

FUNCTION 1: GOVERNANCE	
<p>ORGANISATIONAL STRUCTURE</p> <p>Standard 1.1: Facility as 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:</p> <ul style="list-style-type: none"> 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. 	<p>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</p>
<p>1.1.1: [M] Undertake strategic planning to provide a dedicated budget to support TMO training</p>	<p>1.4.4: There is a clear definition of the training experience available for trainees when seconded from the primary Facility</p>
<p>1.1.2: [M] An organisational structure with appropriately qualified staff to manage TMO training</p>	<p>1.4.5: There is active promotion of expanded settings training</p>
<p>POLICIES</p> <p>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</p>	<p>ACCESS TO TRAINING</p> <p>Standard 1.5: All trainees have equal access to the training program provided by the Facility</p>
<p>1.2.1: [M] Policies and processes which facilitate the coordination and delivery of TMO training</p>	<p>1.5.1: Equitable rostering allows each individual trainee access to appropriate educational activities in paid time</p>
<p>ETP COMMITTEE</p> <p>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.</p>	<p>1.5.2: All trainees are able to access appropriate education and training activities, supplementary to the formal program, during paid work hours</p>
<p>1.3.1 [M] ETP Committee Terms of Reference (TOR) should ensure:</p> <ul style="list-style-type: none"> 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 	<p>PHYSICAL FACILITIES</p> <p>Standard 1.6: The Facility provides access to the physical infrastructure necessary for supporting Trainee education and training</p>
<p>1.3.2: [M] The committee plans, oversees and evaluates all aspects of TMO training</p>	<p>1.6.1: [M] Provide adequate physical and educational infrastructure to ensure the objectives of the TMO training years are met</p>
<p>1.3.3: [M] Sufficient personnel with appropriate skills, time and authority are employed specifically to support TMO training. These should include clinical and education supervisors.</p>	<p>MEDICAL BOARD SIGN-OFF</p> <p>Standard 1.7: The structure and educational quality of the ETP for interns meets all requirements of the Medical Board</p>
<p>1.3.4: [M] Those overseeing trainees should provide advocacy and support</p>	<p>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.</p>
<p>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</p>	<p>1.7.2:[M] At the end of the 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.</p>
<p>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</p>	<p>TRAINEE WELFARE</p> <p>Standard 1.8: The Facility demonstrates consideration of the welfare of trainee doctors with respect to their training and education</p>
<p>EXPOSURE TO TRAINING</p> <p>Standard 1.4: The facility provides trainees with appropriate and balanced clinical experience and other education opportunities linked to the ACF and College curricula</p>	<p>1.8.1:[M] The Facility recognises that the welfare of the trainees is a core function</p>
<p>1.4.1: The full range of education/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</p>	<p>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.</p>
<p>1.4.2: Delivery of the ETP is consistent with best educational principles including experiential opportunities</p>	<p>1.8.3:[M] The Facility provides information about avenues for advocacy for trainees</p>

FUNCTION 2: EDUCATION AND TRAINING PROGRAM

<p>ORIENTATION AND HANDOVER Standard 2.1: Trainees will receive comprehensive orientation and handover</p>	<p>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 <i>Standard 1.3 also applies to this Standard</i></p>
<p>2.1.1: [M] All trainees receive a comprehensive orientation to the Facility or secondment facility, as well as the rotation/term. The orientation is to include:</p> <ul style="list-style-type: none"> 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 identification of available Trainee support and pastoral care services f. requirements of the daily roster 	<p>2.4.1: [M] Facility has detailed supervision policies which are understood and adhered to by supervisors who have appropriate competencies, authority, time and resource3s to supervise Trainees</p>
<p>2.1.2: [M]: Orientation programs are evaluated by trainees and necessary improvements are made. These date and evaluations are reviewed by the ETP Committee</p>	<p>ASSESSMENT Standard 2.5: Assessment processes apply equally to all Prevocational trainees, occur at appropriate intervals and include direct observation of clinical skills</p>
<p>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</p>	<p>2.5.1: [M] The Facility and units should use workplace based assessment (WBA) tools for formative and summative evaluation of Trainees</p>
<p>2.1.4: The trainee’s individual learning objectives are discussed at the start of each rotation/term and a learning plan is developed</p>	<p>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</p>
<p>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</p>	<p>2.5.3: There is a formative midterm assessment by the term supervisor (or delegate) for all terms exceeding 5 weeks</p>
<p>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. <i>Standards 1.4 and 1.5 also apply to this Standard</i></p>	<p>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</p>
<p>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 develop the ACF</p>	<p>2.5.5: Where after hours work is allocated as part of a trainee term, the after hours clinical supervisors should be included in the assessment process and the trainee should be aware that all work including after hours contributes to overall assessment</p>
<p>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)</p>	<p>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</p>
<p>EVALUATION Standard 2.3: Facility and Unit training opportunities should undergo feedback from Trainees and Supervisors to continuously improve quality <i>Standard 1.3 and Criterion 2.1.2 also apply to this Standard</i></p>	<p>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</p>
<p>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</p>	<p>2.5.8: Handover of Trainee performance between term supervisors of adjacent terms is undertaken confidentially and constructively to optimise ongoing Trainee development</p>
<p>2.3.2: Evaluation results are reported annually to the ETP Committee and results are used to quality improve the program in subsequent years</p>	