

Accreditation Standards

Version 1.0 June 2010



These standards assume clinicians, hospitals and their staff are committed to teaching, educating and training, and that trainees are committed to learning and, in turn, teaching others. Whilst the Standards provide checks and balances for those rare occasions when this is not the case, the emphasis is on a framework, goals and aspirations which will continue to develop a quality postgraduate medical education system in South Australia.

Interpretation

This version of SA IMET Standards reflects the establishment of SA IMET and its responsibility, in partnership with hospitals and Colleges, to support all postgraduate medical education and training in South Australia. This now includes accreditation of PGY2+ years and will, from 2011, also include accreditation of generic aspects of Vocational training.

SA IMET's support of Vocational training will be a topic of ongoing development and discussion. Accreditation of Vocational training will be limited to generic functions with the intention to support College accreditation processes, aiming to reduce duplication of accreditation of generic components such as libraries by multiple Colleges, yet leaving intact the accreditation (by Colleges) of curricula and other functions specific to each College. The accreditation of generic components will be developed in collaboration with Colleges with a draft implementation date of early 2011. These Standards present a view of how Vocational accreditation could function. SA IMET will NOT be accrediting Vocational functions until 2011 and all references to Vocational training in the Standards are at this time intended purely to prompt discussion and development for subsequent implementation.

The Standards set down an ambitious education and training framework. Some criteria may not be achievable by some training facilities. Accordingly, only some criteria have been designated as mandatory for all facilities. Non-mandatory criteria will still be considered in the accreditation process and it is expected that facilities will achieve most of these criteria. **The final decision on the need to achieve non-mandatory criteria will be with SA IMET and its accreditation survey teams.** Initially, all Vocational references within the Standards will be disregarded by accreditation survey teams until these have been agreed by interested parties.

Explanation of symbols attached to Criteria:

[M] = mandatory criterion – must be achieved by all facilities to pass accreditation

Evidence required to demonstrate compliance with Criteria and Standards



Evidence required includes presentation of documents.



Evidence required may be presented verbally at interview

Timelines

From May 2010	Pilot trials of Standards at pilot sites in a range of hospitals
Late 2010	Full hospital accreditation of prevocational training to begin
Early to mid 2011	Vocational training accreditation to begin

Updates

These Standards will be updated from time to time. Please refer to the SA IMET website (saimet.org.au) for the latest Council-approved amendments.

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Documents relevant to these Standards are available at the SA IMET Website (saimet.org.au). These include Accreditation procedures, appeals processes, requirements for notification to SA IMET, policies and the current SA IMET accreditation status of all South Australian postgraduate medical training sites.

Summary of Standards and Criteria

Function One: Governance

Organisational Structure

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- a. a dedicated TMO training budget
- b. a delegated manager with executive accountability for meeting postgraduate education and training standards (e.g. an executive level DMS), and
- c. educational support personnel to plan, organise and evaluate the education and training programs

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- a. reporting lines with open and inclusive communication
- b. appropriate membership which includes Prevocational and Vocational Trainees
- c. development and implementation of education and training policies with separate policies for Prevocational and Vocational Trainees

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Criterion 1.8.3: [M] The Facility provides information about avenues of advocacy for trainees.....24

Function Two: Education and Training Program

Orientation and Handover

STANDARD 2.1: Trainees will receive comprehensive orientation and handover.....25

Criterion 2.1.1: [M] All trainees receive a comprehensive orientation to the Facility or secondment facility, as well as the rotation/term. This orientation is to include:.....25

- a. the process for identifying the term supervisor
- b. the identification of personnel responsible for implementing the ETP
- c. the identification of specific policies relating to individual rotations/terms
- d. an explanation of educational opportunities and learning objectives associated with specific terms
- e. identification of available Trainee support and pastoral care services
- f. requirements of the daily roster

Criterion 2.1.2: [M] Orientation programs are evaluated by trainees and necessary improvements are made. These data and evaluations are reviewed by the ETP Committee.....26

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Curricula

STANDARD 2.2: The ETP has a structure with learning objectives and appropriate clinical experience to allow Prevocational trainees to address the ACF curriculum. In collaboration with the Colleges, these structures may also be accessed by Vocational trainees to address the Colleges' training curricula.....27

Criterion 2.2.1: [M] The ETP has sufficient content appropriate for Prevocational Trainees, mapped to the ACF and continually updated in response to feedback and to further development of the ACF.....27

Criterion 2.2.2: Where individual colleges have specifically requested monitoring by SA IMET, ensure the ETP has content appropriate for Vocational Trainees and consistent with curricular requirements of relevant College(s).....27

Criterion 2.2.3: Regular monitoring of Term descriptions to ensure they support requirements of the ACF and College curricula.....27

Evaluation

STANDARD 2.3: Facility and Unit training opportunities should undergo feedback from Trainees and Supervisors to continuously improve quality.....28

Criterion 2.3.1: [M] Trainees should be provided with appropriate tools to enable them to record evaluation of formal ETP sessions, their supervision, orientation, learning opportunities and feedback and appraisal.....28

Criterion 2.3.2: Evaluation results are reported annually to the ETP Committee and results are used to quality improve the program in subsequent years.....28

Supervision

STANDARD 2.4: Trainees are supervised by qualified medical staff with appropriate competencies, authority, time and resources to participate in training and educational activities....28

Criterion 2.4.1: [M] Facility has detailed supervision policies which are understood and adhered to by supervisors who have appropriate competencies, authority, time and resources to supervise Trainees.....29

Assessment

STANDARD 2.5: Assessment processes apply equally to all Prevocational trainees, occur at appropriate intervals and include direct observation of clinical skills.....30

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Criterion 2.5.2: [M] At start of term, the supervisor should detail the unit's assessment process, particularly outlining the personnel responsible for arranging and conducting assessments and providing feedback.....30

Criterion 2.5.3: There is a formative midterm assessment by the term supervisor (or delegate) for all terms exceeding 5 weeks.....30

Criterion 2.5.4: [M] Objective summative assessment by the term supervisor occurs at the end of each term. The Trainee must view the assessment form at the interview, be invited to write comments on it and be given a copy prior to filing with the ETP Director and in the Trainee's personnel record.....30

Criterion 2.5.5: Where after hours work is allocated as part of a trainee term, the after hours clinical supervisor should be included in the assessment process and the trainee should be aware that all work including after hours contributes to overall assessment.....31

Criterion 2.5.6: [M] Trainees are informed when serious concerns exist. There should be a documented process for managing substandard performance which will ensure the welfare of the Trainee and patients.....31

Criterion 2.5.7: [M] Term assessment reports are to be used to provide feedback for trainees and to assist, through handover, new term Supervisors design an appropriate educational experience. They may also be used for generating a Certificate of Service for Internship and, after deidentification, to contribute to evaluation of individual components of the Facility's training program.....31

Criterion 2.5.8: Handover of Trainee performance between term supervisors of adjacent terms is undertaken confidentially and constructively to optimise ongoing Trainee development.....31

Background

Purpose

SA IMET Accreditation Standards are for accreditation of intern and subsequent postgraduate training including both prevocational and vocational years, although at this time only prevocational training is accredited by SA IMET. The Standards should not replace nor conflict with College Accreditation standards for vocational training but rather should complement and supplement delivery of College programs and, where possible, reduce duplication.

Application

The Standards are a framework for quality education in postgraduate years. They should:

- > help regions, facilities, units and individual supervisors and Trainees evaluate their own progress towards improved education and training. This evaluation should be ongoing and integrated with education and training governance and delivery.
- > allow SA IMET surveyors of new and existing facilities, units and positions to benchmark the establishment and performance against expectations needed to achieve Accreditation. These expectations will be determined by SA IMET and its surveyors and will be referenced against postgraduate education achievements of other settings in South Australia and nationally and against education and training outcomes that might reasonably be achieved given a particular setting's individual circumstances.
- > act as a reference for Postgraduate Trainees to ensure they are receiving education and training of an appropriate quality as they review their own progress informally and through structures such as the SA IMET JMO forum and the AMA Doctors in Training forum.

Context

The Standards are developed with reference to the following documents, which should be attached to and read with the Standards:

- > Prevocational Medical Accreditation Framework for the Education and Training of Postgraduate Doctors in Australia (Confederation of Postgraduate Medical Education Councils (CPMEC), 2009, <http://www.cpmecc.org.au/files/Revised%20PMAF%20-%20Final.pdf>)
- > Australian Curriculum Framework for Junior Doctors (<http://curriculum.cpmecc.org.au>, 2009). In particular the Standards are intended to drive implementation of the ACF in South Australia.

The Standards have been developed with particular regard to:

- > The changing framework of Postgraduate Medical Training in Australia and especially the development of Health Workforce Australia
- > The National Registration and Accreditation Scheme
- > CPMEC Discussion Paper on Internship and NRAS (CPMEC, 2009)
- > The implementation of SA IMET
- > Key drivers for workforce and education and training change in SA as detailed at the SA IMET website

Glossary

The following Glossary of terms is included to assist Facilities in interpreting this document.

Allocation

The process of assigning a Postgraduate Trainee to a term or unit to undergo a period of training.

For Interns, compulsory terms are required for Medical Board registration. At the time of writing, the Medical Board of Australia has not formalised its procedures for signoff of internship. However, existing internships under the Medical Board of South Australia will be honoured by the Medical Board of Australia, and interns who successfully complete their internship by the end of 2010 will be accepted by the Board as qualified for general registration under the National Registration and Accreditation Scheme.

There will likely be small changes to requirements for compulsory terms with transition of registration from the Medical Board of South Australia to the Medical Board of Australia in July 2010 and the SA IMET website should be consulted for updates. CPMEC guidelines for internship (see saimet.org.au) have been presented to the Medical Board and may guide the Board. The CPMEC guidelines require three compulsory allocations of 8-10 weeks in Medicine, Surgery and either Emergency Medicine or General Practice. General Practice core terms must include exposure to acute competencies described by CPMEC and the ACF. Accreditation by SA IMET will, until further notice, follow the CPMEC guidelines.

AMA Doctors in Training Forum

A subcommittee of the Australian Medical Association (AMA) chaired by a postgraduate Trainee and meeting regularly to discuss, develop and comment on policy around issues of postgraduate medical training.

ASO

An Administrative Services Officer employed to provide administrative support specifically to a Trainee Medical Officer unit.

Australian Curriculum Framework for Junior Doctors (ACF)

The structure on which the prevocational education program is based. The Framework was developed in 2006 and can be viewed on SA IMET and CPMEC websites. The ACF is, as it continues to develop, becoming the national curriculum reference for Internship and early postgraduate training.

College

A Vocational training College accredited by the Australian Medical Council to set and monitor standards of accreditation for specialty (vocational) postgraduate medical training.

CPMEC

The Confederation of Postgraduate Medical Education Councils, a national body which represents and guides the Institutes of Medical Education and Training, Postgraduate Medical Councils or their equivalents in each state or jurisdiction.

DCT

Director of Clinical Training

Delegated Manager

An Officer delegated by or on behalf of the Chief Executive Officer of the Region to take responsibility for ensuring compliance with an individual Accreditation Standard. Delegated Managers may have responsibility for one or more Standards.

DMS

Director of Medical Services or equivalent

DST

Director of Specialty Training or equivalent for a particular specialty (e.g. Director of Physician Training, Director of Surgical Training)

The Facility

The institution or clinical setting within which Postgraduate Trainees work and train. These organisations will usually be hospitals but may be health care centres or supervised practice locations in community settings which have met Accreditation requirements for Postgraduate Trainee education.

Education and Training Program (ETP)

- > The complete education and training experience for Postgraduate Trainees:
- > For Interns and other Prevocational Trainees, the ETP should comprise of a formal alignment or rotation of Terms, together with a program of training across a range of specialties which counts towards Intern registration and is also offered to the other early postgraduate years. It should include formal education programs developed specifically for Interns and, separately, for Prevocational Trainees, usually conducted on a weekly or bi-weekly basis.
- > For Vocational Trainees, the ETP should comprise a program of training which interfaces closely with College Vocational training programs. SA IMET will, from early 2011, undertake accreditation of generic aspects of the ETP for Vocational Trainees.

FTE

Full time equivalent

JMO Forum

A subcommittee of SA IMET chaired by a postgraduate Trainee and meeting regularly to discuss, develop and comment on policy around issues of postgraduate medical training.

Medical Board

The Medical Board of South Australia or its successor

MEO

Medical Education Officer

MEU

Medical Education Unit. The unit responsible for accountability and delivery of postgraduate medical education in a facility.

MINI-CEX

Structured mini clinical evaluation exercise.

PMAF

Prevocational Medical Accreditation Framework for the Education and Training of Postgraduate Doctors in Australia (CPMEC, 2009)

PGY Level

The number of years since graduation of a Postgraduate or Vocational Trainee, as defined in South Australian Salaried Medical Officers Enterprise Bargaining Agreement (2008)

Primary Allocation Centre

A facility receiving Intern and/or Postgraduate Trainee allocation through the SA IMET allocation system

Rostering

The daily Postgraduate Trainee routine. The roster will indicate hours of work, location of work (e.g. ward, theatre, outpatients etc) and specific events such as ward rounds, education sessions, team meetings etc.

Secondary Allocation Centre

A facility receiving Intern and/or Postgraduate Trainee allocation on rotation from a primary allocation centre.

TMO, JMO or Trainee

A Trainee medical officer in an intern, prevocational or vocational training position who has not gained fellowship of an Australian Specialist College.

Function One – Governance



ORGANISATIONAL STRUCTURE

STANDARD 1.1: Facility has an organisational structure, ultimately accountable to the Regional Chief Executive Officer, with appropriately qualified staff sufficient to deliver the facility's postgraduate education and training program, including:

- a. a dedicated TMO training budget
- b. a delegated manager with executive accountability for meeting postgraduate education and training standards (e.g. an executive level DMS), and
- c. educational support personnel to plan, organise and evaluate the education and training programs

Criterion 1.1.1: [M] Undertake strategic planning and provide a dedicated budget to support TMO training

Evidence





-  Strategic plan and budget for TMO training within the facility
-  Individuals involved in implementing TMO training can outline their roles in strategic planning

Explanation

Prevocational and Vocational training should be considered in facility-wide strategic planning as discrete entities, as opposed to education and training in general. The Facility should have a dedicated TMO training budget.

Criterion 1.1.2: [M] An organisational structure with appropriately qualified staff to manage TMO training

Evidence

-  Organisational structure outlining roles and responsibilities relevant to TMO training
-  Identified accountable Officer(s) for Standards and written delegations able to deliver Standards
-  Staffing sufficient to satisfy at least the minimum standard ratio for number of Prevocational Trainees : medical education staff, as defined by the SA IMET MEU support formula
-  Individuals involved in TMO training can outline their training roles and responsibilities

Explanation

The organisational structure should outline Prevocational/Vocational training reporting lines for the DST (where appropriate), DCT, MEO and clinical supervisors (see also Criterion 1.3.1). The Facility should be able to provide the names, qualifications and FTE allocations to the Education and Training Program (ETP) of each of its personnel employed in the administration of TMO training. A Primary Allocation Centre for interns should have a DCT, MEO and medical education administration staff and, as appropriate, DSTs. A Secondary Allocation Centre should have at least a DCT and preferably an MEO. Facilities are referred to the MEU support formula (SA IMET Website) which provides a minimum standard ratio for numbers of Prevocational Trainees to staff. Facilities should be able to explain any variance to the ratios predicted by the calculator.

POLICIES

STANDARD 1.2: Facility has documented policies and processes which include reference to appropriate national and local jurisdictional guidelines, to manage educational delivery, workload, welfare, safety and substandard performance

Criterion 1.2.1: [M] Policies and processes which facilitate the coordination and delivery of TMO training

Evidence

 Policies and processes relevant to TMO Training

Explanation

The Facility will have developed policies, processes and procedures to assist TMO training implementation.

Policies should include:

- Governance of TMO training, including specific reference to Prevocational Training (Standard 1.1)
- ETP attendance and release from duties (Standard 1.5)
- Supervision (Standard 2.4)
- Orientation (Standard 2.1), see below
- After hours work
- On Call
- Handover (Standards 2.1, 2.5)
- Assessment (Standard 2.5)
- Underperformance (specific for Prevocational Trainees – Standard 2.5)
- Sign-off for completion of internship (Standard 1.7)
- Trainee Wellbeing (Standard 1.8)

Procedures should include:

- Term descriptors for every term involving TMOs
- Advocacy for Trainees (Criterion 1.3.4)
- Rostering
- Accessing professional development opportunities
- Staff performance appraisal
- Confidentiality of Trainee evaluations
- Feedback
- Term evaluation

The Facility should have an Orientation Policy outlining:

- Timing of orientation
- Duration of orientation
- Content areas to be covered in all orientation programs
- Responsibility for Trainee orientation programs within the organisation
- Guidelines for content and use of the Facility Orientation Manual, which should include relevant Facility policies and procedures relating TMO training.

See also Standard 2.1

ETP COMMITTEE



STANDARD 1.3: Facility has an Education and Training Program (ETP) committee which is adequately resourced, empowered and supported to enable development and implementation of institutional postgraduate training policies

Criteria 1.1.2 and 2.4.1 also apply to this Standard

Criterion 1.3.1: [M] ETP committee Terms of Reference (TOR) should ensure:

- a. reporting lines with open and inclusive communication
- b. appropriate membership which includes Prevocational and Vocational Trainees
- c. development and implementation of education and training policies with separate policies for Prevocational and Vocational Trainees
- d. promotion of educational excellence and quality assurance

Evidence

-  ETP committee TOR, including membership
-  Trainee education policies (See Standard 1.2)



Explanation

TOR should define:

- committee membership, which should include Prevocational and Vocational Trainees
- reporting and communication lines for personnel overseeing TMO training e.g. DST (where appropriate), DCT, MEO
- development and endorsement of TMO training policies and procedures, ensuring that there are specific policies for Prevocational Trainees and Vocational Trainees, where this is appropriate
- monitoring and evaluation of TMO training
- education and training governance in any Secondary Allocation Centre (SAC) for which a Facility is responsible. A SAC may have its own ETP committee or be governed by that of the relevant Primary Allocation Centre (PAC). In either case TOR should define representation of the Secondary site on the PAC ETP committee
- annual survey of TOR and performance measures.

Criterion 1.3.2: [M] The committee plans, oversees and evaluates all aspects of TMO training

Evidence






-  Annual report to SA IMET and the Regional Chief Executive via the relevant Facility Executive
-  Meeting minutes for the past 12 months

Explanation

The Committee annual report should include activities, achievements, challenges, evaluations (see Standards 1.3, 2.3 and Criterion 2.1.2), accreditation status and ongoing recommendations, which should be delivered through the Delegated Executive Manager to SA IMET and the Facility Executive. Minutes should indicate active TMO training oversight.

Criterion 1.3.3: [M] Sufficient personnel with appropriate skills, time and authority are employed specifically to support TMO training. These should include clinical and educational supervisors.

Evidence

-  List of names, roles, relevant qualifications and employed FTE of all personnel supporting TMO training (should include at least MEO, DCT/DST and ASO and all term supervisor staff)
-  Position descriptions including funded time allocations for all personnel supporting TMO training (not required for term supervisors)
-  Those supporting TMO training demonstrate appropriate abilities and attitudes to fulfil their roles
-  Evidence that personnel are supported and participate in professional development relevant to the role of educator and mentor
-  Evidence of effective teaching performance appraisal (where appropriate)

Explanation

See also Criterion 1.1.2.

Each Prevocational Trainee term should have an allocated Term Supervisor.



Relevant professional development opportunities may include:

- In house courses e.g. management, Teaching on the Run, supervision workshops
- Programs coordinated by bodies such as SA IMET, Colleges and Universities
- Interaction with Universities, Colleges and other education bodies with expertise in the development of education methodology
- Training in mini-CEX and other workplace based assessment techniques
- Attendance at the National Prevocational Forum, MedEd and other Education Conferences
- Professional Development Program for Registrars
- Higher degrees in education and training and other courses on relevant topics
- SA IMET and/or College Council and Subcommittees and similar education-governance groups

Personnel appraised will usually include the DCT/DST, MEO, Medical Education Administration staff and term supervisors. The Facility may choose to include the Chair of the ETP committee.

Criterion 1.3.4: [M] Those overseeing trainees should provide advocacy and support

Evidence



-  Position descriptions indicating responsibility for advocacy and welfare on behalf of Trainees
-  Trainees are aware of avenues to seek advocacy on work related issues

Explanation

The Facility should have a procedure to facilitate Advocacy on behalf of Trainees. See also Criterion 1.8.3.

Criterion 1.3.5: The ETP Committee is responsible for reviewing evaluations (see Standards 1.3, 2.3) to continuously oversee and improve the quality of the formal ETP and individual rotations / terms

Evidence

-  Evidence of distribution of formal ETP and individual term evaluation results and ETP committee review recommendations to the corresponding program convenors and units. Appropriately de-identified examples should be provided
-  Formal ETP program convenor(s) and term supervisors can outline benefits and actions resulting from evaluations

Explanation

The process should occur at least annually.

Criterion 1.3.6: [M] All trainee evaluations of rotations/terms are to be treated as confidential to protect the trainee and to encourage frank and honest feedback

Evidence

-  Confidentiality process for Trainees providing evaluation reports

Explanation




Data provided to Executive, ETP Committee, term supervisors etc will be de-identified to maintain confidentiality for Trainees involved.

EXPOSURE TO TRAINING

STANDARD 1.4: The facility provides trainees with appropriate and balanced clinical experience and other education opportunities linked to the ACF and College curricula

Criterion 1.4.1: The full range of educational/training opportunities in the Facility and associated Statewide network should be available to trainees to enable rotations/terms which match requirements of ACF and College curricula

Evidence

-  List of all current terms and numbers of Prevocational and Vocational Trainees allocated to terms
-  Year term allocation for each Trainee which demonstrates length of terms
-  Term Descriptions for the Unit or for each Unit within the Facility, including the clinical Casemix, workload and mapping of educational opportunities to the ACF and/or to College curricula as appropriate

Explanation




Each term should be able to outline the clinical experiences offered to a Trainee, including Casemix data (e.g. from Australian Council on Healthcare Standards (ACHS) Surveys) demonstrating patient throughput and diagnosis breakdown as well as Trainee involvement in the clinical case management, and for Prevocational Trainees a breakdown of ACF competencies available during the term.

The Accreditation Survey Team should be able to determine the type of clinical experience a particular term provides the Trainee. There should be a process for determining terms which will build educational capacity (especially around the ACF but also College curricula), particularly as Casemix and clinical capacity changes.

For trainees in Vocational programs with a statewide training network, the Facility should demonstrate support for this criterion at the network level.

Criterion 1.4.2: Delivery of the ETP is consistent with best educational principles including experiential opportunities

Evidence

-  ETP activities summary, with evidence of use of contemporary adult learning principles and of regular update through evaluation feedback
-  Description or demonstration of ETP delivery facilities (eg lecture theatres, tutorial rooms, audiovisual and online technology)
-  Discussion of delivery strategies

Explanation

ETP Committee should use best educational principles to guide education strategies for each term. A copy of the program activity outline should be provided and should reflect:

- A mixture of didactic, experiential and direct observational education opportunities
- Encouragement of innovative approaches such as blended, cross-professional and peer group learning
- Opportunities to practice skills and receive feedback
- Online and simulated learning environments
- Opportunities for Trainees to ask questions
- Self reflection activities

Strategies may differ between intern, PGY2 and Vocational Trainees although are likely to include a mix of the above. Educational resources from Colleges, Universities, SA IMET and other educational bodies may be valuable for the ETP Committees.

The program provided should indicate strategies to maximise benefit for trainees by including:

- A balance to the format of sessions e.g. skills stations as well as presentations
- Timing of sessions – to allow maximal and equitable access to Trainees
- Repeat or recorded core sessions to allow maximum attendance regardless of rotation

Criterion 1.4.3: Trainees participate in appropriate formal and supplementary education and training activities provided by the Facility, including observed assessments by a term supervisor or delegate

Evidence

- 📁 Outline of formal and additional education opportunities offered by the term

Explanation

Each term should provide Trainees with a list of available formal and informal learning opportunities. Formal learning opportunities may include:

- Lectures specifically for Prevocational and, separately, Vocational Trainees
- Grand rounds
- Tutorials
- Case presentations
- Simulation training
- Skills workshops
- Journal Clubs

Additional education opportunities outside routine clinical exposure should include direct observational education, ideally through formative mini-CEX at least twice per term. Other additional education opportunities may include:

- 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

Direct educational supervision should be provided at least partly by consultant staff but more senior Trainees may also contribute.

Criterion 1.4.4: There is a clear definition of the training experience available for trainees when seconded from the primary Facility

Evidence

- 📁 Documents specifying the obligations of each off site Facility in supporting training and the learning objectives for Trainees at that site

Explanation

Where a Facility is using off site (secondment) terms, documents should be established outlining:

- Specific obligations of the Primary and Secondment Centres in supporting Trainees e.g. supervision, assessment and feedback etc
- Learning objectives for the term

- Staff responsible for supporting Trainees at that term
- Description of how this information is given to Trainees

See also Criterion 1.3.1.

Criterion 1.4.5: There is active promotion of expanded settings training

Evidence

-  Evidence of promotion of and application for expanded settings training positions

Explanation





The Commonwealth funds the Specialist Training Program (STP) and Prevocational General Practice Placement Program (PGPPP) for non-hospital training for Vocational and Prevocational Trainees respectively. SA IMET strongly supports these programs. Facilities and units should encourage and facilitate application for and appointment to these positions where appropriate.

ACCESS TO TRAINING

STANDARD 1.5: All trainees have equal access to the training program provided by the Facility

Criterion 1.5.1: Equitable rostering allows each Individual trainee access to appropriate educational activities in paid time

Evidence

-  Term roster detailing education commitments
-  Policy for review of formal ETP session attendance rates from individual terms to ensure that particular terms do not unreasonably limit ETP access
-  Policy and procedures regarding protected time for education
-  Trainees are able to access ETP during work hours

Explanation

Rosters should indicate Trainee commitments to:



- Ward rounds
- Ward duty time allocation
- Outpatient/clinic allocations
- Theatre times where appropriate
- Meetings
- Education activities
- Required ACF capabilities for specific terms e.g. Prevocational Trainees in compulsory surgical terms requiring exposure to surgical scrub should be rostered appropriately to theatre sessions
- Individual Trainee needs

The Facility policy on ETP attendance should reference cover and release from duties to allow attendance during paid time. There should be processes to address terms problematic for Trainee ETP attendance especially where limited access is a unit-based issue rather than due to individual Trainee behaviour.

Daily rosters should consider welfare as well as training requirements. See also Standard 1.8.

Criterion 1.5.2: All trainees are able to access appropriate education and training activities, supplementary to the formal program, during paid working hours

Evidence

-  List of all current educational opportunities outside the ETP and guidelines and processes (e.g. leave policies) for accessing them
-  Trainees are able to access supplementary educational opportunities

Explanation

There should be access processes such as reimbursement guidelines and leave policies. Trainees should be made aware of professional development opportunities open to them such as:

- Advanced Life Support (ALS) and Advanced Paediatric Life Support (APLS) programs
- Clinical skills or Simulation Programs offered by primary allocation facilities

- Professional Development for Registrars Program
- Teaching on the Run and Learning on the Run Programs
- SA IMET Accreditation Surveyor training, Supervision training and similar programs
- TMO and/or AMA DIT Forum attendance
- College supervisor development and similar programs



In particular, participation in SA IMET Accreditation survey activities by consultants and trainees should be in paid time. Where relevant, evidence of active discussion prior to commencing duties of Absence on Duty entitlements should be available.

PHYSICAL FACILITIES

STANDARD 1.6: The Facility provides access to the physical infrastructure necessary for supporting Trainee education and training

Criterion 1.6.1: [M] Provide adequate physical and educational infrastructure to ensure the objectives of the TMO training years are met

Evidence

-  Consideration of physical and educational infrastructure in strategic plan
-  On-site demonstration of the physical and educational infrastructure e.g. dedicated teaching and office space for TMO training staff, library facilities, internet access

Explanation

Physical infrastructure should include:


- an adequate library facility with access to online point of care tools (e.g. Up To Date), relevant journals both online and hard copy, photocopying facilities, reference books and ability to conduct inter library loans. In addition, quiet reading areas and work areas suitable for accessing electronic resources and for group work should be available
- appropriate site licences to access electronic medical information including e-books and journals of a range and standard comparable to those available to academic staff within South Australia's Health system
- human resources including a professionally qualified librarian(s) available during normal working hours and a Library assistant(s) trained in the provision of library services including library information technology
- 24 hour Internet access for Trainees to allow online research and access to online resources. Internet access should be easily available in Trainee work areas and the library. Dedicated terminals should be available for Trainees in sufficient numbers when and where needed, in particular in work areas where discharge summaries are being completed and in Trainee lounge/common room areas
- sufficient desk space and associated seating for all Trainees at locations appropriate to their work requirements
- easy access for Trainees to a printer and photocopier at all times
- provision of a Lounge or Common room including comfortable seating, table and chairs, and tea/coffee facilities
- a designated Skills Area/training facilities to allow attainment of clinical skills away from the patient, available for Trainees during normal working hours and by arrangement after hours
- adequate training rooms for conducting the ETP. These training rooms should be commensurate with the number of participants and should have adequate teaching and audiovisual facilities and have equipment such as whiteboard, digital projector etc.
- office space for the TMO training staff including DCT, MEO(s), administrative support officer(s) and ideally relevant human resources staff, situated in a single location readily accessible to trainees. Facility should include adequate room space for counselling, desk space and computing and communication hardware.

MEDICAL BOARD SIGN-OFF

STANDARD 1.7: The structure and educational quality of the ETP for interns meets all the requirements of the Medical Board¹

Criterion 1.7.1: [M] Medical Board and SA IMET intern requirements include compulsory terms in Medicine, Surgery and Emergency Medicine or General Practice with acute care exposure. These terms are rostered for 10 weeks each and interns must be actively involved in clinical activity for at least 8 weeks per term. The remaining 22 weeks involve rosters of at least 5 week terms in a variety of non-compulsory clinical experiences. The experience in secondment facilities must match that of the primary Facility

Evidence

-  Year rosters for each Intern outlining terms and durations (including, where applicable, secondment terms)

Explanation

For Medical Board registration, Interns must satisfactorily complete rotations to the following compulsory and non-compulsory terms accredited by SA IMET and the Medical Board. Experience in non-accredited terms cannot be included in application for full registration. Facilities should provide copies of the yearly Intern allocation indicating that each Intern receives:


- 10 weeks of Medicine
- 10 weeks of Surgery
- 10 weeks of Emergency or General Practice with acute care exposure, as defined by inclusion of ACF competencies appropriate to acute care and as defined by CMPEC (www.saimet.org.au)
- At least 5 weeks served consecutively for each of the above terms
- Total absence during each 10 week allocation through annual leave or secondment not exceeding 2 weeks. Clinical exposure of less than 8 weeks in any core term should be notified to SA IMET.
- Absence through illness, compassionate leave or other reasons should be assessed against overall performance and sign-off criteria (see Criterion 1.7.2), with consultation with DCT, DMS, SA IMET and Medical Board as appropriate.
- The remaining 22 weeks in terms of a minimum of 5 weeks duration.

Facility term lists should correspond with SA IMET Accreditation records and should indicate:

- Term content e.g. medicine, surgery etc. and where appropriate core term designation
- The number of Interns allocated to the term.

Criterion 1.7.2: [M] At the end of internship, the Facility completes the appropriate form for the Medical Board and when necessary provides effective remediation for those interns with borderline or unsatisfactory performance

Evidence

-  Policy for sign-off of successful completion of internship and for remediation of borderline or unsatisfactory performance

¹At the time of writing, the Medical Board of Australia (MBA) has not formalised its procedures for signoff of internship. Standard 1.7 is drafted in anticipation of acceptance of the CPMEC guidelines for Internship by MBA. The SA IMET website should be consulted for updates.

Explanation

Sign off should be completed by:

- a senior clinician involved in supervision and training (generally DCT) and
- a senior medical administrator who can comment on the Trainee's attendance and other performance issues during the internship (generally DMS or equivalent).

Sign off should be based on

- review of attendance (including completion of mandatory rotations),
- on the job appraisals
- achievement of ACF competencies
- end of term assessments (see Standard 2.5), and
- a global assessment of whether the intern has the knowledge, skills and attributes required for general registration.

Sign-off processes are transitional with the Medical Board of Australia to take jurisdiction from July 2010, but existing sign-off forms and procedures will remain current for 2010. The process for 2011 is still to be confirmed, but CPMEC has drafted a sign off form which could be used from 2011 to notify satisfactory completion of internship to the Medical Board of Australia (SA IMET Website).

Borderline or unsatisfactory performance should be addressed during the intern year through appropriate remediation agreed at mid- or end of term assessment meetings. The nature of remediation and reassessment will vary according to specific circumstances and the availability of resources, but may be guided by Criterion 2.5.6. Interns continuing to perform at or below borderline levels should not be signed off for full registration.

Interns who are subject to a formal complaint or considered impaired should be evaluated through separate processes overseen by the Medical Board of Australia. With the new National Accreditation and Registration Scheme, the Medical Board of Australia will provide guidance on referral to a local or national board. Early communication with SA IMET and the Board will continue to be important to maximise support for trainees and their supervisors and to achieve positive outcomes.

TRAINEE WELFARE

STANDARD 1.8: The Facility demonstrates consideration for the welfare of trainee doctors with respect to their training and education

Criterion 1.8.1: [M] The Facility recognises that the welfare of the trainees is a core function

Evidence



Supervisor and trainee feedback indicating that trainees are supported and that trainee welfare is appropriately considered throughout service and training commitments

Explanation

Criteria 1.3.4, 2.5.3, 2.5.5, 2.5.6 and 2.5.8 are especially relevant to this Standard.

Criterion 1.8.2: [M] The Facility has written policies and processes in place, with appropriate reference to national and local jurisdictional guidelines, to manage welfare, workload, safety and substandard performance for trainees

Evidence



Active implementation of policies (see Standard 1.2) relevant to trainee welfare

Explanation

In addition to policies documented in Standard 1.2, facilities should comply with safe working hours recommendations detailed on the SA IMET website.

Criterion 1.8.3: [M] The Facility provides information about avenues of advocacy for trainees

Evidence



Documentation indicating advocacy procedures are discussed at Orientation



Trainees are aware of avenues to seek advocacy on work related issues

Explanation

All Trainees should know who can advocate on their behalf and how to access this service. Advocacy should be broad, but there should be specific reference to resolution of common Trainee issues such as Employment Contracts, Human Resource issues, Payroll issues, rostering and access to resources.

SA IMET does not provide industrial support for trainees.

See also Criterion 1.3.4.

Function Two – Education and Training Program





ORIENTATION AND HANDOVER

STANDARD 2.1: Trainees will receive comprehensive orientation and handover

Criterion 2.1.1: [M] All trainees receive a comprehensive orientation to the Facility or secondment facility, as well as the rotation/term. This orientation is to include:

- a. the process for identifying the term supervisor
- b. the identification of personnel responsible for implementing the ETP
- c. the identification of specific policies relating to individual rotations/terms
- d. an explanation of educational opportunities and learning objectives associated with specific terms
- e. identification of available Trainee support and Pastoral care services
- f. requirements of the daily roster

Evidence

-  Facility Orientation program
-  Discussion of effectiveness of Orientation program
-  Term orientation booklet or access to online program
-  Discussion of effectiveness of term orientation

Explanation


The orientation program for Interns and for other Trainees new to a Facility should include:

- Process of allocating the Trainee's primary supervisor and subsequent reporting lines
- Rostering principles
- Advocacy processes (Criteria 1.3.4 and 1.8.3)
- Relevant Facility and term policies and procedures e.g. OH&S, Grievance, Human Resources, Pay, Leave, Absence on Duty Leave
- Safety and Emergency Procedures
- Clinical policies and procedures (Standard 1.2)
- Clinical Handover (Criterion 2.1.5)
- Clinical skills e.g. BLS
- ETP processes and program
- Compulsory requirements e.g. term evaluations
- Assessment procedures
- Role of accreditation and of SA IMET, including the JMO forum and its role in developing and monitoring the quality of Prevocational and Vocational Training
- Trainee support processes
- Physical facilities – (see Criterion 1.6)
- Term rosters
- Learning Objectives (see Criterion 2.1.4)

An abbreviated orientation update should be provided where a Trainee is familiar with a Facility but may not be aware of particular relevant processes (e.g. change in processes, Trainee not recently oriented to processes)

Criterion 2.1.2: [M] Orientation programs are evaluated by trainees and necessary improvements are made. These data and evaluations are reviewed by the ETP Committee

Evidence

-  Orientation program evaluations, with recommended changes for Facility program for the following year, and for term programs at least annually

Explanation

The evaluation tool should include an opportunity for the Trainee to:

- provide feedback on individual sessions
- provide feedback on individual presenters/facilitators
- reflect on learning achieved with the program
- provide suggestions for changes to Facility and term programs for the following year.

Criterion 2.1.3: [M] Trainees complete a Basic Life Support and Resuscitation course as part of the Facility's orientation program, and every 2 years thereafter

Evidence


-  Policy on completion of basic life support and resuscitation

Explanation

BLS policy should ensure all interns have completed the program prior to commencing clinical duties and all other Trainees have update BLS training at least every 2 years.

Criterion 2.1.4: The trainee's individual learning objectives are discussed at the start of each rotation/term and a learning plan developed

Evidence


-  Copy of, or discussion around, the agreed Trainee learning objectives for each term and learning plan *Document review and/or Interview*

Explanation

Each term supervisor should discuss term learning objectives with the individual Trainee at term orientation, including specific learning objectives relevant to the individual Trainee and their previous experiences and learning requirements. De-identified copies of Trainee learning plans including these individual variations in learning objectives should be provided.

Criterion 2.1.5: [M] At the start of each shift and between rotations/terms, trainees will have a handover of patients from the previous trainee or a delegated junior doctor

Evidence

-  Copy of, or discussion around, the process for clinical handover
 - a. at start of each term, and
 - b. between shifts *Document review/Interview*

Explanation

Adequate handover is essential for safe and quality clinical care. Separate processes should be defined for handover between terms and between shifts. Evidence of the handover process should cover, where relevant, secondment facilities and multidisciplinary considerations.




CURRICULA

STANDARD 2.2: The ETP has a structure with learning objectives and appropriate clinical experience to allow Prevocational trainees to address the ACF curriculum. In collaboration with the Colleges, these structures may also be accessed by Vocational trainees to address the Colleges' training curricula.

Standards 1.4 and 1.5 also apply to this Standard

Criterion 2.2.1: [M] The ETP has sufficient content appropriate for Prevocational Trainees, mapped to the ACF and continually updated in response to feedback and to further development of the ACF

Evidence

-  ETP plan and timetable
-  Detail of mapping of the ETP to the ACF
-  Discussion to ensure ETP is relevant to Trainees

Explanation

The ETP and Term Descriptor for each term should be developed around experiences to be gained throughout the entire ETP, especially through mapping against the ACF. The program should employ a flexible format which incorporates the acquisition of knowledge, skills and attitudes using best educational practice. The program should enable Prevocational Trainees to monitor their progress against the ACF.

Criterion 2.2.2: Where individual colleges have specifically requested monitoring by SA IMET, ensure the ETP has content appropriate for Vocational Trainees and consistent with curricular requirements of relevant College(s)

Evidence


-  ETP plan and timetable, or otherwise as determined by individual Colleges

Explanation

The term ETP for Vocational Trainees should be developed with the Colleges and SA IMET review will purely support College programs. Some Colleges may not require SA IMET support. This Criterion will, therefore, be developed as a collective reflection of individual College guidance.

Criterion 2.2.3: Regular monitoring of Term descriptions to ensure they support requirements of the ACF and College curricula

Evidence

-  Discussion to ensure mapping continues to reflect reasonable expectation of Trainee exposure and experiences

Explanation

Term Descriptions should be updated in line with changes in practice of the Facility and term, and in line with updates to the ACF and to College curricula

EVALUATION


STANDARD 2.3: Facility and Unit training opportunities should undergo feedback from Trainees and Supervisors to continuously improve quality

Standards 1.3 and Criterion 2.1.2 also apply to this Standard

Criterion 2.3.1: [M] Trainees should be provided with appropriate tools to enable them to record evaluation of formal ETP sessions, their supervision, orientation, learning opportunities and feedback and appraisal

Evidence

 Evaluation tool used to evaluate both formal ETP sessions and the term

 Trainees are aware of evaluation tools and complete formal ETP session and term evaluations

Explanation


A representative sample of formal ETP sessions should be evaluated, allowing Trainees to feedback on:

- content of individual sessions
- performance of individual presenters including ability to answer questions, respect of learner knowledge and development of a safe learning environment. Emphasis should be on constructive feedback to improve presenter performance in line with good principles of giving feedback
- learning achieved from the session via self evaluation
- changes which might be made to the program for the following year.

Term evaluation should cover supervision, orientation, assessment, feedback, term rosters, clinical experience gained, achievement of learning objectives, opportunities for learning, positive and negative aspects of the term and suggested changes to the term.

Criterion 2.3.2: Evaluation results are reported annually to the ETP Committee and results are used to quality improve the program in subsequent years

Evidence

 Evaluation report for the formal ETP sessions and for individual terms, including recommended changes

Explanation

The ETP convenor and DCT (or DST as appropriate) should provide evaluation data annually in report form to the ETP committee and include recommendations for change. (see Criterion 1.3.5)





SUPERVISION

STANDARD 2.4: Trainees are supervised by qualified medical staff with appropriate competencies, authority, time and resources to participate in training and educational activities

Standard 1.3 also applies to this Standard

Criterion 2.4.1: [M] Facility has detailed supervision policies which are understood and adhered to by supervisors who have appropriate competencies, authority, time and resources to supervise Trainees

Evidence

-  Facility supervision policy
-  List of term supervisors and their individual relevant appointment(s)
-  Supervisors and Trainees indicate effective supervision
-  Discussion of attendance by term and other supervisors at professional development and a list of supervisor professional development opportunities offered by the Facility. *Document review and Interview*

Explanation

The Facility supervision policy should include:

- Definition of supervision and types of supervision – most supervision policies define and address educational supervision, professional supervision (eg mentoring, career counselling) and administrative supervision (eg assistance with human resource and other administrative functions)
- Level of experience required by the supervisor (e.g. PGY year level, consultant level) for each training post level and setting (e.g. SA IMET requires that intern ward rounds are directly supervised by a PGY3 level supervisor or above)
- Principles of delegation and handover of supervision and of cover arrangements when the supervisor is unavailable or unable to be accessed
- Process for addressing perceived inadequacy of supervision
- Location of supervision i.e. proximity – on site or via telephone
- Supervision for day working hours compared to evenings and weekends

Specific minimum standards of supervision are defined for Interns:

- Wards rounds must be undertaken under DIRECT supervision by a PGY3 or above. *(not [M] at this time)*
- For interns on after hours work, on-site access to a supervisor at PGY3 level or above at all times

The term supervisor should provide Trainees with details of the Facility's Supervision Policy as it applies to the individual term, including details of additional supervisors within that Term and indicating these supervisors' current appointments e.g. Staff specialist, VMO, registrar etc and FTE.

Supervisor's skills should be appropriate to their allocated supervision tasks and should be supported as detailed in Standard 1.3.

The SA IMET Supervision Policy for Interns is a guide to development of the Facility Supervision Policy and is available on the SA IMET website.

ASSESSMENT

STANDARD 2.5: Assessment processes apply equally to all Prevocational trainees, occur at appropriate intervals and include direct observation of clinical skills

Criterion 2.5.1: [M] The Facility and units should use workplace based assessment (WBA) tools for formative and summative evaluation of Trainees

Evidence



Trainee feedback on application and effectiveness of assessment tools

Explanation

Contemporary WBA methodologies offer superior educational and assessment benefits and should include a mix of mini-CEX, 360° feedback, case-based discussions and direct observation of clinical and procedural skills. Sources for 360° feedback might include other relevant Medical, Nursing, Allied Health and administrative staff. Many WBA assessments will be formative and conducted outside mid- and end of term assessments, but direct observational assessment should always be included in summative processes. The term supervisor should undertake at least one WBA in each term.

Criterion 2.5.2: [M] At start of term, the supervisor should detail the unit's assessment process, particularly outlining the personnel responsible for arranging and conducting assessments and providing feedback

Evidence



Assessment process including schedule, tools and feedback method



Trainees understand the process for assessment within the unit

Criterion 2.5.3: There is a formative midterm assessment by the term supervisor (or delegate) for all terms exceeding 5 weeks

Evidence



Record of mid term assessment completion



Trainee feedback on midterm assessment process

Explanation

Midterm feedback may be provided by supervisors other than the term supervisor, and other Trainees may provide midterm assessment, provided that the Term Supervisor maintains overall responsibility for the assessment, the Assessor is of appropriate seniority to the Trainee (usually at least 2 years advanced), and that each assessor has received detailed training in providing and documenting appraisal and feedback.

Criterion 2.5.4: [M] Objective summative assessment by the term supervisor occurs at the end of each term. The Trainee must view the assessment form at the interview, be invited to write comments on it and be given a copy prior to filing with the ETP Director and in the Trainee's personnel record

Evidence



Facility end of term assessment tool




Trainees are provided the opportunity to formally comment on summative assessment forms prior to them being placed on their permanent file

Explanation

There should be a process for the Director of Clinical Training to review this form for each Trainee for each term prior to the form being stored in the Trainee's personnel record.

Criterion 2.5.5: Where after hours work is allocated as part of a trainee term, the after hours clinical supervisor should be included in the assessment process and the trainee should be aware that all work including after hours contributes to overall assessment

Evidence

 Supervision policy including policy for providing feedback for after hours work


Explanation

Where a Facility rosters a trainee after hours the Supervision policy should indicate the:

- after hours supervisor
- mechanism for the after hours supervisor's input to overall term appraisal and communication processes
- handover process within the term for consultants, registrars and junior staff regarding educational and performance feedback and assessment

Criterion 2.5.6: [M] Trainees are informed when serious concerns exist. There should be a documented process for managing substandard performance which will ensure the welfare of the Trainee and patients

Evidence

 Policy for informing Trainees of serious concerns and for managing substandard performance

Explanation

A copy of the process (e.g. Improving Performance Action Plan, SA IMET website) for informing Trainees of serious concerns should be provided. This process should include specific detail of the concern, a remediation plan, allocation of responsibilities for implementation of the remediation plan and a timeframe for review. The process should involve the Trainee, MEO, DCT and DMS as necessary. See also Criterion 1.7.2.

Criterion 2.5.7: [M] Term assessment reports are to be used to provide feedback for trainees and to assist, through handover, new term Supervisors design an appropriate educational experience. They may also be used for generating a Certificate of Service for Internship and, after deidentification, to contribute to evaluation of individual components of the Facility's training program

Evidence

 Term assessment policy

Explanation

Term assessment reports should support education and the development of the ETP. The reports benefit trainees by supporting certificates of service and educational supervision, but the use of term assessment reports for any other employment related purpose may impair their educational benefit. These reports must NEVER be used for referee reports even with the consent of the Trainee – referee reports for employment purposes should be requested and delivered as a separate process. Confidentiality of term assessment reports should be maintained (see Criterion 1.3.6).

Criterion 2.5.8: Handover of Trainee performance between term supervisors of adjacent terms is undertaken confidentially and constructively to optimise ongoing Trainee development

Evidence

 Term assessment policy including detail of term supervisor handover

Explanation

The facility should have a process for handover between term supervisors of adjacent terms which includes particular strengths and weaknesses of the Trainee and performance issues. This handover should be constructive, diplomatic and confidential and with Trainee consent. Handover should include learning progress, clinical development, review of ACF progress and career aspirations. Supervisor handover should only occur between terms within the same facility (or its secondment facilities) and should not occur between facilities (where the usual process of referee reports would be more appropriate). Handover of reports for purposes consistent with Criterion 2.5.7 may, however, occur between facilities for trainees in College training programs.

