Such appeal notification should indicate the grounds of the appeal. Such appeal lodgement must be accompanied by a \$500 appeal lodgement fee.

Following receipt of the lodgement of the appeal, the provider shall have another thirty days to provide additional documentation on the appeal including any aspect of the report or process that the provider may wish to dispute.

4. General Provisions – Appeal Costs

The appellant provider will be responsible for the costs associated with convening of the Appeal Committee, including travel and accommodation and recording and meeting costs and Appeal Committee Members' time (if any). This shall be additional to the \$500 appeal lodgement fee. Upon receipt of the appeal, HETI shall provide an estimate of the cost of the appeal to the appellant provider.

5. Process of the Appeal Committee

Upon receipt of an appeal, HETI shall notify both the survey team and the Prevocational Accreditation Committee.

Depending upon the material submitted and the grounds of appeal, the Chairperson of the Appeal Committee may determine to provide material from the appellant provider to the survey team and/or the Prevocational Accreditation Committee to consider and provide comments. Such additional comments shall be provided to the provider who shall have an opportunity within a reasonable time determined by the Chairperson to respond further in writing.

6. Material Available to the Appeal Committee

The Appeal Committee shall have available all relevant documentation that may include:

- a) a copy of the survey of the provider the result of which is being appealed;
- b) any relevant prior survey documentation;
- c) relevant Prevocational Accreditation Committee minutes;
- d) responses from or on behalf of the survey team;
- e) responses from or on behalf of the Prevocational Accreditation Committee; and
- f) provider appeal documentation including additional responses from the appellant provider in relation to comments from the surveyors and/or the Prevocational Accreditation Committee.

7. Process of the Committee

- a) the appellant provider shall have the onus of proof to establish the grounds of the appeal.
- b) the Appeal Committee shall determine each appeal on its merits.
- c) the Appeal Committee is not bound by the rules of evidence and subject to the rules of natural justice may inform itself on any matter and such a matter as it thinks fit.
- d) the Appeal Committee shall be entitled to consider all relevant information that it thinks fit subject to the rules of natural justice.
- e) the Chairperson of the Appeal Committee shall advise the Chief Executive of HETI of the recommendation of the Appeal Committee. This can be in the form of either Minutes of the Appeal Committee or a letter providing the recommendation including the reasons.

8. Representation

No personal or legal representation to the Appeal Committee will be allowed for any party in respect to the appeal. This shall apply to the appellant provider, the survey team and the Prevocational Accreditation Committee. The Appeal Committee shall consider only written submissions.

9. Decisions of Appeal Committee

The Appeal Committee may determine to recommend to the Chief Executive of HETI either to:

- a) revoke the decision and make a recommendation on terms it considers appropriate; or
- b) reject the appeal.

Should a resurvey be recommended and conducted, a new survey team shall be appointed. The survey team shall have had no prior involvement in a survey of the appellant provider. There will be no appeal process subsequent to any re-survey (if any) and subsequent determination by the Prevocational Accreditation Committee (if any).

10. Determination of Appeal

- a) following the determination of its recommendation, the Appeal Committee shall advise the Chief Executive of HETI.
- b) the Appeal Committee decision shall be provided as a recommendation to the Chief Executive of HETI who shall have the discretion to accept or reject or vary such a recommendation.
- c) the decision of the Chief Executive of HETI shall be final.
- d) HETI will then convey the decision to the appellant provider, the Prevocational Accreditation Committee and the survey team.

SURVEYORS AND SURVEY TEAMS

How to become a HETI Surveyor

Anyone who is a Junior Medical Officer, Clinician, Medical Administrator or a JMO Manager with a strong interest in the education and training of junior doctors can apply to become a HETI surveyor.

Steps to becoming a surveyor:

1. Submit a CV, a letter of support from your employer, an expression of interest and the completed [Surveyor Application Form](#) to HETI-accreditation@health.nsw.gov.au.
2. The Chair of the Prevocational Accreditation Committee (PAC) will assess your application and HETI staff will contact you regarding the outcome.
3. If you are eligible, HETI staff will send you the following documentation:
 - [Prevocational Accreditation - The Guide for Surveyors](#)
 - [NSW Prevocational Education and Training Accreditation Standards](#)
4. As part of the application process, you are required to complete three online modules on [My Health Learning](#).
 - Module 1 – Overview of the HETI Prevocational Accreditation Program (Course code: 212407330)
 - Module 2 – Prevocational Accreditation Standards and Rating Scale (Course code: 223995463)
 - Module 3 – Preparing for a HETI Survey Visit (Course code: 256856246)

Modules can be accessed by searching for 'Accreditation' in the catalogue. The certificates of completion for each module are to be provided to HETI via email.

5. After submitting the certificates of completion, you will receive correspondence from HETI advising that you can participate in a survey as a trainee surveyor.
6. When you have participated in your first survey as a trainee surveyor you will receive a letter confirming your position as a HETI prevocational accreditation surveyor.

Trainee surveyors should participate in at least one more survey as a full team member within the first 12 months of being accredited. After that, surveyors are requested to participate in a survey at least once every two years.

Survey Teams

A. Role of the team

It is the survey team's responsibility to:

- conduct a comprehensive review of the supervision, training, education and welfare received by prevocational trainees against the NSW Prevocational Education and Training Accreditation Standards
- report in a relevant, timely, and accurate manner with sufficient information for the PAC to make a well-informed decision on the accreditation status of the provider
- act in a courteous, professional and non-judgemental manner as representatives of HETI

B. Composition of the team

HETI will normally allocate two to four surveyors to each accreditation survey team. One of these will be asked to lead the team. On occasions additional surveyors may be required to manage large numbers of prevocational trainees due to the complexity of the survey, or off-site terms.

The survey team will have teams made up of at least one junior medical officer and a medical administrator or medical clinician.

A HETI staff member may be requested by the team leader to attend a survey in a secretariat capacity.

If HETI receives a request for an observer to attend a survey prior approval must be provided by the provider, the PAC and the team leader.

Survey teams are arranged in accordance with the Surveyor Management and Composition Procedure.

C. Objectivity

The survey team must remain objective at all times.

Recommendations and decisions regarding accreditation compliance must be based on sound evidence. Critical observations made by individual staff members working at the provider should be verified either by the observations of others or documentation. The team should also discuss with the Director of Prevocational Education and Training (DPET) and/or the Director of Medical Services (DMS) any information that requires verification.

The survey team can contact the PAC Chair or HETI at any time during or after the survey to clarify issues or request information.

Providers operate in different environments and may have varying means of meeting Standards. The survey team's aim is to ascertain whether the provider meets the Standards, not to make comparisons with other providers.

D. Conflict of Interest

If a surveyor believes they may have a potential conflict of interest regarding a particular survey they must declare/ raise the issue with HETI. The Conflict of Duty and Interest section of this document should be followed.

Surveyor Code of Conduct

1. Surveyors and team leaders must act in the best interest of HETI.
2. Surveyors and team leaders must conduct surveys confidentially and without bias.
3. Surveyors and team leaders must disclose interests or duties which may impinge upon the exercise of their duties as a surveyor.
4. Surveyors and team leaders must act in a courteous, professional and non-judgmental manner as a representative of HETI.
5. Surveyors and team leaders must not misuse or abuse any power attached to their role.
6. Surveyors and team leaders must only use information gathered for the purpose of conducting their role.
7. Surveyors and team leaders must not act in a manner as to diminish HETI's reputation.
8. Surveyors and team leaders must maintain good working knowledge of NSW prevocational accreditation, Standards, procedures, guidelines, principles and processes.
9. Participate in the completion of a timely and accurate written accreditation survey report to the Prevocational Accreditation Committee. Accreditation survey reports are required to be completed within 2 months of the survey visit.

TEAM LEADER AND SURVEYOR STATEMENT OF DUTIES

1. Key roles and responsibilities

Surveyors will:

- a) conduct onsite surveys to assess a provider's level of compliance against Standards for prevocational education, training, supervision and welfare.
- b) conduct surveys confidentially and without bias.
- c) disclose interests which may impinge upon the exercise of his or her duties as a surveyor.
- d) provide advice to providers regarding the recommendations about prevocational education, training, supervision and trainee welfare.
- e) have a good working knowledge of the National requirements for prevocational registration and NSW prevocational accreditation procedures, processes, principles and Standards.
- f) contribute to the writing of accreditation reports by assessing a provider's level of compliance.
- g) participate in other accreditation activities such as workshops and working parties as required and availability permitting.
- h) participate in surveyor training to remain current in performing responsibilities.
- i) participate in at least one survey every 2 years.
- j) inform the PAC Chair of any surveyors who are not performing satisfactorily.

Team leaders will:

- a) provide leadership and direction to other survey team members.
- b) coordinate and conduct onsite surveys to assess a provider's level of compliance against standards for prevocational education, training, supervision and welfare.
- c) act as the liaison person between the survey team and the provider being surveyed.
- d) review, approve and amend the survey timetable provided by the provider being surveyed.
- e) provide feedback to HETI on surveyor performance including strengths and weaknesses and inform the PAC Chair of any surveyors who are not performing satisfactorily.
- f) provide advice to HETI on the suitability of new trainee surveyors and new trainee team leaders.
- g) provide training to new trainee surveyors and new trainee team leaders.
- h) provide advice to providers regarding the recommendations about prevocational education, training, supervision and welfare.
- i) collate and provide a timely and accurate written accreditation survey report to the Prevocational Accreditation Committee on a provider's level of compliance to the Standards. Accreditation survey reports should be completed within two months of the Accreditation Survey.
- j) participate in HETI activities or workshops as required and as availability permits.
- k) provide a verbal report to the Prevocational Accreditation Committee regarding the survey team's written accreditation report and answer any questions to clarify issues arising at the survey.
- l) team lead in a survey at once every 2 years.

2. Skills, knowledge and experience

Surveyors:

- a) a medical practitioner or current experience in medical education and training
- b) a strong interest in the education and training of junior doctors
- c) knowledge of the NSW and Australian health system
- d) ability to work in a multidisciplinary team
- e) ability to work to deadlines
- f) excellent communication skills including verbal, listening and written
- g) have attended surveyor training and hold a sound knowledge of HETI's accreditation procedures, processes, principles and Standards

Team leaders:

- a) have been employed within the past five years in the Australian health system as either a clinician (defined as a doctor in or above their post graduate year seven (PGY7) (including general practitioners) or has been employed within the past five years as a medical administrator (defined as a medical doctor who holds an administrative position)
- b) participate in at least one survey previously as a trainee team leader
- c) participate as the team leader in a survey at least once every 2 years
- d) have attended surveyor training and hold a sound knowledge of NSW prevocational accreditation procedures, processes, principles and Standards
- e) have strong report writing skills
- f) provide a verbal report to PAC
- g) have a flexible approach in responding to the needs of various stakeholders

3. Confidentiality and Conflict of interest

- a) surveyors and team leaders will complete the HETI Medical Portfolio Confidentiality Agreement and Conflict of Interest Declaration Form
- b) surveyors and team leaders will comply with the Confidentiality and Conflict of Interest section of this document

4. Evaluation and Performance

At the conclusion of the survey the team leader should confirm that all surveyors performed satisfactorily by completing the surveyor evaluations provided for each surveyor via an online survey. These evaluations will be reviewed by the PAC Chair.

If the team leader or any other survey team member has concerns about the performance of another surveyor, they should contact the PAC Chair directly (HETI staff can provide contact details). Surveyor performance will be reviewed and investigated by the PAC Chair on a case by case basis, if required the PAC may be consulted.

If it is determined a surveyor requires remediation a suitable plan will be devised.

For more information about survey teams and being a surveyor please refer to Prevocational Accreditation - a Guide for Surveyors.

CONFIDENTIALITY AND CONFLICT OF INTEREST

Conflicts of duty and or interest can be heightened in situations where an organisation assesses another provider's activities, exercises discretionary power or influences allocation of public resources. The following details the procedures with which HETI manages these conflicts within the Prevocational Accreditation Committee (PAC) and accreditation survey teams. It also details the confidentiality statements which surveyors and Prevocational Accreditation Committee (PAC) members should follow.

PROCEDURE STATEMENTS

1. All conflicts of duty and interest are managed transparently.
2. Management of conflicts of duty and interest is a joint responsibility between PAC members, surveyors and HETI.
3. PAC members and surveyors must:
 - a) annually assess whether their multiple roles and interests have a potential for conflict with their duties as a member of the PAC
 - b) formally disclose all actual or apparent conflicts of duty and interest to HETI via the HETI Medical Portfolio Confidentiality Agreement and Conflict of Interest Declaration Form as soon as they become aware of a conflict. PAC members and surveyors must at a minimum declare all conflicts annually
 - c) avoid where possible, conflicts of duty and or interest and manage those that cannot be avoided
4. HETI will provide oversight for conflicts of duty and interest and will:
 - a) identify conflicts of duty and interest
 - b) maintain a register of interests
 - c) maintain a record of disclosed conflicts
 - d) provide information and advice about this procedure
 - e) receive grievances about breaches of this procedure
5. An apparent or actual conflict of duty or interest exists but is not limited to when a PAC member or surveyor is:
 - a) employed or contracted by the provider being accredited
 - b) employed or contracted as a Director of Medical Services, Director of Prevocational Education and Training or JMO Manager by a provider within the same prevocational training Network as the provider being accredited
 - c) employed or contracted by the Local Health District (LHD) of the provider being accredited in a position with LHD wide responsibility
 - d) the proprietor or General Manager (or equivalent) of an accredited general practice or community health organisation
 - e) employed or contracted by an accredited general practice or community health organisation
6. Conflicts of duty and interest are not always apparent. Therefore, PAC members and surveyors must advise HETI of all duties and interests where there is potential for a conflict to exist. The PAC Chair will determine if any declared duties or interest could or could be seen to improperly influence a PAC member or surveyor. A conflict of duty or interest has the potential to exist, but is not limited to when a PAC member or surveyor:

- a) is employed or contracted in a position with prevocational training Network or Local Health District wide responsibility within the prevocational training Network or Local Health District of the provider being accredited
- b) is employed or contracted in a position other than a Director of Medical Services, Director of Prevocational Education and Training or JMO Manager by a provider within the same prevocational training Network as the provider being accredited
- c) is employed or contracted by an organisation that has oversight of the provider being accredited
- d) related to a person involved in the medical education of prevocational trainees or a stakeholder with an interest in accreditation at the provider being accredited
- e) has other reasons that may suggest a conflict of interest

7. Providers participating in any accreditation process have the right to formally object to the involvement of a surveyor or PAC member where any of the above conditions apply.

Objections should be in writing to the HETI Medical Director and outline the basis for the objection.

8. The PAC and HETI will manage conflicts of duty and interest through the following options:

- a) registering the interest
- b) restricting the surveyor or PAC member's involvement in the matter
- c) recruiting another surveyor or PAC member to oversee part or all of the process which deals with the matter where a conflict exists
- d) suggest to the individual they resign from the PAC and/or surveying

A breach of this procedure can result in a surveyor or PAC member's suspension or removal.

9. Confidentiality Agreement. PAC members and surveyors agree to treat information received through their duties at HETI as strictly confidential. PAC members and surveyors will:

- a) ensure unauthorised parties cannot readily access confidential and/or sensitive information they hold, in any form whether documents, emails, computer files etc.
- b) only discuss confidential and/or sensitive information with authorised parties
- c) not distribute information to a third party
- d) ensure that any information gained is used solely for the purposes for which it was gathered
- e) keep all survey documentation for a period of six months and after that time either destroying it or returning it to HETI

PAC AND SURVEYOR EXPENSES AND PAYMENTS

The Health Education and Training Institute (HETI) use the services of surveyors to assess Networks, providers and terms against Standards for prevocational training across NSW. HETI has a responsibility to expend public money efficiently and accountably whilst ensuring surveyors and committee members are equitably reimbursed for all reasonable expenses incurred as a result of conducting business for HETI.

HETI utilises the NSW Health Travel Policy (PD2016_010) and the reasonable amounts specified by the Australian Taxation Office (ATO) for travel and meal allowances to guide the arrangements in this procedure.

PROCEDURE STATEMENTS

1. HETI will cover the full cost of transportation. HETI will organise a combination of flights, trains, taxis, car rental or own car options depending on the practicalities and the distance required to travel.
2. All flights and car rental will be booked and billed directly to HETI.
3. HETI will book economy airfares when flights are required.
4. HETI will use car rental as an option when there is easy access to a car hire firm, parking is available at the facility and the cost of travelling by taxi is more expensive.
5. HETI will reimburse for mileage, tolls and parking for the use of private vehicles. Mileage will be reimbursed in accordance with Treasury Circular TC16-10 (Casual Rate).
6. To claim mileage individuals must provide HETI with the vehicle's make, model, engine capacity and total kilometres.
7. If an employing Local Health District has provided written approval for the use of a private vehicle for employment purposes, HETI will pay the official business rate. A copy of the approval must accompany the mileage claim.
8. When car rental or the use of a private vehicle are not viable options, HETI will provide one cab charge for each journey:
 - to and from an airport (note: this will be subject to procedure statement one)
 - to and from the facility. When surveyors are staying at the same hotel only one cab charge will be provided for the team (may vary for larger survey teams)
9. HETI will provide accommodation depending on the:
 - start and finish times of the business being conducted
 - travel arrangements
 - distance required to travel
10. HETI will book accommodation with at least 3 1/2 stars that provides:
 - air conditioning
 - internet access
 - a private bathroom
 - a restaurant
 - room service up to 10pm
 - minibar (cost not covered by HETI)
 - easy access to the provider undergoing survey

- sufficient security
- access to shopping facilities for meals and basic groceries

In some areas it may not be possible to provide all of the amenities listed. However, accommodation needs to be of acceptable standards.

11. All accommodation will be booked and billed directly to HETI.
12. HETI will reimburse at a rate in accordance with NSW Health policy directives on Official Travel per full day for incidental expenses when HETI provides overnight accommodation.
13. HETI will reimburse at a rate in accordance with NSW Health policy directives on Official Travel per full day for meal expenses incurred while conducting business for the accreditation program. As per NSW Health Policy alcoholic drinks are not covered.
14. When HETI provides overnight accommodation and meals are taken in the accommodation, they will be billed directly to HETI. However, the limit specified in Procedure Statement 13 must be observed. The occupant of the room must pay all other expenses incurred at the hotel including the minibar before checkout.
15. Apart from claiming for incidentals, original receipts from the supplier must be provided when claiming all other expenses. Credit card/bank statements and/or EFTPOS receipts cannot be used to prove an expense was incurred.
16. HETI will provide the following payments to non-NSW Health employees and part time NSW Health Employees who are conducting HETI business on a day or days in which they are not regularly employed by NSW Health:
 - \$500 per day for non-specialist doctors and non-medical surveyors
 - \$700 per day for senior medical officers (consultants)
 - an additional \$200 per day is provided to team leaders
17. Surveyors participating in a survey who are NSW Health employees are to be considered by their employing facility as “on duty” but “off campus” and paid accordingly.

RESOURCES

- [NSW Prevocational Education and Training Accreditation Standards](#)
- [Guide to Survey Evidence \(Prevocational Education and Training Accreditation\) NSW Prevocational Training Term Description – submit via PMAP](#)
- [NSW Prevocational Training Assessment Forms](#)
- [Surveyor Management and Survey Team Composition Procedure](#)
- [Prevocational Accreditation Committee \(PAC\) Terms of Reference](#)
- [Prevocational Training Council \(PvTC\) Terms of Reference](#)
- [HETI Unified Education Series](#)
- [My Health Learning](#)
- [Network Principles Guide](#)
- [HETI Director of Prevocational Education and Training Position Description \(provided in the Network Principles Guide\)](#)
- [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 \(2013\)](#)
- [Trainee in difficulty – a management guide for Directors of Prevocational Training \(2013\)](#)
- [The Doctor's Compass – a guide to prevocational training developed by the NSW JMO Forum \(2017\)](#)
- [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”](#)
- [NSW Health – Travel Policy \(PD2016_010\)](#)
- [Managing Conflicts of Interest in the NSW Public Sector, Independent Commission Against Corruption \(2019\)](#)
- [NSW Health Code of Conduct \(PD2015_049\)](#)

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, provisos, recommendations and conditions.

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. The committee assists DPETs in the assessment of all PGY1s for general registration.

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

The clinical team includes all consultants, VMOs, CMOs, staff specialists, registrars and prevocational trainees who will be working with the prevocational trainees.

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 (AHPRA).

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 one of the 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 medical 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 supervise 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. 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 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 have attained 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 (PAC)

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.

NSW Prevocational Education and Training Accreditation Standards (also referred to as Standards)

This refers to NSW'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 and PGY2 trainees undertaking supervised training.

Prevocational Training Council (PvTC)

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 generally a consultant or senior medical practitioner with experience in managing patients in the relevant discipline. 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.

Recommendation

Recommendations are provided by the survey team in the accreditation survey report and can be made for any level of rating of the Standard. A recommendation is outcome focused rather than process focused. It is a requirement that providers include an update on the progress of recommendations in their annual report. Recommendations are also reviewed at the next survey. The PAC relies on recommendations to decide whether a condition is to be issued to the training provider. All recommendations must be linked to a particular Standard.

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 or paid 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.

The Standards

Refers to the NSW Prevocational Education and Training Accreditation Standards.

Trainee

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



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