Prevocational Medical Education and Training Framework

Document ID:	FK-MEL-040001	Version number:	2
Release date:	06 Jun 2019	Approval authority:	Medical Education Committee

Table of Contents

Affirmation

This governance document is consistent with Mater's Mission, Vision and Values.

1. Policy statement

The purpose of this framework is to confirm the principles and requirements for the governance and service delivery of prevocational medical education and training (PMET) at Mater with additional evidence required to demonstrate adherence to the Australian Medical Council Standards (AMC) for interns. This framework addresses the accreditation requirements for PMET and the governance of PMET. This document aims to ensure that there is an appropriate framework with supporting procedures and processes in place to facilitate the delivery and coordination of PMET according to best education principles including supervision and orientation.

1.1 Scope and context

This framework applies to Medical Education Unit (MEU), Resident Medical Officers (RMOs), Senior Medical Officers, Clinical Rotations, and Term/Clinical Supervisors.

2. Principles

PMET is underpinned by sound:

- Governance and Integrity
- Medical Education Principles
- Quality improvement

The following set of principles describes the objectives and outcomes of the framework:

2.1 Principle one: Governance and Integrity

Governance of the PMET is undertaken by the Medical Education Committee (MEC), and is informed by the Medical Education Unit (figure 1). The integrity of PMET program is guided by the MEC members and the Australian Medical Council *Intern training – National standards for programs,* the *Intern outcome statements,* and Australian Curriculum Framework for Junior Doctors. MEC meetings are held quarterly, and members support and work collaboratively with the Director of Clinical Training (DCT) and the Medical Education Unit (MEU) to provide advice and support in the areas detailed in the Terms of Reference (ToR). RMOs are actively involved in the governance of their education and training and are encouraged to review the MEC information (refer to ToR: CT-MEL-040001).

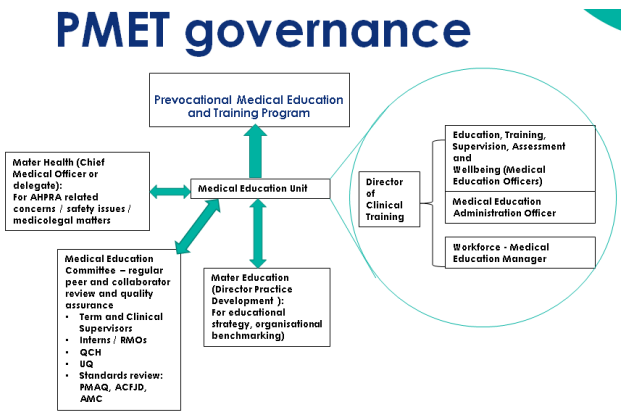

Figure 1

2.2 Principle two: Medical Education Principles

The goal of PMET is to provide education and training based on medical education principles that foster supported learning environments for RMOs and safe health care for patients. PMET includes experiential opportunities which promote active interprofessional learning and where RMOs receive regular feedback on performance. The program is dynamic and builds on best practice, innovative programs, to meet the needs of the learner.

PMET provides RMOs with the opportunity to fulfil the education objectives outlined for each term and achieve competence. PMET is supported by the governance structure (figure 1), and medical education principles that include an understanding of the adult teaching and learning practices in medical education, assessment methods in medical education, educational supervision, and shared medical education terminology. PMET supports the delivery of RMO training through constructive interprofessional working relationships, and is structured to reflect the requirements of the Medical Board of Australia's *Registration standards – Australian and New Zealand graduates*. For interns there is an additional level of focus, as outlined in the *Intern training – Guidelines for terms*. PMET is composed of a formal facility education program (FEP), term work-based teaching and learning education program, and interprofessional educational experiences.

PMET is discussed with RMOs at orientation. Under the PMET Framework, RMOs have access to clinicians who provide advice and guidance on future career choices; continuing professional development opportunities as documented in the continuing professional development (CPD) program (located on the MEU Website); and supervised practice in accredited clinical rotations. PMET is mapped annually to the Australian Curriculum Framework for Junior Doctors, AMC and Medical Board of Australia's *Intern training - Intern outcome statements* (assessment forms) with regular feedback sought from Term Supervisors, RMOs and multidisciplinary clinical teams . RMOs are provided with equitable access to orientation and a variety of blended learning opportunities for clinical and non-clinical education. PMET aims to enable RMOs to provide safe patient care and to meet the requirements for them to successfully progress their careers.

2.3 Principle three: Quality Improvement

PMET quality improvement processes are ongoing to ensure that the Medical Board of Australia's *Intern training – National standards* Prevocational Medical Accreditation Queensland (PMAQ) and AMC standards are being maintained, and PMET content, quality of teaching and supervision, and trainee progress are in accordance with the requirements. Regular feedback on the program is sought from Supervisors, and RMOs, this feedback is analysed and used as part of the ongoing monitoring and improvement process with MEC involvement.

3. Framework Requirements

3.1 Medical Education Unit (MEU)

The Medical Education Unit (MEU) is structured under the Director of Clinical Training (DCT) who reports to the Director of Practice Development on strategic, operational, education and training matters and the Chief Medical Officer on recruitment, workforce management and medical administration matters. The DCT oversees the management of the medical education and training of RMOs during their prevocational years at Mater. The MEU aims to meet the ongoing education, training and professional development needs of RMOs at Mater.

Director of Clinical Training (DCT)

Within the MEU the role of the DCT is to:

- Facilitate and encourage learning opportunities for Mater doctors
- Meet the requirements for ongoing accreditation of intern training at the Mater
- Advocate for and mentor Mater interns
- Provide support to RMOs as required
- Encourage opportunities for junior doctor involvement in quality and safety processes at the Mater
- Develop teaching/learning resources and identify opportunities for innovation
- Provide guidance on career path options
- Assist hospital management in medical recruitment
- Apply a clinician lens to organisational functioning pertinent to RMO capability and workforce.

Medical Education Officers (MEOs)

MEOs are involved in the day to day management of the MEU and PMET.

Medical Education Manager

The Medical Education Manager coordinates the recruitment, allocations and rostering for RMO's as well as the management of the MEU positions.

Medical Education Administration Officer

The Medical Education Administration Officer provides the MEU with administrative support.

The MEU Facilitates

- Education, training, professional development, teaching and learning for RMOs
- Orientation for RMOs
- Educational opportunities for RMOs
- Ensuring all RMOs receive adequate and appropriate supervision and satisfactory clinical training
- Advocacy and well-being of RMOs
- Support for Term and Clinical supervisors in their roles through continuing professional development opportunities, and administrative support in relation to RMO education.

Accreditation

- The MEU maintains a focussed accreditation compliance plan for intern rotations to ensure each rotation meets accreditation standards
- The MEU accreditation compliance plan for second year RMO rotations supports the clinical units to meet the accreditation standards
- The MEU is responsible for notifying the accreditation body of any relevant changes to the intern training provider (Mater), education and training program for interns, or provision of intern rotations which may affect the quality of the intern training.

Assessment and Evaluation of Prevocational Education and Training

MEU (DCT and MEO in particular) is involved in:

- Collating assessment and end-of-term evaluation data, determining trends, identifying individual learning needs, and ensuring ongoing quality improvement of the PMET and provides this information to the Medical Education Committee
- Management of underperformance of RMOs
- Convening an assessment panel as required by National Standards for programs to assist with more complex remediation decisions for interns who do not achieve satisfactory supervisor assessments
- Following up on intern-raised matters considered at the Medical Education Committee meeting
- Following up on matters raised by RMOs attending the education sessions
- Seeking feedback on the performance of the Term/ Clinical Supervisors.

3.1.1 Quality Improvement

MEU addresses the need for continuous quality improvements through the following:

- RMO assessments and end-of-term evaluations are reviewed by MEO's and DCT to identify cohort themes/issues that may need to be addressed within the PMET.
- RMOs attending the FEP provide feedback on ways to improve the education sessions. The MEU monitors, discusses and assesses the suggestions and implements quality improvements where appropriate.
- End-of-Term evaluations are collated, de-identified and clinical units informed of the outcomes with some suggested areas of improvement. The DCT and MEO meet with the clinical unit's Term Supervisor/ Director to discuss the feedback and identify improvements. The DCT provides feedback to the Medical Education Committee on the outcomes of these meetings and the End-of-Term evaluations.
- The FEP offers blended learning opportunities and undergoes a review twice annually with a view to ongoing quality improvement to align the program with the Australian Curriculum Framework for Junior Doctors. This includes gathering feedback and evaluation data in consultation with the Directors of each clinical unit that rotate RMOs, the RMOs and DCT. The outcome of this process is presented to the Medical Education Committee for discussion, endorsement and feedback. This information is used to improve the following year's education program.
- The annual orientation program undergoes a quality improvement review using feedback from the Directors of each clinical unit, the Medical Education Unit, Medical Education Committee and the evaluations provided by the RMOs after each session and for the entire program. This information is used to improve the following year's orientation program.

3.2 Orientation

3.2.1 Interns

- Intern orientation is the responsibility of the Medical Education Unit.
- All interns are required to attend intern orientation prior to commencing any clinical work.
- A focused orientation is provided to interns. This includes orientation to the overall program and site, and takes place one week prior to the clinical year commencement to ensure interns are ready to commence safe, supervised practice in the clinical units. The intern orientation program facilitates safe transition to clinical practice and supports interns to learn their clinical role, responsibilities and duties. Interns are notified of orientation prior to commencement and attendance is recorded.
- Interns are also provided unit specific orientation at the start of each term and orientation is supported with a written term description (orientation handbook) which includes documented learning objectives for the term.
- Orientation includes key quality and safety protocols, such as Advanced Life Support (ALS), organisational standards (refer to FK-PAL-060000), buddied workplace introduction through shadowing more experienced RMOs, and Face to face sessions outlining expectations of interns.
- New term orientation is supported by MEU facilitated peer handover, and unit orientation (supporting documents Start of Term Orientation Checklist).
- Orientation is tailored to maintain principles of interprofessional collaboration and education.

3.2.2 All other RMOs (PGY2-4)

- RMOs beyond PGY1 engage in the orientation program if they have not attended an orientation program at Mater within the last 12 months. Orientation includes the following information:
- Welcome to Mater
    - Structure, culture, systems and technology,

    - Policies and procedures
- Medical Education Unit
    - Overview of the Facility Education Program and expectations of JMO
- Unit specific orientation

3.3 Supervision

Supervision refers to provision of training and feedback to assist RMOs in meeting the Medical Board of Australia's (MBAs) *Registration standard – Australian and New Zealand graduates*. Term and Clinical Supervisors play an integral role in the education and training of RMOs and promote RMO attendance at education sessions during protected teaching time. Each term offers clear and explicit supervision arrangements with two supervisor roles identified, although an individual clinician may perform more than one of these roles.

Safe working hours is the responsibility of all parties in accordance with the *Mater Resident Medical Officers' Enterprise Agreement 2018-2021*. Term Supervisors have overall responsibility for RMOs in the relevant clinical units with an increased focus on interns to ensure adherence to AMC Standards, and for ensuring safe patient care and a safe learning environment. The Term Supervisor is committed to and understands their role and responsibility in assisting RMOs to meet the unit's learning objectives.

Supervision requirements for RMOs, as documented by the MBA, AMC and PMAQ, are explicit. For interns, supervision requirements are more focused. All RMOs are initially supervised using level 1 supervision and as their confidence, experience and responsibility develops, they may progress to level 2 supervision. The Term Supervisor takes responsibility to:

- Ensure interns and other RMOs rotating to their clinical unit are supervised at all times at a level appropriate to their experience and responsibility;
- Assess the RMOs and intern according to the AMC *National standards for programs –and outcome statements*;
- Discuss the term's learning objectives with the RMO at the start of the term;
- Support best medical education principles including experiential opportunities which promote active learning;
- Provide regular feedback on performance, and programs based on individuals learning needs (with clear goals);
- Ensure RMOs are made aware of how to contact their Term/Clinical Supervisor, registrar and consultant;
- Be aware of and directly involved in intern activities; and
- Ensure that in the event that the Term Supervisor is absent, the RMOs know to who to contact should any concerns arise. They should also know how they can contact their Term Supervisor for urgent issues.

A Clinical Supervisor is either a consultant or a registrar with experience in managing patients in the relevant discipline. The Clinical Supervisor is usually the person with daily supervision responsibilities for the RMO and increased focus on the unit's intern. Clinical Supervisors work directly with interns or RMOs daily regarding individual patients and their management, to develop and refine clinical skills and practice appropriate to their level and in accordance with the curriculum. Clinical Supervisors model good clinical practice including building and maintaining professional relationships with clients/patients and staff. Clinical Supervisors promote active learning, provide regular feedback to the RMOs on performance and provide learning opportunities consistent with their identified learning needs.

There may also be an immediate supervisor who has direct responsibility for patient care and who would normally be at least at postgraduate-year-three level. The role of immediate supervisor may be delegated by the Term Supervisor to a suitably experienced practitioner however, level 1 (direct) supervision will be provided where possible, usually by a registrar, and at all times, level 2 (in-facility) supervision will be provided as a minimum (e.g. evenings and weekends). Other

members of the interprofessional healthcare team may contribute to supervising the interns' work and discuss this with the Term Supervisor. In addition, Supervisors may offer career guidance based on assessment of the RMOs abilities, potential and professional goals.

3.4 Advocacy for RMOs

Interns are informed at orientation of the MEU's role in advocacy and ensuring well-being for interns. This information is also communicated at orientation to RMOs. This includes when and how to access the Mater's Employee Assistance Program (EAP), a confidential and independent support service which is available to those requiring additional/ specialized counselling for work or non-work related issues, and the Medical Board of Australia's *Good medical practice: a code of conduct for doctors in Australia* where fatigue management and expectations for safe working hours are discussed.

RMOs experiencing difficulties with any aspect of the term are encouraged to contact their Term Supervisor and MEU early. Alternatively, RMOs may raise concerns with the RMO/ intern MEC representatives. The RMO representatives report concerns to the MEC and where necessary, concerns are documented and tracked as action items. The representatives are encouraged to provide the RMOs with feedback of the discussions.

Term Supervisors are encouraged to contact the MEU early regarding any issue relating to the RMOs experience, including performance concerns. Early identification of issues enables the MEU to assist with and where possible, provide support to overcome barriers through regular conversation and appropriate referrals. If the issue cannot be resolved, it will be referred to the appropriate area.

The MEU advocate on behalf of the RMOs on various issues including:

- RMO education needs and well-being
- Provision of assistance in the resolution of conflict and grievances
- Ensuring that duties, working hours and supervision are consistent and with the delivery of high-quality, safe patient care and high quality learning
- Unsatisfactory learning experiences
- Clinical performance
- Workload
- Conflict with colleagues and multidisciplinary team members
- Supervision concerns
- Professional problems
- Personal problems

3.5 Allocation and Rostering Requirements

The allocation and rostering of interns is in accordance with the AMC Standards 2014, *Intern training – National Standards for programs*. The intern terms are structured to reflect the requirements of the *AMC Registration standard* and provide experiences as described in the *AMC–Guidelines for terms*. The program aims to ensure that interns become familiar with clinical routines and develop productive professional relationships with supervisors, which lead to advances in their learning.

Interns experience a higher level of rostering focus to ensure that their work experience adheres to the AMC Standards. As such, each intern will be allocated to a minimum of ten (10) consecutive weeks in compulsory terms including medicine, surgery and emergency medicine, and the remaining twenty two (22) weeks of the intern training year will be allocated to non-compulsory terms such as paediatrics (10 weeks), obstetrics and gynaecology, and neonatology each with a minimum duration of five (5) consecutive weeks per term. Each intern will also be allocated five (5)

weeks of continuous recreation leave. Intern rostering is guided by safe working hours and includes a process for managing unrostered overtime to ensure the delivery of high quality safe patient care. The procedure for allocating and rostering is discussed in procedure PR-MEL-040015 - Intern Allocation and Rostering Requirements. Flexible working arrangements are facilitated on an ad hoc basis when the need arises, to meet requirements for ensuring completion of internship within 3 years, for progression to general registration.

Resident rostering (PGY2+) is more flexible but emphasis is on time spent in each discipline as a planned and continuous experience. Between 5 -15 week length of terms are considered to enable RMOs to continually gain general experience across the range of core specialties. Prerequisite allocations are offered from PGY2+ in line with career preferences.

3.5.1 Allocation to Secondment Training Sites

With regards to the PMET delivery for Interns and RMOs allocated to secondment sites (currently Queensland Children's Hospital), compliance with standard state accreditation frameworks is anticipated and managed as per the facility's Memorandum of Understanding (MOU). Intern and RMO attendance at the secondment Facility Education Program is expected during the period of allocation; and governance and training issues which arise are managed by MEUs of respective organisations through collaborative strategies as referenced by the MOU. Mater has a reciprocal arrangement, offering training opportunities in Adult specialties to RMOs primarily employed by QCH.

3.6 Education Delivery Requirements

Prevocational medical education and training (PMET) consists of a formal Facility Education Program (FEP), clinical unit work-based teaching and learning education program, and other educational experiences designed to provide each RMO with the opportunity to fulfil the education objectives outlined for each term and achieve competence. RMOs are encouraged to familiarise themselves with the Australian Curriculum Framework for Junior Doctors (ACFJD) and to self-monitor progress against the ACFJD with additional evidence required to demonstrate adherence to the AMC Standards for interns. For interns, the goal of the PMET is to enable interns to meet the requirements to successfully progress to general registration and ensure supervised practice in accredited clinical rotations. For all other RMOs, the goal of PMET is to enable RMOs to progress to specialties of their choice and to support the RMOs to meet the college education requirements.

The FEP enables RMOs to attend formal education sessions endorsed by senior medical staff and delivered by multidisciplinary staff from Mater. The education sessions take place during protected teaching time and attendance is recorded. RMOs also have access to online modules and complete core learnings. The FEP is provided in a flexible manner to ensure clinical and non-clinical education opportunities are accessible regardless of the rotation.

RMOs have equitable access to a variety of blended learning professional development opportunities such as team and on-line teaching and learning, podcasts, workshops, presentations, one-on-one teaching, interactive on-line modules and assessments, and simulation education. It is essential that RMOs complete each mandatory training element discussed in the CPD education program by the due dates and it is recorded and signed off. Checklists are maintained locally to allow for reporting and monitoring. RMOs are encouraged to maintain a logbook of cases/procedural tasks, ward consults, numbers and types of patients seen and these should be discussed with the supervisor at feedback sessions.

3.7 Protected Teaching Time and Attendance

Protected teaching time was established to ensure interns, and where possible other RMOs, are released from duties to attend the FEP. During protected teaching time pagers and telephones are to be managed by their clinical supervisors or the MEU. Junior doctors are notified of the topic, presenter and location of each session in advance.

Interns are excused from clinical duties to participate in education specific to their needs. RMOs similarly are excused where possible to participate in education topics specific to their learning needs. Term Supervisors in each department are aware of protected teaching time, with many theatres and outpatient clinic timetabled around formal education times. Protected teaching time is held during business hours. It is expected that interns who are rostered during this time will attend. Attendance is recorded, the education is evaluated and outcomes are managed and reported on by the MEU. Attendance is reported by intern and by rotation to enable the MEU and clinical units to identify and discuss issues regarding attendance.

3.8 Continuing Professional Development for Resident Medical Officers (RMOs)

RMO CPD at Mater is managed through the continuing professional development (CPD) program and self-managed logbooks. The CPD program is reviewed annually and made available to the RMOs during orientation. The CPD program is emailed to the RMOs at the start of year. RMOs are expected to provide evidence of CPD yearly, i.e., during career counselling sessions with DCT. Evidence of CPD participation is provided using a logbook, recorded educational attendance and through development of a Curriculum Vitae (CV), for discussion with the DCT during career planning meetings.

CPD Program:

- RMOs complete a number of mandatory activities as part of their Corporate Required Learning (CRL) and attend the FEP (with greater focus placed on interns to ensure adherence to the AMC Standards). Attendance at education, clinical handover, and completion of CRL modules are recorded by MEU.
- Unit (term) Handover - One education session per term (usually the last week of the term) is dedicated to clinical unit handover. Interns and RMOs are required to attend.
- Completion of mandatory activities is recorded.
- Interns in Surgical and Medical rotations attend the Practice Improvement Program (PIP). This weekly hour long session provides flexibility for targeted educational needs outside of the FEP. This may include deliberate skills practice / case discussions / ward call scenarios or A3 problem analysis and quality improvement initiatives. All other interns (i.e. those not in a Surgical, Medical and Respiratory rotation) are encouraged to complete the online CRL or select from the blended learning opportunities available in their units and record activities in their logbook.

Logbook:

- RMOs are encouraged to maintain a logbook of cases/procedural tasks, ward consults, numbers and types of patients seen during the prevocational years, which is guided by the ACF.
- The logbook should include a record of the RMOs CPD activities and progress they have made during the year towards learning objectives.
- Logbook entries are discussed with the Term Supervisor and achievement of learning objectives are acknowledged by the Term supervisor at mid-term and end-term assessment meetings.

- JMOs provide evidence of CPD participation and achievements using their curriculum vitae (CV) and logbook yearly.

Professional Development Leave:

Where possible and if it fits with organisational requirements CPD leave will be considered. Interns are not entitled to PDL. If intern representation is required for organisational representation, leave is considered and facilitated. RMOs access additional professional development opportunities when the CPD is in accordance with the relevant sections of the Mater Resident Medical Officers' Enterprise Agreement 2018-2021.

RMOs submit CPD requests and the relevant forms to the Medical Education Manager with details of the proposed CPD activities.

3.8.1 Unit Orientation – Start of Term Orientation Checklist

It is essential that RMOs review the relevant orientation handbooks prior to commencing a new rotation. Orientation handbooks are available from the MEU website. At the commencement of each rotation, RMOs are responsible for seeking an orientation to their new unit. This checklist includes the individual learning objectives. The Individual learning objectives are discussed with the Term/Clinical Supervisor during the face-to-face meeting at the start of term orientation and are documented on the Start of Term Orientation Checklist. Term Supervisors and RMOs sign and submit the form to MEU by the due date. Learning objectives are reviewed and progress is discussed at mid- and end-term assessment meetings.

3.8.2 Corporate Required Learning

Guided by the annual CPD program, RMOs complete a number of education modules as part of their Corporate Required Learning. The RMO is responsible for completing the modules by the due date.

3.8.3 Career Information and Support

RMOs are encouraged to provide evidence of their CPD achievements to MEU twice yearly and discuss achievements with their Term Supervisors during feedback sessions and with the DCT or delegate at career information and support appointments. RMOs are supported in their career aspirations in a number of ways:

- Regarding their interest in a particular specialty's clinical career path: RMOs are guided and linked with the appropriate registrar/consultant staff upon request
- Regarding College processes and basic requirements for entering various training programs: the DCT, Vocational Medical Education Officer and Medical Education Manager provide relevant information
- Regarding future term allocations to satisfy College training requirements: the DCT and Medical Education Manager are able to assist
- Annual Medical Careers Expo, an event hosted by the MEU to showcase the career pathways, training programs and opportunities available at Mater
- Medical Application and Interview Skills Workshop – a workshop hosted by the MEU which provides knowledge and tips to enhance interview techniques and strengthen applications for future junior medical officer positions

3.9 Assessments, Feedback and Evaluation

All RMOs are required to complete mid and end term assessments, seeking feedback from Term/Clinical Supervisor and complete an end of term evaluation, with a greater emphasis placed on the interns. The assessment of interns is a clear and transparent process for the purpose of

determining whether the interns have met the registration standards. This includes satisfactory completion of:

- At least 47 weeks full time equivalent supervised clinical practice
- 8 weeks supervised experience in emergency department
- 10 weeks supervised experience in medicine and 10 weeks supervised experience in surgery
- Written confirmation that the intern has achieved overall, a satisfactory rating according to the Australian Medical Council *Intern training – Intern outcome statement*

The assessment, feedback and evaluation processes form a crucial component of the PMET. These processes informed by the MBA and the AMC were initially designed for interns progressing towards general medical registration. These processes have expanded and are applicable to and used by all RMOs. RMOs and Term/Clinical Supervisors are provided with a copy of the Assessment form with instructions on how to complete and submit the form, and the process for completing the Improving Performance Action Plan (IPAP). The end-of-term evaluation offers RMOs the opportunity to evaluate the rotation and supervision and provide confidential feedback about their training and education experience.

3.9.1 Assessment

Supervisors and RMOs are familiarised with the Australian Medical Council - *outcome statements* in the state based assessment form, and are familiar with the instructions on how and when to complete the form.

- RMOs are notified where to find the relevant online assessment form link at orientation and by email every five weeks
- RMOs take responsibility for seeking a mid- and end-term assessment meetings with their Term/Clinical Supervisor at each five week interval
- Term Supervisors and Clinical Supervisors are encouraged to meet and contribute to the assessment of the RMO and seek input from a broad range of team members
- RMOs are required to complete the self-assessment, located at the beginning of the term assessment form. RMOs are encouraged to discuss their self-assessment with their Supervisor
- Discussions regarding the RMOs progress and areas for improvement are identified. Logbook entries and progress towards meeting the term's learning objectives are discussed.
- The rating section is completed by the Term Supervisor and both Term Supervisor and RMO sign and submit the form

3.9.2 Mid-Term Assessment

Supervisors provide regular feedback to RMOs on their performance during the term. The mid-term assessment is completed for terms greater than five weeks.

The mid-term assessment process is formative and focuses on the learning and development needs of the RMO and allows review of performance against Australian Medical Council *Intern training - intern outcome statements*. The mid-term assessment aims to capture the RMOs current performance, strengths and weaknesses, and looks at opportunities to extend and enhance current skills and knowledge as a continuum beyond internship. Assessment includes components of daily supervision, observations, feedback and support and the mid-term feedback forms an integral part of the working environment. The RMO assessment data is used to improve the intern education and training program. If any domain on the assessment form is rated with a 1 or 2, the Term Supervisor completes an improving performance action plan (IPAP). The process for completing the IPAP is outlined in the Underperforming resident – Improving performance action plan (IPAP) and Appeals Procedure.

3.9.3 End-Term Assessment

The end-term assessment is summative, as assessed in the global rating section on the assessment form; it allows supervisors to determine the RMO's ability to practice safely, work with increasing levels of responsibility, apply existing knowledge and skills, and learn new knowledge and skills essential for national medical registration.

A global score is assigned at one of the three levels, namely (1) satisfactory (meets performance expectations), (2) borderline (further assessment and remediation may be required before the intern / RMO can meet performance expectations), and (3) unsatisfactory (has not met performance expectations). The global score should be based on a clear understanding of the junior doctor's role as a supervised, beginning practitioner not yet fully independent, and the accumulated knowledge and judgement of Term Supervisors for their experience in prevocational training and assessment.

A satisfactory summative assessment will enable progression to the next rotation. Where the Term Supervisor's global score is borderline, or unsatisfactory, an IPAP will be required and early remediation is essential. The process for completing the IPAP is clearly outlined procedure PR-MEL-040026.

Feedback:

Supervisors are expected to provide ongoing and regular informal feedback to the junior doctor in addition to these more formal assessment sessions. Supervisors provide feedback on, and acknowledge achieved and documented learning objectives. Other feedback opportunities provided to the junior doctor consists of input provided by all supervisors who have observed the doctor's performance, which may include a combination of medical, nursing and allied health staff.

3.9.4 End-of-Term Evaluation for the Units

RMOs are responsible for completing the end-of-term evaluation each term. End-of-term evaluations offer RMOs the opportunity to provide feedback on their term and the PMET. All term evaluations are managed discretely by the MEU, collated, de-identified and clinical units informed of the outcomes to ensure ongoing quality improvement of rotations.

MEC members are provided with a summary of the outcomes of the term evaluations and quality improvement actions agreed to by the clinical units. MEC member's feedback is information to their clinical units and RMOs of these outcomes.

The following process is to be followed:

- At the end of each term feedback is sought from RMOs on their experience in the term
- Feedback is de-identified, collated and kept confidential (except to the MEU working with the raw data).
- Term evaluations are reviewed at the end of each term and discussed with the DCT. If significant themes or issues are identified, the MEU will actively seek to discuss the issue in a timely manner with the relevant unit and assist in implementing improvements where appropriate.
- Annually, term evaluations are collated on condition that the number of responses for the unit is greater than three during the year and the feedback is provided to the various clinical units and to the MEC for comment.
- Comments from the MEC are minuted and feedback is provided to the clinical units, where appropriate.
- Term Supervisors review the evaluations and feedback, and implement changes where possible (the MEU assists where appropriate).

3.10 Underperforming RMO – IPAP and Appeals

Term Supervisors and RMOs are made aware of the formal IPAP and appeals process (see - Underperforming resident – Improving performance action plan (IPAP) and Appeals Procedure) at regular points in the education calendar. Early identification, intervention and remediation are essential where Term Supervisor/s deem the RMOs performance to be borderline or unsatisfactory. The Term Supervisor and RMO should contact the DCT or MEO early to enable the DCT to make decisions, initiate remediation and communicate requirements directly to the Term Supervisor and RMO. At the mid-term assessment, Term Supervisors are required to implement the IPAP for each domain where performance does not meet the expected level of performance to which the RMO has been appointed. If the Intern / RMO feel the assessment is not fair or an accurate reflection of their experience or concerns, a procedure stepped out outlining the appeals process is utilised (see - Underperforming resident – Improving performance action plan (IPAP) and Appeals Procedure).

3.11 Intern Surgical Assist

Surgical interns participate in the intern surgical assist roster during their intern year to provide assistance when surgical workloads necessitate. During this time, the intern is on remote call (and will be paged to return to the hospital to assist in theatre, as required). Details regarding surgical assist expectations, location, purpose, specific technical requirements and operating theatre behaviour and feedback are discussed at the start of the year orientation, and interns are reminded of the process each term (see procedure PR-MEL-040027). Orientation to surgical assist includes roles and responsibilities, supervision, and clinical policies and procedures relevant to where the intern will be undertaking surgical assist. The process for the intern to evaluate the surgical assist experience is discussed in section 3.9.4, End-of-Term Evaluation Interns. All other RMOs (PGY2+) will be rostered to remote call for surgical assisting and covering ward call during the year.

3.12 Clinical Handover frameworks for Interns

A structured clinical handover to colleagues is essential at the completion of every shift and at term completion. Interns are educated around these requirements during orientation and all other RMOs are reminded via the various term orientation handbooks and by email which includes the handover template. Daily clinical handover includes handing over relevant patient information including their current treatment plan and outstanding actions. Term handover is the responsibility of the incoming RMO to meet with the outgoing RMO to discuss clinical handover of patients and ward specific information specifically between shifts and between terms. RMOs are responsible for completing clinical handover, and deciding how handover will be done – if a face to face meeting is not possible (e.g. if the incoming resident is on secondment), a phone handover may be conducted. The final education session each term is dedicated to handover.

4. Compliance

4.1 Legislative compliance

a. Fair Work Act 2009

4.2 Industry standards

a. National Safety and Quality Health Service Standards; ISBN: 978-1-921983-04-7; September 2012; Standard 1 – Governance for Safety and Quality in Health Service Organisations.

b. Prevocational Medical Accreditation Queensland Accreditation Standards v 1.4

c. Australian Medical Council National Framework for Medical Internship

d. Mater Resident Medical Officers' Enterprise Agreement 2018-2021

5. Definitions

Term	Definition
AMC	Australian Medical Council
ACFJD	Australian Curriculum Framework for Junior Doctors (ACFJD) http://curriculum.cpmec.org.au/
Assessment	The systematic process for measuring and providing feedback on the intern/ RMO's progress or level of achievement. This assessment occurs in each term against defined criteria.
Clinical Supervisor	A medical practitioner who supervises the intern while they are assessing and managing patients. The AMC defines a suitable immediate Clinical Supervisor as someone with general registration and at least three years' postgraduate experience. The primary Clinical Supervisor should be a consultant or senior medical practitioner with experience in managing patients in the relevant discipline.
CPD	Continuing professional development is the means by which members of the profession maintain, improve and broaden their knowledge, expertise and competence, and develop the personal qualities required in their professional lives. Measures towards intern CPD are outlined in the CPD program with additional evidence required to demonstrate adherence to the AMC standards for interns.
Director of Clinical Training (DCT)	A senior clinician with delegated responsibility for implementing the intern training program, including planning, delivery and evaluation at the facility. The Director of Clinical Training (DCT) also plays an important role in supporting interns and RMOs with special needs and liaising with Term Supervisors on remediation.
Facility education program (FEP)	The facility education program is the structured education program the prevocational training facility provides and delivers as part of the prevocational training program curriculum. The facility education program is formal and contributes to the Junior Medical Officers ongoing CPD. The FEP includes but is not limited to weekly education sessions and involves a mixture of interactive and skills-based face-to-face or online training.
Intern	A doctor in their first postgraduate year – PGY 1 –who holds provisional registration with the Medical Board of Australia (MBA).
Resident Medical Officer (RMO)	The junior doctor in the ACFJD includes doctors in their first (PGY1), second (PGY2) and third (PGY3) postgraduate years - collective term for all non-specialist doctors.
Level 1 supervision	The supervisor is physically present with the intern in the performance of the intern's duties
Level 2 supervision	The supervisor is not physically present with the intern/RMO, but is immediately available onsite if required by the intern/RMO without impediment to access
Medical Board of	The Medical Board of Australia is supported by Boards in each State and Territory.

Term	Definition
Australia (MBA)	These Boards make individual registration and notification decisions, based on national policies and standards set by the Medical Board of Australia.
MEO	Medical Education Officer
Prevocational Medical Education and Training (PMET)	The Prevocational Medical Education and Training includes organised educational experiences designed to provide each intern and resident Medical Officer (RMO) with the opportunity to fulfil the educational objectives outlined for each term and achieve competence.
Prevocational Medical Officer	Prevocational medical officers include those doctors who have not entered a vocational pathway (registrars) or have not pursued a career as a Career Medical Officer (CMO). Usually this relates to interns (PGY1) and junior house officers (JHOs) (PGY2) and Senior House Officers (SHOs) 'PGY3' however, it may include Provisional House Officers (PHOs) 'PGY4' and upward medical practitioners who sit outside the two pathways listed above.
PGY – Postgraduate year	A junior doctor who has not enrolled in a college
Provisional House Officers (PHOs)	PGY 4+, not enrolled on a Specialist Training Programme
PMAQ	Prevocational Medical Accreditation Queensland
Registrar	A doctor in a position accredited for a Specialist Training Programme
Term	Term is a defined time period in a particular unit or a particular area of practice. This may be 12, 10, 8 or 5 weeks or a longitudinal integrated placement of extended weeks in rural, regional or outer metropolitan areas. The minimum term is set at 5 weeks. There may be multiple terms in one clinical unit/department at facility.
Term Supervisor	The person responsible for intern orientation and assessment during a particular term. They may also provide clinical supervision of the intern along with other medical colleagues, such as Registrars/Consultants. The term supervisors ensure that the supervision of the intern meets the criteria as per the definition of level 1 or level 2 supervision

6. Documents related to this framework

Mater documents

Document Type	Document ID	Document Title
Policy	PY-PAL-020044	Managing Performance and Conduct
Procedure	PR-MEL-040015	Intern Allocation and Rostering Requirements
Procedure	PR-MEL-040026	Underperforming resident – Improving performance action plan (IPAP) and Appeals
Procedure	PR-MEL-040027	Medical Intern Surgical Assist (Ward Call)
Committee Terms of Reference	CT-MEL-040001	Medical Education Committee Meeting Terms of Reference
Related	FK-PAL-061000	Performance Development
Related	PR-PAL-061020	Performance Development Planning
Other	CA-PAL-060002	Behavioural Standards Booklet
Other		Continuing Professional Development Program
Other		Intern Orientation Program

Document Type	Document ID	Document Title
Other		Start of Term Orientation Checklist
Memorandum of Understanding		MOU between Mater Misericordiae Limited and Children's Health Queensland Hospital and Health Service for the secondment of Junior Medical officers (Nov 2017)

External documents

1.	Australian Medical Council Standards https://www.amc.org.au/accreditation-and-recognition/assessment-accreditation-prevocational-phase-medical-education/national-internship-framework/
2.	Good medical practice: a code of conduct for doctors in Australia, http://www.medicalboard.gov.au/Codes-Guidelines-Policies.aspx
3.	Australian Curriculum Framework for Junior Doctors (ACFJD) http://www.cpmec.org.au/files/Brochure%20final.pdf

7. Document controls

7.1 Document revision history

Version	Release date	Description	Risk-rated Review date
1.	04 Jun 2014	Translate policy and relevant documents into Framework	
2.	06 Jun 2019	To meet accreditation expansion which extends across all prevocational years, move framework from PAL to MEL (previously FK-PAL-030010); structure -	Jun 2022

7.2 Document review and approval

Name Person/committee	Position If applicable	Function Owner/author/review/approve
Marlene Redelinghuys	Director Practice Development	Document Owner
Georgia Powell	Prevocational Medical Education Officer	Author
Dr Deanna Ba-Pe / Dr Ryan Frazer	Director of Clinical Training (DCT), Medical Education Unit (MEU)	Review
Medical Education Committee		Approve

7.3 Keyword indexing

Keywords:	Governance, Medical Education Committee, intern, prevocational, junior medical officers (JMO), education, training, blended learning, assessment, advocacy, IPAP, CPD, Professional development, supervision, orientation, protected teaching, evaluation, learning objectives, underperforming, appeal, resident, RMO