



Guide to Developing a Term Description

This guideline is intended to assist health services with the development of a Term Description for PGY1 and PGY2 accredited positions. The Term Description template has been developed to align with the requirements as stipulated with the [Australian Medical Council's \(AMC\) National Framework for Prevocational \(PGY1 and PGY2\) Medical Training](#). The guideline applies to all accredited terms where prevocational doctors are employed.

Overview

The purpose of the Term Description is to provide information to prevocational doctors regarding what they can expect to experience during the term, as well as operational information about how to perform duties and important contact details. Term Descriptions are also used to provide information to relevant groups about the term, for example, the South Australian Medical Education and Training (SA MET) Unit for accreditation purposes.

Process

Developing a Term Description

The Term Description document contains key areas that should be adequately addressed, providing accurate and concise information regarding the term. The development of the Term Description document is primarily the role of the Term Supervisor, however the Medical Education Unit (MEU) often provide support in the development process. It is important that when incorporating information from other sources the text is carefully edited to ensure relevance.

The Term Description template provides information that will assist in addressing the required criteria, and ensure it is appropriately aligned to the [AMC's National standards and requirements for prevocational \(PGY1 and PGY2\) training programs and terms](#).

The Term Description should identify the knowledge, skills and experience prevocational doctors should expect to acquire during the term, including identifying the outcome statements and which prevocational training Entrustable Professional Activities (EPAs) could be assessed. The learning outcomes are used as a basis for discussions during the mid and end-of-term assessments.

Making a Term Description concise and easy to read

When writing a Term Description, a mix of paragraphs and dot points can be used to ensure information is presented concisely and in an easy-to-read manner. The use of dot points is considered most appropriate when addressing criteria regarding the clinical duties, training and educational opportunities for the prevocational doctor on the term. An example could include:

While working on the ***** Unit, the intern will be working under the supervision and direction of the Registrar or Consultant. The demonstration of clinical initiative in undertaking ward duties is encouraged; however, advice or direction should be sought from senior colleagues if unfamiliar with the routine management of any clinical problem or situation. In general terms the intern is responsible for the following ward duties:

1. day-to-day care of patients allocated to the intern
2. initial admission including comprehensive history and examination
3. ordering and follow-up of baseline investigations
4. formulation of a problem list and management plan
5. initiation of therapeutic plan
6. ordering of specific investigations/interventions and institution of management plans determined on Consultant and/or registrar ward rounds, and subsequent follow-up of results.

Updating of Term Descriptions Regularly

Health services should have a procedure in place to ensure Term Descriptions are reviewed on an annual basis and utilise the endorsement section to support version control and clinical governance. Annual monitoring and review of Term Descriptions not only ensures the requirements of the National Standards are met but also ensures relevancy.

A tip for health services, is to ensure you have reviewed the top ten priorities for a term description:

UPDATE A TERM DESCRIPTION WITH TEN QUESTIONS

- 1. Are the names of the unit team up to date?
Including position names for rotating staff.
- 2. Is the orientation to the unit described accurately?
Detailing: orientation time, duration, staff responsible and process for developing learning plans.
- 3. Are clinical duties listed in detail?
Including: daily tasks, admission protocols, ordering investigations and consent for procedures.
- 4. Is it clear who is responsible for supervision at all times?
Including contact details. Specify responsibility for assessment.
- 5. Is it clear whether/how the PGY2 role is different from the interns?
Describe any additional/ different responsibilities.
- 6. Are learning outcomes described?
Including knowledge and competencies to be acquired during the term.
- 7. Have you mentioned all formal education opportunities?
Include hospital wide and unit specific educational opportunities. Is it protected time?
- 8. Does the timetable describe the typical week of the prevocational doctor?
Including: Unit/team activities, clinics, shift handover, clinical meetings, theatre sessions, after-hours.
- 9. Are the learning outcomes reflected correctly in the AMC Prevocational Outcome Statements?
Ensure you have reviewed the checklist.
- 10. Have you asked for input from other unit/team staff?
Particularly in sections of: patient load, overtime, local procedures for community settings.

Related Documents

The SA MET Unit has several guidelines that can assist health service in the development of Term Descriptions. Please find the relevant SA MET guidelines listed below which can be downloaded from the SA MET website www.samet.org.au.

- > Trainee Medical Officer Supervision Guideline (under review)
- > Trainee Medical Officer Assessment Guideline (under review)
- > Term Description Template

Glossary

Entrustable Professional Activities (EPAs) – Prevocational training Entrustable Professional Activities have been developed by the Australian Medical Council to support the assessment process, to describe the essential work undertaken by PGY1 and PGY2 doctors. Assessment of PGY1 and PGY2 doctors occurs in each term through clinical supervisors’ assessment of the entrustable professional activities (EPAs) and through formal mid- and end-of-term assessments. At the end of each year (PGY1 and PGY2), an assessment review panel looks at the outcomes of term assessments and the record of learning and makes a recommendation on progress to the next stage of training.

Accreditation – a quality assurance process that establishes and monitors the education and training provided for prevocational doctors to ensure high standards of clinical training. Accreditation may be granted for six months, 12 months, two years or four years.

Australian Medical Council – the Australian Medical Council’s purpose is to ensure that the standards of education, training and assessment of the medical profession promote and protect the health of the Australian community.

Clinical Care Categories – are the areas of clinical experience that prevocational doctors are expected to significantly gain during a term. Term description must identify the one (maximum of two) areas, and the categorisation approved by the SA MET Advisory Council as part of the prevocational accreditation process.

Clinical Supervisor - A medical practitioner who supervises the prevocational doctor while they are assessing and managing patients.

- > Primary clinical supervisor(s) – is the supervisor with consultant level responsibility for managing patients in the relevant discipline that the prevocational doctor is caring for. The consultant in this role might change and could also be the term supervisor.
- > Clinical supervisor(s) (day-to-day) is an additional supervisor who has direct responsibility for patient care, provides informal feedback, and contributes information to assessments. This occurs in many settings, and the person in this role should remain relatively constant during the term. They should be at least PGY3 level, such as a registrar.

Executive Director of Medical Services (EDMS) - a senior medical administrator with responsibility for the medical workforce at a health service.

Director of Clinical Training (DCT) – a senior clinician with delegated responsibility for developing, coordinating, promoting and evaluating the prevocational training program at all sites. This clinician also has an important role in longitudinal oversight, advocacy and support of prevocational doctors within the program. In fulfilling the responsibility of this role, the DCT will regularly liaise with term supervisors, MEOs and trainee medical officer (TMO) manager(s), the EDMS and others involved in the prevocational training program.

Formal Education Program - An education program that the training facility provides and delivers as part of its prevocational training program. For interns (PGY1), there are usually weekly sessions, which involve a mixture of interactive and skills-based face-to-face or online training. Education programs for PGY2 doctors are more varied and may be adapted to address the career plans of these doctors.

Health Service – a local health network, single or groups of public hospitals which have a geographical or functional connection. These organisations will usually be hospitals but may be health care centres or supervised practice locations in community settings which have met the national standards for prevocational education and training.

Medical Education Officer (MEO) – an experienced educationalist employed to assist the Director of Clinical Training in developing educational processes and procedures supportive of the Education and Training Program (ETP).

National Standards – prevocational training providers are assessed against the Australian Medical Council's National Standards for Prevocational Training.

PGY – postgraduate year, usually used with a number to indicate the number of years after graduation from medical school. PGY1 is the first postgraduate year, also known as internship, and PGY2 is the second postgraduate year.

Prevocational Doctor - A doctor completing generalist, work-based clinical training during the first two years after graduation. The term is sometimes used to refer to any recent medical graduate who has not commenced a vocational training program, including PGY3 and beyond.

Prevocational Training Provider - The organisation or Local Health Network that provides supervised clinical practice, education and training, and that is responsible for the standard of the prevocational training program. The program may be delivered in hospital, community health or general practice settings in both prevocational years. Additional settings are possible in PGY2 year rotations, such as pathology, medical administration, research or medical education. Providers may be a hospital, community health facility, general practice, or a combination of these.

Service Term - A term where the prevocational doctor is either (a) rostered to provide ward cover on night shifts (service nights term) or (b) rotated through a number of accredited terms for short periods of time to backfill for doctors on leave (relief service term). The two characteristics of service terms as defined by the AMC are:

1. discontinuous learning experiences, such as limited access to the formal education program or regular unit learning activities, and
2. less or discontinuous supervision, such as nights with limited staff.

Term Supervisor – the person responsible for orientation and assessment during a particular term. They may also provide primary clinical supervision of the prevocational doctor for some or all of the term.

Monitoring

The SA MET Unit will periodically review the effectiveness of this guideline.

For more information

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Document History

Date effective	Author/Editor	Approved by	Version	Change Reference
3 July 2013	Project Officer – Accreditation	Senior Project Officer – Accreditation	V1.1	Original version.
October 2018	Project Officer Education & Accreditation	Manager Education & Accreditation	V1.2	Minor updates.
January 2019	Project Officer Education & Accreditation	Manager Education & Accreditation	V1.3	Reviewed. Minor updates.
12 April 2023	Manager, Accreditation	SA MET Accreditation Committee	V2.0	Major update to align with the revised AMC National Standards for Prevocational Training