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| Mid-Cycle Monitoring Reporting Template  Insert Health Service Name  **Due Date: \_ \_/\_ \_/\_ \_ \_ \_** | |
|  | The Chief Executive Officer holds ultimate responsibility for ensuring that health services comply with the Australian Medical Council’s National Framework for Prevocational (PGY1 and PGY2) Medical Training and should be kept informed of the process through appropriate reporting channels. |

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Section A: Health Service Contact Details

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| 1. **Health Service/Local Health Network:** | | |
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| 1. **Facilities within Network, including all Secondary Sites:** | | |
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| 1. **Health Service Accreditation Representative:** | | |
| Name:  Position:  Contact No:  Email: | | |
| 1. **Chief Executive Officer:** | | |
| Name:  Contact No:  Email:  Executive Assistant Details: | | |
| 1. **Executive Director/**s **of Medical Services:** | | |
| Name:  Contact No:  Email: | Name:  Contact No:  Email: | Name:  Contact No:  Email: |
| 1. **Director/**s **of Medical Services:** | | |
| Name:  Contact No:  Email: | Name:  Contact No:  Email: | Name:  Contact No:  Email: |
| 1. **Director/s of Clinical Training:** | | |
| Name:  Contact No:  Email: | Name:  Contact No:  Email: | Name:  Contact No:  Email: |
| 1. **Chair/**s **of the Education and Training Program Committee:** | | |
| Name:  Position:  Contact No:  Email: | Name:  Position:  Contact No:  Email: | Name:  Position:  Contact No:  Email: |
| 1. **Medical Education Officer/s:** | | |
| Name:  Contact No:  Email: | Name:  Contact No:  Email: | Name:  Contact No:  Email: |

Section B: Accredited Posts

Review the table below outlining the number of prevocational doctors within the Health Service. Please make amendments where necessary and indicate if there are any:

* new terms to be accredited; and/or
* any increase in number of required posts within existing accredited terms

*\*Please note all changes will also need to be reported by the standard Change of Circumstance and New Unit application processes. This form is not a substitute for those processes.*

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| **TERM NAME** | **PRIMARY SITE** | **CLINICAL CARE CATEGORYS** | | **NO. OF PGY1s** | **NO. OF PGY2s** | **NO. OF ADDITIONAL PGY1s REQUIRED** | **NO. OF ADDITIONAL PGY2s**  **REQUIRED** |
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Section C: Outstanding Conditions Update

Complete the table below detailing any outstanding conditions within the health service.

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| **PRIMARY SITE** | **CONDITIONS** | **PROGRESS** | **DUE DATE** |
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Section D: Progress Report

Please provide an update on the health service’s compliance against the [Australian Medical Council National Standards for Prevocational (PGY1 and PGY2) Training Programs and Terms](https://www.amc.org.au/wp-content/uploads/2022/12/Training-environment-%E2%80%93-National-standards-and-requirements-for-prevocational-PGY1-and-PGY2-training-programs-and-terms.pdf).

The questions below will assist the South Australian Medical Education and Training (SA MET) Health Advisory Council and the SA MET Accreditation Committee to assess the ongoing viability and sustainability of the prevocational education and training program.

1. Please identify any improvements implemented for the prevocational doctor training program since the last accreditation visit.
2. Please identify any challenges has the LHN faced in providing a prevocational doctor training program since the last accreditation visit?
3. Please provide a current organisational structure of the Medical Education Unit including executives who provide leadership to medical education in the LHN. Please highlight any changes made since the last accreditation.

* *\*Please note all changes will also need to be reported the standard Change of Circumstance processes. This form is not a substitute for those processes.*

1. Please summarise the prevocational doctor feedback data from the last two terms (gathered using SATMOS or a similar survey mechanism) and highlight any identified trends.
   1. Have these trends resulted in any changes to the training program? If so, provide an example of a change implemented based on the feedback received.
2. Please share any positive impacts or challenges the health service has encountered in ensuring the Aboriginal and Torres Strait Islander health and cultural safety standards are being met. Include how the health service is progressing with implementing cultural safety awareness training for prevocational doctors and how Aboriginal and Torres Strait Islander prevocational doctors are supported to undertake their cultural obligations?
3. Please share any positive impacts or challenges the health service has encountered when implementing;
   1. Term Supervisor Training requirements
   2. Establishing the Assessment Review Panel

1. Please share any positive impacts or challenges the health service has encountered when implementing;
2. Flexible Training Options
3. Identifying Learning Outcomes
4. Alignment to the Prevocational Outcome Statements
5. Term Allocations that align to the AMC National Framework requirements
6. Entrustable Professional Activities
7. Please detail the mechanisms used by the health service ensure the quality and effectiveness of its training program.

Section E: Additional Information

Please provide any additional information to support the SA MET Advisory Council’s assessment of the health services continuous compliance against the [AMC’s National Framework for Prevocational (PGY1 and PGY2) Medical Training](https://www.amc.org.au/accredited-organisations/prevocational-training/new-national-framework-for-prevocational-pgy1-and-pgy2-medical-training-2024/).



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Endorsed by the **Executive Director Medical Service**s

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| Name: | Signed: | Date: |

Approved by the **Chief Executive Officer**

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| Name: | Signed: | Date: |



Section E: Executive Sign-off