



Postgraduate Medical Council of Victoria Inc.

Training, developing and inspiring early career doctors

**POSTGRADUATE MEDICAL COUNCIL OF VICTORIA
Inc.**

**Submission for *initial accreditation/re-accreditation*
of prevocational medical training (PGY1 and PGY2)
programs and posts in Victoria**

FACILITY NAME

YEAR

NOTE: *Where this submission is being completed for the establishment of a new prevocational medical training program, remove Section 2 and the ratings in Section 4 as only requires commentary to be completed.*

Instructions:

This application for accreditation submission should be completed prior to an accreditation review (survey visit) of prevocational medical (intern and PGY2) training at the facility by PMCV.

This submission and any evidence supplied is kept strictly confidential.

A survey of interns and PGY2s is conducted prior to the visit to seek more detailed information in relation to rotations including feedback on orientation, supervision, orientation, workload, education.

If you have any queries, or require further information or assistance to prepare your submission, please contact Ms Monique Le Sueur, Accreditation Manager, at the PMCV on 9670 1066 or email accreditation@pmcv.com.au.

PMCV Guidelines:

Guidelines have been developed in consultation with stakeholders to assist facilities to interpret the accreditation standards and provide guidance on appropriate practices and expectations for intern and PGY2 training programs *e.g. interns must only work in units accredited for intern training*. These guidelines are available on the PMCV website www.pmcv.com.au and should be reviewed during preparation for the visit.

- PMCV Accreditation Guide
- PMCV Clinical Supervision of Junior Doctors Guidelines
- PMCV Clinical Learning for Junior Doctors Guidelines
- PMCV Performance Assessment and Feedback Guidelines for Junior Doctors

Other Relevant Documents:

- Medical Board of Australia (MBA) *Intern Registration Standard*¹
- Australian Medical Council (AMC) *National Intern Training Framework*²
- *Australian Curriculum Framework for Junior Doctors*³

¹ <http://www.medicalboard.gov.au/Registration/Interns.aspx>

² <http://www.amc.org.au/accreditation/prevoc-standards>

³ <http://www.cpmec.org.au/Page/acfjd-project>

Section 1: Facility/ Training Program Overview

This section provides an overview of the facility.

1.1: Complete the table

Facility/ training program	
Chief Executive Officer	
Chief Medical Officer/ Executive Director of Medical Services	
Parent Health Service(s) <i>(if applicable)</i>	
Organisation Accreditation status and year due for review <i>(e.g. ACHS)</i>	
University Affiliation(s) – <i>for medical student placements (if applicable)</i>	
Sites being surveyed if a multi-site health service	
Medical vocational training programs offered <i>(list the relevant Colleges)</i>	
Intern/ PGY2 external rotation sites (if applicable). <i>Note whether Intern/PGY2 or both.</i>	

Accreditation Submission – **FACILITY/ TRAINING PROGRAM – YEAR**

Executive/Management Staff responsible for Prevocational Medical (intern and PGY2) Training	
Name	
Position Title	
Time allocated to Intern/PGY2 activities (FTE)	
Director of Medical Education (or equivalent)	
Name	
Position Title	
Time allocated to Intern/PGY2 activities (FTE)	
Supervisor of Intern Training (or equivalent)	
Name	
Position Title	
Time allocated to Intern activities (FTE)	
Director of Clinical Training (or equivalent)	
Name	
Position Title	
Time allocated to Intern/PGY2 activities (FTE)	
Director of Medical Workforce (or equivalent)	
Name	
Position Title	
Time allocated to IMG activities (FTE)	
HMO Manager (or equivalent)	
Name	
Position Title	
Time allocated to Intern/PGY2 activities (FTE)	
Medical Education Officer (or equivalent)	
Name	
Position Title	
Time allocated to Intern/PGY2 activities (FTE)	
Other relevant staff	
Name	
Position Title	
Time allocated to Intern/PGY2 activities (FTE)	
Other relevant staff	
Name	
Position Title	
Time allocated to Intern/PGY2 activities (FTE)	

1.2: Overview of the Facility/Training Program including an outline of all sites where interns and PGY2s rotate. Provide as much information as deemed necessary for the survey team to understand your facility and training program. e.g.:

- size (number of beds etc);
- population catchment;
- services provided;
- emergency and elective patient throughput data;
- strategic objectives in relation to medical staffing in particular.

Text to be added here

Accreditation Submission – **FACILITY/ TRAINING PROGRAM – YEAR**

1.3: List the intern and PGY2 posts being submitted for review in the table below.

- **PMCV Accreditation Manager to populate list**

Unit Name <i>Record the specialty and individual unit name</i>	Hospital Site	Current accreditation of intern posts (Core/non-core)	Total FTE of HMOs			Supervision Details			Ave number of patients intern/PGY2 responsible for	Average Length of Stay (LOS) for Unit	% day cases in surgical terms?	Term Supervisor (name and qualifications e.g. Fellowship)
			<i>Intern (note parent health service if appl)</i>	<i>PGY2 (note parent health service if appl)</i>	<i>IMG/PGY3+ (specify if IMG) (note parent health service if appl)</i>	<i>FTE. of Registrars (note parent health service if appl)</i>	<i>FTE. of unit SMS</i>	<i>Head count of SMS</i>				

Add rows as required

Section 2: Changes since previous survey visit in relation to intern/PGY2 training programs

This section outlines progress since the previous accreditation survey conducted by PMCV.

2.1: How the recommendations of the previous survey report have been addressed.

Recommendations from previous survey visit to Facility/Training Program	Facility/Training Program progress reports on implementation of recommendations	Facility/Training Program update/ progress in relation to recommendations
<p>Accreditation Manager to pre-populate</p> <p>1.</p>	<p>Accreditation Manager to pre-populate</p> <p>2013: visit 2015: midcycle review</p>	<p>Comment to be added here</p>

2.2: Changes to intern/PGY2 posts or rotations since the previous visit

This should include new posts as well as any changes to posts (e.g. changes in supervision/ restructure etc)

Text to be added here

2.3: Changes in medical and training staff (numbers/EFT) since the previous visit

e.g. senior medical staff, medical administration staff, registrars in relevant units/sites.

Text to be added here

2.4: Changes in patient activity and casemix since the previous visit

Text to be added here

2.5: Changes in clinical and educational facilities since the previous visit

Text to be added here

2.6: Introduction of new educational/other programs since the previous visit

Text to be added here

Section 3: Facility self-assessment against accreditation standards

Instructions:

The accreditation standards are grouped under relevant headings within each of the eight domains.

Facilities are expected to complete a self-assessment against each accreditation standard according to the rating scale below (blue boxes).

The self-assessment rating must be supported by either evidence provided or commentary or both (yellow boxes) which addresses the *‘Relevant points to assist in framing your response to support your self-rating’* provided for each group of standards.

NOTE that for some standards (1.1.1, 3.1.1, 8.1.1 and 8.2.1) facilities are also expected to review and complete checklists which are based on the *PMCV Clinical Supervision of Junior Doctors Guidelines* and the *PMCV Clinical Learning for Junior Doctors Guidelines*.

Evidence will be submitted with this Accreditation Submission according to the framework in Appendix A. Essentially the dot points are folders in which the relevant evidentiary documents are to be uploaded. *Facilities will be provided with login details to an online system for direct upload.*

Rating Scale

Facility self-assessment and Survey Team assessment will be against a four-point rating scale:

- *Met with Merit* – In addition to achievement of the requirements of the standard, there is a higher level of achievement evident (e.g. best practice programs). PMCV will detail activity which is commended in the report.
- *Met* – There is sufficient evidence that the requirements of the standard have been achieved. Systems and processes to support junior doctor education and training are fully integrated and uniform.
- *Substantially Met* – Systems and processes are in place to support junior doctor education and training but these are not fully integrated and/or not universal. The requirements of the standard have been mostly achieved. The facility will likely be required to implement a condition and/or recommendation for quality improvement relevant to the standard.
- *Not Met* – Systems and processes to support junior doctor education and training are not evident. The requirements of the standard have not been achieved. The facility will be required to undertake some follow-up activity which will be assessed within 12 months. This will be accompanied by a condition or recommendation relevant to the standard.

Conditions and recommendations may be attached to the outcome of the accreditation review. Conditions generally relate to compliance, must be met to ensure ongoing accreditation, will be reviewed within the first 12 months and will either be closed or subject to ongoing review annually. Recommendations are suggestions by PMCV that may improve the overall quality of the junior doctor training program.

**DOMAIN 1:
 THE CONTEXT IN WHICH PREVOCATIONAL MEDICAL TRAINING IS DELIVERED**

1.1: Governance

		<i>Facility Self-Assessment</i>			
		INTERN TRAINING		PGY2 TRAINING	
STANDARDS		Not Met	Met	Not Met	Met
1.1.1: The governance of the intern/ PGY2 training program and assessment roles are defined.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.1.2: The health services that contribute to intern/PGY2 training have a system of clinical governance or quality assurance that includes clear lines of responsibility and accountability for the overall quality of medical practice.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.1.3: The health services give appropriate priority to medical education & training relative to other responsibilities.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.1.4: The intern/PGY2 training program complies with relevant national, state or territory laws and regulations pertaining to prevocational training.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Evidence to be provided:

- Organisational chart(s) showing structures for support and management of junior doctors and reporting lines
- Medical Education Committee (or equivalent) and other Committees to oversee governance of the medical training program - terms of reference and minutes (x2 minutes)
- Annual Report, Quality of Care Report, Strategic Plan, other
- Clinical governance and quality assurance structures and policies which ensure quality of medical practice
- Confirmation of ACHS/NHQHS accreditation and expiry date (certificate/correspondence)
- Strategic plans which relate to the education and support of medical staff

CHECKLIST TO BE COMPLETED:

PMCV Clinical Supervision of Junior Doctors Guidelines (Governance) ⁴		
	Yes	No
<i>The employer is ultimately responsible for ensuring that junior doctors are appropriately supervised to provide safe patient care and that all relevant accreditation standards are met.</i>		
The Supervisor of Intern Training, Director of Clinical Training and Term Supervisors are adequately resourced to undertake their responsibilities. All must have a position description.		
The training program has clear procedures to address immediately any concerns about patient safety related to the performance of interns and PGY2s.		
The adequacy and effectiveness of supervision of interns and PGY2s is evaluated.		
Interns and PGY2s are supervised at all times at a level appropriate to their experience; the process of contacting clinical supervisors and escalating clinical concerns is clear at all times; teaching time is provided and protected and the performance of all interns and PGY2s is assessed and feedback, both formal and informal, is provided.		
Clinical supervisors are aware of their responsibilities and have the necessary skills and competencies, time and resources to undertake their role. There is access to relevant professional development.		

Continued overleaf

⁴ For specific supervision requirements for interns and PGY2s and some terms refer to Standard 8.1.1

Accreditation Submission – **FACILITY/ TRAINING PROGRAM – YEAR**

Relevant points to assist in framing your response to support your self-rating:

- Prevocational medical training is a mixed model of supervised practice and integrated training. While some training is specific to them (especially for interns), junior doctors are also a part of a wider training and service delivery system in terms of clinical governance and relevant policies.
- Teaching, training and assessing junior doctors are critical functions of caring for patients both now, and for developing a highly skilled workforce for the future.
- Adequate governance includes executive representation, **compliance with relevant laws and regulations, a Medical Education Committee (or similar)** which oversees the junior doctor training program.
- The educational role in training programs must be recognised and adequately resourced.
- **Clinical governance and quality assurance procedures must be in place to ensure accountability for medical practice (refer *Good Medical Practice*⁵: *A Code of Conduct for Doctors*) noting that the overall quality of medical practice may be adversely affected if safe working hours and performance management policies are not in place and adhered to.** There must be a documented process at a governance level for management of non-compliance with these policies especially if patient or junior doctor safety is at risk.
- The facility must comply with the EBA which covers wages and salary, industrial relations, employment conditions such as hours of work, payment of overtime, leave management.

Facility/Training Program comment:

Comment to be added here by facility to demonstrate adherence to this standard

(if evidence provided supports the self-assessment rating then no commentary is required)

⁵ <http://www.medicalboard.gov.au/Codes-Guidelines-Policies.aspx>

1.2: Program management	Facility Self-Assessment							
	INTERN TRAINING				PGY2 TRAINING			
STANDARDS	Not Met	Substantially Met	Met	Met with Merit	Not Met	Substantially Met	Met	Met with Merit
1.2.1: The intern/PGY2 training program has a mechanism or structures with the responsibility, authority, capacity and appropriate resources to direct the planning, implementation and review of the intern/PGY2 training program(s) and to set relevant policy and procedures.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.2.2: The intern/PGY2 training program documents and reports to the intern training accreditation authority (PMCV) on changes in the program, units or rotations which may affect the program delivery meeting the national standards.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.2.3: The health services have effective organisational and operational structures to manage interns/PGY2s.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evidence to be provided (Note: Table 1.1 relevant): <ul style="list-style-type: none"> <input type="checkbox"/> Position descriptions of staff involved in medical education and training (workforce and education) <input type="checkbox"/> Policies and procedures which apply to junior doctors (both generic and specific)⁶ <input type="checkbox"/> Committees/Forums relevant to junior doctor training - terms of reference and minutes of two recent meetings (see also Standard 7.3.1) 								
Relevant points to assist in framing your response to support your self-rating: <ul style="list-style-type: none"> • Program management normally includes a Supervisor of Intern Training/ Director of Clinical Training (or equivalent) responsible for the quality of the training program and who works in collaboration with Term Supervisors, and appropriately qualified staff with executive accountability and sufficient resources to meet the program objectives. • Demonstrate how the facility/TP recognises and resources educational functions to support and supervise junior doctors i.e. the operational structures for support and administration of junior doctors including medical workforce unit (or equivalent), medical education unit (or equivalent). • Demonstrate how junior doctors are involved in program management (see Standard 7.3.1) • Changes, planned (advance notification) or unplanned (prompt notification), in the health service, the training program or individual intern and PGY2 posts that may affect the quality of training must be advised to PMCV⁷ in advance of changes (if possible) for review to ensure the ongoing safety and quality of junior doctor training.⁸ 								
Facility/Training Program comment: Comment to be added here by facility to demonstrate adherence to this standard (if evidence provided supports the self-assessment rating then no commentary is required)								

⁶ It is recognised that facilities have generic policies and procedures that apply to all staff but should have specific policies for junior doctors in regards supervision and performance management.

⁷ Initial contact with PMCV Accreditation Manager is essential.

⁸ Substantive changes include: absence of senior staff with significant role in junior doctor training (e.g. DMS/SIT); significant redesign or restructure of facility/units; rostering changes that alter access to supervision or exposure to educational opportunities; resource changes which significantly reduce administrative support, facilities or educational programs available. **PMCV also needs to be informed of significant changes in a term or unit (including substantive changes to team structures or rosters) as these must also be reviewed and approved by PMCV prior to commencement.** See PMCV Accreditation Guide, Appendix B.

1.3: Educational expertise	<i>Facility Self-Assessment</i>							
	INTERN TRAINING				PGY2 TRAINING			
STANDARD	Not Met	Substantially Met	Met	Met with Merit	Not Met	Substantially Met	Met	Met with Merit
1.3.1: The intern/PGY2 training program is underpinned by sound medical education principles.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relevant points to assist in framing your response to support your self-rating: <ul style="list-style-type: none"> • Education principles include an understanding of the teaching and learning practices in medical education, assessment methods in medical education, educational supervision and common medical education terminology. • How adult learning principles are applied to the junior doctor training program. • How analysis of training needs informs the development of education programs. 								
Facility/Training Program comment: Comment to be added here by facility to demonstrate adherence to this standard								

1.4: Relationships to support medical education	<i>Facility Self-Assessment</i>							
	INTERN TRAINING				PGY2 TRAINING			
STANDARDS	Not Met	Substantially Met	Met	Met with Merit	Not Met	Substantially Met	Met	Met with Merit
1.4.1: The intern/PGY2 training program supports the delivery of intern/PGY2 training by constructive working relationships with other relevant agencies and health services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.4.2: The intern/PGY2 training program co-ordinates the local delivery of the intern/PGY2 training program. Health services that are part of a network or dispersed program contribute to co-ordination and management of the program across diverse sites.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evidence to be provided: <ul style="list-style-type: none"> <input type="checkbox"/> Coordination and communication processes between facility and junior doctor rotation sites (if applicable) <input type="checkbox"/> Evidence of interactions between facility/training program and rotation site(s) <input type="checkbox"/> Interaction processes with other relevant agencies 								
Relevant points to assist in framing your response to support your self-rating: <ul style="list-style-type: none"> • It is recognised that junior doctors can complete terms and training in a variety of healthcare settings. • Examples of other relevant agencies include PMCV, DHHS, educational agencies and other health services. • Demonstrate how vertical integration across the medical training continuum is recognised and supported. 								
Facility/Training Program comment: Comment to be added here by facility to demonstrate adherence to this standard								

1.5: Reconsideration, review and appeals processes

STANDARD	Facility Self-Assessment			
	INTERN TRAINING		PGY2 TRAINING	
	Not Met	Met	Not Met	Met
<p>1.5.1: The facility has reconsideration, review and appeals processes related to intern/PGY2 training and makes this information publicly available.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Evidence to be provided:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Relevant policies and procedures <input type="checkbox"/> Demonstrate how this information is disseminated to junior doctors 				
<p>Relevant points to assist in framing your response to support your self-rating:</p> <ul style="list-style-type: none"> • An appeals process that provides a fair and reasonable opportunity to challenge the decision is likely to result in decisions that are ultimately correct. Procedural fairness, timeliness, transparency, and credibility, including requiring written reasons for decisions to be issued, are also elements of a strong and effective appeals process.⁹ • This is the overarching governance standard – practical implementation is addressed in Standards 7.1.1, 7.5.2. • Encompasses a range of decisions in relation to the training program including those that relate to rotation allocation, rostering, performance assessment, compliance with training requirements or other training issues, supervision and relationships with supervising staff etc. • ‘Publicly available’ refers to such policies and processes being available on the internet (health service website) rather than only the intranet (or other internal portal). 				
<p>Facility/Training Program comment: Comment to be added here by facility to demonstrate adherence to this standard (if evidence provided supports the self-assessment rating then no commentary is required)</p>				

⁹ In relation to decision-making conduct, **the grounds for appeal would include matters such as:** an error in law or in due process in the formulation of the original decision relevant and significant information was not considered, or not properly considered, whether this information was available at the time of the original decision or became available subsequently irrelevant information was considered in the making of the original decision procedures that were required by the organisation’s policies to be observed in connection with the making of the decision were not observed the original decision was made for a purpose other than a purpose for which the power was conferred the original decision was made in accordance with a rule or policy without regard to the merits of the particular case; and the original decision was clearly inconsistent with the evidence and arguments put before the body making the original decision.

**DOMAIN 2:
ORGANISATIONAL PURPOSE**

2.1: Vision and purpose

STANDARD	Facility Self-Assessment							
	INTERN TRAINING				PGY2 TRAINING			
	Not Met	Substantially Met	Met	Met with Merit	Not Met	Substantially Met	Met	Met with Merit
<p>2.1: The purpose of the facility/training program and health services which employs and trains interns/PGY2s includes setting and promoting high standards of medical practice and junior doctor training.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>In a pre-visit survey, junior doctors are asked specifically, for each unit where they have worked, if they would recommend the facility and the terms to colleagues.</p>								
<p>Relevant points to assist in framing your response to support your self-rating:</p> <ul style="list-style-type: none"> • The stated purpose of the training program and health services involved in relation to medical practice and training and demonstrate how junior doctor training fits with this purpose. • Demonstrate how high standards of medical practice and training are promoted. 								
<p>Facility/Training Program comment: Comment to be added here by facility to demonstrate adherence to this standard</p>								

**DOMAIN 3:
THE INTERN/PGY2 TRAINING PROGRAM**

3.1: Program structure and composition

STANDARDS	Facility Self-Assessment																																													
	INTERN TRAINING		PGY2 TRAINING																																											
	Not Met	Met	Not Met	Met																																										
3.1.1: The intern training program, overall, and each rotation, is structured to reflect the requirements of the <i>Registration standard – Australian and New Zealand graduates</i> .	<input type="checkbox"/>	<input type="checkbox"/>																																												
3.1.2: For each intern rotation, the facility has identified the relevant outcome statements ¹⁰ 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. For PGY2s, that learning objectives align with the <i>Australian Curriculum Framework for Junior Doctors (ACF)</i> .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																										
3.2.1: The facility guides and supports supervisors and interns/PGY2s in the implementation and review of flexible training arrangements.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																										
Evidence to be provided: <ul style="list-style-type: none"> <input type="checkbox"/> Intern and PGY2 annual rotation allocation plans <input type="checkbox"/> Intern and PGY2 term descriptions (which meet the guidelines¹¹) <input type="checkbox"/> Procedure for when interns do not complete the training requirements <input type="checkbox"/> Policy and examples of flexible training 																																														
CHECKLISTS TO BE COMPLETED <table border="1" style="width: 100%;"> <thead> <tr> <th>Compliance with <i>MBA Intern Registration Standard</i> in regard intern allocations (3.1.1)</th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>A term of at least 8 weeks in emergency medical care accredited as <i>core</i> by PMCV</td> <td></td> <td></td> </tr> <tr> <td>A term of at least 10 weeks in medicine accredited as <i>core</i> by PMCV</td> <td></td> <td></td> </tr> <tr> <td>A term of at least 10 weeks in surgery accredited as <i>core</i> by PMCV</td> <td></td> <td></td> </tr> <tr> <td>Other terms accredited as <i>non-core</i> by PMCV up to minimum 47 weeks full time equivalent</td> <td></td> <td></td> </tr> <tr> <td>Term supervisor reports are completed each term</td> <td></td> <td></td> </tr> <tr> <td>An overall rating is completed by the Director of Training or Director of Medical Services</td> <td></td> <td></td> </tr> </tbody> </table> <table border="1" style="width: 100%;"> <thead> <tr> <th>PMCV Clinical Learning for Junior Doctors Guidelines (INTERN TERMS)</th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>Rotations involve direct patient care.</td> <td></td> <td></td> </tr> <tr> <td>Experience in each discipline is planned and continuous.</td> <td></td> <td></td> </tr> <tr> <td>No more than 30% of rostered shifts are afterhours (evenings/weekends).</td> <td></td> <td></td> </tr> <tr> <td>No more than 50% of term rostered to an emergency short stay unit (triage or early assessment units) or a specific admitting medical or surgical unit with LOS<48 hours.</td> <td></td> <td></td> </tr> <tr> <td>A roster is provided which shows the start and finish times of shifts and demonstrates the range of clinical learning activities¹² the intern is provided.</td> <td></td> <td></td> </tr> <tr> <td>Interns must not work in units not accredited for intern training even for afterhours cover or leave relief purposes.</td> <td></td> <td></td> </tr> </tbody> </table>					Compliance with <i>MBA Intern Registration Standard</i> in regard intern allocations (3.1.1)	Yes	No	A term of at least 8 weeks in emergency medical care accredited as <i>core</i> by PMCV			A term of at least 10 weeks in medicine accredited as <i>core</i> by PMCV			A term of at least 10 weeks in surgery accredited as <i>core</i> by PMCV			Other terms accredited as <i>non-core</i> by PMCV up to minimum 47 weeks full time equivalent			Term supervisor reports are completed each term			An overall rating is completed by the Director of Training or Director of Medical Services			PMCV Clinical Learning for Junior Doctors Guidelines (INTERN TERMS)	Yes	No	Rotations involve direct patient care.			Experience in each discipline is planned and continuous.			No more than 30% of rostered shifts are afterhours (evenings/weekends).			No more than 50% of term rostered to an emergency short stay unit (triage or early assessment units) or a specific admitting medical or surgical unit with LOS<48 hours.			A roster is provided which shows the start and finish times of shifts and demonstrates the range of clinical learning activities ¹² the intern is provided.			Interns must not work in units not accredited for intern training even for afterhours cover or leave relief purposes.		
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Continued overleaf

¹⁰ AMC *Intern training – Intern outcome statements* which align with the medical school graduate outcome statements

¹¹ REFERENCE: *PMCV Clinical Learning for Junior Doctors Guidelines*

¹² Ideally, there would be unit-specific teaching/learning in addition to facility-wide education

Accreditation Submission – **FACILITY/ TRAINING PROGRAM – YEAR**

PMCV Clinical Learning for Junior Doctors Guidelines (for both interns and PGY2s)	Yes	No
Rotation allocations ensure the achievement of defined training requirements, learning objectives and career aspirations. Junior doctors have the opportunity to undertake rotations in a diverse range of clinical (and non-clinical for PGY2) environments to support their learning needs. Ideally, nights and relief¹³ rotations should be limited to one term per year.		
The duties, rostering, working hours and supervision of junior doctors are consistent with the delivery of high-quality, safe patient care and with intern/PGY2 welfare. In particular, rosters reflect a balance between service provision and training and rostered hours provide sufficient time to complete the work. (Standard 7.2.2)		
Junior doctors are given a Term Description which provides information regarding all operational aspects of the term including a roster, important contacts (supervisors and others), orientation information and unit expectations, and what the junior doctors can expect to experience and learn during the term prior to the commencement of the term. (Standard 3.1.2)		
Junior doctors are provided with orientation at the beginning of each term which ensure relevant learning occurs and includes some face-to-face interaction with the Term Supervisor in the first week to discuss unit and learning expectations. (Standard 3.1.3)		
Learning objectives are identified for the term which outline the skills and procedures that can be achieved in that rotation, and the nature and range of clinical experiences available to meet these objectives.		
Junior doctors are provided with a facility-level education program (at least one hour of protected teaching per week) and are supported to attend by other staff. (Standard 4.1a)		
Junior doctors are provided with work-based teaching (including daily ward rounds) and learning at the unit level. (Standard 4.1b)		
The performance of junior doctors is assessed at mid-term and end-term and formal feedback by the Term Supervisor is provided to junior doctors to ensure their learning objectives are being achieved and to support their ongoing professional development. (Standard 5.1)		
<p>Relevant points to assist in framing your response to support your self-rating:</p> <ul style="list-style-type: none"> • There must be a documented procedure followed if an intern does not complete the required weeks in a term or overall. • Standards 3.1.1 and 8.2.1a are closely linked as they relate to the ability of a facility to ensure that each intern undertakes appropriate, supervised clinical work during their internship at a governance level (3.1.1) to enable transition from provisional to general registration and at a term level (8.2.1a) that intern training requirements are met. • All intern and PGY2 posts have Term Descriptions (or equivalent) which set out responsibilities, learning objectives and the clinical content of terms. These should reflect the broad range of outcomes junior doctors must achieve during each term and over the course of the year. • In relation to Indigenous health, medical graduates are expected to understand and describe the factors that contribute to the health and wellbeing of Aboriginal and Torres Strait Islander peoples and/or Māori. They are also expected to demonstrate effective and culturally competent communication and care. 		
<p>Facility/Training Program comment: Comment to be added here by facility to demonstrate adherence to this standard (if evidence provided supports the self-assessment rating then no commentary is required)</p>		

¹³ Preferably not allocated for interns

Orientation and handover	Facility Self-Assessment							
	INTERN TRAINING				PGY2 TRAINING			
STANDARDS	Not Met	Substantially Met	Met	Met with Merit	Not Met	Substantially Met	Met	Met with Merit
3.1.3a: Interns/PGY2s participate in formal orientation programs, at the commencement of their employment with the facility/TP which are designed and evaluated to ensure relevant learning occurs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.1.3b: Interns/PGY2s participate in formal orientation programs, at the commencement of each rotation (site and unit).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.1.3c: Interns/PGY2s are supported and supervised to provide safe and effective clinical handover between terms and shifts .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evidence to be provided: <ul style="list-style-type: none"> <input type="checkbox"/> Annual orientation programs to facility/training program for interns/ PGY2s <input type="checkbox"/> Orientation for junior doctors who commence at other times <input type="checkbox"/> Orientation resources provided to support commencement (excluding mandatory onboarding modules) <input type="checkbox"/> The orientation provided to junior doctors for EACH term (unit/ward) including supplementary materials. Demonstrate how expectations of the unit are communicated to the junior doctor <input type="checkbox"/> Attendance at orientation data (as a percentage of total to attend/ NOT attendance sheets) <input type="checkbox"/> Report of ANNUAL orientation evaluation and outcomes <input type="checkbox"/> Rotation handover: ROVERs (or equivalent) for handover to incoming junior doctor by outgoing junior doctors at the end of term (updates, storage, access) <input type="checkbox"/> Shift-to-shift handover: Clinical handover policy & procedures; time rostered for handover; supervision of handover 								
In a pre-visit survey, junior doctors are asked specifically, for each unit where they have worked, whether they were provided with orientation to the unit and whether it was useful.								
Relevant points to assist in framing your response to support your self-rating: <ul style="list-style-type: none"> • Orientation must be designed to ensure junior doctors are fully prepared to commence safe, supervised practice at the facility and in the unit allocated.¹⁴ • Orientation to the overall program and site occurs at the beginning of the year. • Orientation processes should cover employer policies and procedures (e.g. rights and responsibilities), supervision, assessment and performance management, trainee welfare and support, and grievance procedures. • Orientation at the start of each term is equally important and is usually supported with a written term description. Where junior doctors enter a new site at the beginning of a term, the orientation to the site should also occur at this time. • As part of the unit orientation process, there should be initial review and discussion of learning objectives preferably with the term supervisor. • Adequate handover is essential for safe, quality clinical care. Separate processes should be defined for handover between terms and between shifts.¹⁵ 								
Facility/Training Program comment: Comment to be added here by facility to demonstrate adherence to this standard (if evidence provided supports the self-assessment rating then no commentary is required)								

¹⁴ RESOURCE: *PMCV Orientation for Junior Doctors Guidelines*

¹⁵ RESOURCE: *PMCV ROVER (Rolling handOVER) Template*

**DOMAIN 4:
 THE TRAINING PROGRAM – TEACHING & LEARNING**

STANDARDS	Facility Self-Assessment							
	INTERN TRAINING				PGY2 TRAINING			
	Not Met	Substantially Met	Met	Met with Merit	Not Met	Substantially Met	Met	Met with Merit
4.1a: Interns/PGY2s have access to a formal education program (<i>at the facility level</i>).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.1b: Interns/PGY2s have access to work-based teaching and learning (<i>at the rotation/term level</i>).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.2: The intern/PGY2 training program provides for interns/PGY2s to attend formal education sessions, and ensures that they are supported by senior medical staff to do so.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.3: The health service specifies the dedicated time for the formal education program.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.4 The health service regularly reviews the opportunities for work-based teaching and training.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evidence to be provided: <ul style="list-style-type: none"> <input type="checkbox"/> Facility-wide education programs for interns/ PGY2s <input type="checkbox"/> Structures/processes to support junior doctors attending education <input type="checkbox"/> Attendance data by session (as a percentage of total who could attend/ NOT attendance sheets) <input type="checkbox"/> Information on innovative education programs (if applicable) <input type="checkbox"/> Demonstrate how overall education program is evaluated, a report on outcomes and actions taken (<i>unit-specific learning opportunities assessed as part of the rotation evaluation processes - refer Domain 6</i>) 								
In a pre-visit survey, junior doctors are asked specifically, for each unit where they have worked whether they were provided with, and were able to access, educational opportunities.								
Relevant points to assist in framing your response to support your self-rating: <ul style="list-style-type: none"> • Training programs normally include: <ul style="list-style-type: none"> ○ A formal facility-wide weekly education program specific for Interns and PGY2s¹⁶. ○ Formal learning opportunities in unit (i.e. tutorials, case presentations, journal club). ○ Informal unit activities (i.e. ward rounds with bedside teaching, grand rounds, audit/multidisciplinary meetings). ○ Opportunities to develop and practice clinical skills within a simulated environment. • There should be a minimum of one hour per week of protected teaching. • In addition to clinical training, there should be opportunities for junior doctors to develop skills in workload management, identification and management of stress and burn-out, self-care, peer support, professional development and presentation, teaching and audit/research skills. • Unit based teaching and learning is often the primary means for junior doctors to achieve learning objectives and is essential and highly valuable to junior doctors. Detail on clinical learning opportunities should be included in the term descriptions. 								
Facility/Training Program comment: Comment to be added here by facility to demonstrate adherence to this standard (if evidence provided supports the self-assessment rating then no commentary is required)								

¹⁶ RESOURCE: PMCV Supporting Safe Transition from Intern to PGY2: Professional Development Guideline for Health Services

**DOMAIN 5:
ASSESSMENT OF LEARNING**

5.1: Assessment approach

STANDARDS	Facility Self-Assessment			
	INTERN TRAINING		PGY2 TRAINING	
	Not Met	Met	Not Met	Met
5.1.1 The intern training program implements assessment consistent with the Registration standard – Australian and New Zealand graduates.	<input type="checkbox"/>	<input type="checkbox"/>		
5.1.2: Intern and PGY2 assessment is consistent with the AMC guidelines and the PMCV Performance Assessment and Feedback Guidelines . For interns, assessment is based on the achievement of stated intern outcomes ¹⁷ and for PGY2s, assessment is based on the achievement of outcomes aligned with ACF.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.1.3: Supervisors and interns/PGY2s understand the assessment program.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.1.4 Intern/PGY2 assessment data is used to improve the intern/PGY2 training program.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- Evidence to be provided:**
- Procedures for performance assessment, monitoring and management of junior doctors
 - Intern and PGY2 performance assessment forms
 - Data on completion of mid-term and end of term performance assessments by junior doctors (as percentage of total)
 - Evidence of communication of assessment processes and expectations to junior doctors and supervisors
 - Procedures for analysing and evaluating assessment data
 - Examples of how assessment data was used to quality improve any aspect of junior doctor training (program or term)

- Relevant points to assist in framing your response to support your self-rating:**
- The performance of junior doctors is assessed and reviewed both to meet registration requirements (e.g. for interns) and as part of employment requirements.
 - It is important that there are clear procedures for the individuals responsible for junior doctor training to inform the training program/ parent health service as applicable, and where appropriate the regulator (MBA), when safety concerns arise.
 - **The assessment process should be clear and transparent to junior doctors and supervisors.** At term orientation, junior doctors should receive an outline of the term assessment processes, including who is responsible for giving feedback (Term Supervisor) and performing appraisals, and how this information will be collated. For example, direct observation, reports from supervisors, and information from co-workers such as nursing and allied health staff. There should be opportunities for input from a variety of sources, including other relevant medical, nursing and healthcare practitioners.
 - Assessment requirements for interns are outlined in the *AMC Intern training - Assessing and certifying completion* and for interns/PGY2s in the *PMCV Performance Assessment and Feedback for Junior Doctors Guidelines*. **One of the specific requirements for an intern training provider to certify completion of internship is ‘written confirmation of satisfactory term supervisor reports and an overall satisfactory rating awarded by the DCT, DMS or other authorised person’.** Term supervisors are expected to indicate whether junior doctors have satisfactorily ‘passed’ each term and the Director of Clinical Training (or equivalent) should review term supervisor assessments with assistance, where possible, from medical education officers.

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¹⁷ AMC Intern training - intern outcome statements

Accreditation Submission – **FACILITY/ TRAINING PROGRAM – YEAR**

- Assessment processes must be implemented consistently for all interns/PGY2s, occur at mid-term and end-term and include observation of clinical skills. **Mid-term assessments are a vital tool for the provision of formative feedback and it is crucial this occur in a timely manner.**
- The junior doctor should also undertake a self-assessment, not for submission but, for discussion with Term Supervisor.
- **Performance assessment forms should not be used for recruitment** (note AMC National Intern Assessment Form)¹⁸.
- **Standard 5.1.4:** Data from the junior doctor performance assessment process should be analysed and then used to develop quality improvement strategies to ensure that training in units is appropriate and for monitoring assessors (*does not refer to rotation evaluation or performance management of junior doctors*). **Examples:**
 - Analyse data to ensure supervisors complete assessments appropriately.
 - Analyse the circumstances of a poor performing or excelling junior doctor to provide guidance for improvements to the overall program or individual terms (i.e. identify particular terms where junior doctors commonly perform well or poorly. Investigate the reasons for this and determine a plan of action to address).
 - Calibration of ratings to improve reliability and validity of the assessment processes.

Facility/Training Program comment:

Comment to be added here by facility to demonstrate adherence to this standard

(if evidence provided supports the self-assessment rating then no commentary is required)

5.2: Performance review & feedback

STANDARDS	Facility Self-Assessment							
	INTERN TRAINING				PGY2 TRAINING			
	Not Met	Substantially Met	Met	Met with Merit	Not Met	Substantially Met	Met	Met with Merit
5.2.1: The intern/PGY2 training program provides regular, formal and documented feedback to interns/PGY2s on their performance each rotation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.2.2: The intern training program (facility) documents the assessment of the intern's performance consistent with the <i>Registration standard Australian and New Zealand graduates</i> .	<input type="checkbox"/>		<input type="checkbox"/>					
5.2.3: Interns/PGY2s receive timely, progressive and informal feedback from clinical supervisors during every rotation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.2.4: Interns/PGY2s are encouraged to take responsibility for their own performance, and to seek their supervisor's feedback on their performance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.2.5: The intern/PGY2 training program has clear procedures to address immediately any concerns about patient safety related to the performance of interns/PGY2s including procedures to inform the employer and the regulator, where appropriate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.2.6: The intern/PGY2 training program identifies early junior doctors who are not performing to expected level and provides remediation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.2.7: The facility/TP establishes assessment review groups, as required, to assist with more complex remediation decisions for interns and PGY2s who do not achieve satisfactory assessments. ¹⁹	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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¹⁸ <http://www.amc.org.au/joomla-files/images/intern-training/intern-training-term-assessment-form-2014-09-24-colour.pdf>

¹⁹ Refer *PMCV Performance Assessment and Feedback Guidelines*

Evidence to be provided:

- The policy and procedure for junior doctor performance assessment including**
 - Mid- and end-term feedback processes;
 - processes for identification and management including remediation and use of IPAPs;
 - Structure and terms of reference of an assessment review panel;
 - Reporting of doctors not performing to expected level to parent health service or regulator (if applicable);
 - For interns, certification of completion of internship
- Policies and procedures which define the scope of practice of junior doctors**

Relevant points to assist in framing your response to support your self-rating:

- The scope of practice of junior doctors should be defined.
- Performance management processes for junior doctors should be confidential, clear and transparent, **not be used for recruitment purposes** and should include an appeals process. In particular, assessment of interns must capture the essential information that intern training providers must provide to the Medical Board of Australia for determining whether interns have met the registration standard. This process should use the National Intern Term Assessment Form which assesses intern outcomes on a 5-point scale and the global abilities of interns to: practise safely, work with increased levels of responsibility, apply existing knowledge and skills and learn new knowledge and skills as required. (Standard 5.2.2).
- Performance feedback²⁰, using the assessment form completed by both the junior doctor and the term supervisor, must be provided by the Term Supervisor in a face-to-face meeting at mid- and end-term (following a discussion of learning objectives at the beginning of the term). This feedback should be collated from a variety of sources i.e. direct observation, reports from supervisors, and information from co-workers such as nursing and allied health staff.
- Feedback and progress reviews can be assisted by junior doctors keeping a log or a learning portfolio, which they discuss and review with their supervisor.
- **There should be a documented process for managing poor performance which ensures patient safety and the welfare of the junior doctor.** The requirement under Standard 5.2.5 to immediately address concerns about patient safety may require action beyond remediation including possible withdrawal of a junior doctor from the clinical context. Facilities must be aware of the Health Practitioner Regulation National Law which requires registered health practitioners and employers to make notifications about registered medical practitioners who have engaged in ‘notifiable conduct’ as defined in the National Law.
- **Standard 5.2.7:** requires the establishment of review groups to assist with more complex decisions on remediation. A senior clinician with experience in educating and training interns should chair the group. Given the close nexus between training and employment concerns, the review group should include employer representatives and relevant educators. Assessment review groups should have clear and transparent procedures for deciding on any course of action and for resolving disputes and appeals.

Facility/Training Program comment:

Comment to be added here by facility to demonstrate adherence to this standard
(if evidence provided supports the self-assessment rating then no commentary is required)

Standard 5.3.1 (assessors training) - refer to Standard 8.1.3

²⁰ RESOURCE: *PMCV Remediation Toolkit for Supervisors*

**DOMAIN 6:
 PROGRAM MONITORING AND EVALUATION**

STANDARDS	Facility Self-Assessment							
	INTERN TRAINING				PGY2 TRAINING			
	Not Met	Substantially Met	Met	Met with Merit	Not Met	Substantially Met	Met	Met with Merit
6.1: The intern/PGY2 training facility regularly evaluates and reviews its intern/PGY2 training program and posts to ensure that standards are being maintained. Its processes check program content, quality of teaching and supervision, assessment and trainees' progress.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.2: Supervisors contribute to monitoring and to program development. Their feedback is sought, analysed and used as part of the monitoring process.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.3: Interns/PGY2s have regular structured mechanisms for providing confidential feedback about their training, education experiences and the learning environment in the program overall and in individual posts/rotations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.4: The intern/PGY2 training program acts on feedback and modifies the program as necessary to improve the intern/PGY2 experience for junior doctors, supervisors and hospital administrators.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evidence to be provided: <ul style="list-style-type: none"> <input type="checkbox"/> Rotation evaluation form <input type="checkbox"/> Other surveys undertaken (if applicable) <input type="checkbox"/> Reports of evaluations undertaken – overall and at unit level <input type="checkbox"/> Examples of changes which occurred as a result of feedback including involvement of junior doctors and supervisors in the quality improvement activity <input type="checkbox"/> Examples of communication of evaluation outcomes to stakeholders 								
Relevant points to assist in framing your response to support your self-rating: <ul style="list-style-type: none"> • While compliance with standards is required, quality improvement underpins all accreditation processes. Monitoring and evaluation of all components of junior doctor training programs is essential to enhance quality improvement outcomes. • Evaluation of junior doctor training programs should be undertaken from an overall perspective as well as at the rotation/term/unit level in regards: <ul style="list-style-type: none"> ○ Adequacy and effectiveness of supervision (Standard 8.1.4); ○ Unit specific orientation including explanation of expectations, learning objectives and term description (Standard 3.1.3b); ○ Safe and effective handover (3.1.3c); ○ Informal and formal learning opportunities including unit specific education and teaching (4.1b); ○ Clinical experience related to casemix, caseload (8.2.1) ○ Access to education, teaching and learning (4.2); ○ Duties, rostering and work hours consistent with high quality safe patient care and junior doctor wellbeing (7.2.2). 								

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Accreditation Submission – **FACILITY/ TRAINING PROGRAM – YEAR**

- **Junior doctor feedback must be kept confidential and there should be opportunities for regular, timely, anonymous feedback.**
- Strategies used by the facility to ensure that supervisor feedback, expertise and knowledge is used to enhance the intern training program e.g.
 - How rotation feedback is provided to supervisors;
 - How supervisors can respond and provide suggestions for improvement in regard this feedback;
 - How the MEU liaises with supervisors, supervisor representation on relevant committees;
 - Specific examples of supervisor involvement in a change or quality improvement activity).
- Evaluation processes should include regular reporting, development of action plans and documentation and dissemination of outcomes to all stakeholders to facilitate improvement.

Facility/Training Program comment:

Comment to be added here by facility to demonstrate adherence to this standard

(if evidence provided supports the self-assessment rating then no commentary is required)

**DOMAIN 7:
IMPLEMENTING THE EDUCATION AND TRAINING FRAMEWORK – JUNIOR DOCTORS**

7.1 Appointment to program and allocation to term

STANDARD	Facility Self-Assessment			
	INTERN TRAINING		PGY2 TRAINING	
	Not Met	Met	Not Met	Met
<p>7.1.1: The processes for appointment of interns/PGY2s:</p> <ul style="list-style-type: none"> ▪ Are based on the published criteria and the principles of the program concerned. ▪ Are transparent, rigorous and fair. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Evidence to be provided:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Procedures for rotation allocation <input type="checkbox"/> Appeals processes 				
<p>Relevant points to assist in framing your response to support your self-rating:</p> <ul style="list-style-type: none"> • These standards deal only with the processes for allocating junior doctors to terms and specific health services within the prevocational medical training program. The processes for selecting interns for employment purposes are outside the scope of these standards. 				
<p>Facility/Training Program comment: Comment to be added here by facility to demonstrate adherence to this standard (if evidence provided supports the self-assessment rating then no commentary is required)</p>				

7.2: Junior Doctor Welfare and Support	Facility Self-Assessment							
	INTERN TRAINING				PGY2 TRAINING			
	Not Met	Substantially Met	Met	Met with Merit	Not Met	Substantially Met	Met	Met with Merit
STANDARDS								
7.2.1: The intern/PGY2 training facility promotes strategies to enable a supportive learning environment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.2.2: The duties, rostering, working hours and supervision of interns/PGY2s are consistent with the delivery of high-quality, safe patient care and with intern/PGY2 welfare.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.2.3: The intern/PGY2 training facility has policies and procedures to identify, address and prevent bullying, harassment, discrimination and inappropriate behaviours. These policies and procedures are publicised to interns/ PGY2s, their supervisors and other team members.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.2.4a: Interns/PGY2s have access to career advice.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.2.4b: The intern/ PGY2 training facility makes available processes to identify and support interns/PGY2s who are experiencing personal and/or professional difficulties that may affect their training as well as confidential personal counselling. These services are publicised to junior doctors, their supervisors, and other team members.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.2.5: Facilities have published, fair, and practical policies for managing annual leave, sick leave and professional development leave.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evidence to be provided: <ul style="list-style-type: none"> <input type="checkbox"/> Wellbeing programs for junior doctors, confidential support services and other strategies to promote a learning environment (i.e. mentoring, peer support etc) <input type="checkbox"/> Internal roles and external roles (e.g. SIT/DCT) and services for personal counselling provided to junior doctors <input type="checkbox"/> Clinical escalation policies and guidelines <input type="checkbox"/> Rosters of junior doctors showing hours of work and supervision 24/7 for all intern and PGY2 posts <input type="checkbox"/> Relevant policies/ procedures for rostering, access to leave (annual, sick, professional development) including cover <input type="checkbox"/> Examples of rostering reviews and outcomes <input type="checkbox"/> Bullying and Harassment policies and procedures and evidence of communication of B&H processes to all relevant staff including junior doctors <input type="checkbox"/> Career advice programs/forums 								
<p style="color: green;">In a pre-visit survey, junior doctors are asked specifically, for each unit where they have worked, whether the workload was reasonable with sufficient rostered hours to do the work expected.</p>								

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Relevant points to assist in framing your response to support your self-rating:

- Ensuring junior doctors can meet their educational goals and service delivery requirements **within safe working hours** is a responsibility of ALL parties. This protects the junior doctor’s wellbeing and ensures patient safety. The *Good Medical Practice* guide discusses fatigue management and expectations for safe working hours (section 6.3).
- **Junior doctor wellbeing and safe, high quality patient care is high priority. Supervision and support should emphasise these priorities weekdays and afterhours including clear clinical escalation protocols.** The welfare of patients may be put at risk if a doctor is fatigued and/or performing poorly. This needs to be monitored and addressed to ensure quality of medical practice (see Standard 1.1.2).
- Prevocational medical training facilities can provide a **supportive learning environment** by promoting strategies to maintain health and wellbeing, including mental health and culture safety, providing professional development activities to enhance understanding of wellness and appropriate behaviours, and ensuring availability of confidential support and complaint services.²¹
- Training providers should provide access to **support for junior doctors that is free from conflicts of interest** such as involvement in assessment, progression and employment decisions.
- **The facility should facilitate education about, and identification, management and support of junior doctors who have experienced or witnessed discrimination, bullying and/or sexual harassment.**²²
- **Rosters should reflect a balance between service provision and training** (ensuring training requirements are met and access to clinical learning opportunities); Rostered hours should reflect the unit expectations and provide sufficient time to complete the work and the number of patients in the care of the junior doctor, and the severity of their conditions, is at a level at which the junior doctor can provide safe continuing care.
- The facility should also consider the needs of junior doctor groups who may require additional support to complete training (e.g. Aboriginal or Torres Strait Islander, CALD, GLBTI, etc).

Facility/Training Program comment:

Comment to be added here by facility to demonstrate adherence to this standard
(if evidence provided supports the self-assessment rating then no commentary is required)

7.3: Junior Doctor participation in governance of their training

STANDARD	Facility Self-Assessment							
	INTERN TRAINING				PGY2 TRAINING			
	Not Met	Substantially Met	Met	Met with Merit	Not Met	Substantially Met	Met	Met with Merit
7.3.1: Interns/PGY2s are involved in the governance of their training.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Evidence to be provided:

- Terms of reference and meeting minutes (x2 of recent meetings) of relevant committees/forums with junior doctor involvement (see also 1.2.1)

Facility/Training Program comment:

Comment to be added here by facility to demonstrate adherence to this standard
(if evidence provided supports the self-assessment rating then no commentary is required)

²¹ RESOURCE: *PMCV Guidelines for Internship Mentoring Programs*

²² RESOURCE: *PMCV BAD project supporting documentation*

7.4: Communication with junior doctors	Facility Self-Assessment							
	INTERN TRAINING				PGY2 TRAINING			
	Not Met	Substantially Met	Met	Met with Merit	Not Met	Substantially Met	Met	Met with Merit
STANDARDS								
7.4.1: The intern/PGY2 training program informs junior doctors about the activities of committees that deal with intern/PGY2 training.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.4.2: The intern/PGY2 training program provides clear and easily accessible information about the training program.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evidence to be provided: <ul style="list-style-type: none"> <input type="checkbox"/> Communications e.g. newsletter/other to inform junior doctors of activities related to the training program <input type="checkbox"/> Junior Doctor Handbook <input type="checkbox"/> Intranet Site - Facility can provide link to relevant section of facility intranet/ website for survey team to review prior to the visit (there is not usually time to review on day of visit) 								
Facility/Training Program comment: Comment to be added here by facility to demonstrate adherence to this standard (if evidence provided supports the self-assessment rating then no commentary is required)								

7.5: Resolution of training problems and disputes

STANDARDS	Facility Self-Assessment			
	INTERN TRAINING		PGY2 TRAINING	
	Not Met	Met	Not Met	Met
7.5.1: The intern/PGY2 training facility supports interns/PGY2s in addressing problems with training supervision, training requirements and other professional issues. The processes are transparent, timely, safe and confidential.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.5.2: The intern/PGY2 training facility has clear impartial pathways for timely resolution of professional and/or training-related disputes between junior doctors and supervisors, or junior doctors and the facility/TP.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Evidence to be provided:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Complaints/ grievance policy and procedures including staff involved and how confidentiality is assured <input type="checkbox"/> Demonstrate how junior doctors are made aware of these processes <input type="checkbox"/> Demonstrate how confidentiality and the welfare of the junior doctor is assured to encourage junior doctors to report any concerns related to training 				
<p>Relevant points to assist in framing your response to support your self-rating:</p> <ul style="list-style-type: none"> • Junior doctors need clear advice on what they should do in the event of a conflict with their supervisor or any other person involved in their training. • Processes that allow junior doctors to raise difficulties safely would typically be those that give junior doctors confidence that the facility will act fairly and transparently, that junior doctors will not be disadvantaged by raising legitimate concerns, and their complaints will be acted upon in a timely manner. • Junior doctors who experience difficulties often feel vulnerable and may be reluctant to raise questions about their training, assessment or supervision, even anonymously, and can be concerned about being identified and potentially disadvantaged as a consequence. • There may also be conflicts of interest if a junior doctor has a grievance in regards employment or training which involves an individual directly involved in their training. Clear procedures are required to remove the disincentives for junior doctors to raise concerns about their training or employment. 				
<p>Facility/Training Program comment: Comment to be added here by facility to demonstrate adherence to this standard (if evidence provided supports the self-assessment rating then no commentary is required)</p>				

**DOMAIN 8:
 IMPLEMENTING THE TRAINING FRAMEWORK – DELIVERY OF EDUCATIONAL RESOURCES**

8.1: Supervisors and supervision

STANDARDS	Facility Self-Assessment							
	INTERN TRAINING				PGY2 TRAINING			
	Not Met	Substantially Met	Met	Met with Merit	Not Met	Substantially Met	Met	Met with Merit
8.1.1: Interns/PGY2s are supervised at all times at a level appropriate to their experience and responsibilities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.1.2: Supervision is provided by qualified medical staff with appropriate competencies, skills, knowledge, authority, time and resources to participate in training and/or orientation programs.	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
8.1.3: Intern/PGY2 supervisors understand their roles and responsibilities in assisting interns/PGY2s to meet learning objectives, and demonstrate a commitment to junior doctor training. 5.3.1: The intern/PGY2 training program has processes for ensuring those assessing interns/PGY2s have relevant capabilities and understand the required processes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.1.4: The intern/PGY2 training program regularly evaluates the adequacy and effectiveness of supervision of junior doctors.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.1.5: Staff involved in intern/PGY2 training have access to professional development activities to support improvement in the quality of the junior doctor training program.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evidence to be provided: <ul style="list-style-type: none"> <input type="checkbox"/> Consent policy (which defines role of interns and PGY2s) <input type="checkbox"/> Junior Doctor Supervision Policy <input type="checkbox"/> Clinical escalation procedures <input type="checkbox"/> Demonstrate how the facility ensures that supervisors understand their role and responsibilities in relation to the junior doctor training and have the relevant capabilities <input type="checkbox"/> The instruction, support and training senior medical staff and registrars receive for their role as supervisors <input type="checkbox"/> Evidence of evaluation of adequacy and effectiveness of supervision <input type="checkbox"/> Evidence of professional development for supervisors to facilitate supervision, teaching, assessment of junior doctors <input type="checkbox"/> Evidence of scope of practice defined for medical staff <input type="checkbox"/> Evidence that responsibility for supervision and teaching is documented in senior medical staff role descriptions 								

Continued overleaf

CHECKLIST TO BE COMPLETED

PMCV Clinical Supervision of Junior Doctors Guidelines	Yes	No
There is a nominated Term Supervisor for each rotation/term with the required skills and qualifications.		
The Term Supervisor ensures that their contact with each junior doctor is sufficient to allow an effective assessment of the junior doctor's performance at mid- and end-term and provide formal feedback in a meeting with the junior doctor (at least once per week).		
There is a clinical supervisor with the appropriate capabilities and experience identified for each patient for the junior doctor at ALL times and that all junior doctors know who their immediate clinical supervisor is for every patient. For interns, a clinical supervisor must be awake and onsite at all times (i.e. direct supervision) for <i>core</i> intern terms but for <i>non-core</i> intern terms and for PGY2s clinical supervisors may be offsite but must be easily contactable and available onsite within 10 minutes (i.e. indirect supervision).		
Clinical supervisors in the unit regularly monitor the performance and wellbeing of junior doctors and are aware of processes to support junior doctors in distress.		
Junior doctors are rostered more time with consultant supervision than when there is less supervision (ideally no more than 30% of rostered time afterhours particularly in <i>core</i> intern terms).		
Interns should not consent patients for major surgical procedures, NFR Orders or Advanced Care Directives.		
PGY2s should not obtain informed consent unless they have observed the procedure, understand the risks involved and are able to assess the patient's capacity to make an informed decision. PGY2s should not be responsible for NFR Orders or Advanced Care Directives.		
Interns should not undertake these procedures without direct supervision: pleural taps, chest tube insertion, lumbar puncture, central line insertion, abdominal paracentesis, instrumental obstetric deliveries, joint aspiration, skin biopsy or biopsy of deep organs, suprapubic bladder puncture, intubation, pericardial aspiration or arterial line insertion.		
For emergency terms:		
A clinical supervisor is available to supervise the junior doctor, at all times.		
At no time should interns be the sole doctor in the emergency department.		
All patients seen by interns must be reviewed by a clinical supervisor prior to discharge.		
Interns must be aware of and familiar with agreed protocols for the management of common serious conditions in case they are required to initiate management of a potentially life-threatening condition.		
Interns should not be expected to manage obstetric patients or children less than two years of age without direct supervision.		
For PGY2s supervision may be direct or indirect (although supervisor must be readily available) depending on the complexity and acuity of the patient.		
Ideally, interns and PGY2s should have clinical interaction and teaching with a FACEM, a Senior Medical Officer with sufficient emergency management experience or registrars who are members of ACEM at least weekly.		
For psychiatry terms:		
Interns/PGY2s should not perform ECT without senior clinical supervision.		
Interns may be responsible for preparing the written reports. However, prior to submission, the report should always be read and signed off by a consultant (not merely a verbal endorsement).		
Interns may not attend tribunal meetings on their own - must be accompanied by a consultant/registrar.		
PGY2s can take increasing responsibility for Mental Health Tribunal reports and meetings provided there is appropriate training and supervision. PGY2s may attend tribunal meetings provided there is a supervisor (consultant/registrar) available (at least on call).		

continued overleaf

In a pre-visit survey, junior doctors are asked specifically, for each unit where they have worked, whether there was satisfactory supervision provided including afterhours.

Relevant points to assist in framing your response to support your self-rating:

- Each term should have clear and explicit supervision arrangements. All those who teach, supervise, counsel, employ or work with junior doctors are responsible for patient safety. Supervision includes more senior medical staff directly and indirectly monitoring junior doctors and also includes providing training and feedback.
- **Supervision for each intern/PGY2 term must align with *PMCV Clinical Supervision of Junior Doctor Guidelines*, particularly in regard to informed consent for patients.**
- Facility offers training for supervisors in performance management and communication skills. This should include specific training in using assessment forms, whether nationally or locally developed, in addition to general training in assessment and feedback skills.

Facility/Training Program comment:

Comment to be added here by facility to demonstrate adherence to this standard
(if evidence provided supports the self-assessment rating then no commentary is required)

8.2: Clinical experience

STANDARDS	Facility Self-Assessment							
	INTERN TRAINING				PGY2 TRAINING			
	Not Met	Substantially Met	Met	Met with Merit	Not Met	Substantially Met	Met	Met with Merit
8.2.1a: The intern training program provides clinical experience consistent with the <i>Registration standard - Australian and New Zealand graduates.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
8.2.1b: The Intern/PGY2 training program provides opportunities to develop knowledge and skills relevant to the domains of clinical management, communication and professionalism.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.2.2: In identifying and monitoring rotations for junior doctor training, the facility/TP should consider the following: <ul style="list-style-type: none"> ▪ Complexity and volume of the unit's workload ▪ The intern/PGY2's workload ▪ The experience interns/PGY2s will gain ▪ How the intern/PGY2 will be supervised and who will supervise them 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Evidence to be provided:

- Procedure to ensure interns/PGY2s are provided with opportunities to develop knowledge and skills relevant to the domains of clinical management, communication and professionalism (ACF).
- Procedure used to identify and monitor posts that meet intern training requirements and are suitable for PGY2 training.

continued overleaf

CHECKLISTS TO BE COMPLETED

PMCV Clinical Learning for Junior Doctors Guidelines (interns and PGY2s)	Yes	No
Junior doctors are provided opportunities to develop skills and increasing independence in clinical management (including common clinical symptoms and conditions), skills and procedures, communication and professionalism:		
§ Clinical experience in patient assessment (initial and deteriorating, investigations), safe patient care (clinical handover, delegation and escalation, infection control, medication safety and adverse event reporting) acute and emergency care (assessment, prioritization, BLS/ALS, patient transfers), patient management (prescribing medications, pain management, discharge planning, discussing poor outcomes and end of life care), skills and procedures (observe and perform a range of procedures, consent).		
§ Opportunity to develop professional skills in teaching, learning and supervision and professional behaviours related to time management, personal wellbeing, ethical practice, professional development and quality improvement.		
§ Opportunity to develop communication skills for patient interaction (patient and family interactions, breaking bad news, open disclosure, complaints), managing information (handover, health records), and working in teams.		
§ Perform and document initial assessment, admission, ongoing management, and discharge of a range of patients including acute, emergency, chronic conditions, seriously ill and deteriorating patients and opportunities to work in ambulatory care i.e. outpatients.		
§ Opportunities to access and use treatment guidelines and to make evidence-based management decisions in conjunction with patients and others in the healthcare team.		
§ Opportunities to develop knowledge of the linkages between inpatient care and subacute, community and ambulatory care.		
PMCV Clinical Learning for Junior Doctors Guidelines (INTERNS)	Yes	No
Requirements for <i>core</i> emergency care intern terms:		
§ Experience in the assessment and management of patients with acute undifferentiated illnesses, including assessment and management of acutely ill patients.		
§ Opportunities to assess patients at first presentation including taking history, physical examination, ordering and interpreting investigations, procedures, communication with patient, family and other members of health care team and documentation.		
§ Clinical involvement in a range of common conditions managed in the emergency setting including opportunities to interpret investigations ordered in initial management.		
§ Emergency resuscitation including an understanding of the team based approach to resuscitation and opportunity to participate in basic and advanced life support.		
§ Opportunity to develop an understanding of the system of triage and resource allocation and of legislative requirements such as consent, privacy and mandatory reporting		
§ Direct observation of bedside procedural skills including supervision of medical emergency skills to facilitate resuscitation learning. This can also occur in a simulated setting.		
§ Supervision to ensure interns demonstrate the ability to identify urgent priorities in the assessment, referral and management of undifferentiated patients.		
Requirements for <i>core</i> medical intern terms:		
§ Experience in assessing and admitting patients with acute medical problems. Assessment should include medical and social history, physical and mental state examinations, developing management plans, ordering investigations, making referrals and monitoring progress.		
§ Managing inpatients with a range of common medical conditions (acute and chronic) and develop an understanding of longer term management including monitoring for complications and effects of disease on patients over time.		
§ Clinical experience in managing critically ill medical patients, both at presentation and as a result of deterioration during admission.		
§ Discharge planning, including referrals, preparing a discharge summary and other components of handover to a general practitioner, subacute facility, residential care facility, or ambulatory care.		
§ Interns must be engaged in the care of individual patients over a continuous period of ongoing care, rather than episodic tasks on unfamiliar patients.		
§ Daily ward rounds with clinical supervisors.		

Accreditation Submission – **FACILITY/ TRAINING PROGRAM – YEAR**

	Yes	No
§ Ideally, provision of work-based teaching and learning specific to the unit.		
§ No more than two weeks of nights rostered where there is direct supervision (onsite) by an appropriate clinical supervisor. Nights should be specifically aligned to admitting patients and interns should return to previous medical team.		
Requirements for core surgical intern terms:		
§ Clinical exposure to, and opportunities to assess and manage patients with, a broad range of acute and elective surgical conditions including patients who exhibit common features of surgical illness including metabolic response to trauma, infection, shock and neoplasia.		
§ Clinical experiences in all care phases for a range of common surgical conditions including pre-operative (including consent process), operative (including major and minor surgery) and post-operative (including discharge planning) experience.		
§ Clinical experience in managing seriously ill or deteriorating surgical patients.		
§ Emergency and elective surgical cases.		
§ Assessment and initial management of common surgical conditions.		
§ Interns must be engaged in the care of individual patients over a continuous period of ongoing care, rather than episodic tasks on unfamiliar patients.		
§ It is expected that interns participate in pre-admission clinics weekly and ‘scrub in’ to actively participate in operating theatre sessions at least one session per week (on average).		
§ Daily ward rounds with clinical supervisors.		
§ Ideally, provision of work-based teaching and learning specific to the unit.		
§ No more than two weeks of nights rostered where there is direct supervision (onsite) by an appropriate clinical supervisor. Nights should be specifically aligned to admitting patients and interns should return to previous surgical team.		
In a pre-visit survey, junior doctors are asked specifically, for each unit where they have worked, whether there was satisfactory clinical learning provided.		
Relevant points to assist in framing your response to support your self-rating: <ul style="list-style-type: none"> • This standard considers the clinical learning (as well as workload/rosters) in each Intern/PGY2 post. • Intern and PGY2 post must provide appropriate professional development and should not be service posts only. • Continuity of supervision and learning, service/education balance and professional clinical development are primary considerations. • Refer <i>PMCV Clinical Learning for Junior Doctors Guidelines</i> for information on learning requirements. 		
Facility/Training Program comment: Comment to be added here by facility to demonstrate adherence to this standard (if evidence provided supports the self-assessment rating then no commentary is required)		

8.3: Facilities	Facility Self-Assessment							
	INTERN TRAINING				PGY2 TRAINING			
	Not Met	Substantially Met	Met	Met with Merit	Not Met	Substantially Met	Met	Met with Merit
STANDARDS								
8.3.1: The intern/PGY2 training program provides the educational facilities and infrastructure to deliver intern/PGY2 training such as access to the internet, library, journals and other learning facilities, and continuing medical education sessions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.3.2: The intern/PGY2 training program provides a safe physical environment and amenities that support the junior doctor.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Relevant points to assist in framing your response to support your self-rating:</p> <ul style="list-style-type: none"> • On-line educational resources • Clinical skills and simulation facilities • Library • Ward environment (computers, office, lockers). • Access to a safe, secure and comfortable area away from clinical work spaces. • Adequate PC access. • Overnight accommodation (where applicable). • Amenities (e.g. security) and policies to support a safe work environment. <p>NOTE: the survey team will undertake a tour of educational facilities and support amenities for junior doctors during the onsite survey visit.</p>								
<p>Facility/Training Program comment: Comment to be added here by facility to demonstrate adherence to this standard (if evidence provided supports the self-assessment rating then no commentary is required)</p>								

APPENDIX A

EVIDENCE FOLDER STRUCTURE

#Each of the dot points is a folder for upload of relevant documents

- Accreditation Submission
- 1.1 Organisation Charts, Clinical Governance
- 1.1 Compliance – ACHS, OH&S, Colleges other
- 1.1 Strategic Plans – Workforce/Education
- 1.1 Annual Reports
- 1.2 Position Descriptions
- 1.2 Committees – ToR, Minutes
- 1.2 Policies and Guidelines
- 1.4 Relationships to support medical education
- 1.5: Reconsideration, review and appeals processes
- 3.1 Intern and PGY2 Allocation Plans
- 3.1 Term Descriptions
- 3.1 Procedures for Completion of Internship
- 3.1 Flexible Training arrangements
- 3.1 Orientation Programs/ Attendance/ Evaluation
- 3.1 Handover Policy and Procedures
- 3.1 Unit Handover Documents (e.g. ROVERs)
- 4.1 Intern and PGY2 Education Programs/ Attendance/ Evaluation
- 4.1 Structures/ Processes to support attendance
- 5.1 Assessment Approach/ quality improvement
- 5.2 Performance Review and Feedback/ Remediation/ Review panel
- 6.1 Program Monitoring and Evaluation
- 7.1 Procedures for allocations/ appeals
- 7.2 Junior Doctor Welfare, Support, Career Programs
- 7.2 Clinical escalation guidelines
- 7.2 Bullying and Harassment policies
- 7.2 Rosters
- 7.2 Rostering guidelines/ reviews
- 7.3 Junior Doctor Participation in Governance
- 7.4 Communication with Junior Doctors
- 7.5 Resolution of Training Disputes
- 8.1 Clinical Supervisors and Supervision
- 8.2 Clinical Learning
- 8.3 Facilities