

**PREVOCATIONAL ACCREDITATION**

**ASSESSMENT SUBMISSION**

**[HEALTH SERVICE]**

**[SITE/S]**

**Date of submission \_ \_ / \_\_ /2024**

This form to be returned to the SA MET Unit no later than **60 days** prior to the date of the accreditation assessment visit. If you need to provide additional information please attach a separate sheet to this submission.

*The Chief Executive Officer is responsible for ensuring the health service meets the Australian Medical Council’s National Standards for their education and training program and should be informed of the process through appropriate reporting lines.*

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# Section A: Health Service Details

## Contact Details

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

*Please create additional boxes for additional individuals if necessary.*

## Number of accredited posts

Review the below table which outlines the current number of PGY1 and PGY2 accredited posts within the health service. Please make any amendments where necessary and indicate:

* any terms no longer required or that have been unfilled for more than two consecutive years,
* any new terms to be accredited, and
* any increase or decrease in number of required posts within existing accredited terms.

**Term descriptions must be provided for each term listed below.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **TERM NAME** | **PRIMARY SITE** | **PATIENT CARE CATEGORY** | **NO. OF PGY1** | **NO. OF PGY2** | **NO. OF ADDITIONAL PGY1****REQUIRED** | **NO. OF ADDITIONAL PGY2 REQUIRED** |
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## Outstanding conditions from previous accreditation assessment

*Will be provided by the SA MET Unit if relevant.*

### Chief Executive Officer’s Statement

The health service’s Chief Executive Officer (CEO) is responsible for ensuring prevocational medical training is managed effectively and is adequately resourced.

The CEO statement must address:

* How prevocational medical teaching and training fits into the strategic plan for the health service
* How the health service gives a high priority to medical education and training.
* How the health service organisational structure supports medical education and training.
* The budget and resource allocation for medical education and training.

### Director of Clinical Training Report

The Director of Clinical Training (DCT) is to provide an overview of prevocational medical education and training at the health service. This should include:

* A summary of the work of the Medical Education Unit and what staff movements have occurred since the last accreditation assessment.
* The strengths of the medical Education and Training Program (ETP).
* Challenges in providing an ETP.
* How the ETP is mapped to the [AMC Prevocational Outcomes Statements](https://www.amc.org.au/wp-content/uploads/2022/12/Section-2A-Prevocational-outcome-statements.pdf).
* A summary of TMO evaluations and rate of return for both the educational sessions and terms.
* A summary of the TMO assessment process and rate of return.
* An outline of the orientation program evaluation process and changes made as a result.
* Whether there are training agreements with secondment sites and how assessment and welfare are managed across sites.

### Term Supervisor Reports

Provide an overview of each term, outlining the following:

* Strengths
* Areas of concern
* Planned initiatives
* Recent changes
* Any issues the unit feels could be improved by accreditation.
* DCT comment

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| **Term Name** | **Term Overview** |
| Term Name |  |
| Term Name |  |
| Term Name |  |
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# Section B: Self-Assessment against the AMC National Standards

Health services are required to provide a self-assessment rating of their compliance against the [Australian Medical Council's National Standards for Prevocational (PGY1 and PGY2) Training Program and Terms](https://www.amc.org.au/wp-content/uploads/2022/12/Section-2-National-standards-for-prevocational-PGY1-and-PGY2-training-programs-and-terms.pdf). Health services are encouraged to review the SA MET Evidence Requirements Guideline (Appendix 1) to assist in gathering self-assessment evidence that demonstrates compliance.

Using the below accreditation three-point rating scale, health services are required to assess their own performance and provide comment how each criterion has been achieved or the challenges associated with demonstrating compliance. Information should be detailed and outline the processes, procedures or activities implemented that provide assurances to the health facility that compliance can be demonstrated.

It is recommended that you engage and seek approval from your Director of Aboriginal Health Directorate on the Aboriginal and Torres Strait Islander components of your self-assessment.

**Rating Scale**

|  |  |
| --- | --- |
| **Met** | There is good evidence to show compliance with the AMC National Framework for Prevocational (PGY1 and PGY2) Medical Training.There is evidence that systems and processes to support the prevocational education and training program are integrated and observed uniformly across the health service. |
| **Partially Met** | There is evidence of systems and processes in place to support prevocational doctor education and training, but they are either not yet fully integrated or not observed uniformly across the health service. |
| **Not Met** | There is little evidence of systems and processes in place to support prevocational doctor education and training. |

**Rating Matrix**

The accreditation surveyor team will then assess how successfully the training provider addressed the requirements of the criteria and will utilise the rating matrix to determine level of compliance.

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|  | **Not Met** | **Partially Met** | **Met** |
| **Strength of evidence** | There is little or poor-quality documentary or verbal evidence. | A range of documentary evidence is provided and confirmed by verbal evidence although some gaps are identified. | A range of strong documentary evidence is provided and is confirmed by verbal evidence. |
| **Consistency of application** | There are a number of circumstances where the requirements of the criteria are not met. | There is consistent application in the majority of the requirements. | There is consistent application in all circumstances. |
| **Maintenance over time** | Most achievements are the result of recent efforts. | Most achievements have been in place for some time although there is evidence of recent changes.  | The achievements have been in place for some time. |

*\*Used with permission from* [*Health Education and Training Institute*](https://www.heti.nsw.gov.au/education-and-training/my-health-learning)*.*

### Standard 1: Organisational purpose and the context in which prevocational training is delivered.

|  |  |
| --- | --- |
| **1.1 Organisational Purpose** | **Rating** |
| **1.1.1:** The purpose of the health services that employ and train doctors including setting and promoting high standards of medical practice and training | *MetPartially MetNot Met* |
| **Comment:** |
| **1.1.2:** The employing health service’s purpose identifies and addresses Aboriginal and Torres Strait Islander communities’ place-based needs and their health in collaboration with those communities | *MetPartially MetNot Met* |
| **Comment:** |

1. **Provide examples of how the health service engages and collaborates with the Aboriginal Health Division to identify the place-based needs of the Aboriginal and Torres Strait Islander communities?** What systems and strategies have been established to ensure ongoing collaboration with Aboriginal and Torres Strait Islander communities within your local region and how does the health service support Indigenous health practitioners?

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| **1.2 Outcomes of the prevocational training program** | **Rating** |
| **1.2.1:** The prevocational training provider relates its training and education functions to the health care needs of the communities it serves. | *MetPartially MetNot Met* |
| **Comment:** |
| **1.2.2:** The training program provides generalist clinical training that prepares prevocational doctors with an appropriate foundation for lifelong learning and for further postgraduate training | *MetPartially MetNot Met* |
| **Comment:** |

1. **Outline how the health service has addressed the healthcare needs of communities to improve health outcomes, including for Aboriginal and Torres Strait Islander patients?** Provide an example of your engagement with the community or policy documents detailing how the health service will support improving health outcomes for the local community.
2. **Outline how your training program meets the needs of the community across a variety of clinical settings.** This could include the establishment of innovative terms or clinical experiences that supports prevocational doctor development of generalist and foundational skills.

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| **1.3 Governance** | **Rating** |
| **1.3.1:** The governance of the prevocational training program, supervisory and assessment roles are defined. | *MetPartially MetNot Met* |
| **Comment:** |
| **1.3.2:** The health services that contribute to the prevocational training program have a system of clinical governance or quality assurance that includes clear lines of responsibility and accountability for the overall quality of medical practice and patient care | *MetPartially MetNot Met* |
| **Comment:** |
| **1.3.3:** The health services give appropriate priority and resources to medical education and training and support of prevocational doctor wellbeing relative to other responsibilities | *MetPartially MetNot Met* |
| **Comment:** |
| **1.3.4:** The health service has documented and implemented strategies to provide a culturally safe environment that supports: • Aboriginal and Torres Strait Islander patients / family / community care • The recruitment and retention of an Aboriginal and Torres Strait Islander health workforce | *MetPartially MetNot Met* |
| **Comment:** |
| **1.3.5:** The prevocational training program complies with relevant national, state or territory laws and regulations pertaining to prevocational training | *MetPartially MetNot Met* |
| **Comment:** |
| **1.3.6:** Prevocational doctors are involved in the governance of their training. | *MetPartially MetNot Met* |
| **Comment:** |
| **1.3.7:** The prevocational training program has clear procedures to immediately address any concerns about patient safety related to prevocational doctor performance, including procedures to inform the employer and the regulator, where appropriate. | *MetPartially MetNot Met* |
| **Comment:** |

1. **What strategies have you implemented to establish effective partnerships with relevant local communities, organisations and individual in the Indigenous health sector?** These partnerships should recognise the unique challenges the sector faces and acknowledge that promoting cultural safety is an important strategy in improving patient safety and outcomes for Aboriginal and Torres Strait Islander peoples.
2. **Outline how the health service would manage a patient safety concern as a result of prevocational doctor underperformance.** Provide details of the procedures and process implemented that would ensure the health service notifies the regulator where appropriate.

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| **1.4 Program Management** | **Rating** |
| **1.4.1:** The prevocational training program has dedicated structures with responsibility, authority, capacity and appropriate resources to direct the planning, implementation and review of the prevocational education and training program, and to set relevant policies and procedures. | *MetPartially MetNot Met* |
| **Comment:** |
| **1.4.2:** The prevocational training program documents and reports to the prevocational training accreditation authority on changes in the program, terms or rotations that may affect the program delivery meeting the national standards. | *MetPartially MetNot Met* |
| **Comment:** |
| **1.4.3:** The health services have effective organisational and operational structures dedicated to managing prevocational doctors, including rostering and leave management. | *MetPartially MetNot Met* |
| **Comment:** |

1. **Provide an overview of the MEU staff involved in managing prevocational doctors, administering the training program and term allocations and rostering.** This should include details of their relevant qualifications and their roles and responsibilities.

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| **1.5 Relationships to support medical education** | **Rating**  |
| **1.5.1:** The prevocational training program supports the delivery of prevocational training through constructive working relationships with other relevant agencies, such as medical schools, specialist education providers, and health facilities. | *MetPartially MetNot Met* |
| **Comment:** |
| **1.5.2:** Health services coordinate the local delivery of the prevocational training program. Health services that are part of a network or geographically dispersed program contribute to program coordination and management across sites. | *MetPartially MetNot Met* |
| **Comment:** |

1. **Provide details of working relationships developed with other facilities, agencies or individuals across the Aboriginal and Torres Strait Islander health sector to support prevocational doctor education and training.**

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| **1.6 Reconsideration, review and appeals processes** | **Rating**  |
| **1.6.1:** The prevocational training provider has reconsideration, review and appeals processes that provide for impartial and objective review of assessment and progression decisions related to prevocational training. It makes information about these processes readily available to all relevant stakeholders. | *MetPartially MetNot Met* |
| **Comment:** |

**Example of document evidence to provide:**

Please the refer to the *Suggested Evidence Guideline* to provide additional information on examples of self-assessment evidence to submit. Evidence can also be provided in the form of sent emails, correspondence, booklets, communications, minutes and records of attendance. Please note evidence lists within this self-assessment template will be adapted through continued engagement with prevocational training providers.

|  |  |  |
| --- | --- | --- |
| **Related Standard** | **Document** | **Provided** |
| 1.1, 1.3 | Education and Training Strategic plan | *Yes/No* |
| 1.1, 1.2, 1.3, 1.4 | Education and Training Strategic Plan or Operational Plan | *Yes/No* |
| 1.3, 1.4 | Health Service Executive Organisational Structures | *Yes/No* |
| 1.3, 1.4 | Medical Leadership organisational or governance structure | *Yes/No* |
| 1.3, 1.4 | Clinical Governance Committee Terms of Reference | *Yes/No* |
| 1.1 | Health Service Health Equity Strategy | *Yes/No* |
| 1.3, 1.4 | Education and Training Program Committee Terms of Reference | *Yes/No* |
| 1.3, 1.4 | Education and Training Program Committee Minutes of Meetings (at least 2 pervious examples) | *Yes/No* |
| 1.3, 1.4 | Education and Training Committee annual report for the last two years | *Yes/No* |
| 1.3 | Cultural Respect Framework | *Yes/No* |
| 1.3 | Aboriginal Cultural Learning | *Yes/No* |
| 1.3 | Aboriginal Workforce Framework | *Yes/No* |
| 1.3 | Community Communications Plan | *Yes/No* |
| 1.3 | Patient safety policies  | *Yes/No* |
| 1.3 | Risk management processes - (Identification of patient safety concerns) | *Yes/No* |
| 1.3 | Guideline to Managing the Trainee in Difficulty (Standard 4.2) | *Yes/No* |
| 1.3 | Complaints strategy or similar | *Yes/No* |
| 1.1 | Stakeholder and Consumer engagement and communication plans | *Yes/No* |
| 1.4 | Policies on annual leave, sick leave and professional development leave | *Yes/No* |
| 1.4 | Prevocational Training Medical Officer Program Allocation process | *Yes/No* |
| 1.6 | Prevocational Medical Officer Disputes Resolution Process | *Yes/No* |

### Standard 2: The prevocational training program – structure and content.

|  |  |
| --- | --- |
| **2.1 Program structure and composition** | **Rating** |
| **2.1.1:** The prevocational training program overall, and each term, is structured to reflect requirements described in the Medical Board of Australia’s Registration standard – Granting general registration on completion of intern training and requirements described in these standards for PGY2. | *MetPartially MetNot Met* |
| **Comment:** |
| **2.1.2:** The prevocational training program is longitudinal in nature and structured to reflect and provide the following experiences, as described in ‘Requirements for prevocational (PGY1 and PGY2) training programs and terms’ (Section 3 of National standards and requirements for prevocational (PGY1 and PGY2) training programs and terms): * a program length of 47 weeks
* a minimum of 4 terms in different specialties in PGY1
* a minimum of 3 terms in PGY2
* exposure to a breadth of clinical experiences
* exposure to working outside standard hours, with appropriate supervision
* working within a clinical team for at least half the year
* a maximum time spent in service terms of 20% in PGY1 and 25% in PGY2
 | *MetPartially MetNot Met* |
| **Comment:** |
| **2.1.3**: Prevocational training terms are structured to reflect and provide exposure to one or two of the required clinical experiences as described in ‘Requirements for programs and terms’ (Section 3 of National standards and requirements for programs and terms). | *MetPartially MetNot Met* |
| **Comment:** |
| **2.1.4:** The prevocational training provider guides and supports supervisors and prevocational doctors in implementing and reviewing flexible training arrangements. Available arrangements for PGY1 are consistent with the Registration standard – Granting general registration on completion of intern training | *MetPartially MetNot Met* |
| **Comment:** |
| **2.1.5:** The provider recognises that Aboriginal and Torres Strait Islander prevocational doctors may have additional cultural obligations required by the health sector or their community and has policies that ensure flexible processes to enable those obligations to be met. | *MetPartially MetNot Met* |
| **Comment:** |

1. **Outline any examples of flexible training opportunities available at the health service,** e.g part-time, job-share, unusual leave etc.
2. **Outline how the education and training program has met the needs of Aboriginal and Torres Strait Islander prevocational doctors?** This should include how the health service supports the Aboriginal and Torres Strait Islander prevocational doctor who are expected to provide support, guidance and education in culturally safe patient care for Aboriginal and Torres Strait Islander patients and their families.

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| **2.2 Training requirements** | **Rating** |
| **2.2.1:** The prevocational training program is underpinned by current evidence-informed medical education principles. | *MetPartially MetNot Met* |
| **Comment:** |
| **2.2.2:** For each term, the prevocational training provider has identified and documented the training requirements (see Training and assessment requirements for prevocational (PGY1 and PGY2) training programs: Section 2 – ‘Prevocational training’), including the prevocational outcome statements that are relevant, the skills and procedures that can be achieved, and the nature and range of clinical experience available to meet these objectives. | *MetPartially MetNot Met* |
| **Comment:** |
| **2.2.3**: The prevocational program provides professional development and clinical opportunities in line with the prevocational outcome statements regarding Aboriginal and Torres Strait Islander peoples’ health. | *MetPartially MetNot Met* |
| **Comment:** |

1. **Outline how prevocational doctors have applied medical graduate knowledge of culture, spirituality and relationship to land of Aboriginal and Torres Strait Islander peoples to clinical practice and advocacy?** What experiences have prevocational doctors undertaken to apply their knowledge to practice in culturally competent ways or alternate opportunities.

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| **2.3 Assessment requirements** | **Rating** |
| **2.3.1:** Prevocational doctor assessment is consistent with the Training and assessment requirements and based on prevocational doctors achieving outcomes stated in the prevocational outcome statements | *MetPartially MetNot Met* |
| **Comment:** |
| **2.3.2:** The prevocational PGY1 training program implements assessment consistent with the Medical Board of Australia’s Registration standard – Granting general registration on completion of intern training. | *MetPartially MetNot Met* |
| **Comment:** |
| **2.3.3**: Prevocational doctors and supervisors understand all components of the assessment processes. | *MetPartially MetNot Met* |
| **Comment:** |
| **2.3.4:** The prevocational training program has an established assessment review panel to review prevocational doctors’ longitudinal assessment information and make decisions regarding progression in each year. | *MetPartially MetNot Met* |
| **Comment:** |

1. **Outline how the health service provides a longitudinal approach to assessments?** Provide an example on how assessments are monitored for longitudinal learning.

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| **2.4 Feedback and supporting continuous learning** | **Rating** |
| **2.4.1:** The prevocational training program provides regular, formal and documented feedback to prevocational doctors on their performance within each term. | *MetPartially MetNot Met* |
| **Comment:** |
| **2.4.2:** Prevocational doctors receive timely, progressive and informal feedback from term and clinical supervisors during every term. | *MetPartially MetNot Met* |
| **Comment:** |
| **2.4.3**: The prevocational training program documents the assessment of the prevocational doctor’s performance consistent with the Training and assessment requirements. Additionally, in PGY1, the assessment documentation is consistent with the Registration standard – Granting general registration on completion of intern training. | *MetPartially MetNot Met* |
| **Comment:** |
| **2.4.4:** The prevocational training program implements a longitudinal approach to assessment in accordance with the Training and assessment requirements. | *MetPartially MetNot Met* |
| **Comment:** |
| **2.4.5:** Prevocational doctors are encouraged and supported to take responsibility for their own performance, and to seek their supervisor’s feedback on their performance | *MetPartially MetNot Met* |
| **Comment:** |

1. **Outline the mechanisms in place to ensure prevocational doctors are provided with regular constructive feedback.**

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| **2.5 Improving performance** | **Rating** |
| **2.5.1:** The prevocational training program identifies any prevocational doctors who are not performing to the expected level and provides them with support and remediation. | *MetPartially MetNot Met* |
| **Comment:** |
| **2.5.2:** The assessment review panel is convened, as required, to assist with more complex remediation decisions for prevocational doctors who do not achieve satisfactory supervisor assessments. | *MetPartially MetNot Met* |
| **Comment:** |

1. **Outline the steps to identify and support remediation of a prevocational doctor who has not achieved a satisfactory assessment or is not performing satisfactorily.** Include details of decisions made and the decision makers and support provided to improve performance, plus details of any remediation processes.

**Example of document evidence to provide:**

|  |  |  |
| --- | --- | --- |
| **Related Standard** | **Document** | **Provided (Y/N)** |
| 2.1  | Flexible Prevocational Education and Training Program Policy  | *YES/NO* |
| 2.1 | SA Health (Health Care Act) Human Resources Manual ‘flexible working provisions’ | *YES/NO* |
| 2.2 | ETP Education and Training Operational Plan  | *YES/NO* |
| 2.2 | Terms of References (meet outcome statements)  | *YES/NO* |
| 2.2 | Term Supervisor Guideline (assessment processes) | *YES/NO* |
| 2.3 | Prevocational Medical Officer Assessment process | *YES/NO* |
| 2.3 | Prevocational training Entrustable Professional Activity (EPA) mapping for all terms (two EPAs per term) | *YES/NO* |
| 2.3 | Assessment Review Panel Terms of Reference or similar | *YES/NO* |
| 2.5 | Policy on determining and escalating a prevocational doctor in difficulty | *YES/NO* |

### Standard 3: The prevocational training program – delivery.

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| **3.1 Work-based teaching and training** | **Rating** |
| **3.1.1:** The prevocational training provider ensures opportunities for broad generalist clinical work-based teaching and training. | *MetPartially MetNot Met* |
| **Comment:** |
| **3.1.2:** The prevocational training program provides clinical experience that is able to deliver the Training and assessment requirements and, for PGY1 doctors, is consistent with the Registration standard – Granting general registration on completion of intern training. The prevocational training program conforms to guidelines on opportunities to develop knowledge and skills, as outlined in ‘Requirements for programs and terms’ (Section 3 of National standards and requirements for programs and terms). | *MetPartially MetNot Met* |
| **Comment:** |
| **3.1.3:** In identifying terms for training, the prevocational training program considers the following: • complexity and volume of the unit’s workload • the prevocational doctor’s workload • the clinical experience prevocational doctors can expect to gain • how the prevocational doctor will be supervised, and who will supervise them | *MetPartially MetNot Met* |
| **Comment:** |

1. **Outline the steps taken by the health service to provide support to** **prevocational doctors to develop skills in self-care and peer support, including time management and identifying and managing stress and burnout.** What systems and opportunities do you have in place for managing wellbeing and support?
2. **Outline the steps undertaken by the health service to ensure prevocational doctors obtain a broad generalist clinical experience to prepare them for future practice and meeting the health needs of the community.** What term opportunities are in place to provide a variety of healthcare setting experience to support increased skills and knowledge of a prevocational doctor?

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| **3.2 Supervisors and assessors – attributes, roles and responsibilities** | **Rating** |
| **3.2.1:** Prevocational doctors are supervised at all times at a level and with a model that is appropriate to their experience and responsibilities. | *MetPartially MetNot Met* |
| **Comment:** |
| **3.2.2:** Prevocational supervisors understand their roles and responsibilities in assisting prevocational doctors to meet learning objectives and in conducting assessment processes. | *MetPartially MetNot Met* |
| **Comment:** |
| **3.2.3:** Supervision is provided by qualified medical staff with appropriate competencies, skills, knowledge and a demonstrated commitment to prevocational training. | *MetPartially MetNot Met* |
| **Comment:** |
| **3.2.4:** The prevocational training program includes a director of clinical training or equivalent who is a qualified and senior medical practitioner with responsibility for longitudinal educational oversight of the prevocational doctors | *MetPartially MetNot Met* |
| **Comment:** |
| **3.2.5:** The prevocational training program has processes for ensuring those assessing prevocational doctors (including registrars and assessment review panel members) have relevant capabilities and understand the required processes. | *MetPartially MetNot Met* |
| **Comment:** |

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| **3.3 Supervisor training and support** | **Rating** |
| **3.3.1:** Staff involved in prevocational training have access to professional development activities to support quality improvement in the prevocational training program. | *MetPartially MetNot Met* |
| **Comment:** |
| **3.3.2:** The prevocational training program ensures that supervisors have training in supervision, assessment and feedback, and cultural safety, including participating in regular professional development activities to support quality improvement in the prevocational training program. | *MetPartially MetNot Met* |
| **Comment:** |
| **3.3.3:** The prevocational training program regularly evaluates the adequacy and effectiveness of prevocational doctor supervision. | *MetPartially MetNot Met* |
| **Comment:** |
| **3.3.4:** The prevocational training program supports supervisors to fulfill their training roles and responsibilities. | *MetPartially MetNot Met* |
| **Comment:** |

1. ***Outline how the health service assures itself that Term Supervisors and other delegated supervising staff have the appropriate competencies, skills, knowledge (supervision, assessment and feedback and cultural safety) to supervise prevocational doctors.***
2. ***What processes are in place to ensure Term Supervisors and other delegated supervising staff undertake training on specific prevocational requirements such as cultural safety in Aboriginal and Torres Strait Islander health and recognising prior learning?***

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| **3.4 Formal education program** | **Rating** |
| **3.4.1:** The training program provides PGY1 doctors with a quality formal education program that is relevant to their learning needs and supports them to meet the training outcomes that may not be available through completion of clinical activities | *MetPartially MetNot Met* |
| **Comment:** |
| **3.4.2:** The training program monitors and provides PGY2 doctors with access to formal education programs that are flexible and relevant to their individual learning needs. This may include specific education sessions to support PGY2 doctors meeting the training outcomes that may not be available through completion of clinical activities | *MetPartially MetNot Met* |
| **Comment:** |
| **3.4.3:** The training program provides and enables for prevocational doctors to participate in formal program and term orientation programs, which are designed and evaluated to ensure relevant learning occurs | *MetPartially MetNot Met* |
| **Comment:** |
| **3.4.4:** The health service ensures protected time for the formal education program and ensures that prevocational medical doctors are supported by supervising medical staff to attend. | *MetPartially MetNot Met* |
| **Comment:** |

1. **Provide an example of how an issue or area for improvement was identified through the health services evaluation processes and describe the resolution.** This is to include what the issue was, how it was identified, the steps taken to resolve the issue, and the final outcome.

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| **3.5 Facilities** | **Rating** |
| **3.5.1:** The prevocational training program provides the educational facilities and infrastructure to deliver prevocational training, such as access to the internet, library facilities, quiet study spaces, journals, modern technologies of learning and other learning facilities, and continuing medical education sessions. | *MetPartially MetNot Met* |
| **Comment:** |
| **3.5.2:** The prevocational training program provides a safe physical environment and amenities that support prevocational doctor learning and wellbeing. | *MetPartially MetNot Met* |
| **Comment:** |

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| **3.6 E-portfolio** | **Rating** |
| **3.6.1:** Once the e-portfolio system is confirmed, standards will be written, and will consider: • Systems to ensure prevocational doctors maintain their e-portfolio as an adequate record of learning and training. • Mechanisms to ensure the clinical supervisor and longitudinal supervisor review the record of learning. | **N/A** |

**Example of document evidence to provide:**

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| --- | --- | --- |
| **Related Standard** | **Document** | **Provided (Y/N)** |
| 3.1, 3.4 | Sample intern facility education program at each facility | *Yes/No* |
| 3.1, 3.4 | Sample PGY2+ facility education program at each facility | *Yes/No* |
| 3.1, 3.4 | Approved Term Description for each term | *Yes/No* |
| 3.2 | Supervisor Guideline *(include patient safety, responsibilities, scenarios, escalation processes, definition of the different types of supervisors, level of supervision, informal feedback, orientation)* | *Yes/No* |
| 3.2 | Education and Training Organisational Structure  | *Yes/No* |
| 3.2 | Director of Clinical Training Position Description (medical leadership overseeing the training program) | *Yes/No* |
| 3.3 | Prevocational Supervisor Upskilling and Training policy | *Yes/No* |
| 3.4 | Intern and PGY2+ facility and secondary site orientation programs | *Yes/No* |

### Standard 4: The prevocational training program – prevocational doctors.

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| **4.1 Appointment to program and allocation to terms** | **Rating** |
| **4.1.1**: The processes for appointment of prevocational doctors to programs: • are based on the published criteria and the principles of the program concerned • are transparent, rigorous and fair • are free from racism, discrimination and bias • have clear processes where disputes arise. | *MetPartially MetNot Met* |
| **Comment:** |
| **4.1.2:** The processes for allocation of prevocational doctors to terms: • are based on the published criteria and the principles of the program concerned • are transparent, rigorous and fair • are free from racism, discrimination and bias • have clear processes where disputes arise. | *MetPartially MetNot Met* |
| **Comment:** |

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| **4.2 Wellbeing and Support** | **Rating** |
| **4.2.1**: The prevocational training provider develops, implements and promotes strategies to enable a supportive training environment and optimise prevocational doctor wellbeing. | *MetPartially MetNot Met* |
| **Comment:** |
| **4.2.2:** The prevocational training provider develops, implements and promotes strategies to enable a supportive training environment and to optimise Aboriginal and Torres Strait Islander prevocational doctor wellbeing and workplace safety. | *MetPartially MetNot Met* |
| **Comment:** |
| **4.2.3:** The duties, rostering, working hours and supervision arrangements of prevocational doctors are consistent with the National standards and requirements for programs and terms and in line with principles of delivering safe and high-quality patient care. | *MetPartially MetNot Met* |
| **Comment:** |
| **4.2.4:** The prevocational training provider has and implements strategies, systems and safe reporting mechanisms to effectively identify, address and prevent bullying, harassment and discrimination (including racism). This includes policies and procedures that are publicised to prevocational doctors, their supervisors and other team members. | *MetPartially MetNot Met* |
| **Comment:** |
| **4.2.5:** The prevocational training provider makes available processes to identify and support prevocational doctors who are experiencing personal and professional difficulties that may affect their training, and confidential personal counselling. These services are publicised to prevocational doctors, their supervisors and other team members. | *MetPartially MetNot Met* |
| **Comment:** |
| **4.2.6:** The procedure for accessing appropriate professional development leave is published, reasonable and practical. | *MetPartially MetNot Met* |
| **Comment:** |
| **4.2.7:** The prevocational training provider makes available services to provide career advice to prevocational doctors. | *MetPartially MetNot Met* |
| **Comment:** |

1. ***Outline how the health service is providing a supportive learning environment?*** *How is the health service promoting strategies to maintain health and wellbeing, mental health and cultural safety, professional development opportunities for wellness and appropriate behaviour.*
2. ***Outline how the health service identify, manage and support prevocational doctors who have experienced or witnessed discrimination, bullying and sexual harassment?*** *Provide an example of the mechanisms undertaken to safety support a prevocational doctor who has reported witnessing discrimination, bullying and sexual harassment.*
3. ***Outline how the health service has implemented a specific cultural safety training program for all staff to reduce the cultural loading on Aboriginal and Torres Strait Islander prevocational doctors?*** *Provide**the learning and educational opportunities provided to staff.*
4. ***Outline how the health service assures itself that prevocational doctors are working their agreed number of hours and being recognised for overtime if worked.*** *Provide a practical example of resolving such an issue (if available).*
5. ***Outline how the health service monitors whether prevocational doctors are undertaking duties beyond their scope of practice.*** *Provide a practical example of resolving such an issue, if available.*

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| **4.3 Communication with prevocational doctors** | **Rating** |
| **4.3.1**: The prevocational training program provides clear and easily accessible information about the training program, including outcomes of evaluation, in a timely manner. | *MetPartially MetNot Met* |
| **Comment:** |
| **4.3.2:** The prevocational training program informs prevocational doctors about the activities of committees that deal with prevocational training in a timely manner. | *MetPartially MetNot Met* |
| **Comment:** |

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| **4.4 Resolution of training problems and conflicts** | **Rating** |
| **4.4.1**: The prevocational training provider has processes in place to respond to and support prevocational doctors in addressing problems with training supervision and training requirements, and other professional issues. The processes are transparent and timely, and safe and confidential for prevocational doctors. | *MetPartially MetNot Met* |
| **Comment:** |
| **4.4.2:** The prevocational training provider has clear, impartial pathways for timely resolution of professional and/or training-related disputes between prevocational doctors and supervisors, the healthcare team or the health service. | *MetPartially MetNot Met* |
| **Comment:** |

1. **Outline the avenues through which underperforming prevocational doctors are identified and the supports available for these prevocational doctors.** Include how information regarding underperforming prevocational doctors is communicated to relevant individuals, for example immediate future Term Supervisors.

***Example of* document *evidence to provide:***

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| **Related Standard** | **Document** | **Provided (Y/N)** |
| 4.1 | Allocation process | *Yes/No* |
| 4.2 | Rostering processes | *Yes/No* |
| 4.2 | Transfer of Information Guideline (SA MET Unit) | *Yes/No* |
| 4.2 | Example of rostering  | *Yes/No* |
| 4.2 | Discrimination, bullying and sexual harassment policy | *Yes/No* |
| 4.2, 4.4 | Published Grievance policy | *Yes/No* |
| 4.2, 4.4 | Conflict of interest policy | *Yes/No* |
| 4.2, 4.4 | Confidential support and complaint processes | *Yes/No* |
| 4.2, 4.4 | Trainee in difficulty policy | *Yes/No* |
| 4.2 | Policy/ies to manage prevocational doctorswelfare, workload, safety and substandard performance | *Yes/No* |
| 4.2 | Policy/ies for managing annual leave, sick leave and professional development leave | *Yes/No* |

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### Standard 5: The prevocational training program – evaluation and improvement.

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| **5.1 Program monitoring and evaluation** | **Rating** |
| **5.1.1**: The prevocational training provider regularly evaluates and reviews its prevocational training program and terms to ensure standards are being maintained. Its processes check program content, quality of teaching and supervision, assessment, and prevocational doctors’ progress. | *MetPartially MetNot Met* |
| **Comment:** |
| **5.1.2:** Those involved in prevocational training, including supervisors, contribute to monitoring and to program development. Their feedback is sought, analysed and used as part of the monitoring process. | *MetPartially MetNot Met* |
| **Comment:** |
| **5.1.3:** Prevocational doctors have regular structured mechanisms for providing confidential feedback about their training, education experiences and the learning environment in the program overall, and in individual terms. | *MetPartially MetNot Met* |
| **Comment:** |
| **5.1.4:** The prevocational training program uses internal and external sources of data in its evaluation and monitoring activities, such as surveys and assessment data. | *MetPartially MetNot Met* |
| **Comment:** |

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| **5.2 Evaluation Outcomes and communication** | **Rating** |
| **5.2.1**: The prevocational training program acts on feedback and modifies the program as necessary to improve the experience for prevocational doctors, supervisors and health care facility managers. | *MetPartially MetNot Met* |
| **Comment:** |
| **5.2.2:** Outcomes of evaluation activities are communicated to those involved in the prevocational training program, including prevocational doctors and supervisors. | *MetPartially MetNot Met* |
| **Comment:** |

1. ***Provide an outline of the monitoring and evaluation processes undertaken by the health service.*** *This overview is to include details of processes implemented to gain feedback from prevocational doctors and supervisors and how this feedback is used to monitor and improve the education and training program and the overall experience for prevocational doctors (max 500 words).*

***Example of* document *evidence to provide:***

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| --- | --- | --- |
| **Related Criterion** | **Document** | **Provided (Y/N)** |
| 5.1 | Examples of prevocational doctor evaluation form/survey of the educational presentations and sessions | *Yes/No* |
| 5.1 | Examples of prevocational doctor evaluation form/survey of the terms | *Yes/No* |
| 5.1 | Reports on prevocational doctor evaluations outcomes for the educational presentations and sessions | *Yes/No* |
| 5.1 | Reports on prevocational doctor evaluations outcomes for all filled terms | *Yes/No* |
| 5.1 | Reports developed from supervisor feedback | *Yes/No* |
| 5.1 | Evaluation policy/procedure | *Yes/No* |