|  |  |  |
| --- | --- | --- |
| A: ACCREDITED PREVOCATIONAL  TRAINING PROVIDER NAME: | | Click here to enter text. |
| Training Term Based at: | *If not at above location, please give off site facility name and location:*  Click here to enter text. | |
| Offsite Term?  Includes affiliated private hospitals, general practices, community-based medical services | Yes  No  *If yes, Collaborative Agreement to be attached* | |
|  |  | |
| B: TERM NAME: | Click here to enter text. | |
| Overview of Unit or Service | Please outline the role of the unit and range of clinical services provided:  Click here to enter text.  Please outline the patient case mix, turnover and how acutely ill the patients generally are:  Click here to enter text. | |
| Term Duration *(Weeks)* | Click here to enter text. | |
| HETI Term Identifier Number  HETI Assigned after accreditation decision | Click here to enter text. | |
| Date of Accreditation by HETI | Click here to enter text. | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| C: TERM CATEGORY  Please identify if the term meets the criteria for a core term or if the term is an ‘other’ term (please specify). For information on ‘core’ terms please see the last page of this document. | Please select term | | | If other please specify: Click here to enter text. | | |
| Is the term a PGY1 or a PGY2 term? | PGY1 |  | PGY2 | |  |  |
| *Please note that a PGY2 ONLY accredited term MUST not be staffed by a PGY1. Specific accreditation must be sought for a PGY1 term* | | | | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| D: TERM CAPACITY | | | | | | | |
| **Please indicate the term capacity – maximum number of PGY1s and PGY2 trainees** |  | | | | | | |
| PGY1 | number | PGY2 | number | MAXIMUM NUMBER  OF TRAINEES IN TERM | total |  |
| *NOTE: number of PGY1s + number of PGY2s = maximum capacity* | | | | | | |

|  |  |
| --- | --- |
| E: TERM SUPERVISION | |
| Name, Position and Contact Details of Term Supervisor  *Responsible for trainee term orientation and assessment* | Click here to enter text. |
| Term Supervisor Contact with Trainee *Term Supervisor to provide a plan for contact with the prevocational trainee/s during the training term* | General Contact:  Click here to enter text.  Orientation:  Click here to enter text.  Mid Term:  Click here to enter text.  End of Term:  Click here to enter text. |
| Primary Clinical Supervisor *(if not Term Supervisor)*  *Consultant or senior medical practitioner with experience in managing patients in the relevant discipline (PGY3+)* | Name, Position and Contact details  Click here to enter text. |
| Immediate Supervisor with direct responsibility for day to day supervision  *(PGY3+)* | Name, Position and Contact details  Click here to enter text. |
| Clinical Team Structure  Provide positions of all members of the clinical team who provide supervision and bedside teaching to prevocational trainees including AMO’s and Registrars. Please also identify and describe how PGY1 &2s will be distributed amongst the team/s. | Name, Position and Contact details  Click here to enter text. |

|  |  |
| --- | --- |
| F: SPECIFIC REQUIREMENTS TO PRACTICE SAFELY DURING THE TERM: | |
| **This section may include:**   * Courses (e.g. life support, resuscitation) * Procedural skills * e-Learning requirements   If there are any specific requirements please provide details of how the trainee will receive this training/will be assessed. | Click here to enter text. |

|  |  |  |
| --- | --- | --- |
| **G: TERM LEARNING OPPORTUNITIES** | | |
| **Please list top 5 learning opportunities/objectives** | **1** | Click here to enter text. |
| **2** | Click here to enter text. |
| **3** | Click here to enter text. |
| **4** | Click here to enter text. |
| **5** | Click here to enter text. |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **H: EXPECTATIONS OF THE PREVOCATIONAL TRAINEE** | | | | | |
| **Please list expectations** | Click here to enter text. | | | | |
| Patient Load  *(average per shift)* |  | | | | |
| Patient Load per trainee | number | Patient load total for team | number |  |
|  | | | | |
| **After hours Roster**  Does this term include participation in a hospital-wide afterhours roster and if so please advise frequency and the onsite supervision available after hours | Click here to enter text. | | | | |

|  |  |  |
| --- | --- | --- |
| **HETI OFFICE USE ONLY - Approved by PAC or PAC Member** | | |
| **Date** |  | |
| **Signature / TRIM DOC number of PAC minutes** |  | |
| I: SIGN OFF  Terms will not be considered unless this section is completed. | | |
| Revision date and by who  *(Name and Position)* | | Click here to enter a date. Click here to enter text. |
| Endorsement by Term Supervisor  *(Name, Date and Signature)* | | Click here to enter a date. Click here to enter text. |
| Endorsement by GCTC Chair (or representative)  *(Name, Date and Signature)* | | Click here to enter a date. Click here to enter text. |

**Term Requirements** *(from page 22 – 23 of the HETI Accreditation Procedure)*

1. 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.

1. 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.

1. 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.

1. 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, and at least one of the remaining terms should continuous and not significantly interrupted by other duties.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| J: TERM / UNIT TIMETABLE AND INDICATVE DUTY ROSTER | | | | | | |
| **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** | **Saturday** | **Sunday** |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |

Important notes about completing the timetable:

* Please include the start time and finish times of the shifts the trainee will be rostered to.
* Please show the activities that the trainee are expected/rostered to attend – these include all education opportunities (both training facility-wide and term specific), ward rounds, theatre sessions, inpatient time, outpatient clinics, shift handover, morning handover from hospital night team, afternoon handover to hospital’s after hours team. Please include the approximate times of activities wherever possible.
* If there are extended shifts or evening shifts as part of the term, please attach four weeks of rosters for the whole team. If the term includes evening shifts please ensure it meets the requirements for evening shifts (refer to the accreditation procedure)