

Guide to survey evidence

Prevocational education and training accreditation

1. Please upload your evidence into the Prevocational Medical Accreditation Program (PMAP) system according to this list.
2. There is an option to provide a comment regarding the evidence if required.
3. If evidence is not available, please provide an explanation as a comment in PMAP.

Evidence number	Evidence name	Corresponding national standards criteria	Notes
1	Organisational strategic plan / purpose statement	1.1	<ul style="list-style-type: none"> • Provide the strategic plan and/or the purpose statement for the network
2	Term allocations for all prevocational trainees, including between terms and network training providers	1.2 2.1 3.1 4.1	<ul style="list-style-type: none"> • Provide term allocations for all five terms for all prevocational trainees. • If prevocational trainees rotate to offsite or rural terms, these sites must be included. • The site that the term is located must be easily identified.

3	Organisational / executive structure of the training provider including reporting lines to for the GCTC and NCPT	1.3 1.4	<ul style="list-style-type: none"> Provide the organisational structure of the hospital which includes the reporting lines to the GCTC and NCPT.
4	Organisational structure of JMO Management and Prevocational Educational Unit	1.3 1.4	<ul style="list-style-type: none"> Provide position description for JMO Manager and MESO (or equivalent).
5	General Clinical Training Committee Terms of reference	1.3 1.4 1.5	<ul style="list-style-type: none"> Provide signed copies of the most up to date terms of reference for the committee. If a revision is underway, the draft version must be included indicating that it is a draft.
6	Minutes of the five most recent General Clinical Training Committee meetings or equivalent.	1.3 1.4 5.1 5.2	<ul style="list-style-type: none"> Provide minutes from the five most recent, consecutive meetings. Include a comment/explanation if a planned meeting has not occurred or if there is a large gap between meetings (e.g. unable to meet quorum).
7	Network Committee for Prevocational Training Terms of reference	1.3 1.5	<ul style="list-style-type: none"> Provide signed copies of the most up to date terms of reference for the committee. If a revision is underway, the draft version must be included indicating that it is a draft.
8	Minutes of the five most recent Network Committee for Prevocational Training meetings	1.3	<ul style="list-style-type: none"> Provide minutes from the five most recent, consecutive meetings. Include a comment/explanation if a planned meeting has not occurred or if there is a large gap between meetings (e.g. unable to meet quorum).
9	Assessment Review Panel Terms of reference	1.3 1.6	<ul style="list-style-type: none"> Provide signed copies of the most up to date terms of reference for the committee.

		2.5	<ul style="list-style-type: none"> • If a revision is underway, the draft version must be included indicating that it is a draft. • Provide a list of members and their roles (if not included in terms of reference)
10	Minutes (redacted) of the Assessment Review Panel	1.3 2.3 2.5	<ul style="list-style-type: none"> • Provide minutes from the five most recent, consecutive meetings. • Include a comment/explanation if a planned meeting has not occurred or if there is a large gap between meetings (e.g. unable to meet quorum).
11	Documentation of other relevant committees, including terms of reference, meeting schedules and minutes.	1.3 1.5	<ul style="list-style-type: none"> • Provide information (terms of reference, agendas and minutes) regarding any other relevant committees or meetings that impact prevocational training from the previous 12 months. • Include a comment if there are no other relevant committees.
12	Position descriptions of supervisors which outline the competencies, duties, responsibilities and accountabilities of doctors' responsible for supervising prevocational trainees.	1.3 3.2	<ul style="list-style-type: none"> • Provide copies of all term supervisor position descriptions. • The position description must indicate the supervisory responsibilities
13	Network MoU and/or Collaborative Agreement	1.3 1.5	<ul style="list-style-type: none"> • Provide a Network Memorandum of Understanding (MoU) demonstrating that a MoU is in place for the Network. The MoU should be consistent with the HETI approved MoU template or similar. • Provide a Collaborative Agreement that is in place between any offsite terms and the hospital, if applicable.

14	Evidence of support structures for Aboriginal and Torres Strait Islander prevocational trainees	1.3 2.1 4.2	<ul style="list-style-type: none"> Evidence of supports for Aboriginal and Torres Strait Islander trainees within the facility and during orientation programs.
15	Evidence of an appeal process for assessment and registration decisions	1.6	<ul style="list-style-type: none"> Provide documentation for the process of managing appeals by prevocational trainees. Provide information/documentation of how the appeals process is made available to prevocational trainees (e.g. Prevocational Trainee Handbook, Orientation, flyers, emails).
16	Evidence of support structures for flexible training arrangements	2.1	<ul style="list-style-type: none"> Provide examples of support for flexible training arrangements
17	Current term descriptions for all prevocational terms are provided in the Prevocational Medical Accreditation Program (PMAP) system	2.2 3.1	<ul style="list-style-type: none"> All term descriptions are to be reviewed annually on PMAP
18	Consolidated report of prevocational trainee compliance with mandatory training requirements	2.2	<ul style="list-style-type: none"> Provide a report of prevocational trainees' completion of My Health Learning courses. This must be in a report format and not raw data. The report must be de-identified. The report must be easy to read and can include supporting graphs as appropriate.
19	Evidence of the formal education and training program for prevocational trainees	2.2 3.4	<ul style="list-style-type: none"> Provide details of the PGY1 and PGY2 trainee education programs for the year, including the means of delivery and protected teaching time.

			<ul style="list-style-type: none"> • Provide information on how prevocational trainee attendance at education is encouraged by term supervisors. • Provide examples of attendance records, feedback forms and a copy of the training program curriculum. • Provide information on any individual units that have specific training for prevocational trainees. • Provide information on how prevocational trainees working in offsite terms or after-hours shifts can access the education program.
20	Evidence that the training provider delivers clinical learning experiences and clinical training in each term	2.2 3.1	<ul style="list-style-type: none"> • Provide information about learning opportunities. • Provide examples of the formal education program, grand rounds and unit specific training. (e.g. ED training). • Provide details of any theatre attendance, simulation training, procedural training and practices and other learning opportunities.
21	Evidence of information provided to prevocational trainees regarding assessment processes	2.3	<ul style="list-style-type: none"> • Provide evidence such as emails, JMO Handbook, posters and orientation programs that have provided trainees with the assessment process.
22	Evidence of completed mid and end of term assessments for all prevocational trainees	2.3 2.4	<ul style="list-style-type: none"> • Provide details of the process used to manage, track and store the assessment forms. • Provide evidence to show that the assessment forms are completed by all prevocational trainees. • Provide a broad selection of de-identified examples of mid and end of term assessment forms for both PGY1 and PGY2 trainees. <p>Note: completed assessment forms for every prevocational</p>

			trainee do not need to be provided. Add a comment to advise that these assessment forms have been completed and provide examples.
23	Evidence of the training provider's process for managing trainees in difficulty	2.3 2.4 2.5 4.2	<ul style="list-style-type: none"> • Provide information on the process used to manage prevocational trainees in difficulty. • Provide de-identified examples of how individual trainees have been managed (i.e. Improving Performance Action Plans),
24	Evidence of any other workplace-based assessments/feedback mechanisms	2.3 2.4	<ul style="list-style-type: none"> • Provide any relevant documents, if applicable.
25	Evidence of the training provider's orientation program	3.1 3.4	<ul style="list-style-type: none"> • Provide details and documentation of the hospital orientation program for PGY1 trainees at the start of the clinical year. • Provide information on the orientation process for prevocational trainees commencing work at the hospital for their first time e.g. network relievers, prevocational trainees rotating from offsite terms or other hospitals in the network
26	Evidence that the training provider has rigorous processes in place to ensure safe clinical supervision	3.2 3.3	<ul style="list-style-type: none"> • Provide information on the process of how term supervisors are trained and supported in their role, including being provided with feedback.
27	Position description for the Director of Prevocational Training (DPET)	3.2	<ul style="list-style-type: none"> • Provide the position description for the Director of Prevocational Training and Education (DPET).

28	Evidence of supervisor training	3.3	<ul style="list-style-type: none"> • Provide any documentation (e.g. emails, posters, formal letters) that shows training opportunities being made available to and completed by term supervisors. • Provide examples of completion of appropriate My Health Learning modules and College and other relevant training workshops.
29	Evidence of the process of providing feedback to supervisors about their term and their skills as a supervisor	3.3	<ul style="list-style-type: none"> • Outline the process of how prevocational trainee feedback is provided to the term supervisor. <ul style="list-style-type: none"> – Include de-identified examples of feedback provided. – Provide information on the duration between the formal evaluation of each term and the provision of feedback the term supervisor.
30	Evidence of term specific orientation	3.4	<ul style="list-style-type: none"> • Provide details and documentation about when, how and who manages the orientation for each term. • Provide information and documentation on term orientation for relievers and rotating trainees.
31	Evidence of clinical handover processes between and within terms	3.4	<ul style="list-style-type: none"> • Provide details on how the hospital ensures effective handover for terms and how this is communicated to prevocational trainees. • Provide information on individual responsibilities at the beginning of terms, shifts, transfers of patients from other areas in the same health facility and transfers from other health facilities. • Provide only a couple of examples of handover forms.
32	Prevocational Trainee Handbook or equivalent.	3.4	<ul style="list-style-type: none"> • Provide only one copy

33	Any ROVER or equivalent term handover documentation that is given to the trainees	3.4	<ul style="list-style-type: none"> Provide copies of the ROVER, or formal equivalent prevocational trainee term handover documents, for each term.
34	Details of the physical amenities provided to the trainees including overnight accommodation for after-hours shifts and term accommodation for trainees on rotation	3.5	<ul style="list-style-type: none"> Provide photos and descriptions of prevocational trainees' common rooms and overnight accommodation for after-hours shifts and term accommodation for prevocational trainees on rotation. Provide information and photos of amenities at offsite locations if applicable.
35	Evidence of the process for term allocations	4.1	<ul style="list-style-type: none"> Provide documentation that outlines the approach the hospital/Network uses to implement fair and transparent allocation of terms. Provide information on how requests for specific/circumstantial changes are accommodated. Examples of prevocational trainee term preference forms may be included, if appropriate.
36	Evidence of grievance procedures	4.2 4.4	<ul style="list-style-type: none"> Provide information on the procedures and processes to manage grievances. Provide details of information provided to prevocational trainees to promote the grievance process and inform them of who to contact if they have a grievance. Provide details of any support provided to prevocational trainees to assist with the grievance process and support their welfare. Provide a de-identified example, if available.
37	Evidence of the support, wellbeing services and career advice available to prevocational trainees	4.2	<ul style="list-style-type: none"> Provide information on the onsite and independent support services offered to prevocational trainees.

			<ul style="list-style-type: none"> • Provide details of how the prevocational trainees are advised about the supports available. This may include support provided by the JMO Unit, DPET and term supervisors.
38	Process for workload monitoring, including regularly reviewing patient numbers and the level of overtime (both rostered and un-rostered)	4.2 5.1	<ul style="list-style-type: none"> • Provide information on the regular process used, to gather details of patient numbers and hours of work for prevocational trainees. • Provide information on how this information is provided to the relevant governing committees and what effect this data has had on the prevocational training program.
39	Evidence of the implementation of appropriate strategies to prevent and manage workplace bullying	4.2	<ul style="list-style-type: none"> • Provide information and documentation of practical strategies. • Provide examples of how the strategies are communicated to prevocational trainees.
40	Current shift rosters for the whole training provider where prevocational trainees work	4.2	<ul style="list-style-type: none"> • Shift rosters must show all rosters where a prevocational trainee is working and include all staff on the team. • Shift rosters must: <ul style="list-style-type: none"> – be in a format that easily identifies prevocational trainees. – include a key for any colours or codes used. – include overnight and after hours shifts. – include any shifts at offsite terms.
41	Evidence of formal communication structures between the training providers and the prevocational trainees	4.3 5.2	<ul style="list-style-type: none"> • Provide examples of formal communications with the prevocational trainees e.g. emails, flyers, texts, intranet.

42	Evidence that the training provider has a system for evaluation that is being used to inform and implement continuous quality improvement	5.1 5.2	<ul style="list-style-type: none"> • Provide details of how the hospital evaluates the whole of program, individual terms and education sessions. • The survey team will look for a cycle of evaluation including reporting systems and feedback. • Details of the process must be provided, not just examples of completed forms.
43	Evidence of feedback to those involved in the delivery of the prevocational training program including supervisors and trainees	5.2	<ul style="list-style-type: none"> • Provide examples of formal communication with supervisors and trainees eg emails, texts