Northern Territory

PREVOCATIONAL ACCREDITATION STANDARDS GUIDELINES

Section 3

This component of the Accreditation System Manual consolidates the Accreditation Standards with the published Guidelines for the Accreditation Standards. This document is a standalone however it is strongly suggested to be read in partnership with the other components of the NT Accreditation System.

NT
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TERMINOLOGY RELATED TO THE PREVOCATIONAL DOCTOR EDUCATION AND TRAINING PROGRAM

ALLOCATION

Allocation is the process of assigning a prevocational junior doctor to a term or unit to undergo a period of training. For interns there are three compulsory allocations required according to the Medical Board of Australia: Medicine, Surgery and Emergency Medical Care.

APPRAISAL (FORMATIVE ASSESSMENT)

Appraisal is a process of continuous monitoring of a prevocational junior doctor charting his/her progress, and focussing on exploring evidence of performance, with the aim of identifying developmental needs. To avoid ambiguity, the term appraisal will not be used without appropriate clarification e.g. clinical performance appraisal, or program appraisal. The provision of appraisal via feedback enables an individual to monitor his/her progress against agreed outcomes.

ASSESSMENT (SUMMATIVE ASSESSMENT)

Summative Assessment is a systematic procedure for measuring a prevocational junior doctor's progress or level of achievement against defined criteria to determine whether they have achieved the educational and professional goals expected of them at each stage of their clinical education. Such assessment is summative, as a satisfactory assessment will enable a prevocational junior doctor to progress to the next stage of training.

AUSTRALIAN CURRICULUM FRAMEWORK FOR JUNIOR DOCTORS (ACFJD)

The Curriculum Framework is the structure on which the prevocational doctor educational program is based. The Australian Curriculum Framework for Junior Doctors (ACFJD) is an educational template outlining the learning outcomes required of prevocational doctors, to be achieved through their clinical rotations, education programs and individual learning in order to promote safe, quality health care. The ACFJD is built around three learning areas: Clinical Management, Communication, and Professionalism. The ACFJD has components that may require two years to achieve.

More information about the ACFJD can be viewed on the Confederation of Postgraduate Medical Education Councils (CPMEC) Australian Curriculum Framework for Prevocational doctor's website.

CERTIFICATION

The final sign-off to the Medical Board of Australia that the intern has completed the statutory requirements for general registration.

COMPETENCIES

Competencies refer to the knowledge, skills, attitudes and behaviours required to capably perform the duties of patient care.

CURRICULUM

A Curriculum is a statement of the intended aims and objectives, content, experiences, outcomes and processes of a program, including a description of the structure and expected methods of learning, teaching, feedback and supervision. The Curriculum will set out what knowledge, skills, attitudes and behaviours the learner will achieve.

ACCREDITATION STANDARDS AND GUIDELINES

EVALUATION

Evaluation is the process whereby the educational program itself, and the experience in each Unit, is appraised by those undertaking the program, and those implementing it. This will comprise several elements including but not limited to, structured and documented feedback from interns and prevocational doctors themselves.

EDUCATIONAL OUTCOMES

Educational Outcomes are the knowledge, skills, attitudes and behaviours that prevocational doctors must be able to demonstrate at the end of their training.

HEALTH SERVICE

A health service is the institution or clinical setting within which prevocational doctor's work and train. These organisations will usually be hospitals (e.g. NT Health regional health services) but may be healthcare centres or supervised practice locations in community settings which have met accreditation requirements for prevocational doctor training.

MANAGER

The Manager is the person with accountability for the health service. In NT Government regional health services this will usually be the Regional Executive Directors or his/her nominee. Non - NT Health Facilities will need to indicate the health service Manager at the time of application for accreditation/re-accreditation.

HEALTH SERVICE EDUCATION PROGRAM (HSEP)

The Health service Education Program (HSEP) is the education program developed for Interns and other prevocational doctor years, usually conducted on a weekly or bi-weekly basis (known previously as the Facility Education Program - FEP).

IMPROVING PERFORMANCE ACTION PLAN (IPAP)

This action plan is used to address identified issues and provides a plan for the prevocational doctor to address those issues (**Must** be completed for Borderline or Unsatisfactory assessment ratings)

INTERN TRAINING PROVIDER

The organisation that provides supervised clinical practice, education and training, and is responsible and accountable for the standard of the intern training program. Providers may be a hospital, community, general practice setting, or a combination of these.

NETWORK PARTNERS

Network partners refer to relationships between health services in terms of prevocational doctor education and training. These partnerships may be between public and private health services, between NT Health regional health services and Regional Training providers who work with General Practices, Aboriginal Medical Services, and health centres etc.

OFFSITE UNIT

An offsite term is an intern placement which occurs in a health service located geographically away from the primary allocation centre (PAC) but which operates within the prevocational Education and Training Program (PETP) of the PAC, and/or an alternative prevocational term structure which operates within the PETP of the PAC. A clear agreement is in place whereby the responsibility for the Governance accreditation standards, lie with the PAC and there is a clear communication process between the offsite units term supervisor and the PAC at all times. The offsite unit term supervisor is therefore responsible for implementing the PAC's PETP policies and processes on a day to day basis within the offsite term. The offsite unit's term supervisor is also responsible for ensuring appropriate term content, orientation, supervision and assessment according to the NT Prevocational Accreditation Standards.

ACCREDITATION STANDARDS AND GUIDELINES

OUTCOME STATEMENTS FOR INTERN TRAINING

There are no formal examination requirements for the intern year. Interns undertake a series of work-based assessments to determine their progress and suitability for registration as general medical practitioners. The Australian Medical Council (AMC) has defined a set of outcome statements for intern training. These provide clear criteria for clinical supervisors and clinical training directors to use in determining progression and completion of internship.

These outcome statements are not a curriculum, but state the broad and significant outcomes that interns will achieve by the conclusion of their programs. Intern training providers are responsible for designing learning programs that will enable interns to achieve these outcomes.

The outcome statements are:

- Set within four domains, which align with the *Australian Curriculum Framework for Junior Doctors* at the intern level
- Work-based and patient-centred and take account of the increasing responsibility for patient care under supervision that is required of interns
- Designed to be sufficiently generic to encompass a range of learning environments.

PGY

Means PostGraduate Year, usually used with a number to indicate the number of years after graduation from medical school. For example, PGY1 is the first postgraduate year, also known as internship.

PREVOCATIONAL DOCTOR EDUCATION AND TRAINING PROGRAM (PETP)

The prevocational doctor education and training program is the organisation's medical education and training program for prevocational doctors including Interns. Which comprises of a formal alignment or rotation of terms, together with a program of training from both the health service education program (HSEP) and the unit training programs, using the intern outcome statements and the ACFJD as a guide across supervised work-based training in a range of specialities which will ensure general registration for the internship year and is also offered to other postgraduate years. The program also includes orientation, formal and informal education sessions and assessment with feedback, and it may be provided by one or more intern/prevocational training providers.

Collectively the health service provides the clinical experience, orientation, supervision, assessment, feedback and education to enable interns to achieve the standards in safe practice, clinical knowledge, clinical skills and professional confidence necessary for general registration as a medical practitioner. These standards do not prescribe any one program model.

PRIMARY ALLOCATION CENTRE (PAC)

A health service capable of providing all the compulsory terms required for intern registration.

ROSTERING

Rostering refers to the daily routine for the intern/prevocational doctor. The roster will indicate the hours of work, location of work (e.g. ward, theatre, outpatients etc.) and specific events such as ward rounds, education sessions, team meetings etc.

SECONDMENT

Secondment involves the transfer of a doctor from the employing health service to another health service for a temporary period. Secondments for prevocational doctors are organised as part of the roster at the employing health service. An agreement between the health services involved outlining the roles and responsibilities of all parties are required where a secondment term is used.

SUPERVISION

Supervision is the direct or indirect (in health service) monitoring of Interns and other prevocational doctors by more senior medical staff, which will make sure that patients are safe and cared for, and prevocational doctors acquire appropriate skills and attitudes in their professional development. In the context of prevocational doctor training, supervision also refers to the provision of training and feedback, to assist specifically in the Intern year to meet the training requirements to satisfy registration requirements of the Medical Board of Australia (MBA).

SUPERVISION LEVELS (INTERN/PGY1)

The following levels of supervision have been defined to provide clarity of proximity of Supervisor to the Intern:

- Level 1 Direct Supervision – is where the Supervisor is physically present with the intern in the performance of his/her duties
- Level 2 In health service Supervision – is where the Supervisor is not physically present with the Intern, but is immediately available on site if required by the Intern, without impediment to access. The Supervisor must be aware of the duties being performed by the Intern
- Unsupervised – is where the prevocational junior doctor is unable to access appropriately qualified assistance or observation which in turn is likely to lead to harming a patient or the Intern. (This level is **NOT** to be used for intern/PGY1 prevocational doctors)

THE TERM

The Term is a period of practical experience and training that may occur in a number of clinical areas. A term usually occurs in one or more Units with components of orientation, supervision, education, assessment and clinical experience. Health services develop a timetable to schedule prevocational doctors working in various clinical settings across each calendar year. A term is generally 10 – 12 weeks in length, a non-required (compulsory) term for PGY1's will be no less than five weeks in length.

TERM (COMPULSORY) RELEVANT TO INTERN YEAR (PGY1)

A Compulsory Term is one which must be completed within the Prevocational junior doctor intern year as prescribed by the MBA. There are three compulsory terms which are Medicine, Surgery and Emergency Medical care. Each compulsory term for Medicine and Surgery must be a minimum of 10 weeks and Emergency Medical care a minimum of 8 weeks. As per the MBA granting general registration as a medical practitioner to Australian and New Zealand medical graduates will be made on successful completion of intern training.

TERM (NON-COMPULSORY) RELEVANT TO INTERN YEAR (PGY1)

A Non-Compulsory Term is an accredited prevocational doctor placement of at least five weeks duration in a clinical area deemed appropriate. As per the Medical Board of Australia (MBA) registration standard they are to be a range of other approved terms to make up the interns first 12 months (min of 47 weeks full time equivalent service).

UNIT

A Unit is an assigned term in which prevocational doctors work and undergo clinical training under the supervision of senior colleagues and a designated Educational Supervisor. Usually the Unit staff consists of a team of clinicians ranging from a prevocational junior doctor (including interns) to Consultant. Examples of a Unit may be Anaesthetics, ENT, Surgery or Respiratory Medicine. Units are required by the Accreditation Standards to outline the range of clinical opportunities and case mix that is available. Prevocational doctors are now also training in non-standard settings which are often based in general practice and community medicine.

UNIT/TERM EDUCATION PROGRAM

The Unit/Term Education Program is a specifically developed education program for prevocational doctors which is only available to prevocational doctors rotating through this Unit/Term and may be multidisciplinary in nature. This program will be linked and recorded to the health service education program so that a diverse coverage is always maintained with minimal or no duplication.

ADMINISTRATION OFFICER (AO)

The Administration Officer is the administrative staff member who assists the Medical Education Officer (MEO) and Director of Clinical Training (DCT) to achieve the outcomes of the prevocational doctor education and training program (PETP)

ASSESSMENT REVIEW GROUP

Assessment review groups will be established for each training provider with membership and terms of reference approved by NT Accreditation Committee. The review group will be chaired by the DCT. Given the close nexus between training and employment concerns in internship the review group will include a senior employer representative such as the DMS or equivalent. Other members will be drawn from Term supervisors, Medical Educators and additional employer representatives. The assessment review groups will have clear and transparent rules for deciding on the courses of action, and must provide these for review through the intern training accreditation process.

CLINICAL SUPERVISOR

The Clinical Supervisor is the Consultant/s or Registrar/s identified by the employing authority as having clinical responsibility for the prevocational junior doctor in each Unit/Term. Given the complexity of the tasks performed by prevocational doctors, supervision will be provided by a medical practitioner with unrestricted general registration with MBA and at least three years postgraduate clinical experience. Appropriate Senior Medical Staff opinion must always be available. The Clinical Supervisor conducts direct observation of the prevocational doctor's procedures and skills during the term. This person may or may not be the doctor providing or taking responsibility for educational supervision. In some rural or smaller facilities the clinical supervisor may also be the Term Supervisor.

DIRECTOR OF CLINICAL TRAINING (DCT)

Directors of Clinical Training (DCTs) are senior clinicians with delegated responsibility for implementing the intern training program, including planning, delivery and evaluation at the facility. The DCT also plays an important role in supporting interns with special needs and liaising with term supervisors on remediation. DCT's have a responsibility and accountability to assess the strengths and weaknesses in the health service's prevocational doctor education and training program and to rectify or modify the program where needed. This can occur through the health services prevocational doctor education and training committee. DCTs or Directors of Medical Services (DMS's) are responsible for reporting on the assessment and suitability of PGY1 and AMC candidates on probationary registration for general registration.

DIRECTOR OF MEDICAL SERVICES (DMS)

The DMS is the medical practitioner who leads each health service's medical workforce. The DMS is usually the nominated health service Delegated Officer for oversight of the accreditation standards. However some standards accountability and responsibility are shared with other senior clinicians.

DOCTORS IN TRAINING

'Doctors in Training' is a generic term to describe junior medical staff (including Registrars) in the early postgraduate years who are undertaking clinical training. Although not all such persons will be junior in chronological years, they will be junior in terms of their postgraduate clinical training and experience in the Australian setting.

EARLY POSTGRADUATE YEARS (PREVOCATIONAL)

The Early Postgraduate Years include Postgraduate Year 1 (PGY1/Internship), Postgraduate Year 2 (PGY2) Resident Medical Officers (RMO), Postgraduate Year 3 and above for those not enrolled in any vocational training program and Australian Medical Council (AMC) graduates undertaking 12 months of supervised training. This period of medical training is often referred to as the Prevocational years.

HEALTH SERVICE DELEGATED OFFICER

The health service Delegated Officer refers to the health service staff member who has been given responsibility and accountability for overseeing a specific Accreditation Standard/s by the health service Manager. The health service Delegated Officer is responsible and accountable for ensuring compliance with the Standard/s. Directors of Medical Services may be nominated for oversight of most and sometimes all of the standards in their health service. Where the DMS is not responsible or nominated against a standard/s then another appropriate staff member is to be nominated against those standards to ensure compliance is achieved and maintained.

INTERN

A doctor in their first postgraduate year (PGY1) and who holds provisional registration with the Medical Board of Australia (MBA).

JUNIOR MEDICAL OFFICERS (JMOS)

Junior Medical Officers are Doctors in their Postgraduate Year 1 (PGY1/Internship) and Postgraduate Year 2 (PGY2/RMO), and above where the junior doctor is not studying through a vocational college program and includes Australian resident overseas-trained doctors on probationary registration.

MEDICAL ADVISORY COMMITTEE (MAC) OR EQUIVALENT

The Medical Advisory Committee is a committee that focuses on the outcomes for the medical staff within that health service. The GCTC/MTC will have at least one representative on the MAC, and the agenda and minutes of the GCTC/MTC will be provided to the MAC.

MEDICAL EDUCATION OFFICER (MEO)

The Medical Education Officer is an experienced educationalist employed to assist the DCT in developing training and educational processes and procedures supportive of the PETP. This role also assists with the advocacy of prevocational doctors and will redirect to the DCT and above where necessary.

MEDICAL EDUCATION UNIT (MEU)

The Medical Education Unit refers to the group of individuals providing oversight to the PETP. This usually includes an MEO, Director of Clinical Training (DCT) and Administration Officer (AO) at a minimum. It will sometimes include a Medical Education Registrar (MER).

PREVOCATIONAL DOCTOR EDUCATION AND TRAINING COMMITTEE

The Prevocational Doctor Education and Training Committee is the health service based multidisciplinary committee formed to determine, oversee and monitor the specific training and educational needs for Interns and other prevocational doctor's. One important role of the prevocational doctor education and training committee is to implement, review and evaluate these training and education programs and to work closely with the health service Medical Education Unit (MEU).

REGISTRAR

A Registrar is a doctor who has been accepted into an accredited specialist training program in a clinical specialty with a nominated college.

STAKEHOLDER

A Stakeholder is an individual, group or organisation that has a vested interest in the outcomes of the postgraduate medical education and training system, which can affect, or is affected by actions within that system. The stakeholders of prevocational junior doctor education include:

a. Health Care Consumers;
b. Junior Medical Officers within NT Health regional health services;

c. Junior Medical Officers (JMO) Forum – A group of prevocational doctors representing their colleagues in NT Health regional health services. Formed to discuss issues relevant to, and to participate in, the decision making processes affecting their education and training;
d. Medical Education Officer and Director of Clinical Training (MEO/DCT) Network – Denotes collaboration between these individuals to achieve common outcomes in prevocational doctor Education and Training;
e. Directors of Hospital (and Health) Services Boards;
f. NT Department of Health (DoH);
g. Private Hospital;
h. Australian Council on Healthcare Standards (ACHS);
i. Australian Medical Council (AMC);
j. Medical Board of Australia (MBA) including local Board;
k. Postgraduate Medical Council (PMC);
l. Australian Medical Association of Northern Territory (AMANT);
m. Australian Medical Association Council of Doctors in Training (AMACDT).

TERM SUPERVISOR

The Term Supervisor is a Senior Medical Officer, Consultant, or General Practitioner who is responsible for ensuring prevocational doctors receive a term orientation and assessment for that term. They may also provide appropriate clinical supervision throughout the term along with other colleagues. This person will be the doctor providing or taking responsibility and is accountable for educational supervision, which may include direct observation of skills and procedures within that term as well as ensuring a term education program is provided. The Term Supervisor is responsible to ensure the required documentation (Term orientation, general and individual learning objectives are set, mid and end of term assessments) is completed where necessary for each prevocational junior doctor placed in their unit. The Term Supervisor may have more than one prevocational junior doctor to oversee at any one time.

UNIT EDUCATIONAL SUPERVISOR

The Unit Educational Supervisor is the consultant identified by the employing authority as having educational responsibility for the prevocational junior doctor in the unit identified. This may or may not be the doctor providing clinical supervision. They are responsible for ensuring a prevocational doctor receives appropriate training and experience and reports on whether individual placements have been completed successfully by the end of the prevocational doctor's rotation in their unit.

Some entries in this glossary have been adapted from:

ACHS EQuIP Guide, - http://www.achs.org.au/publications-resources/glossary-and-acronyms

RACS website – http://www.surgeons.org

UK PMETB website – http://www.gmc-uk.org

PMCQ Accreditation Standards and Guidelines

ACCREDITATION STANDARDS AND GUIDELINES

CONTENTS

ACCREDITATION STANDARDS AND GUIDELINES

INTRODUCTION

"The health service Manager is accountable for the provision and quality of the Prevocational Doctor Education and Training Program (PETP) by ensuring that there are appropriate and effective organisational, operational and governance structures in place to manage prevocational medical education and training." ***Function 1 Standard 1***

This is an unequivocal statement that a training health service must have management systems. These systems are also expected to respond effectively to internal and external influences. Decision makers who have a grasp of systems thinking are able to deploy a simple but powerful set of concepts and tools to implement systems management.

Presumably, at an accreditation survey a training health service could be expected to provide evidence that it actually has management systems and these have been implemented in a way that enables them to respond effectively to the NT Prevocational Accreditation Standards.

A system self-regulates through feedback. Therefore, a training health service can continually improve by responding to feedback. High performing training health services are continually collecting data, reviewing it and using this information to improve processes.

The NT Accreditation System Standards and Guidelines are made up of two main Functions

- **Function 1** – **Governance**
  The health service 'Delegated Officer' will ensure that the prevocational doctor education and training program offered is *sufficient* to enable prevocational doctors who undertake the program to gain the skills and knowledge in clinical medical practice necessary to competently and safely practise the profession

- **Function 2** – **Prevocational Doctor Education and Training Program**
  The structure and content of the program including assessment and supervision, training infrastructure and resources and clinical experiences is *sufficient* to enable prevocational doctors to progress to full registration, and prepare for the transition to Vocational Education and Training

Underpinning these functions are standards that describe the dimensions of each function that need to be met. Each standard has a number of criteria that break each standard down further so that a health service can demonstrate and give evidence of how they meet each function.

- **Function 1** has **5 standards** and **31 criteria**

- **Function 2** has **10 Standards** and **41 criteria**

These standards have been used as a foundation for setting up a new prevocational education training program. The standards give the fundamental components to running a safe and quality education and training program, and if the components are put in place and maintained, prevocational accreditation status will be achieved. Continuous improvement of the program is ongoing and will be a refinement of the program in each health service over time.

HOW TO USE THIS DOCUMENT

This component of the Accreditation Manual consolidates the Accreditation Standards, suggested evidence to achieve a satisfactorily met (SM) rating (see note on next page regarding what an SM and other ratings are) with the published Guidelines for the Accreditation Standards. The combination of the suggested evidence and guidelines interpretative assistance with the actual Standards will assist you in understanding not only the wording,

but also the intent of the Prevocational Accreditation Standards. There is a glossary to assist in defining the meaning of words/titles etc. used in this publication.

The Guidelines have been developed to **assist** health service training facilities in understanding the requirements of each of the Accreditation Functions, Standards and Criterion. They provide guidance as to the minimum requirements and the depth of evidence necessary to achieve a Satisfactorily Met (SM) rating. They are intended to assist Facilities in implementing best practice and guide continuous improvement in prevocational doctor education and training. The guidelines are meant to be in addition to any opportunity to ask questions for clarification from NT accreditation staff.

RESPONSIBILITY - STANDARDS

Every staff member who has involvement in the prevocational education, training and supervision program is responsible to ensure that the standards are met. However to ensure that each function, standard and criterion is managed and coordinated throughout the program each Standard is to have a person nominated as the 'Delegated Officer' to be responsible for the management and coordination of that standard/s and its components –

The 'Delegated Officer' is

> 'the health service staff member who has been given responsibility and accountability for overseeing a specific Accreditation Standard/s by the health service Manager. The health service Delegated Officer is responsible and accountable for ensuring compliance with the Standard/s'

NT Prevocational Accreditation Standards Guidelines and Rating Scale Glossary

Directors of Medical Services have been nominated for oversight of most and sometimes all of the standards in some Health services. Where the DMS is not responsible or nominated against a standard/s then another appropriate staff member is to be nominated against that or those standards to ensure compliance is achieved and maintained.

Note: see Function 1; Standard 1; Criteria 5 guidelines

Please note that demonstration of all the components recommended in the Accreditation Guidelines would result in an achievement of a **SM** rating.

A 2 point Rating Scale is based on those used by the ACHS EQuIP Scale

1. Not Met (**NM**) – awareness and knowledge of the Standards but only fundamental systems in place, or implemented systems but little or no monitoring of outcomes against Standards.
2. Satisfactorily Met (**SM**) – collection of outcome data from systems designed to implement Standards and evidence of improvements to systems.

The only addition to this scale is the opportunity for the Surveyors to recognise partial completion within a specific function, standard and criteria.

For any Achievements above and beyond Satisfactorily Met the following ratings may be used

1. Extensive Achievement (**EA**) – evidence of innovation and implementation of best practice including sharing of practice at a State or National level.
2. Outstanding Achievement (**OA**) – considered leaders in the field relevant to the Criterion being assessed. There is evidence of benchmarking and comparing systems internally and/or externally.

For further information about the rating scales please contact the NT Accreditation staff.

ACCREDITATION STANDARDS AND GUIDELINES

FUNCTION 1 - GOVERNANCE

The health service Delegated Officer will ensure that the prevocational junior doctor education and training program offered is *sufficient* to enable prevocational junior doctors who undertake the program to gain the skills and knowledge in clinical medical practice necessary to competently and safely practise the profession.

STANDARD 1:	HEALTH SERVICE STRUCTURE
STANDARD 2:	PERSONNEL OVERSEEING THE PREVOCATIONAL JUNIOR DOCTOR EDUCATION AND TRAINING PROGRAM
STANDARD 3:	PREVOCATIONAL JUNIOR DOCTOR EDUCATION AND TRAINING PROGRAM
STANDARD 4:	GOVERNANCE OF A PREVOCATIONAL OFFSITE UNIT
STANDARD 5:	PREVOCATIONAL DOCTOR EDUCATION AND TRAINING COMMITTEE

STANDARD 1: HEALTH SERVICE STRUCTURE

The health service Manager is accountable for the provision and quality of the Prevocational Doctor Education and Training Program (PETP) by ensuring that there are appropriate and effective organisational, operational and governance structures in place to manage prevocational medical education and training.

Criteria:

1. Provide **governance** to the health services PETP that includes defining the **prevocational training program outcomes** and the **programs assessment.** Assessment roles are defined **and** meet any relevant national and/or territory laws and regulations pertaining to prevocational education and training.
2. The duties, rostering, working hours and supervision of prevocational doctors are consistent with the **delivery of high-quality, safe patient care**.
3. The health services give **appropriate priority** to medical education and training relative to other responsibilities.
4. Undertake medical education and training program **strategic planning.**
5. Ensure that there is an **organisational structure** with appropriately qualified staff to manage the PETP.
6. Ensure that there are **policies** (or equivalent)**, processes and procedures** in place, which facilitate the delivery, coordination and evaluation of the PETP including supervision and orientation.
7. Provide safe adequate **physical and educational infrastructure** to ensure the objectives of the prevocational doctor training years are met.
8. Ensure **effective communication between health services** that provide prevocational medical education and training.

Responsibility: Health service Delegated Officer (Identified and nominated)

Evidence: (to achieve Satisfactorily Met (SM) rating)

1. Evidence of overall prevocational education and training program outcomes and programs assessment based within the framework of any relevant national or territory laws and regulations pertaining to prevocational education and training.
2. A copy of overall prevocational education and training program that outlines/highlights the delivery of high-quality safe patient care. (e.g. duties expected, rostering guidelines and working hours of prevocational doctors, supervision policy/guideline).
3. A copy of health services strategic plan showing appropriate priority to medical education and training.
4. Copy of strategic plan, resource and financial plan for the PETP within the health service indicating non-salary funding allocation for PETP.
5. A copy of health service organisational structure outlining the program position roles, responsibilities and accountabilities relevant to the PETP.
6. Copies of policies or equivalent, processes and procedures relevant to the PETP including the review process of these documents.
7. A list of the physical and educational infrastructure provided to ensure training objectives are met e.g. library facilities, internet access, handover facilities, simulated learning environments.
8. Evidence of effective communication and evaluation of communication between health services and copies of minutes/notes/emails of meetings between health services.
9. A list of Identified health service Delegated Officers responsible for compliance of Standards and any delegations of that responsibility (delegation appropriate to manage and deliver Standards).

GUIDELINES: STANDARD 1

The aim of this Standard is to ensure that a suitable and effective organisational and operational health service structure is in place and a high quality PETP can be implemented and maintained using a continuous improvement model. The policies (or equivalent) and procedures are in place to support the implementation of the PETP. This set of standards focuses on the requirements to support junior doctors during the internship and other prevocational years, but recognises the importance of integration of the systems for education, support and supervision for all doctors and students in training.

CRITERION 1 – PETP GOVERNANCE AND PROGRAM ASSESSMENT

The health service will provide a governance model for their Prevocational doctor education and training program that supports junior doctors during the internship and following prevocational years. The governance model will indicate how the PETP will be assessed both formatively and summatively specifically for internship and appraisals for all other levels in their prevocational education and training program.

These standards recognise that prevocational doctors can complete the supervised placements and training in a variety of health care settings, including hospitals, general practice and community based health services. The way in which these elements combine into an education and training program may vary. The standards do not prescribe any one program model.
However risk assessments of new and offsite units will assist in ensuring any risks that are present have been identified from the outset and have a mitigation process to ensure a safe and quality environment for the patients and prevocational doctors.

CRITERION 2 – DELIVERY OF HIGH-QUALITY, SAFE PATIENT CARE

The health services overall strategic approach will outline the expected level of duties of prevocational doctors, the rostering and working hours guidelines for prevocational doctors and the supervision deemed necessary for the prevocational years.

This criterion is focused on a strategic approach (high level health service) to the delivery of high-quality safe patient care.

CRITERION 3 – PETP GIVEN APPROPRIATE PRIORITY RELATIVE TO OTHER RESPONSIBILITIES IN THE HEALTH SERVICE

The Health service will provide evidence that the PETP is considered a priority in the overall Health service strategic plan. Teaching and training, appraising and assessing doctors are important functions for the care of patients and the development of a highly skilled workforce to care for patients in the future.

Demonstration of managing this priority will 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 Health service will provide an outline of the case mix and workload for each unit. This type of information is regularly collated for ACHS Surveys and may be used in this context. The intent is for the Accreditation Survey Team to determine the type of clinical experience a particular term provides the prevocational doctor.

There will be a process for determining the appropriate terms for prevocational doctors to allow for capacity building as case mix and clinical capacity changes. Any changes to terms or placements will always be communicated to the accrediting body to ensure the safety and wellbeing of both patients and prevocational doctors.

CRITERION 4 – STRATEGIC PLANNING, RESOURCE AND FINANCIAL PLANNING

The health service will demonstrate how they resource this educational role by providing a strategic plan specifically for the prevocational education and training program linked to the wider health service plan. There will also be demonstrated evidence that the personnel involved in implementing the PETP are actively involved in the PETP strategic planning process.

In addition, the health service will have a dedicated prevocational doctor education and training Non-Salary Item funding that itemises expenses against deliverables e.g. professional development opportunities, resource and administration requirements.

CRITERION 5 – ORGANISATIONAL STRUCTURE

Those members of health service staff with the delegated task to manage one or more of these standards will be listed and identify how their overall responsibilities are linked to the overall management of the PETP.

The health service will demonstrate that it has competent and appropriately qualified staff to manage the PETP.

In a health service with Primary Allocation Status, this will include a DCT, MEO and medical education administration support.

In a health service prevocational offsite unit, this will include access to at least a DCT or equivalent and preferably access to an MEO or equivalent.

Each DCT will have adequate time allocated to perform this role. In addition, there will be a clear organisational structure, which outlines the reporting lines, responsibilities and accountabilities for the DCT, and MEO. This structure will also demonstrate the reporting lines for the clinical supervisors to the DCT for their role in Prevocational Doctor Education and Training. There will also be evidence that those involved in Medical Education are aware of their reporting line.

CRITERION 6 – POLICIES (OR EQUIVALENT) PROCESSES AND PROCEDURES

The health service will have developed policies (or equivalent), processes and procedures to assist the implementation of the PETP. These policies will be reviewed at least bi annually and will include:

- Governance of PETP;
- Attendance at Health service Education Programs (HSEP) and Release from duties (pager protected);
- Assessment Policy (linked to assessment);
- Prevocational Doctor Well Being Policy;
- Underperforming Prevocational Doctor Policy (including IPAP or similar);
- Ward Call Policy (where applicable);
- On Call Policy (if applicable);
- Communication with network facilities/health services Policy;
- Supervision Policy which outlines:
    a) Level of experience required by the supervisor
    b) Location of supervision i.e. proximity – on site or via telephone
    c) Delegation of responsibility for supervision e.g. in the event of an absence of a supervisor
    d) Supervision for day working hours compared to evenings and weekends

e) Responsibility for appraisal/evaluation of Supervisors
f) Accessing Supervisor professional development opportunities

- Orientation Policy, which will outline:
  a) Responsibility for prevocational doctor Orientation Programs within the organisation
  b) Responsibility for evaluation and review of all Orientations

Where a health service offsite unit has adopted the policies of a Primary Allocation Health service, there must be a documented process for implementing at a local level communication of any changes or amendments to same.

CRITERION 7 – PHYSICAL AND EDUCATIONAL INFRASTRUCTURE

The physical infrastructure required to ensure a high quality PETP will be carefully considered by the health service. Including but not limited to:

- Adequate library health service and services with access to up to date journals both online and hard copy, photocopying facilities, reference books and ability to conduct inter-library loans;
- Prevocational doctor 24-hour internet access to allow online research and access to online resources. Internet access will take into consideration speed of download and connectivity. Internet access will be easily available in their work areas not just in the library;
- Prevocational doctors will have easy access to a printer at all times;
- Designated Skills Area – training facilities to allow attainment of clinical skills away from the patient will be provided. These facilities will be available for prevocational doctors during working hours;
- Adequate training rooms for conducting the HSEP. These training rooms will be commensurate with the number of participants and will have adequate teaching and AV equipment such as whiteboard, projector etc.

For an offsite unit these points would be included in the risk assessment of that offsite unit.

CRITERION 8 – COMMUNICATION WITH OTHER HEALTH SERVICES

Communication between the Primary Allocation Centre health service and the health service offsite unit is crucial to ensure continuity and congruency of the PETP and appropriate support services for the prevocational doctors. There will be regular evaluation of any communication that is oversighted by the health services prevocational doctor education and training committee.

In addition, there will be regular meetings of the personnel involved in administering the PETP. (No less than once a term)

The MEU (or similar) staff will have reciprocal membership on each of the prevocational doctor education and training committees if there is one at the offsite unit. These committees are responsible for overseeing the PETP and there will be a regular agenda item regarding the offsite unit Terms. Minutes of meetings are appropriate evidence of the communication strategy being implemented.

STANDARD 2: PERSONNEL OVERSEEING THE PREVOCATIONAL DOCTOR EDUCATION AND TRAINING PROGRAM

The health service Manager is accountable for the provision and quality of the training experience of prevocational doctors by ensuring that there are suitable personnel with clinical and educational expertise employed to support and undertake educational planning and the delivery of the prevocational doctor education and training program (PETP).

Criteria:

1. There are **educational support personnel** appointed with appropriate skills, knowledge, competencies, time and authority specifically employed to support the PETP.
2. There are **clinical and educational supervisors** appointed with appropriate skills, knowledge, competencies, time, authority and resources including the relevant capabilities and understanding of the assessment processes employed to support the PETP.
3. There is support for the participation in **professional development** opportunities by those overseeing the PETP.
4. **There is advocacy for** prevocational doctors by those overseeing the PETP and it is supported by relevant documentation.
5. **There is performance appraisal** of all Medical Education Unit or equivalent personnel involved in the prevocational doctors' training experience which is monitored including the evaluation of presenters where appropriate.

Responsibility: Health service Delegated Officer (Identified and nominated)

Evidence: ***(to achieve Satisfactorily Met (SM) rating)***

1. A list of names, roles, relevant qualifications and experience of all educational support personnel appointed (will include at least the MEO, DCT and AO). Copies of position descriptions for all personnel involved in supporting the PETP.
2. A list of names/and or roles, relevant qualifications and experience of clinical and educational supervisors appointed and involved in supporting the PETP (will include clinical and term supervisors, /instructors). Copies of position descriptions for personnel involved in clinical and educational supervision.
3. A record of professional development opportunities and participation by Medical Education Unit or equivalent personnel involved in supporting the PETP.
4. A copy of position descriptions indicating responsibility for advocacy on behalf of the prevocational doctors. Documentation indicating their role in process for advocacy as discussed at the prevocational doctor orientation.
5. A copy of the performance appraisal tool used for assessing the performance of all personnel involved in the Prevocational doctors' training experience including Clinical and Term Supervisors.

GUIDELINES: STANDARD 2

The aim of this Standard is to ensure that there are suitably trained and supported personnel to oversee the implementation of a high quality prevocational doctor education and training program (PETP). These personnel will include not only those with administrative responsibilities for the PETP, but also those involved in supervision of the prevocational doctors within the clinical environment.

ACCREDITATION STANDARDS AND GUIDELINES

CRITERION 1 – EDUCATIONAL SUPPORT PERSONNEL

The Health service will provide the names, qualifications and allocation of time for each of its personnel employed in roles to assist the administration of the PETP. This would include the MEO, DCT, MER and administration staff or equivalent where applicable. The Health service will provide clear job descriptions outlining the expectations of the Health service in terms of the PETP.

CRITERION 2 – CLINICAL AND EDUCATIONAL SUPERVISORS

Each term within the Health service will have an allocated Clinical and Term Supervisor. The Health service will provide a list/register of Clinical and Term Supervisors and their appointed position relevant to their role as supervisors in the PETP. The Clinical and Term Supervisors' qualifications and experience will meet the role description. In addition, the roles and responsibilities of this position are outlined. Time allocated for this role will be supported by the Health service delegated officer and identified where possible. Clinical and educational supervisors will have the capabilities and understanding of the assessment processes and applicable policies/guidelines for managing poor performing prevocational doctors employed to support the PETP.

CRITERION 3 – PROFESSIONAL DEVELOPMENT

Professional development is crucial for those involved in overseeing the PETP. The Health service will provide a list of professional development opportunities available for those personnel involved in overseeing the PETP. These may include:

- In house courses e.g. management, Teaching on the Run, supervision workshops;
- Externally conducted courses on relevant topics;
- Attendance at the National Prevocational Forum, or other prevocational medical education conferences;
- Professional Development Program for Registrars;
- Higher degrees in education and training;
- Any college courses related to Supervision.

CRITERION 4 – ADVOCACY FOR PREVOCATIONAL DOCTORS

The Health service will have a process to facilitate advocacy on behalf of prevocational doctors. Job descriptions for personnel involved in prevocational doctor training and education will specify this role and responsibility. The process for prevocational doctor advocacy will be included in the Health service Orientation Program. Where a health service offsite unit has adopted the policies of a Primary Allocation Health service, there must be a documented process for implementing this policy at a local level.

CRITERION 5 – PERFORMANCE APPRAISAL OF PETP PERSONNEL

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. As such the 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 appraised will include the MEO, DCT, MER and Medical Education Administration staff, Clinical and Term Supervisors or equivalent. In addition, the Health service may also choose to include the Chair of the committee responsible for overseeing the PETP. The Health service will provide a copy of the process for assessing the performance of these key staff and the tool/s used.

STANDARD 3: PREVOCATIONAL DOCTOR EDUCATION AND TRAINING PROGRAM (PETP)

The prevocational doctor education and training program (PETP) is composed of an organised Health service Education Program (HSEP), Term Education Program (TEP) and other educational experiences, designed to provide each prevocational doctor with the opportunity to fulfil the educational objectives outlined for each term, and achieve competence. The prevocational training program is underpinned by sound medical education principles.

Criteria:

1. The health service has a clear **statement** of principles underpinning the **selection process of prevocational doctors**. The health service's process for the **appointment** of prevocational doctors is based on the employment criteria, the principles of the program concerned and is transparent, rigorous and fair.
2. The health service delivering the prevocational training program **documents and reports** to the prevocational training accreditation body any **changes in the program**, **units or rotations** which may affect the delivery of the intern component of the program at a level consistent with the national standards.
3. A current flexible **HSEP** is delivered in paid time and is accessible and relevant to prevocational doctors. The intern component of the training program includes rotations that are structured to reflect the requirements of the national registration standard.
4. Prevocational doctors have equitable access to appropriate **clinical and non-clinical education** opportunities in order to meet his or her educational needs.
5. **Coordination and management** of the local delivery of the prevocational training program across **diverse sites occurs**.
6. Where **offsite unit terms** are used, the nature of the experience, education and training provided for the PETP is clearly defined. The HSEP supports the delivery of prevocational training by constructive working relationships with other health services and facilities.
7. The national **assessment** processes and health services assessment strategy are followed for all prevocational doctors.
8. Where **ward call/remote call** is allocated as part of a compulsory term:
    a. There is adequate supervision provided at all times
    b. Prevocational doctors are only rostered to cover in Units/terms that are currently accredited for Prevocational doctor training
    c. The Clinical Supervisor for ward call is included in the full assessment process
    d. The Prevocational doctor is aware of the change in assessment procedures
    e. The Clinical Supervisor for the compulsory term liaises with other Clinical Supervisors.

Responsibility: Health service Delegated Officer (Identified and nominated)

***Evidence:** (to achieve Satisfactorily Met (SM) rating)*

1. A copy of selection process statement and criteria given to prevocational doctors as part of process of appointment.
2. Copies of changes that have occurred to health service training programs for all prevocational doctors e.g. changes in the program, units or rotations which may affect the delivery of the program at a level consistent with the national standards.

3. Examples of full year term allocation for each prevocational doctor, which demonstrates length of terms. Copies of, case mix/workload data for each Unit accredited.
4.
    a. A copy of HSEP and term education programs for the current and previous year (includes any offsite unit terms).
    b. A list of all current terms and numbers of Prevocational doctors allocated to terms (Current Matrix).
    c. A copy of the HSEP Policy re: protected time.
    d. Processes for accessing additional educational opportunities e.g. leave policies, and examples of additional education opportunities.
5. A copy of each offsite Memorandum of Understanding (or equivalent) which specifies the obligations of the offsite Health service in supporting Prevocational doctor training and the learning objectives for Prevocational doctors at that site
6. Examples of Term Descriptors for offsite unit term and minutes from prevocational doctor education and training committee.
7. Examples of Assessment tools used.
8. A copy of ward call roster, supervision arrangements and policy for providing feedback.

GUIDELINES: STANDARD 3

The aim of this Standard is to ensure that the prevocational doctor is selected and appointed in a transparent and fair manner and that the Education and Training Program (PETP) is comprised of relevant and current education and training to ensure that the Prevocational doctors can gain the necessary clinical and professional knowledge, skills and attitudes to achieve and maintain registration.

CRITERION 1 – SELECTION AND APPOINTMENT

The Health service has a clear statement of principles underpinning their selection processes and will also have a transparent, rigorous, fair appointment process that is based on the employment criteria and the principles of the HSEP.

CRITERION 2 – CHANGES TO PROGRAM

Changes to the prevocational training program, institution or posts may affect the quality of the prevocational training and require assessment by the prevocational training accreditation body. Major changes in circumstances which would necessitate a review and might include:

- Absence of senior staff with significant roles in intern training for an extended period with no replacement (e.g. Director Medical Services/Supervisor of Intern Training, absence greater than one month).
- Proposal for significant redesign or restructure of the health service that impacts on prevocational doctors especially interns (eg significant change to clinical service provision or closure of a ward causing change to caseload and case mix for the term.)
- Rostering changes which significantly alter access to supervision or exposure to educational opportunities.
- Changes to resources resulting in significant reduction of administrative support, facilities or educational programs available.

CRITERION 3 – HSEP POLICY

The HSEP is the formalised program consisting of educational opportunities offered to all the prevocational doctors regardless of the term they are currently allocated. This Program will be offered in a flexible format to allow access to all prevocational doctors and in paid time. As such, the Health service will have a policy/guideline on the HSEP indicating:

- Definition of protected time;
- Process for ensuring protected time;
- Process for evaluating compliance with protected time;
- Where a health service offsite unit has adopted the policies/guidelines of a Primary Allocation Health service, there must be a documented process for implementing each of these policies at a local level;
- The intern component of the HSEP formalised program is structured to reflect the requirements of the national registration standard.

CRITERION 4 – EQUITABLE ACCESS TO CLINICAL AND NON-CLINICAL EDUCATION OPPORTUNITIES

The health service will 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 will be informed of the professional development opportunities open to them such as:

- Advanced Life Support (ALS) programs;
- Clinical skills or Simulation Programs offered;
- Learning on the Run Programs;
- NT Accreditation Surveyor training;
- JMO Forum attendance.

The health service Education Program (HSEP) will be accessible to all prevocational doctors equally. As such, a Health service will provide evidence of HSEP attendance. There will be a process to address terms identified as problematic re: attendance at the HSEP, and where it is deemed a unit-based issue rather than an individual prevocational doctor's behaviour. The health service will have a policy or equivalent regarding HSEP attendance and will include reference to the necessity for release from duties to allow this attendance. All Term Supervisors will be made aware of this policy.

CRITERION 5 – COORDINATION AND MANAGEMENT

Health services coordinate the local delivery of the prevocational training programs. Health services that are part of network or dispersed programs contribute to coordination and management of the programs across diverse sites.

CRITERION 6 – OFFSITE UNIT TERMS

Where a health service is using offsite unit terms, there will be documented agreement established (MOU) regarding these terms, which outline:

- Specific obligations of the health service in terms of supporting prevocational doctors e.g. supervision, assessment, feedback etc.
- Learning objectives for the term;
- Staff responsible for supporting Prevocational doctors at that term;
- Description of how this information is given to the prevocational doctors;
- Evaluation/review by Prevocational Doctor Education and Training Committee.

CRITERION 7 – ASSESSMENT OF PREVOCATIONAL DOCTORS

Assessment is a crucial component of the PETP and essential for prevocational doctor learning and development. The health service is responsible for ensuring that the National Assessment Process is implemented. The health service will have a process for distributing the assessment tool to Supervisors and prevocational doctors and for

return of these forms to the DCT for review. The process of review of these assessment forms will be clearly identified including remediation processes should problems be identified. Additional workplace based assessment methodology will be used to inform the completion of the National assessment tool.

CRITERION 8 – WARD CALL/REMOTE CALL

It is expected that where a Health service rosters Prevocational doctors to ward call or remote call, there is a clear policy on this which informs the prevocational doctor:

- Their Supervisor whilst undertaking these duties;
- The Ward call/remote call Supervisor's input to overall term appraisal.

Prevocational doctors will be aware of this policy and the MEU staff will monitor the implementation of the policy.

STANDARD 4: GOVERNANCE OF A PREVOCATIONAL OFFSITE UNIT

The offsite Term Supervisor (e.g. RTP – DCME; Hospital DMS) is responsible for ensuring that there is clear communication with the Primary Allocation Centre (PAC) Medical Education Unit (MEU) to implement the prevocational doctor education program. (See glossary for definition of an Offsite Unit)

Examples of offsite units – prevocational doctor placements into

- **Hospitals;**
- **General practice; and**
- **Other health services e.g. AMS; health centers**

For greater clarity around each criteria see the guidelines that follow for each criteria.

Criteria:

1. There is systematic **communication between health services** to optimise learning outcomes for the prevocational doctors. A procedure for liaising with the PAC's MEU is outlined.
2. There is an **offsite unit orientation** provided at the commencement of the term including relevant health service policies and processes that demonstrate the specifics of the offsite unit actively participating in the PAC's **prevocational training committee.**
3. There is **physical infrastructure** to support the implementation of the PETP.
4. There is appropriate **supervision** for prevocational doctors wherever they may be located and the health services policies on **adequate supervision are implemented** at all times (including when a prevocational doctor is rostered to ward call)
5. The PAC liaises with the Offsite Unit regarding their process for **evaluating the term**.

Responsibility: Health service Delegated Officer (Identified and nominated)

***Evidence**: (to achieve Satisfactorily Met (SM) rating)*

1. Evidence of **communication between health services**, copies of minutes of meetings between health services and/or evidence of communication between the PAC and term supervisor.
2. Evidence of Health service **orientation process** and Health service **orientation handbook** documenting relevant local policies and procedures, and the **coordination** of processes including assessment and performance management, term evaluation, start of year orientation, HSEP attendance and handover, including evidence of orientation of the prevocational doctor to the new environment and offsite location.
3. A **list** of the **physical and educational infrastructure** provided and accessible to ensure prevocational training and learning objectives are met e.g. library facilities, internet access, and digital conferencing equipment.
4. A copy of the health services policy on **adequate supervision**
5. Copies of **minutes** of PAC's training committee, **demonstrating involvement** and **evaluation** of the offsite unit's educational strategic planning, decision making and evaluation of the offsite term. E.g. Risk management process

ACCREDITATION STANDARDS AND GUIDELINES

GUIDELINES: STANDARD 4

CRITERION 1 – COMMUNICATION BETWEEN HEALTH SERVICES

A process is in place to facilitate the communication between the health services which should include:

- Timing of communications – i.e. the frequency with which these will occur;
- Parties to be involved in the communication e.g. DMS, DCT and/or MEO, RTP etc.;
- Record of communication – how will this be kept.

CRITERION 2 – OFFSITE HEALTH SERVICE ORIENTATION

The offsite unit provides a specific health service orientation for the prevocational doctor. This orientation highlights specific policies and processes of the health service particularly where they differ from the PAC.

For those prevocational placements into community settings Cultural Education must be included in the health service orientation.

There is active regular participation by the offsite unit in the PAC GCTC/MTC e.g. Term Supervisor, Regional Training Provider (RTP) representative. This may be in person or via teleconference/videoconference. This representative will receive the minutes of the PAC GCTC/MTC.

CRITERION 3 – OFFSITE PHYSICAL INFRASTRUCTURE

Adequate infrastructure refers to examples such as:

- Access to IT support to attend/participate in PAC education programs e.g. HSEP
- Access to IT to support patient care which will be in the ward areas and visiting rooms, as well as access to library facilities which promotes research;
- Access to printer facilities;
- Access to internet and online journals etc.;
- Tutorial rooms if required;
- An area where prevocational doctors can have discussions with appropriate parties.

CRITERION 4 – ORIENTATION AND SUPERVISION

A formal orientation is provided to each prevocational doctor by the delegated Supervisor, and includes an orientation booklet/manual, which outlines:

- Term rosters, durations, locations (whichever is most applicable/relevant to placement location);
- Learning Objectives (specific and individual);
- Relevant and current (specific to health service) policies, procedures and guidelines for that term e.g. management of patients with specific needs;
- Names of supervisors , other support medical/administrative staff and reporting lines;
- Assessment procedures (DOPS etc.);
- Evaluation/feedback processes regarding the term orientation (by prevocational doctor and supervisor).

The results of the term orientation evaluation will be reviewed by the PAC's training committee that oversights the prevocational medical education and training program.

Where prevocational doctors are to undertake a ward call at an offsite term there will be specific orientation to these duties which includes:

- Ward call policy;
- Discussion of supervision on ward call – how to access and who is responsible for supervision;

- Prevocational doctor roles and responsibilities on ward call including any restrictions on their scope of practice;
- Discussion of escalation processes if concern exists about a patient.

Note: Go to Glossary – see Clinical Supervisor and Term Supervisor definitions to understand the different roles and responsibilities.

CRITERION 5 – EVALUATING THE TERM

There is evaluation of the offsite unit. This may be undertaken by the PAC and/or by the RTP in the case of General Practice. Within the process ongoing evaluation will be clearly articulated and include the recording and reporting of the prevocational doctor term evaluations undertaken throughout the year once prevocational doctors have been placed into this offsite unit . This process will also show how the offsite Term Supervisor is made aware of the results of the term evaluations at least annually (for positive feedback) and more regularly where there are issues of concern identified.

STANDARD 5: PREVOCATIONAL DOCTOR EDUCATION AND TRAINING COMMITTEE

The Health service Manager will ensure that there is in place a committee with representation of all medical education stakeholders including prevocational doctors that meet to develop and survey all aspects of the prevocational doctor education and training program (PETP).

Criteria:

1. The Committee establishes the general and specific **policies of prevocational doctor education** in order to protect and preserve the best interests of the patient, the supervisor, the prevocational doctor and the Health service.

   The **Terms of Reference** will ensure that:

   a. The purpose of the Health service which employs prevocational doctors sets and promotes high standards of medical practice and junior doctor training.
   b. Appropriate reporting lines are in place within all levels of the Health service.
   c. Appropriate membership on the Committee including prevocational doctor and any offsite unit supervisor representation.
   d. Independent Chair who does not currently hold a position within the MEU.
   e. The Committee promotes quality assurance and complies with NT Standards, and encourages educational excellence.

2. The Committee schedules and undertakes regular **evaluation and review** of the **effectiveness** and **content** of the PETP and this is used to improve the PETP.
3. The committee schedules and undertakes regular **evaluation and review** of the **effectiveness** of the PETP **assessment processes.**
4. The Committee **responds to feedback and modifies the program** as necessary to improve the intern experience for interns, supervisors and hospital administrators.
5. **Prevocational doctors including interns are involved in the governance** of their training and there is representation on the training committee.

Responsibility: Health service Delegated Officer (Identified and nominated)

***Evidence**: (to achieve Satisfactorily Met (SM) rating)*

1. Copies of relevant Health service prevocational doctor education policies/guidelines.
2. A copy of the Terms of Reference for the Committee responsible for PETP including committee membership.
3. Copies of minutes of meetings for past 12 months with relevant parts highlighted to meet criteria; and
4. Committee Report/s outlining the actions as a result of any PETP feedback and assessment process evaluations or reviews undertaken during reporting period.

GUIDELINES: STANDARD 5

The aim of this Standard is to ensure that there is a committee established to oversee the prevocational doctor education and training program (PETP). The committee may have additional roles of oversight such as specialty training, however the PETP is a specific concern and clearly identified within its roles and responsibilities.

CRITERION 1, 4 AND 5 – TERMS OF REFERENCE OF PETP COMMITTEE, FEEDBACK AND MODIFICATION OF PETP AND PREVOCATIONAL DOCTOR REPRESENTATION ON COMMITTEE

The committee will have clear terms of reference that relate to the PETP.
These will include:

- Membership on the committee of relevant personnel **overseeing** the PETP e.g. MEO, DCT, MER, Clinical and Term Supervisors and prevocational doctors including Interns;
- Chairperson **independent** from the Health service MEU;
- Prevocational doctor and offsite unit supervisor **representation** on the committee;
- **Monitoring and evaluation** of the PETP;
- Development of **policies and processes** for the PETP;
- Development and **endorsement of policies and procedures** for the PETP;
- Undertake regular **review and evaluation** of PETP policies and procedures;
- **Annual review and evaluation** of Committee Terms of Reference and performance measures.

CRITERION 2 AND 3 – COMMITTEE'S ROLE IN EVALUATING AND REVIEWING THE EFFECTIVENESS OF THE PETP AND ITS ASSESSMENT PROCESSES

The committee is responsible for evaluating the PETP and as such, the Accreditation Team will be provided with copies of the minutes from their meetings, which clearly indicate the:

- Issues discussed which were relevant to the PETP;
- Actions resulting from these discussions (see criterion 4);
- Quality Action Plan discussions relevant to previous surveys;
- Evaluations and reviews undertaken during the period.

In addition, the PETP Committee will also evaluate each prevocational doctor's experience across a year taking into consideration the yearly allocation to terms.

FUNCTION 2 - PREVOCATIONAL DOCTOR EDUCATION AND TRAINING PROGRAM

The structure and content of the program *including* assessment and supervision, training infrastructure and resources and clinical experiences is sufficient to enable prevocational doctors to progress to full registration, and prepare for the transition to Vocational Education and Training.

FUNCTION 2 - PREVOCATIONAL DOCTOR EDUCATION AND TRAINING PROGRAM

STANDARD 1: PETP STRUCTURE

The structure and quality of the prevocational doctor education and training program meets the requirements for conditionally registered doctors to attain general registration with the Medical Board of Australia. It also meets the requirements for general registered doctors who have not yet commenced vocational training.

Criteria:

1. **The allocation to each term** meets the requirements of prevocational doctor training such that prevocational doctors in their postgraduate year one must each have the compulsory terms of medicine and surgery for a minimum of 10 weeks each and a term of at least 8 weeks that provides experience in emergency medical care. The remaining 19 weeks are to be taken in a range of approved terms to make up the minimum of 47 weeks fulltime equivalent service. (MBA Intern registration standard).
2. For offsite units, the **allocation of prevocational doctors** is in accordance with that **agreed by the Primary Allocation Health service**.
3. For each **rotation**, the health services list the **relevant outcome statements** and the skills and procedures that can be achieved in that rotation, and the nature and range of clinical experience available to meet these objectives.
4. Prevocational doctors have access to **formal** clinical teaching and **structured clinical and non-clinical learning activities** in addition to informal work-based teaching and learning.
5. The prevocational doctor training program enables prevocational doctors to **attend** formal educational sessions, and they are **supported** by senior medical staff to do so.
6. The prevocational doctor training provider/Health service **guides and supports supervisors and interns** in the **implementation** and **review** of **flexible training arrangements**. Arrangements are consistent with the General Registration Standard.
7. There is **dedicated time** for teaching and training for prevocational doctors and the health service also **reviews** the opportunities for work-based teaching and training.

Responsibility: Health service Delegated Officer (Identified and nominated)

Evidence: (to achieve Satisfactorily Met (SM) rating)

1. Annual allocations for each prevocational doctor outlining the terms and his/her durations (where applicable including offsite unit terms).
2. Agreement documents between Primary Allocation health services and offsite unit health services.
3. Term descriptor which reflects the statements for interns, and lists the skills and procedures that can be achieved for that rotation as well as the nature and range of clinical experiences available.
4. Examples of formal clinical teaching opportunities and structured clinical and non-clinical learning activities that are offered to prevocational doctors. Copies of Policies/guidelines related to attendance and comments from supervisors on junior doctor assessment forms.
5. A copy of the structured prevocational doctor training program identifying pager protected times. Where any issues arise regarding attendance or support to attend provide copies of follow ups/discussion by health service committee responsible for overseeing the prevocational education and training program.
6. Copies of policies/guidelines and reviews relating to the Health services flexible training arrangements that guide and support the relevant medical staff.
7. Copies of documents (policies, guidelines) specifying dedicated time for teaching and training and reviews/evaluations provided for work-based teaching and training.

ACCREDITATION STANDARDS AND GUIDELINES

GUIDELINES: STANDARD 1

This Standard ensures that the PETP is structured to enable compliance with the national registration requirements and any relevant NT Department of Health requirements.

CRITERION 1 AND 2 – ALLOCATION OF TERMS (PRIMARY FACILITIES AND OFFSITE UNITS)

Facilities will be able to provide copies of the annual prevocational doctor allocation, which provide each conditionally registered doctor (Intern) with:

- 10 weeks in Medicine;
- 10 weeks in Surgery;
- Min 8 weeks in Emergency Medical Care;
- The remaining 19 weeks are taken in a range of approved terms making up the minimum of 47 weeks fulltime equivalent service.

Each term and place within the Health service will be listed and correspond with NT Accreditation Records.

The Accredited Places Matrix will indicate:

- Term content area e.g. Medicine, Surgery etc.;
- Number of junior doctors; and
- Postgraduate year of the prevocational doctors allocated to the term or offsite unit.

This Accredited Places Matrix must be completed, available and up to date for the current allocations (actual not expected). These allocations will be easily mapped to the Accredited Places Matrix, with names of terms and number of places consistent with those found within the Matrix held by NT Accreditation Committee.

Where a Secondment Term is used, the link to the requirements (agreement documents etc.) of overall allocation for the individual prevocational doctor will be clear.

CRITERION 3 – OUTCOME STATEMENTS (PRIMARY HEALTH SERVICE AND OFFSITE UNITS)

The AMC outcome statements for internship take into account the Australian Curriculum Framework for Junior Doctors (ACFJD). These AMC outcome statements are not a curriculum, but state the broad and significant outcomes that interns should achieve by the conclusion of their programs. Intern Training providers are responsible for designing learning programs that will enable interns to achieve these outcomes. The outcome statements are: set within four domains, which align with the ACFJD at the intern level; work-based and patient centered and take account of the increasing responsibility for patient care under supervision that is required of interns; and designed to be sufficiently generic to encompass a range of learning environments.

The Australian Curriculum Framework for Junior doctors (ACFJD) is a two year educational template outlining a curriculum for prevocational doctors to apply through their clinical rotations, education programs and individual learning, in order to promote safe, quality health care. It provides a description of the knowledge, skills and behaviours expected of prevocational doctors by the end of the second prevocational year in order to work safely in Australian hospitals and other healthcare settings.

CRITERION 4 – ACCESS TO FORMAL TEACHING AND STRUCTURED CLINICAL AND NON-CLINICAL LEARNING ACTIVITIES

Structured learning activities may include (but are not limited to):

- sessions with other health professionals, specialists and support services;
- team-based activities – e.g. mortality and morbidity audits, quality assurance;
- multidisciplinary meetings;
- formal ethical discussions.

Formal teaching may include (but is not limited to):

- one-to-one teaching with the supervising medical practitioner or the registrar as case discussions or skill acquisition experiences;
- team educational activities (e.g. a presentation or seminar on a recent case or a journal club);
- simulation, team reviews of radiology and pathology and other disciplines relevant to the service;
- medical or surgical service or hospital grand rounds; and
- group teaching specific to interns and other prevocational doctors.

In addition to clinical teaching, there will be opportunities to assist with workload management, identification and management of stress and burn-out, professional development and peer support.

CRITERION 5 – ATTENDANCE AND SUPPORT – FORMAL EDUCATIONAL SESSIONS

Health services Education Training Committees and Senior Clinical staff promotes, support and encourages prevocational doctors to attend any formal educational sessions that are part of the health services education program. This is promoted to all Clinical and Term Supervisors at commencement of the role and throughout the year.

CRITERION 6 – FLEXIBLE TRAINING ARRANGEMENTS

Where a Health service offers and utilises the flexible training arrangements as outlined in the national General Registration Standard a policy/guideline and process for managing and supporting supervisors and interns is in place with a review and evaluation process that reports to the HSEP Committee responsible for the PETP.

CRITERION 7 – DEDICATED TIME FOR TEACHING AND TRAINING

Formal Educational sessions have dedicated pager protected time for prevocational doctors. Regular reviews of work-based teaching and training are undertaken and evaluated by the Health service Education Committee responsible for PETP.

FUNCTION 2 - PREVOCATIONAL DOCTOR EDUCATION AND TRAINING PROGRAM

STANDARD 2: PETP ORIENTATION

All prevocational doctors will be orientated to the Health service and Prevocational Doctor Education and Training Program (PETP) prior to commencement.

Criteria:

1. All Prevocational doctors participate in a comprehensive **orientation program** including the following:
    a. Identification of personnel responsible for implementing the PETP;
    b. Identification and explanation of relevant PETP policies and procedures including assessment and evaluation processes;
    c. Identification of prevocational doctor support personnel and processes;
    d. Identification and explanation of relevant Health service clinical policies and procedures;
    e. Explanation of educational and assessment processes used at the Health service including the educational program outcomes;
    f. Promotion of maintaining a logbook or portfolio (electronic) of term experiences;
    g. Information about the activities of committees that deal with prevocational doctor training;
    h. Outline how to find this information outside of the initial orientation period.
2. The **delivery of the PETP** orientation is consistent with best educational principles including experiential opportunities.
3. The PETP orientation program is **evaluated** by the prevocational doctors and necessary changes made in line with quality improvement. Data from the evaluations is reviewed by the Committee responsible for the oversighting of prevocational doctor Education at the Health service.

Responsibility: Health service Delegated Officer (Identified and nominated)

Evidence: (to achieve Satisfactorily Met (SM) rating)

1. A copy of the orientation program and attendance.
2. A copy of the orientation program activities.
3. A copy of the orientation program evaluation and recommended changes for following year to ensure relevant learning has occurred.
4. Copies of minutes from committee responsible for overseeing PETP showing results from any evaluation and reviews undertaken regarding orientation.

GUIDELINES: STANDARD 2

The aim of this Standard is to ensure that there is a suitable Health service Orientation Program provided at the beginning of the prevocational doctor year (for Primary Allocation Facilities) and prior to commencement of duties for each term (including at an offsite unit health service), which outlines the details of the prevocational doctor education and training program (PETP).

CRITERION 1 – ORIENTATION PROGRAM

The Health service provides a copy of their PETP Orientation Program. The Orientation Program will include:

- Advocacy processes;
- Clinical policies and procedures;

- Clinical skills e.g. ALS;
- Health service Education Program (HSEP);
- Compulsory requirements e.g. term evaluations;
- Role of Accreditation and NT Accreditation Committee (matrix);
- Prevocational doctor support and welfare processes (which may include but not limited to where to find career advice and personal counselling opportunities, process for professional development leave etc.);
- Information about the health service committees that oversee and manage prevocational doctor education and training programs;
- Assessment procedures and responsibilities;
- Relevant Health service policies and procedures e.g. WH&S, Grievance, Human Resources, Pay, Leave etc.

The orientation information about the Prevocational doctor training program provides clear and easily accessible information about the training program.

CRITERION 2 – DELIVERY OF ORIENTATION PROGRAM

The Orientation Program will be consistent with best educational principles. A copy of the Orientation Program activity outlines, provides and reflects:

- A mixture of didactic and experiential opportunities;
- Opportunities to practice skills and receive feedback;
- Opportunities for prevocational doctors to ask questions;
- Self-reflection activities.

CRITERION 3 – EVALUATION OF ORIENTATION PROGRAM

As part of the quality improvement cycle, Health services will evaluate the program. A copy of the tool used to evaluate the program will be provided. This tool will include (but not be limited to) an opportunity for the prevocational doctor to:

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

The Health service MEO organising the Orientation Program will provide this evaluation in report form to the committee responsible for the oversighting of the PETP and include recommendations for change. Survey Teams will be provided with a copy of this report and or the committee's minutes where it was discussed and any resolutions determined.

FUNCTION 2 - PREVOCATIONAL DOCTOR EDUCATION AND TRAINING PROGRAM

STANDARD 3: HSEP CONTENT

The content of the Health service Education Program (HSEP) will be consistent with *The National Curriculum Framework for Prevocational doctors (ACFJD) and AMC Intern training – Intern outcome statements*. It will include career advice, professional development leave, access and opportunities for personal counselling where necessary.

Criterion:

1. The HSEP has **content** relevant to prevocational doctors and is mapped to the National Curriculum Framework and Intern outcome statements for Prevocational doctors as is applicable to the Health service. The HSEP is appropriately updated in response to feedback.
2. Prevocational doctors have access to **personal counselling and career advice**. The personal and career counselling services are publicised to prevocational doctors, their supervisors, and other team members.
3. The procedure for accessing appropriate **professional development leave** is fair, practical and published.
4. **Rotations** identified for training of prevocational doctors **considers** the following:
    - Complexity and volume of the unit's workload;
    - The prevocational doctor's workload (e.g. particularly for internship);
    - The experience prevocational doctors can expect to gain;
    - How the prevocational doctor will be supervised and by whom.

Responsibility: Health service Delegated Officer (Identified and nominated)

Evidence: (to achieve Satisfactorily Met (SM) rating)

1. Copy of the HSEP plan (with mapped links to ACFJD and AMC outcome statements) and timetable;
2. Evidence of availability of personal and career counselling services. Copy of guideline, procedure/process to access professional development leave (where appropriate);
3. Copies of PETP Committee minutes/other documents showing evaluations of rotations that have prevocational doctor places.

GUIDELINES: STANDARD 3

The aim of this Standard is to ensure that a Health service Education Program (HSEP) is provided with content, consistent with National Standards of best practice.

CRITERION 1 – HSEP CONTENT

The HSEP will be developed with consideration to the experiences to be gained throughout the entire PETP. This may involve mapping against National Standards such as the Australian Curriculum Framework for Prevocational doctors (ACFJD) and AMC Intern outcome statements. The program will employ a flexible format, which incorporates the acquisition of knowledge, skills and attitudes relevant to the domains of clinical management, communication and professionalism in Medicine, Surgery and Emergency Medical Care, using best educational practice. The program will indicate the relevant components of the ACFJD and AMC Intern statements to enable prevocational doctors to monitor their progress against the Intern Outcome statements and Curriculum Framework. Consideration will be given to how the PETP compliments and/or provides the more general overarching topics compared to the more specific Term/Unit education programs.

CRITERION 2 – PERSONAL COUNSELLING AND CAREER ADVICE

Prevocational doctors will have access to personal counselling and career advice at the health service where they are employed. This can be either through an internal or external service and career advice may be informal. The accrediting team will need to see how a prevocational doctor can access personal counselling and career advice if sought, and how is it made known to the prevocational doctor. Supervisors and other team members are made aware of this process and access in order to advise and assist the prevocational doctors where necessary.

CRITERION 3 – PROFESSIONAL DEVELOPMENT LEAVE

The health service will have a guideline and a procedure/process for prevocational doctors (where applicable) regarding professional development leave. This process will be published so that the prevocational doctor can easily access the guidelines and process, and it will be fair to all who apply.

CRITERION 4 – ROTATIONS

Health services when developing the PETP content take into consideration when organising rotations, the complexity and volume of the unit's workload along with the prevocational doctor's individual unit workload.

Consideration is given to the experience a prevocational doctor can expect to gain whilst in that unit and the level of supervision that they can expect to receive and from whom. These considerations are particularly important for the internship year.

These considerations will be taken into account when the rotation is evaluated and reviewed by the PETP committee that has the responsibility to oversee the PETP for prevocational doctors.

FUNCTION 2 - PREVOCATIONAL DOCTOR EDUCATION AND TRAINING PROGRAM

STANDARD 4: HSEP DELIVERY

The Health service Education Program (HSEP) will be delivered in a manner that maximises attendance and participation in an effective educational (setting) environment.

Criteria:

1. The health service ensures Prevocational doctors can **attend** the HSEP. The Health service demonstrates **innovation** to meet individual prevocational doctor **learning needs**.
2. The **delivery of the HSEP** is consistent with best educational principles including experiential opportunities.

Responsibility: Health service Delegated Officer (Identified and nominated)

Evidence: (to achieve Satisfactorily Met (SM) rating)

1. A copy of the Attendance Reports for the HSEP, and evidence of actions taken to remediate problems.
2. A copy of HSEP attendance by term to allow comparison of access.
3. A copy of the HSEP activities and evidence that the application of adult learning principles in the development of the program is regularly updated according to evaluation feedback.

GUIDELINES: STANDARD 4

The aim of this Standard is to ensure that the Health service Education Program (HSEP) is delivered in a flexible manner to maximise attendance and opportunity for learning by prevocational doctors and is delivered using best educational principles.

CRITERION 1 – HSEP ATTENDANCE

The HSEP will be accessible to all prevocational doctors regardless of their term allocation. It is understood that individual rostering may from time to time prevent attendance. Alternative strategies will allow for equitable access to all prevocational doctors. In addition, this criterion will allow for innovative responses to individual prevocational doctor learning needs and may include online learning opportunities or independent study options.

CRITERION 2 – HSEP DELIVERY

The HSEP will be consistent with best educational principles. A copy of the program activity outlines will be provided and reflect:

- A mixture of didactic and experiential opportunities, encouragement of innovative approaches such as blended and peer group learning;
- Opportunities to practice skills and receive feedback;
- Opportunities for prevocational doctors to ask questions;
- Self-reflection activities.

The program provided will indicate:

- Timing of sessions to allow reasonable access for all prevocational doctors;
- Format of sessions e.g. skills stations vs. presentations (showing links to ACFJD and AMC intern outcome statements).

FUNCTION 2 – PREVOCATIONAL DOCTOR EDUCATION AND TRAINING PROGRAM

STANDARD 5: HSEP EVALUATION

The Health service Education Program (HSEP) will be formally reviewed and evaluated using a quality framework.

Criterion:

1. There are **evaluation tools** to evaluate the HSEP, and a **process** that encourages all prevocational doctors to evaluate the HSEP.
2. There is **regular** systematic collection, interpretation and use of **evaluation data** from prevocational doctors and term supervisors. This evaluation data provides feedback into the program, places and the continuous improvement of both.
3. **Supervisors** contribute to monitoring program development. Their **feedback** is sought, analysed and used as part of the monitoring and evaluation process.

Responsibility: Health service Delegated Officer (Identified and nominated)

Evidence: (to achieve Satisfactorily Met (SM) rating)

1. A copy of evaluation tools used to evaluate the HSEP.
2. Copies of Evaluation Reports for the HSEP used to report to HSEP committee responsible for oversighting of the PETP including continuous improvement actions.
3. A copy of HSEP evaluation processes used for continuous improvement.

GUIDELINES: STANDARD 5

The aim of this Standard is to ensure that the Health service Education Program (HSEP) is evaluated and appropriate recommendations are made to enable continuous improvement of the program.

CRITERION 1 – HSEP EVALUATION TOOL AND PROCESS

The learning undertaken in all prevocational education programs is to be evaluated and monitored to ensure the program is contemporary.

An evaluation tool is provided for sessions where applicable. These tools will allow the prevocational doctors the opportunity to provide feedback on:

- The content of individual sessions and overall rotations;
- The performance of individual presenters;
- What they gained from the session/rotation; and
- Provide suggestions for changes to the program for the following year.

The convenor of the HSEP will provide the evaluation data in report form to the committee responsible for the oversighting of the HSEP and include any recommendations for change.

Collation of evaluation and recommendations will be undertaken and reported on to the HSEP committee no less than twice per annum, preferably more frequently to ensure the PETP is meeting the prevocational doctor's needs.

Survey Teams will be provided with a copy of this report and copies of minutes of the committee responsible for oversighting the HSEP indicating agreed changes to the program for future implementation.

CRITERION 2 – PETP EVALUATION DATA

The Health service regularly evaluates and reviews its PETP and prevocational doctor places to ensure that standards are being maintained. Its evaluation processes check program content, quality of teaching and supervision, rotation case mix and workloads, assessment and prevocational doctor's progress.

Prevocational doctor and term supervisor feedback is required on the PETP to ensure that quality improvements are made each year. The Health service will have a process for collecting and collating prevocational doctor and term supervisor evaluation on the PETP.

There will be an evaluation tool which is distributed to the prevocational doctors and term supervisors which is then collated by the personnel overseeing the PETP. The process to report this information to the Education Training Committee responsible for overseeing the PETP will be clearly outlined to both prevocational doctors and clinical supervisors.

The Health service will provide copies of these Evaluation Reports to the Accreditation Survey Teams and any actions resulting from the outcomes of this evaluation.

CRITERION 3 – SUPERVISORS FEEDBACK

The Health service regularly evaluates and reviews its PETP and prevocational doctor places to ensure that standards are being maintained. The evaluation processes check program content, quality of teaching and supervision, rotation case mix and workloads, assessment and prevocational doctor's progress.

Prevocational doctor and term supervisor feedback is required on the PETP. The Health service will have a process for collecting and collating clinical supervisor's evaluation of the PETP. There will be an evaluation tool developed which is distributed to the clinical supervisors which is then collated by the personnel overseeing the PETP.

The process will be clear regarding the reporting of this information to the Education Training Committee responsible for overseeing the PETP. The Health service will provide copies of these Evaluation Reports and any actions resulting from the outcomes of this evaluation to the Accreditation Survey Team.

FUNCTION 2 - PREVOCATIONALDOCTOR EDUCATION AND TRAINING PROGRAM

STANDARD 6: TERM ORIENTATION AND HANDOVER

Prevocational doctors will receive a *comprehensive* term orientation and handover prior to commencement of clinical duties.

Criteria:

1. Prevocational doctors receive a comprehensive **orientation to the term** prior to commencement of clinical duties including but not limited to:
    a. Reporting lines
    b. Rosters
    c. Timetables
    d. Relevant Unit policies, procedures and guidelines
    e. Documented clear generic Learning Objectives for a prevocational doctor undertaking this term
2. **Evaluation** of each term orientation.
3. **Record and discuss** with the prevocational doctor their agreed **individual learning objectives** for the term.
4. The prevocational doctor going to a ward has a **clinical handover** from an appropriate clinician prior to commencement of clinical duties.

Responsibility: Health service Delegated Officer (Identified and nominated)

Evidence: (to achieve Satisfactorily Met (SM) rating)

1. Copy of Unit Orientation Booklet/e-documents, unit roster, unit timetable and outline of face to face term orientation process.
2. Report summarising evaluation of Term Orientations.
3. Copy of agreed prevocational doctor individual learning objectives for the term (these are separate to the general term learning objectives).
4. Copy of process for clinical handover.

GUIDELINES: STANDARD 6

The aim of this Standard is to ensure that prevocational doctors receive adequate orientation and handover of clinical cases prior to commencement of their clinical duties.

CRITERION 1 – TERM ORIENTATION

It is expected that a formal orientation be provided to each prevocational doctor by an appropriate clinician. Each term will have a formal orientation process and documentation, which outlines:

- Rosters and timetables (see Accreditation Step by step guide for more information on what is a roster and what is a timetable);
- Learning objectives (both term and individual);
- Clinical duties;
- How to access current policies, procedures and guidelines for that specific term e.g. management of patients with unstable angina for a cardiology term;
- Supervisors and reporting lines;
- Assessment procedures;
- Evaluation/feedback regarding the term orientation.

CRITERION 2 – EVALUATION OF TERM ORIENTATION

It is expected that a formal evaluation of the term orientation will be undertaken by the prevocational doctors. The results of the term orientation evaluation will be reviewed by the HSEP committee that oversights the prevocational medical education and training program.

CRITERION 3 – DISCUSSION OF LEARNING OBJECTIVES

A supervising clinician will discuss the term learning objectives with the individual prevocational doctor at an agreed time. Specific learning objectives will be agreed upon (and recorded) relevant to the individual prevocational doctor and their previous experiences and learning requirements. These are to be revisited at the mid and end of term assessment meetings with the clinical supervisor. These discussion outcomes are to be recorded in mid and end of term assessment records.

CRITERION 4 – HANDOVER

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 will be provided. This process will take into consideration the requirement for handover prior to commencement of the term if the prevocational doctor is at an offsite unit health service. This may involve a phone handover with the current prevocational doctor in the week preceding commencement of the new term.

FUNCTION 2 - PREVOCATIONAL DOCTOR EDUCATION AND TRAINING PROGRAM

STANDARD 7: TERM SUPERVISION

The prevocational doctor will be supervised at all times by a medical practitioner with the appropriate knowledge, skills and experience to provide safe patient care and effective prevocational doctor training.

Criteria:

1. Sufficient **clinical and educational supervision is provided** by Supervisors. Supervisors of Prevocational doctors will have appropriate skills, knowledge, competencies, induction, time, authority and resources.
2. The Health service's policies on **adequate supervision are implemented** at all times (including when a prevocational doctor is rostered to ward call).
3. Supervisors of prevocational doctors are made aware of their **role and responsibilities in the PETP** and are given **professional development opportunities** to support improvement in the quality of the PETP.

Responsibility: Health service Delegated Officer (Identified and nominated)

Evidence: (to achieve Satisfactorily Met (SM) rating)

1. List of approved Term Supervisors and their relevant appointment.
2. A copy of Health service's policy on adequate supervision.
3. A copy of attendance by Supervisors at relevant professional development including induction and outlining role and responsibilities in PETP,

GUIDELINES: STANDARD 7

The aim of this Standard is to ensure that prevocational doctors receive adequate supervision whilst undertaking their clinical duties. This will take into consideration the appropriate levels of supervision according to duties to being undertaken by the prevocational doctor.

CRITERION 1 – SUPERVISION

Supervisors will be approved as having the appropriate skill, knowledge, competencies, induction, time, authority and resources by the Unit. The clinical Supervisors will provide prevocational doctors with details of approved Supervisors within that term. A list of approved Supervisors for the term will be available to the prevocational doctor. This list will indicate the Supervisor's current appointment e.g. VMO, registrar etc.
There will also be clear understanding of the process for supervision including levels of supervision. Each unit will specify prevocational doctor duties and which duties must have direct supervision at all times. It is recognised that the level of supervision provided will be determined by an assessment of an individual prevocational doctors skills, however some terms may specify a requirement for supervision for a specific task and these will be made clear to the prevocational doctor at orientation.

CRITERION 2 – SUPERVISION POLICY IMPLEMENTATION

It is expected that the Health service will have developed a policy on adequate supervision.

This policy will include:

- A definition of supervision and types of supervision;
- Who is able to provide prevocational doctor supervision;
- How to access (and escalate) supervision if immediate Supervisor is unavailable;
- A process for addressing perceived inadequacy of supervision.

Supervisors will be aware of this policy and implement it.

CRITERION 3 – SUPERVISOR PROFESSIONAL DEVELOPMENT AND AWARENESS OF ROLE AND RESPONSIBILITIES TO PETP

Term and/or clinical Supervisors will, through their induction be informed of their roles and responsibilities as a prevocational supervisor. Opportunities and attendance for prevocational supervisors to receive professional development for their supervisory duties should be recorded for each prevocational supervisor. Professional development for supervisors should be promoted and encouraged to current and interested future supervisors to assist in the continued improvement of the PETP.

FUNCTION 2 - PREVOCATIONAL DOCTOR EDUCATION AND TRAINING PROGRAM

STANDARD 8: TERM CONTENT

Terms will provide clinical and educational experiences, which will contribute to the achievement of safe competent clinical practise.

Criteria:

1. The term provides appropriate **clinical experience** such that it enables the prevocational doctor to achieve competence in clinical activities appropriate to that term.
2. The **Scope of Practice** for the specific term including **specific clinical skills**, which require **direct observation** is documented and provided to the prevocational doctor at the commencement of the term.
3. A flexible, accessible and relevant **Term Education Program** provides a variety of formal and informal, clinical and non-clinical teaching and **learning opportunities** for prevocational doctors delivered in paid time.
4. The prevocational doctors **are supported and encouraged** to attend the formal HSEP sessions, which supplements the term experience.

Responsibility: Educational Supervisor (Identified and nominated)

Evidence: (to achieve Satisfactorily Met (SM) rating)

1. A copy of term outline including the clinical case mix, workload, weekly timetable, and Term Supervisor details.
2. A copy of Scope of Practice for the term and specific clinical skills which require direct observation.
3. A copy of the formal and informal education opportunities of the term.
4. A Copy of term roster.

GUIDELINES: STANDARD 8

The aim of this Standard is to ensure that all terms will provide clinical and educational experiences, which contribute to the development of safe practice and achievement of competency.

CRITERION 1 – CLINICAL EXPERIENCE

Each term will provide an outline of the terms clinical case mix, workload, weekly timetable, and term supervisor details. Evidence provided will assist Surveyors to determine the breadth and depth of clinical experience offered by each term.

CRITERION 2 – SCOPE OF PRACTICE

Each term will have a clearly documented Scope of Practice outlined for the prevocational doctors. The Scope of Practice will be relevant to the clinical area in which the prevocational doctor is working and the level of prevocational doctor experience. This Scope of Practice will also include a list of clinical skills, which require direct observation prior to independent practice.

CRITERION 3 – EDUCATION PROGRAM AND LEARNING OPPORTUNITIES

Each term will provide prevocational doctors with a list of formal and informal learning opportunities available to them. This is not intended to be exclusive as it is recognised that rich opportunistic learning occurs throughout most terms, and cannot be documented.

Examples of formal learning opportunities provided on a term may be but are not limited to:

- Tutorials;
- Case presentations;
- Skills workshops.

These should be available in paid time and attendance be free of interruptions.

Examples of informal learning opportunities may include but are not limited to:

- Ward rounds;
- Case conferences;
- Audit meetings;
- Grand rounds;
- Journal Clubs.

It is expected that additional education opportunities outside clinical experience may be offered to prevocational doctors throughout a term. A summary of these will be available to Surveyors.
Examples of these may be but not limited to:

- Presentation skills – presenting to peers, allied health, nursing or students;
- Research skills – participation in small research studies;
- Audit skills – management of data collection, analysis of data;
- Teaching skills – students, peers etc.

CRITERION 4 – TERM ROSTERING AND TIMETABLE

A copy of the term roster indicating roles of the prevocational doctor will be provided.

Rosters will indicate: (overarching document)

- Hours to be worked;
- Ward duty time allocation;
- Days off.

Daily rosters will indicate hours worked and consider industrial as well as training requirements.

The roster needs to be able to be read and understood by Surveyors. For the purposes of the survey, the Intern and junior doctors need to be able to be **clearly identified** and **differentiated** from Career Medical Officers and Registrars on rosters and timetables provided.

Timetables will indicate activities to be undertaken by the Intern or junior doctor: (detailed document)

- Ward round/Grand Round;
- Theatre;
- Out Patients;
- Ward work;
- Procedures/Tutorials/clinics
- HSEP

In addition, consideration will be given to individual prevocational doctor learning needs to ensure that they can fully participate in the educational opportunities provided by a term.

For further information regarding differences between a roster and a timetable see NT Accreditation Support Resources (Accreditation step by step guide) soon to be loaded onto NT METC Website.

STANDARD 9: TERM EVALUATION

The Term Education Program will be formally evaluated using a quality framework.

Criteria:

1. Prevocational doctors are given the **opportunity to regularly evaluate** the adequacy and effectiveness of Term Education Programs (TEP) using an **evaluation tool** which gathers information on:
    a. Supervision
    b. Orientation
    c. Formal and informal learning opportunities
    d. Feedback
    e. Agreed individualised learning objectives
2. The term evaluation results are **reviewed** by the committee overseeing the PETP and are used to **quality improve** the terms.
3. There is a process in place to maintain the **confidentiality** of prevocational doctor **term evaluations** to protect the prevocational doctor and encourage frank and honest feedback on the term.

Responsibility: Health service Delegated Officer (Identified and nominated)

Evidence: (to achieve Satisfactorily Met (SM) rating)

1. A copy of term evaluation tool.
2. A copy of the evaluation results, quality improvements made, and evidence of distribution of results of prevocational doctor evaluations to the corresponding Units/Terms.
3. A copy of the minutes of the committee illustrating review and action where applicable of term evaluations.
4. A copy of the process for maintaining confidentiality of Evaluation Reports.

GUIDELINES: STANDARD 9

The aim of this Standard is to ensure that prevocational doctors receive an opportunity to formally evaluate a term and that this information is reviewed by the committee responsible for oversighting the PETP. In addition, it is expected that de-identified data be provided to the Term Supervisor for quality improvement activities. This same de-identified data could be offered to the accreditation team when being surveyed.

CRITERION 1 – EVALUATION TOOL

It is expected that a tool is developed which affords the prevocational doctors an opportunity to give feedback on but is not limited to:

- Term rosters;
- Clinical experience gained;
- Achievement of general and individual learning objectives;
- Adequacy and effectiveness of supervision;
- Adequacy of feedback and appraisal;
- Opportunities for learning;
- Constructive feedback on aspects that improve the term experience;
- Suggested improvements to the term.

CRITERION 2 – QUALITY IMPROVEMENT PROCESS

A copy of the evaluation data process indicating how data is presented to the Term Supervisor will be provided.

It is expected that this process would occur annually except where an issue has been identified where it may occur earlier.

A copy of relevant minutes of the committee oversighting the PETP will be provided demonstrating review of Term Evaluations and recommendations made. (Areas of relevance highlighted in the minutes)

CRITERION 3 – MAINTAINING TERM EVALUATION CONFIDENTIALITY

It is expected that for the integrity of the Term Evaluation Process, data will be de-identified to maintain confidentiality for the prevocational doctors involved. A copy of the process for managing Term Evaluations clearly indicating how confidentiality will be maintained will be provided.

FUNCTION 2 - PREVOCATIONAL DOCTOR EDUCATION AND TRAINING PROGRAM

STANDARD 10: PREVOCATIONAL DOCTOR (PERFORMANCE) ASSESSMENT

There will be assessment and appraisal to provide ongoing constructive feedback to prevocational doctors, to ensure that both the prevocational doctor training objectives are met and that the requirements of registration are complied with.

Criteria:

1. At start of term, detail the specific **process for assessment** within the Unit, particularly outlining the personnel responsible for providing the feedback and conducting observation of clinical skills relevant to that term.
2. There is a **midterm feedback** session by the Term Supervisor for all terms, which exceed five weeks.
3. **Feedback sessions** will include input provided by Supervisors and others observing the doctor's performance. Prevocational doctors are encouraged to take responsibility for their own performance, and to seek feedback from their supervisors regarding their performance.
4. Ensure that prevocational doctors are informed when serious concerns exist. There is a documented **process for managing substandard performance**, which takes into account the welfare of the prevocational doctor and patients.
5. Objective **summative assessment** occurs at the end of each term. The Prevocational doctor must view the assessment form at the assessment interview, be provided an opportunity to write comments on it, be given a copy of the assessment form prior to it going to the PETP DCT and being stored in the prevocational doctor's personnel record.
6. The health service **records and documents** the progress and assessment of the Intern's performance consistent with the Medical Board of Australia Registration Standard for granting general registration as a medical practitioner, on **completion of their internship**.
7. The PETP establishes an **assessment review group** as required to assist with decisions on remediation of interns and other prevocational doctors who do not achieve satisfactory supervisor assessments.
8. The health service must have a **policy and process** in place to guide the resolution of training problems and disputes.

Responsibility: Health service Delegated Officer (Identified and nominated)

Evidence: (to achieve Satisfactorily Met (SM) rating)

1. A copy of assessment process.
2. A record of midterm assessment completion.
3. A copy of assessment process for feedback sessions.
4. A copy of orientation documentation outlining promotion and encouragement of prevocational doctors taking responsibility to receive feedback on performance.
5. A Copy of membership and TOR for PETP Assessment Review Group.
6. A Copy of policy/guideline and process for informing a prevocational doctor of any serious concerns.
7. A copy of end of term assessment form used and record of completion (sign off form).
8. A copy of process for assessing clinical skills and record keeping.
9. A copy of final internship assessment tool used along with de-identified samples of completed final internship assessment.
10. A copy of policy and process for resolution of training problems and disputes.

GUIDELINES: STANDARD 10

The aim of this Standard is to ensure that prevocational doctors receive assessment and appraisal to ensure that learning objectives and relevant knowledge, skills and attitudes are being monitored and achieved against the registration requirements for prevocational doctors.

CRITERION 1 – ASSESSMENT PROCESS

At the term orientation prevocational doctors will receive an outline of the assessment processes of that term including who is responsible for giving feedback, observing clinical skills 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.

For interns, assessment **must include** observation of clinical skills. A copy of the recorded clinical skills observed for interns will be provided by the Health service. The General Practice Term Supervisor will describe the process for ensuring that this is completed for each Prevocational doctor prior to them leaving the term and the process for sending this to the Primary Allocation Health service for follow up and review.

Formative and summative assessments submitted by Term Supervisors will be reviewed by the DCT or equivalent, with assistance where possible from the MEO. Interns with satisfactory and specific ratings in summative assessments will automatically progress. For others, early remediation is essential and an IPAP will be implemented where performance is rated below expected level.

National standards require intern training providers to use intern assessment data in the improvement of the intern training program. This should include centralised tracking and collation of assessment forms and analysis of assessment outcomes and should inform intern supervisor training and support processes. Assessment Review Groups of the committee with oversight of intern education and training may undertake these functions.

CRITERION 2 – MID TERM ASSESSMENT

There will be a Mid Term Assessment completed for terms of longer than five weeks duration. A copy of the process for this Mid Term Assessment will be provided.

Prevocational doctor evaluations for the terms will indicate whether or not they received Mid Term Feedback and information on how useful this feedback was. De-identified data from this evaluation will be provided to the Term Supervisors for quality improvement purposes.

CRITERION 3 – FEEDBACK SESSIONS

A copy of the Assessment Process as outlined under Criterion 1 will be provided. Evidence of input from a variety of sources including other relevant Medical, Nursing or Allied Health staff will be provided.

Feedback and review of progress can be assisted by interns keeping a log or a learning portfolio, which can be discussed and reviewed with their supervisor.

CRITERION 4 – PROCESS FOR MANAGING SUBSTANDARD PERFORMANCE

The requirement under national standards to immediately address concerns about patient safety will require action beyond remediation, and could include possible withdrawal of an intern from the clinical context. Intern training providers and employers must also be aware of sections 141 and 142 of the Health Practitioner regulation national Law. ‘Notifiable conduct’ by interns must be reported to the Medical Board immediately.

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

- Specifics of the concern;
- Remediation plan (e.g. IPAP);
- Allocation of responsibilities for implementation of the remediation plan;
- Timeframe for review;
- Documentation and recording of process and outcomes.

The process will involve the prevocational doctor, MEO and DCT. Where the DCT considers that the requirements of the term have not been met, or where performance issues are complex at either mid or end of term, the assessment will be reviewed by an **assessment review group** to determine an appropriate course of action. Decisions about IPAPs and outcomes of assessment and review group deliberations will be communicated directly to the DMS so that he/she is aware of remediation efforts and the necessity, if required to repeat terms.

CRITERION 5 – SUMMATIVE ASSESSMENT

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

Supervisors will consider the following attributes when making a rating regarding interns:

- Ability to work with increased levels of responsibility;
- Ability to apply existing knowledge and skills and learn new knowledge and skills as required;
- Ability to practise safely

CRITERION 6 – COMPLETION OF INTERNSHIP

At the completion of their internship junior doctors will achieve outcomes specified in the ACFJD and the national outcome statements at a level consistent with one year of postgraduate training.

The national framework for intern training includes the document 'Assessment Progression and sign-off for completion of internship' and a Term assessment tool. This assessment document outlines the assessment process which includes information on summative assessment, the assessment review group and sign-off on completion.

Sign off for completion of internship is the responsibility of the DCT. This will be reported to the DMS or equivalent for a joint decision and notification to the Medical Board of Australia.

The DCT and the DMS will jointly recommend an outcome for an intern who does not meet these conditions to the Medical Board of Australia for endorsement.

CRITERION 7 – ASSESSMENT REVIEW GROUP

Assessment review groups will be established for each Primary Allocation Centre with membership and terms of reference agreed by NT Accreditation Committee. The review group will be chaired by a senior clinician with experience in the education and training of interns. Given the close nexus between training and employment concerns in internship the review group will include a senior employer representative such as the DMS or equivalent and other relevant medical educators. The assessment review group will have clear and transparent procedures for deciding on any course of action and for resolving disputes and appeals.

CRITERION 8 – RESOLUTION OF TRAINING PROBLEMS AND DISPUTES

The health service PETP has a policy and a process with appropriate confidentiality to support prevocational doctors to address problems with training supervision and requirements.

The prevocational training program has clear impartial pathways for timely resolution of training-related disputes between prevocational doctors and supervisors, or prevocational doctors and the health service.