INTRODUCTION

The Prevocational Accreditation System has been developed to support quality education and training outcomes for prevocational doctors. The system indirectly supports the work of all NT health regional health service/training provider staff and groups involved in prevocational doctor education and training.

The Prevocational Accreditation Standards place significance upon the policies (or equivalent) and processes that support and direct the delivery of Prevocational doctor Education and Training Programs (PETP) at each NT health regional health service/training provider without prescribing how PETP providers must meet the standards.

It is acknowledged that PETP providers will have their own governance and administrative groups responsible for the development, review and ratification of their policies (or equivalent) and processes. Prevocational accreditation staff can provide guidance for NT health regional health service/training provider staff on this aspect of the accreditation system.

As with any policy (or equivalent) or process, it should reflect the **actual practice** on site. This is particularly salient from an accreditation perspective for two reasons:

1. Surveyors seek to establish what actual practice is. Consistency with published policy (or equivalent) and practice indicates a well organised and supported PETP;

2. Some smaller locations that access PETP support from larger NT health regional health services/training providers may find that the PETP policies of larger NT health regional health services need adaptation to ensure that they are relevant, applicable and appropriate for the smaller NT health regional health service/training provider.

Within this guide, you will find information regarding the key components that prevocational accreditation standards examine in PETP policies (or equivalent) and processes. This guidance relates to the minimum requirements necessary to achieve a Satisfactorily Met (SM) rating.

Where relevant, the applicable standards, and additional reference documents of note are indicated.

TABLE OF CONTENTS

PETP POLICIES (OR EQUIVALENT)

Wherever the word policy is written in this resource unless otherwise advised accept that it includes 'or equivalent'

ASSESSMENT

ACCREDITATION STANDARD/S

The NT health regional health service's assessment policy relates to the following prevocational accreditation standards:

- Function 1 – Standard 1: Health service Structure
- Function 1 – Standard 3: Prevocational Doctor Education and Training Program (PETP)
- Function 1 – Standard 4: Governance of a Prevocational Offsite Unit
- Function 2 – Standard 10: Prevocational Doctor (Performance) Assessment

POLICY INCLUSIONS

It is recommended that the following matters be considered within this policy:

1. Implementation of National Based Assessment Process
2. Additional workplace based assessment methodology used to supplement the National Based Assessment Process e.g. observation of skills etc.
3. Process for managing offsite placement assessments
4. Distribution of assessment tool to supervisors and prevocational doctors
5. Training of supervisors to use assessment tools and processes
6. Return of completed assessment to the Director of Clinical Training (DCT) for review
7. Process for review of completed assessment
8. Assessment Review Group
9. Process for identifying need for remediation
10. Process for remediation with respect to underperforming prevocational doctors

REFERENCE DOCUMENT/S

Prevocational Accreditation Standards and Guidelines
Prevocational/AMC National Based Assessment Tool

NT HEALTH REGIONAL HEALTH SERVICE EDUCATION PROGRAM (HSEP)

ACCREDITATION STANDARD/S

The NT health regional health service's HSEP policy relates to the following prevocational accreditation standards:

- Function 1 – Standard 1: Health service Structure
- Function 1 – Standard 3: Prevocational Doctor Education and Training Program (PETP)

- Function 1 – Standard 4: Governance of a Prevocational Offsite Unit
- Function 1 – Standard 5: Prevocational Doctor Education and Training Committee
- Function 2 – Standard 3: Health Service Education Program Content
- Function 2 – Standard 4: Health Service Education Program Delivery
- Function 2 – Standard 5: Evaluation of the Health Service Education Program

POLICY INCLUSIONS

It is recommended that the following matters be considered within this policy:

1. Availability to all prevocational doctors regardless of their term allocation including offsite placements
2. Transparent process for equitable access regardless of term allocation
    a. Timing of sessions to allow equitable access to all prevocational doctors where possible
    b. Repeat sessions of importance to allow maximum attendance regardless of rotation
    c. Consideration of other mediums to give access to program e.g. podcast, live streaming
3. Flexible format of HSEP incorporating the acquisition of knowledge, skills and attitudes using best educational practice:
    a. A mixture of didactic and experiential opportunities, encouragement of innovative approaches such as blended and peer group learning
    b. Opportunities to practice skills and receive feedback
    c. Opportunities for prevocational doctors to ask questions
    d. Self-reflection activities
4. Inclusive of indicators for relevant components of the Australian Curriculum Framework for Junior Doctors (ACFJD) and Intern Outcome statements (AMC)
5. Prevocational doctor ability to self-monitor progress against the ACFJD and Intern Outcome statements
6. Availability in paid time
7. Definition of protected time
8. Process for ensuring protected time
9. Process for evaluating compliance with protected time
10. Where an offsite NT health regional health service has adopted the policies of a primary allocation NT health regional health service, there must be a documented process for implementing each of these policies at a local level
11. Process for evaluating HSEP biannually:
    a. Content of individual sessions
    b. Performance of individual presenters/facilitators including ability to answer questions, respect of learner knowledge, development of a safe learning environment
    c. Learning achieved from the session via self evaluation
    d. Provide suggestions for changes to the program for the following year

REFERENCE DOCUMENT/S

Prevocational Accreditation Standards and Guidelines
CPMEC Australian Curriculum Framework for Junior Doctors (ACFJD)
AMC Intern Outcome Statements

GOVERNANCE OF PETP

ACCREDITATION STANDARD/S

The NT health regional health service's governance of the PETP policy relates to the following prevocational accreditation standards:

- Function 1 – Standard 1: Health service Structure
- Function 1 – Standard 5: Prevocational Doctor Education and Training Committee

POLICY INCLUSIONS

It is recommended that the following matters be considered within this policy:

1. Clear organisational structure, indicating key roles for the governance of the PETP, and reporting lines
2. Clear Terms of Reference for the committee responsible for oversighting the PETP, including:
    a. Membership on the committee of relevant personnel overseeing the PETP e.g. MEO, DCT
    b. Chairperson independent from the NT health regional health service MEU and executive
    c. Intern and prevocational doctor representation on the committee
    e. Monitoring and evaluation of the PETP demonstrating continuous improvement of the PETP
    f. Development of policies and processes for the PETP
    g. Development and endorsement of policies and procedures for the PETP
    h. Annual evaluation of committee Terms of Reference and review of performance measures

REFERENCE DOCUMENT/S

Prevocational Accreditation Standards and Guidelines

PREVOCATIONAL DOCTOR WELL-BEING

ACCREDITATION STANDARD/S

The NT health regional health service's prevocational doctor well-being policy relates to the following prevocational accreditation standards:

- Function 1 – Standard 1: Health service Structure
- Function 1 – Standard 2: Personnel Overseeing the Prevocational Doctor Education and Training Program

POLICY INCLUSIONS

It is recommended that the following matters be considered within this policy:

1. The process and resources for facilitating advocacy and well-being for prevocational doctors
2. Key personnel responsible for facilitating prevocational doctor advocacy and well-being
3. Facilitation of prevocational doctor advocacy and well-being is a core job responsibility of key personnel
4. The inclusion of advocacy and well-being processes in NT health regional health service orientation program
5. Where an offsite NT health regional health service has adopted the policies of a primary allocation NT health regional health service, there must be a documented process for implementing this policy at a local level.

REFERENCE DOCUMENT/S

Prevocational Accreditation Standards and Guidelines
Prevocational PETP Policy and Process Guidelines – PETP Processes

ORIENTATION

ACCREDITATION STANDARD/S

The NT health regional health service's orientation policy relates to the following prevocational accreditation standards:

- Function 1 – Standard 1: Health service Structure
- Function 1 – Standard 4: Governance of a Prevocational Offsite Unit
- Function 2 – Standard 2:PETP Orientation
- Function 2 – Standard 8: Term Orientation

POLICY INCLUSIONS

It is recommended that the following matters be considered within this policy:

1. Clear differentiation between NT health regional health service orientation programs and term orientation programs conducted in each accredited unit including the offsite unit
2. Timing of orientation
3. Duration of orientation
4. Content areas to be covered in all orientation programs, including:
    a. Rostering principles
    b. Advocacy processes
    c. Clinical policies and procedures
    d. Clinical skills e.g. ALS
    e. NT health regional health service Education Program
    f. Compulsory requirements e.g. term evaluations
    g. Role of accreditation and NT health regional health service (matrix)
    h. Prevocational doctor support processes
    i. Assessment procedures
    j. Relevant NT health regional health service policies and procedures e.g. OH&S, Grievance, Human Resources, Pay, Leave
5. Orientation Delivery modes, including as appropriate:
    a. A mixture of didactic and experiential opportunities
    b. Opportunities to practice skills and receive feedback
    c. Opportunities for prevocational doctors to ask questions
    d. Self-reflection activities
    e. Opportunities for live streaming or podcast for catch up sessions
6. Process for evaluating orientation program, including opportunity for the prevocational doctor to:
    a. Provide feedback on individual sessions
    b. Provide feedback on individual presenters/facilitators
    c. Reflect on learning achieved with the program
    d. Provide suggestions for changes to the program for the following year
7. Process for reporting orientation evaluation data to the committee responsible for oversighting PETP
8. Responsibility for prevocational doctor orientation programs within the organisation
9. Where an offsite NT health regional health service has adopted the policies of a primary allocation NT health regional health service, there must be a documented process for implementing each of these policies at a local level.

REFERENCE DOCUMENT/S

Prevocational Accreditation Standards and Guidelines
Prevocational/AMC National Based Assessment Tool
NT health regional health service and Term Orientation Manuals

SUPERVISION

ACCREDITATION STANDARD/S

The NT health regional health service's supervision policy relates to the following prevocational accreditation standards:

- Function 1 – Standard 1: Health Service Structure
- Function 1 – Standard 4: Governance of a Prevocational Offsite Unit
- Function 2 – Standard 7: Term Supervision

POLICY INCLUSIONS

It is recommended that the following matters be considered within this policy:

1. Level of experience required by the supervisor e.g. intern or more senior prevocational doctor; location; term
2. Location of supervision i.e. proximity – on site or via telephone
3. Delegation of responsibility for supervision e.g. in the event of an absence of a supervisor
4. Congruence with the Prevocational Accreditation Committee's (PAC's) supervision policy and MBA supervision requirements
5. Supervision for day working hours compared to evenings and weekends

REFERENCE DOCUMENT/S

Prevocational Accreditation Standards and Guidelines
Prevocational Accreditation Committee Supervision Policy for prevocational doctors in Accredited NT health regional health services
MBA Supervision Requirements

WARD CALL (WHERE APPLICABLE)

ACCREDITATION STANDARD/S

The NT health regional health service's ward call policy relates to the following prevocational accreditation standards:

- Function 1 – Standard 1: Health service Structure
- Function 1 – Standard 3: Prevocational Doctor Education and Training Program

POLICY INCLUSIONS

It is recommended that the following matters be considered within this policy:

1. Prevocational doctor ward call can only be performed in accredited units
2. Prevocational doctor supervision whilst undertaking ward call duties
3. Ward call/remote call supervisor's input to overall term assessment

4. Communication of policy to prevocational doctors
5. Process for MEU personnel to monitor implementation of the policy

REFERENCE DOCUMENT/S

Prevocational Accreditation Standards and Guidelines
Prevocational Accreditation Committee Supervision Policy

ACCESSING PROFESSIONAL DEVELOPMENT OPPORTUNITIES PROCESS

The NT health regional health service should be able to provide prevocational doctors with equitable access to clinical and non-clinical additional education opportunities (outside the HSEP). There will be processes developed for accessing these additional education opportunities such as a form to be completed, reimbursement guidelines and processes, and leave policies. In addition, prevocational doctors should be made aware of the professional development opportunities open to them such as:

- Advanced Life Support (ALS) programs
- Clinical skills or Simulation Programs
- Learning/Teaching on the Run Programs
- Prevocational Accreditation Surveyor Training Workshops
- NTJMOF attendance

The NT health regional health service Education Program (HSEP) should be accessible to all prevocational doctors equally. A NT health regional health service should be able to provide a HSEP attendance list, indicating the term currently undertaken by the prevocational doctor. The NT health regional health service should collate these attendance lists every six months to determine attendance 'by term' and identify terms in which the prevocational doctors have difficulty attending the HSEP components.

There should also be a process for addressing this where terms are identified as problematic regarding attendance at the HSEP, and where it is deemed this is a unit-based issue rather than an individual prevocational doctor's behaviour. This process should include obtaining feedback from the prevocational doctors who have completed or are currently rostered to that term. The NT health regional health service should have a policy regarding HSEP attendance and this policy should include reference to the necessity for release from duties to allow this attendance. All term supervisors should be made aware of this policy. This process should also consider options to access and acquire the missed HSEP sessions.

ALLOCATION PROCESS

NT health regional health services should be able to provide copies of the yearly prevocational doctor allocation which provide each Intern with:

- Minimum of 10 continuous weeks of Medicine
- Minimum 10 continuous weeks of Surgery
- Minimum of 8 continuous weeks of Emergency Medical Care
- The remaining 19 weeks in terms of a minimum of 5 continuous weeks' duration

Giving a total of 47 weeks as required by the MBA for General Registration at the end of Internship

Each term within the NT health regional health service should be listed and correspond with prevocational accreditation records. The term list should indicate:

- Term content area e.g. medicine, surgery etc.
- The number of prevocational doctors allocated to the term (showing how many Interns and other prevocational doctors are allocated to that term)

The prevocational accreditation matrix must be available and up to date for the current allocations. These prevocational allocations should be able to be easily mapped to the accreditation matrix, with names of terms consistent with those found within the matrix.

Where an offsite term is used the link to the requirements of overall allocation for the individual prevocational doctor should be clear i.e. if an intern is allocated to a compulsory term at an offsite NT health regional health service then they should be in a term accredited for that compulsory term.

ASSESSMENT PROCESS

Assessment is a crucial component of the PETP and essential for prevocational doctor learning and development. A national based system has been developed. The NT health regional health service is responsible for ensuring that this National Based Assessment Tool is implemented. A process for distributing the assessment tool to supervisors and prevocational doctors should be developed and also a process for return of these forms to the DCT for review. The process of review of these assessment forms should also be clearly identified including remediation processes should problems be identified. Additional workplace based assessment methodology will be used to inform of the completion of the National Based Assessment Tool.

An Assessment Review Group is to be established to assist with decisions on remediation of interns and other prevocational doctors who do not achieve satisfactory supervisor assessments. The role of this group should be clearly defined in the process.

It is expected that at the term orientation prevocational doctors receive an outline of the assessment processes of that term including who is responsible for giving feedback and appraisals, and how this information will be collated e.g. direct observation, reports from supervisors, and information from co-workers such as nursing and allied health staff.

It is expected that there will be a mid-term assessment completed for terms of longer than five weeks duration. A copy of the process for the mid-term assessment is to be provided. Prevocational doctor evaluations for the terms should indicate whether or not they received mid term feedback and information on how useful this feedback was especially for the intern year. De-identified data from this evaluation should be provided to the term supervisors for quality improvement purposes.

A copy of the term assessment process as outlined should be provided. There should be evidence of input from a variety of sources including other relevant medical, nursing or allied health staff.

A copy of the process (e.g. Improving Performance Action Plan (IPAP) for informing prevocational doctors of serious concerns should be provided. This process should include:

- Specifics of the concern
- Welfare of the prevocational doctor and patients
- Remediation plan
- Allocation of responsibilities for implementation of the remediation plan
- Timeframe for review
- Assessment Review Group process

The process should involve the prevocational doctor, MEO, DCT and DMS if necessary.

A copy of the end of term assessment tool should be provided. There should be a process for the DCT to review this form for each prevocational doctor for each term prior to this being stored in the prevocational doctor's personnel record.

FEEDBACK PROCESS

Prevocational doctor feedback is required on the PETP to ensure that quality improvements are made each year. The NT health regional health service should have a process for collecting and collating prevocational doctor evaluation on the PETP. There will be an evaluation tool developed which is distributed to the prevocational doctors and collated by the personnel overseeing the PETP. A process should clearly enunciate the reporting of this information to the Prevocational Doctor Education and Training Committee or equivalent group responsible for overseeing the PETP.

The NT health regional health service will be able to provide copies of the evaluation reports to the survey team and any actions resulting from the outcomes of this evaluation. Showing where continuous improvement has occurred.

As part of the quality improvement cycle, NT health regional health services need to ensure that the PETP orientation program is evaluated. A tool for evaluation of the program should be developed. This tool should include an opportunity for the prevocational doctor to:

- Provide feedback on individual sessions
- Provide feedback on individual presenters/facilitators
- Reflect on learning achieved with the program
- Provide suggestions for changes to the program for the following year

The convenor of the NT health regional health service orientation program should provide this evaluation in report form to the committee responsible for the oversighting of the PETP and include recommendations for change. Survey teams should be provided with a copy of this report along with progress of the recommendations.

IMPROVING PERFORMANCE ACTION PLAN (IPAP) PROCESS

A process (e.g. IPAP) for informing prevocational doctors of serious concerns should be developed. This process should include:

- Specifics of the concern
- Welfare of the prevocational doctor and patients
- Remediation plan
- Allocation of responsibilities for implementation of the remediation plan
- Timeframe for review
- Assessment Review Group process

The process should involve the prevocational doctor, MEO, DCT and DMS if necessary. This process may be written in as part of the assessment process.

PREVOCATIONAL DOCTOR ADVOCACY PROCESS

The NT health regional health service process to facilitate advocacy on behalf of prevocational doctors is important for the NT health regional health service and the prevocational doctor. Job descriptions for personnel involved in prevocational doctor training and education should specify this role and responsibility. The process for prevocational doctor advocacy should be included in the NT health regional health service orientation program so that all prevocational doctors are made aware of who is able to advocate on their behalf and how they would do this.

Where an offsite NT health regional health service has adopted the policies of a primary allocation NT health regional health service, there must be a documented process for implementing this policy at a local level, and those involved at the offsite NT health regional health service made aware of their role in advocacy of prevocational doctors.

PETP PERSONNEL APPRAISAL PROCESS

The roles of the personnel involved in overseeing the PETP are crucial for its success and to ensure that the program is of a consistently high quality. The NT health regional health service will have a process in place for monitoring and appraising the performance of these key personnel in their roles in relation to the PETP.

Personnel may include the MEO, DCT and medical education administration staff. In addition, the NT health regional health service may also choose to include the Chair of the committee responsible for overseeing the PETP. The NT health regional health service will be able to provide a copy of the process for assessing the performance of these key staff and the tool/s used. Show the schedule for the appraisals occurring and when due.

TERM EVALUATION PROCESS

It is expected that prevocational doctors will be able to give feedback on:

- Term rosters
- Clinical experience gained (value of allocation)
- Achievement of learning objectives
- Adequacy of supervision
- Adequacy of feedback and appraisal
- Opportunities for learning
- Positive and negative aspects of the term
- Suggested changes to the term

A process for provision of evaluation data to the term supervisor should be developed. This process should indicate how data is presented to the term supervisors. It is expected that this process would occur annually.

A copy of minutes of the committee oversighting the PETP should be provided indicating review of term evaluations and recommendations made. (As well as any improvements undertaken as a result of those recommendations).

It is expected that for the integrity of the term evaluation process that data will be de-identified so as to maintain confidentiality for the prevocational doctors involved. A copy of the process for managing term evaluations should be provided, clearly indicating how confidentiality will be maintained.

TERM HANDOVER PROCESS

Adequate handover is essential for safe and quality clinical care of patients. As such, evidence of the process for handover at the start of each term should be provided. This process should take into consideration the requirement for handover prior to commencement of the term should the prevocational doctor be located at an offsite NT health regional health service.

This may involve a phone handover with the current prevocational doctor in the week preceding commencement of the new term. In addition, evidence of the process for handover between shifts should also be provided. In some instances such as Emergency and Anaesthetics where there are short term patients this may not be applicable.

TERM IDENTIFICATION/SERVICE PROVISION CONSIDERATION PROCESS

The NT health regional health service will need to consider the structure of their PETP in the overall NT health regional health service, service provision. This should indicate how reductions or increases in service provision in a clinical area, result in consideration of prevocational doctor workload and potential changes in prevocational doctor numbers where applicable.

In addition, the NT health regional health service should be able to provide an outline of the case mix and workload for each unit. This type of information is regularly collated for ACHS surveys and should be able to be reused in this context. The intent is to allow the accreditation survey team to be able to determine the type of clinical experience a particular term provides the prevocational doctor.

There should be a process for determining the appropriate terms for prevocational doctors to allow for capacity building as case mix and clinical capacity changes. Any work done on reviewing terms regarding case mix and workloads could be offered to the survey team to show how determinations were made regarding selection of prevocational doctor terms.