

Postgraduate Medical Council Western Australia

Guide to Accreditation Standards



Guidelines for the accreditation of
early postgraduate medical staff posts
in public hospitals and associated health services

2004

PREAMBLE

Following the release of the *National Training and Assessment Guidelines for Junior Medical Officers PGY1 and 2 (2003)* and the anticipated amendments to the Medical Act, the Postgraduate Medical Council of Western Australia through the Accreditation and Standards Sub-committee will be reviewing this *Guide to Accreditation Standards* and the *Preparing for Accreditation* handbook. It is anticipated that this work will be completed in mid 2004. In the interim these Guidelines will stand.

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1. The Postgraduate Medical Council of Western Australia (PMCWA)

The PMCWA was established, as a Ministerial Council in 2003 and is undertaking the functions of the former Prevocational Training and Accreditation Committee (PTAC) which was a sub-committee of the Medical Board of Western Australia. PMCWA's role is to promote and support the training of medical staff in their early postgraduate years before they enter vocational training (ie. pre-vocational trainees). The Council consists of the following individuals or nominees of:

- the Metropolitan Health Services;
- the Country Health Services;
- the Medical Board of Western Australia;
- Medical Administrators of Teaching hospitals;
- Medical Administrators of Non-Teaching hospitals;
- the Junior Medical Officers Forum;
- the Faculty of Medicine and Dentistry , University of Western Australia;
- the University of Notre Dame;
- the Department of Health, Western Australia;
- Directors of Postgraduate Medical Education of teaching hospitals;
- Directors of Clinical Training;
- Clinical Training and Education Centre;
- the Western Australian Centre for Remote and Rural Medicine;
- the Royal Australian College of General Practitioners;
- the Royal Australian Colleges of Physicians;
- the Royal College of Surgeons; and
- the Royal College of General Practitioners.

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2. The Objectives of the Accreditation Program

The aim of pre-vocational training is to further the professional and personal development of medical graduates in their early postgraduate years. Training posts should be diverse in nature and enable graduates to develop confidence, clinical knowledge and skills, and a maturity of judgement and attitudes necessary for future medical practice. These posts should offer well-organised supervision, education and experience.

In accordance with the requirements of the MTRP, new training opportunities in community and rural settings are constantly being explored. Currently these extend to rotations in rural hospitals in New Zealand, rural general practices in the South West, Health Services Australia and public health in the Kimberley region.

The accreditation program sets out to establish and monitor standards for pre-vocational medical positions with the emphasis on the first two postgraduate years, and to assist in the attainment of a universally high standard of general clinical training. Accreditation helps to ensure that the best possible environment exists for the organisation, supervision and training of junior medical officers (JMOs). Through the process of accreditation, hospitals and other training organisations, which employ JMOs, are formally evaluated by a survey team using clearly defined and established standards outlined in this guide as part of an Australia wide program.

3. Terms of Reference for the Accreditation and Standards Sub-Committee

The Accreditation and Standards Committee is accountable to Council for the development of standards and accreditation of training positions and institutions.

Terms of Reference

1. To inform, advise and implement the work of the Council in the area of the development of standards and the accreditation of training positions.
2. Accredite pre-vocational training positions that meet national and State standards.
3. Develop and implement accreditation standards and guidelines for pre-vocational education and training in Western Australia, to ensure that all pre-vocational positions offer sufficient experience, education, training, supervision, assessment and feedback to enable the junior medical officer to meet national and State objectives and prepare them for vocational training.
4. Oversee the further development and implementation of an accreditation process, including the recruitment, training and management of accreditation surveyors and implementation of periodic reviews.

5. Report to the Council on the outcomes of the accreditation reviews.
6. Assist hospitals in ensuring that the postgraduate year one medical officer has completed all necessary requirements to enable recommendation to the Medical Board of Western Australia, for full registration as a Medical Practitioner.
7. Advise the Council on issues that effect the development of standards and accreditation of pre-vocational training positions.
8. Promote and/or undertake projects/research related to the development of standards and the accreditation of pre-vocational training positions.

4. Glossary of Terms

- **Director of Clinical Training (DCT) (see Criterion 2.1)**
A medical practitioner appointed by an employing authority or secondment centre to be responsible for the overall supervision of pre-vocational training within that authority or centre.
- **Education Program**
That component of the Pre-vocational Training Program, which is specifically concerned with education, including didactic and clinical teaching. Recent developments include a “Train the Trainers” program for “Teaching on the Run”, and skills teaching using advanced simulation techniques.
- **Employing Authority**
A Primary Allocation Centre (PAC), secondment hospital, or other training organisation.
- **Junior Medical Officer (JMO)**
For the purpose of the accreditation program, JMO refers to medical officers in their early postgraduate years of clinical practice (PGY1/PGY2 and PGY2+) who have not yet entered a vocational training program.
- **Job Description**
An explanation of duties and responsibilities for a particular term.
- **Medical Training Review Panel (MTRP)**
A panel with national representation of bodies involved in the employment and training of doctors. Set up in conjunction with the 1996 provider number legislation, MTRP provides a national perspective in respect to training, workforce planning and evolving concepts in junior doctor training.
- **Network**
A group of hospitals, comprising one or more Primary Allocation Centre(s) and a number of secondment hospitals and other (community and rural) training positions, with a common JMO rotation.

- **Orientation (see Criterion 1.1)**
The process of imparting essential service and training information to JMOs at the beginning of a placement and of each term in the placement. This must also include the enunciation of mutually agreeable learning objectives for each term.
- **Other Training Position**
An accredited and appropriately supervised position in a non-hospital setting. This may include terms in general practice, palliative care, geriatric and psychiatric domiciliary care, Aboriginal health services and public health areas. These terms are generally available to PGY2/PGY2+.
- **PGY1**
A JMO in the first postgraduate year (Intern) of clinical practice.
- **PGY2**
A JMO in the second postgraduate year of clinical practice.
- **PGY2+**
A JMO in the third or subsequent postgraduate year of clinical practice.
- **Pre-vocational Training Committee (PTC) (or equivalent)**
The committee responsible for the development, implementation, monitoring and evaluation of the Pre-vocational Training Program. These are established in the Primary Allocation Centres, and include members from the secondment hospitals.
- **Pre-vocational Training Program (PTP) (or equivalent)**
The program covering all aspects of the organisation, training, education, supervision and assessment of JMOs in their pre-vocational years.
- **Primary Allocation Centre (PAC)**
The hospital from which JMOs are seconded to either hospitals or other training positions.
- **Run**
A term used in some situations to describe a collection of attachments through which a JMO rotates over a training year.
- **Secondment Hospital**
A hospital within a defined network, which receives JMOs from a Primary Allocation Centre (PAC).
- **Term (see Criterion 1.2)**
A term is defined as a 10 to 14 week period of employment on a unit. The word may also be used to denote the position itself, which over the course of any given year, will be occupied by a succession of JMOs in rotation.

- **Term Accreditation Guidelines**
All pre-vocational training positions in PGY1/PGY2/PGY2+ have been graded according to criteria, which assess the educational value of each post for the training of JMOs. The accreditation guidelines describe the process and the criteria, which include the range and quality of experience, the level of training, and the supervision required for the JMOs.
- **Unit**
An operational team (which may be an entire department) based in a hospital with at least one consultant, and one or more junior medical staff.
- **Term description**
For the purposes of the accreditation program, term description denotes an outline of goals for the term and the educational opportunities available to JMOs during that term.
- **Term supervisor (see Criterion 2.2)**
A Term Supervisor is the Head of Department/Consultant who is responsible for the supervision and education of JMOs allocated to the term or unit. They may delegate the duties of the Term Supervisor to another Consultant or Registrar.

Term Supervisors have a crucial role in the education and supervision of JMOs. They are responsible to the hospital's Pre-vocational Training Committee. Term Supervisors have responsibility for interns and residents allocated to the team or unit.
- **Clinical teaching**
Teaching centred on the management of individual patients, at the bedside, in operating theatres and in clinics, usually conducted one to one or in small groups.

5. The Accreditation Process

a. Overall responsibilities of Primary Allocation Centres, Secondment Hospitals and other employing authorities:

Primary allocation centres, secondment hospitals and other employing authorities will ensure that the organisation of term allocation, rosters, education and supervision reflects the aim and objectives of the general clinical training outlined in this guide.

b. Getting accredited

Any hospital or other facility employing JMOs, (as defined in this guide) must be accredited by the Postgraduate Medical Council before allocation of JMOs. Accreditation status may be awarded for periods of up to three years.

PMCWA will liaise with the employing authorities regarding survey dates and notice will be given to allow for preparation. If standards are met, the Council will award accreditation status.

c. The pre-survey questionnaire

Some weeks before the survey, the employing authority will receive a pre-survey questionnaire to complete. It will provide the survey team with information such as the size of the employing authority; the range of services, the number and mix of medical staff, the terms available to JMOs, the clinical workload and experience available in each term and its Pre-vocational Training Program. (Refer to the Guidelines for the Preparation for Accreditation).

d. The survey team

The survey team will generally be composed of two members. Depending on local circumstances, these will be a mix of members of the Accreditation and Standards Sub-Committee and a clinician. Where possible, one person on the surveying team will be from an employing authority similar to the one being surveyed.

PMCWA will ensure that the leader of the survey team is an experienced surveyor who has conducted at least 6 surveys in the past. The other member may be less experienced. Surveyors are expected to be present as an observer at a minimum of 2 surveys before being permitted to join a survey team as the 'junior' member.

e. The survey and report

In most cases, the survey team will assess all terms at the one employing authority on the one visit. Depending on the number of JMOs and on the number and nature of the terms available, the time needed will vary from perhaps an hour or so to two or more days.

Each department with accredited JMO positions will be interviewed. The survey will include discussions with Medical Administration, Directors of Clinical Training, Heads of Departments, Consultants and JMOs, a review of relevant written material and of JMO facilities. A debriefing session will be held at the conclusion of the survey.

The survey team will complete a draft report, recording the performance of the employing authority against the Committee's established standards, and will make commendations and/or recommendations for improvement. The draft report will be presented to the Department and the DCT for their comments. Following agreement of the draft, between the survey team and the relevant clinical staff of the employing authority, the survey team will make a recommendation to the Accreditation and Standards Sub-Committee, regarding the awarding of accreditation status.

f. Accreditation status

Accreditation status is awarded by PMCWA in relation to the specific JMO terms existing at each employing authority at the time it is surveyed. The employing authority will be notified of its accreditation status within two months of the completion of the survey. A copy of the surveys team's report will accompany the Committee's decision.

- **Three-year accreditation** indicates substantial compliance with the majority of the standards. However, PMCWA may require verification that the employing authority has addressed issues raised by the survey team.
- **One-year accreditation** may be granted when an employing authority meets most of the standards but where there are certain deficiencies warranting attention.
- **Six or Three month accreditation** may be granted when immediate action is needed to correct deficiencies identified in the survey. The facility will be re-surveyed before the expiry of the accreditation period so granted.

All accreditation is subject to PMCWA being informed of any change that significantly alters the training capacity of the unit. Terms, which fail to achieve accreditation status after appropriate review and appeals would not be considered suitable for employment of pre-vocational trainees and will not be allocated JMOs until corrective action is taken.

g. The appeals process

An employing authority may appeal against a decision on accreditation. The Appeals Committee will consist of a nominee of:

- the Chair of the PMCWA;
- the appellant employing authority or Primary Allocation Centre;
- the WA Medical Board;
- the Health Department of WA; and
- the Accreditation and Standards Sub-Committee.

See Appendix A for full details of the appeal process.

h. Between accreditation surveys

Maintaining standards

Hospitals and other training organisations should adhere to the standards for accreditation throughout the period for which they are accredited. PMCWA reserves the right to review accreditation status where there is substantial evidence to suggest that accreditation standards are not being met.

Changing terms

Where JMO terms are eliminated or changed between surveys, hospitals must ensure that the balance in the overall Pre-vocational Training Program is maintained. Hospitals introducing new terms are expected to notify the PMCWA (contact details on page 1) and adhere to accreditation standards.

Change of hospital role

Hospitals that alter their role (and thus cause changes to JMO education and supervision) during a period of accreditation should notify the PMCWA.

6. Accreditation Standards

STANDARD 1

ADMINISTRATION AND ORGANISATION – ADMINISTRATIVE PROCESS

Primary Allocation Centres, Secondment Hospitals and other employing authorities will provide the organisational and administrative structure supportive of JMOs and Pre-vocational Training Programs.

Care must be taken by the employing authority in allocating terms appropriately taking into account the amount of supervision available, the nature of the work to be done and the maturity and competence of the trainee.

Criterion 1.1: Orientation of JMOs

JMOs must be provided with documentation or handbooks containing information on:

- the management of clinical emergencies; and
- general policies and procedures relating to JMO duties.

All medical staff should be familiar with such documentation. At the time of initial orientation at the commencement of PGY1, information should be provided about the Primary Allocation Centre, Secondment Hospitals and other training positions. Each unit must also provide suitable orientation at the beginning of each term.

Each Primary Allocation Centre, Secondment Hospital and other employing authority will have a documented orientation program, which will include the following components:

- an outline of the Pre-vocational Training Program including the role of the Director of Clinical Training and if applicable the Director Postgraduate Medical Education;
- the institution's organisational structure and lines of communication;
- training in relevant hospital systems and procedures including computers and other equipment necessary for the JMO to practise safely and efficiently;
- personnel issues, including information about employment and award conditions, leave procedures, salaries, medical indemnity and professional associations;
- mechanisms for dealing with grievances;

- policies and procedures regarding clinical and community activities particular to the institution; and
- an outline of the assessment process.

Criterion 1.2: Term description

Each employing authority will provide the JMO with a written description of each term.

Term descriptions should be designed to provide JMOs with a comprehensive account of the clinical training available to them during that term. This will help the JMO to maximise educational opportunities.

The term description should:

- be provided to the JMO at or before term orientation by the Term Supervisor responsible for that term;
- include a statement of duties, responsibilities;
- provide the JMO with a list of term objectives which includes the clinical skills which the JMO may expect to achieve, and the educational opportunities of the term; and
- identify the mechanisms used to ensure that term objectives (including clinical skills) are being met (eg. a logbook, regular meetings and appraisal of a JMO's performance).

Criterion 1.3: The assessment process

Assessment is an important part of JMOs education and training. Registrars should contribute to assessment reports.

A PGY1 who is performing unsatisfactorily, to the extent that there is some doubt as to whether the Medical Board could be satisfied that full registration should be granted, requires special attention.

There is a duty of care to the PGY1 on the part of the Primary Allocation Centre and Secondment Hospitals to ensure that events and professional performance leading to this evaluation are properly documented and progressively discussed with the PGY1 as the period of training progresses.

The hospitals are required to take whatever remedial action is possible in order to assist the PGY1 to achieve a satisfactory standard. If this is not possible, the ultimate action will be a recommendation to the Medical Board for a period of further supervised training.

Each employing authority will establish a system for the regular assessment of JMOs. There will be a mid-term and an end of term assessment.

Assessment will:

- be both formal and informal;
- be undertaken by the Term Supervisor in consultation with other consultants and registrars attached to that term;
- take place near the mid-point (unless an on-going assessment mechanism is in place) and at the end of each term;
- reflect clinical and professional abilities detailed on the appraisal form; and
- reflect the objectives, skills and attitudes outlined in this accreditation guide.

The JMO will be given regular verbal and written feedback about his or her progress.

The report will be shown to and discussed with the JMO by their Term Supervisor.

Criterion 1.4: Counselling of JMOs

When an assessment of a JMO indicates inadequate performance, they will be provided with appropriate counselling, advice and assistance. The DCT will be primarily responsible for this.

Criterion 1.5: Grievance procedures

Grievances may require resolution by a variety of personnel including the Director of Clinical Training, the Term Supervisor, the Human Resources Department and the Medical Administrator or consultants.

Each employing authority will provide mechanisms for effectively dealing with issues, concerns and grievances raised by JMOs. These mechanisms should be documented and made available to JMOs.

Feedback about the resolution of grievances should be given to the JMO involved.

STANDARD 2

ADMINISTRATION AND ORGANISATION - CLINICAL PROCESS

Criterion 2.1: The Director of Clinical Training

Each employing authority will appoint a Director of Clinical Training who will:

- be responsible to the Pre-vocational Training Committee or equivalent;
- in association with the Department of Postgraduate Medical Education, the PTC and medical administration develop, coordinate and promote the Pre-vocational Training Program;
- promote a sense of professional responsibility and ethics among JMOs;
- act as an advocate for JMOs;
- offer career advice and counselling to JMOs: including regular meetings with individual trainees to assess their general progress;
- facilitate feedback to JMOs about their performance; and
- liaise with Term Supervisors regarding JMO issues.

DCTs are usually appointed for a 3-year term with a maximum of 2 terms.

Criterion 2.2: Term supervisors

Each employing authority will nominate a Term Supervisor for each JMO rotation.

The role of the Term Supervisor will be to:

- develop and promote the postgraduate education program for JMOs in association with the PTC;
- provide a written orientation document;
- prepare a written term description in consultation with other consultants in the team to be provided to the JMOs attached to that team. It should include a list of clinical skills, attitudes and educational objectives that a JMO should gain during that term (e.g. refer to comprehensive list in appendix C);
- communicate with, and give advice to other consultants (and, if applicable, registrars) in the team in relation to matters affecting JMO training and supervision;

- monitor the progress of the JMO and encourage individual consultants to provide them with mid-term feedback;
- ensure that their contact with each JMO is sufficient to permit an adequate assessment of the JMO's performance;
- facilitate feedback to JMOs about their performance;
- be available to discuss issues such as grievances and career guidance with JMOs within their specialty;
- encourage JMOs to develop graded independence; and
- representing other consultants on the team in matters such as accreditation surveys conducted by the PMCWA.

Criterion 2.3: Pre-vocational Training Committee (PTC)

Each Primary Allocation Centre will have a PTC or equivalent. Smaller employing authorities may either incorporate training responsibilities into the terms of reference of an existing clinical committee eg Medical Advisory Committee, or accept a watching brief from the "base" PTC.

The employing authority should ensure that the Pre-vocational Training Committee and the Director of Clinical Training are provided with adequate secretarial and administrative support.

The PMCWA suggest the following minimum responsibilities for this committee:

- to determine the specific training and education needs of JMOs;
- to develop, implement, monitor and evaluate the Pre-vocational Training Program; (see Standard 3)
- to ensure that JMO education is of the standard outlined in this guide;
- to advise on and approve expenditure on educational resource material needed to support the education program;
- to ensure that each JMO rotation, including secondments, is consistent with PMCWA guidelines;
- through the DCT to regularly review and evaluate the training, education, experience and working conditions of each JMO;
- to provide regular reports on its own activities to the management of the employing authority and the Primary Allocation Centre;

- to prepare for accreditation and maintain accreditation status;
- to provide appropriate information on JMO matters, as required by the PMCWA; and
- to ensure an appropriate mechanism is in place to review and evaluate the role and function of the Director of Clinical Training.

Depending on the nature of the employing authority, the committee will have appropriate representation of all stakeholders with an interest in JMO employment and training. These might include representatives of JMOs, Medical Administration, Department of Postgraduate Medical Education medical staff, the Director of Clinical Training, representatives from associated universities and other appropriate bodies. The wide membership and effective functioning of the committee will ensure that all involved parties develop a sense of responsibility for the education, training and development of JMOs.

STANDARD 3

THE PRE-VOCATIONAL TRAINING PROGRAM

Each employing authority will provide a Pre-vocational Training Program co-ordinated by the Pre-vocational Training Committee and the Director of Clinical Training.

The Pre-vocational Training Program will provide JMOs with terms of appropriate length, quality and content; proper levels of supervision; and a comprehensive education program, including a process for ensuring the attainment of necessary clinical skills.

The program should reflect the objectives outlined in appendix B of this guide.

Criterion 3.1: Core terms

The two-year Pre-vocational Training Program should:

- consist of terms lasting 10 to 14 weeks which enable competency to be achieved in the core skills (as defined in Appendix C) required in order to achieve general registration with the Medical Board of WA. (This will normally occur in the first postgraduate year (PGY1));
- provide a balanced mix of terms in the second and any subsequent pre-vocational training years including one term in a community/rural setting if not provided in PGY1; and
- take account of the changing practice of medicine;
- PGY1s should be appointed to 'runs' (a year of terms) rather than by 'bidding' for individual terms; and
- 'runs' should be composed principally of terms which have been categorised General and should include no more than 2 Specialised terms. Where a Highly Specialised term is included in a run, that run must include at least 3 General terms.

The following combinations are acceptable:

4 Term Year

- 4 General
- 3 General, 1 Specialised
- 2 General, 2 Specialised
- 3 General, 1 Highly Specialised

5 Term Year

- 5 General
- 4 General, 1 Specialised
- 3 General, 2 Specialised
- 3 General, 1 Specialised, 1 Highly Specialised
- 4 General, 1 Highly Specialised

The categorisations of: General (G); Specialised (S); Highly Specialised (HS); Community/Rural (CR), and High Specialised Community/Rural (HSCR), are used to reflect the educational experience for JMOs and is not an assessment of the clinical performance of the units. Many clinical units provide an outstanding experience for JMOs in a specialised setting; however, the Medical Board's expectation is that the JMOs have a general exposure to clinical medicine in their first postgraduate year.

- As a principle, combination or 'split' terms, which have no unifying theme, are not supported.
- PGY1s should not, in other than very exceptional circumstances, act as 'relievers'. Changing the allocation of a PGY1 during the course of a term should only be undertaken in consultation and with the concurrence of the Director of Clinical Training.
- The accredited PGY1 year must comprise of 48 weeks of clinical work.
- PGY1s working in Emergency Departments must be directly supervised at all times by a senior doctor (registrar or above). Access to advice by telephone, supervision by an 'on call' registrar or by a doctor with concurrent responsibilities elsewhere in the hospital is not considered to constitute 'direct supervision'.

Comment:

Terms should be designed so that their clinical content and workload are equitably distributed amongst JMOs. This may require the review and adjustment of workload throughout the year. In order to maximise teaching and supervision, JMOs should be equitably rostered for routine clinical duties during regular hours. The Primary Allocation Centre should consult within its secondment network on this issue.

Rostered overtime or shift work, with appropriate supervision and educational opportunities, is an integral part of general clinical training.

Criterion 3.2: The education program

Directors of Clinical Training should meet twice a year to co-ordinate and review educational activities.

An effective education program will:

- be co-ordinated by the Department of Post Graduate Medical Education in association with the Director of Clinical Training and Medical Administration;
- be well structured, comprehensive and incorporate the objectives outlined in appendix B;

- include a process for ensuring the attainment of necessary clinical skills, attitudes and educational objectives;
- provide a combination of teaching methods, with emphasis given to bedside and clinical teaching of JMO's coordinated by a Pre-vocational Training Committee to ensure that education programs achieve consistency and balance;
- be introduced to JMOs at the time of orientation;
- be supported by the provision of adequate teaching facilities and educational resources by the hospital;
- ensure JMOs have access to adequate medical library facilities at all training locations;
- be evaluated by the Pre-vocational Training Committee on a regular basis; and
- reflect the changing practice of medicine.

Criterion 3.3: Skills to be obtained

It is important for JMOs to have broad-based training, including a range of clinical and patient management skills. (A list is provided in appendix C).

The education program will promote the attainment of the following skills:

- proficiency in history taking, physical examination and record keeping;
- proficiency in managing common acute and chronic medical and surgical problems, including emergency procedures;
- effective written and oral communication with patients, their families and with other professionals;
- ability to recognise and manage distress and anxiety in patients and their family members;
- a reasoned and cost conscious approach to investigations, prescribing and referral;
- basic practical techniques and procedural skills emphasising self-directed learning within the scope available on any particular term;
- attitudinal attributes that are consonant with the best practice of medicine in all settings;

- an appreciation of, and experience in, peer review, medical audit and self-assessment;
- an understanding of medico-legal and ethical principles and their applications to medical practice;
- the ability to make critical appraisal of clinical findings, make a competent differential diagnosis and to demonstrate skills in management planning, including preparation for the discharge and follow-up of patients and liaison with other disciplines;
- the ability to teach others and be an integral member of a caring team;
- effective time management; and
- strategies for coping with heavy workloads and emotionally difficult situations.

Criterion 3.4: Term Supervisors

The role of the Term Supervisor within the Pre-vocational Training Program will be:

- to demonstrate a role model of good clinical practice, including the maintenance of harmonious relationships with patients and staff;
- to appropriately supervise JMOs. At times, the Term Supervisor may delegate part of this responsibility to a registrar. If this occurs it is important that:
 - a. the Term Supervisor is fully aware of the registrar's abilities;
 - b. the Term Supervisor assumes ultimate responsibility for supervision; and
 - c. the registrar must be informed that this responsibility has been delegated to him.
- to provide JMOs with graduated participation in all aspects of their unit's clinical work;
- to assist in the development and refinement of skills;
- to provide guidance in the day to day management of patients and the continuing care of the patient within the community;
- to act as a role model for, and actively participate in, peer review and quality assurance processes;

- to participate in the education program by providing didactic and bedside teaching appropriate to the clinical caseload of the unit;
- to assist JMOs to develop research skills;
- to provide regular feedback on the JMOs performance;
- to provide career guidance to individual JMOs, based on a critical assessment of their abilities;
- to review and provide guidance for JMOs in the creation of a comprehensive medical record; and
- promote a rational and cost-effective approach to the use of complex and expensive medical resources.

Criterion 3.5: Supervision of JMOs

The Pre-vocational Training Program will ensure that JMOs are supervised. In hospitals where a registrar or equivalent is not employed, consultants must be available at short notice for the supervision of JMOs.

- In each term, JMOs will be under the supervision of the Term Supervisor.
- In addition, PGY1s must be directly supervised by a registrar or another suitably experienced practitioner at all times.
- Supervision in the JMO years should allow for graded opportunities for independent decision-making.

STANDARD 4

EVALUATION OF THE PRE-VOCATIONAL TRAINING PROGRAM

Appraisal of the Pre-vocational Training Program by JMOs is an essential component of the evaluation process. Likewise a mechanism should be provided for JMOs to give an assessment of each unit, for that assessment to be fed back to the unit and for appropriate changes to be made to improve the learning environment for the JMO (ie closure of the feedback loop).

Each employing authority will establish a system for the evaluation of the Pre-vocational Training Program. Each Pre-vocational Training Committee shall evaluate the following:

- the orientation program;
- the education program;
- the range, depth and adequacy of clinical material and individual caseloads;
- the teaching offered and the quality of the experience gained by JMOs in each term;
- learning goals and how they are to be achieved and assessed;
- the supervision of JMOs in each term;
- the rostering and allocation of terms;
- the recruitment, selection and retention of JMOs;
- the role, function and performance of the Director of Clinical Training and Term Supervisors; and
- overall conditions at the hospital or other training position which impact upon JMOs.

7. Library facilities

Library and research facilities at each institution employing JMOs should include:

- a selected group of text books and medical journals;
- a study area;

- where possible, electronic connection to a central research library e.g. a secondment hospital link to the library at the Primary Allocation Centre; and
- a photocopying machine.

Text books and journals

JMOs have several information resource requirements, particularly when working on secondment. Textbooks should be selected with this need in mind. They are basic undergraduate texts, texts required for emergency medical management or core texts for primary postgraduate examinations, which JMOs may be preparing to sit. There should be a mechanism whereby requests by JMOs for resource material can be evaluated and responded to.

Study Reading area

Each institution should have an area reserved solely for reading and study, with seating, desk space and computers appropriate to the number of JMOs at that institution. This area should be quiet and as close as possible to the JMOs' work area. It should be physically distinct from the medical officers' common room.

Appendix A

The Appeals Process

Should a hospital wish to lodge an appeal against the accreditation status awarded by the PMCWA, it may do so within 30 days of being advised of its accreditation status. A further 30 days will be allowed for the hospital to provide **written** documents to support the appeal.

Lodging the Appeal

When lodging an appeal, hospitals are requested to provide detailed information and comments on:

- a. reason for the appeal; and
- b. specific items raised in the accreditation report which the hospital may wish to dispute.

Once received by Committee, the written documentation will be forwarded to the coordinator of the survey team for written comment. A meeting will then be arranged for the Appeal Committee to consider the appeal.

The Appeals Committee

The Appeals Committee will consist of a nominee of the:

1. Chairman of the Pre-vocational Training and Accreditation Committee;
2. Accreditation and Standards Sub-Committee;
3. Appellant employing authority;
4. WA Medical Board; and
5. WA Department of Health.

"Nominee" shall mean a person who is:

- independent of the Chairman or members of The Postgraduate Medical Council of WA;
- independent of the Accreditation and Standards Sub-Committee;
- and not employed by, nor appointed to the appellant employing authority.

The Appeals Committee will also include an independent arbitrator who shall ensure that the rules of natural justice are observed.

The Role of the Appeals Committee

The role of the Appeals Committee is to examine all documentation and recommend to PMCWA the following:

1. to uphold the previous decision made by Committee; or
2. where reasonable doubt is established as to the accreditation status awarded, to reject the Committee's findings and recommend a re-survey of the employing authority. Such a survey will focus on the specific areas wherein there exists uncertainty.

Re-survey

Should a re-survey be conducted:

1. a new survey team will be appointed; and
2. no appeal process will be available.

Findings

The Committee will be bound to accept the advice of the Appeals Committee and will uphold or reject the previous decision accordingly. The employing authority will retain its previous accreditation status, during the review and appeal process.

Representation

There will be no legal representation, nor provision for personal representation by the appellant employing authority. Consideration of the appeal shall be solely on the basis of review of written documentation.

Cost

When an appeal is lodged, an amount of \$4,000 is to be forwarded to cover administrative costs. Employing authorities may also be liable for any additional costs incurred during the appeal.

Appendix B

AIMS AND OBJECTIVES OF THE FIRST TWO POSTGRADUATE YEARS (Source – National Guidelines for Pre-vocational Training)

The first two years after graduation should be a time when the JMO:

- learns to accept clinical responsibility under gradually decreasing supervision;
- consolidates skills in communication and counselling;
- uses diagnostic and consultant services with increasing discrimination;
- develops an understanding of ethical and legal issues; and
- develops appropriate personal and professional attributes.

1. Acceptance of clinical responsibility under gradually less supervision

By the end of the first two years of postgraduate training, the JMO should be able to demonstrate:

- 1.1 adequate knowledge of basic and clinical sciences, and application of this knowledge to the care of patients with a broad range of common and important medical and surgical conditions;
- 1.2 appropriate clinical skills, including history taking and physical examination, to permit sufficient definition of the patient's problems in order to make a provisional diagnosis and formulate an appropriate plan of investigation and management;
- 1.3 the ability to organise, synthesise and act on information gained from the patient and other sources so as to exhibit sound clinical judgement and decision-making;
- 1.4 the ability to act effectively in emergency situations;
- 1.5 an understanding of preventive care and the importance of modification of risk factors and life style in plans of management for patients and their families;
- 1.6 the ability to perform simple procedures competently, understanding the indications for, and risks of the procedures undertaken; and
- 1.7 the ability to work effectively within a team of health care personnel, including other doctors, nurses, allied health professionals and undergraduate students; and

- 1.8 the ability to recognise ones own limitations clinically, and if necessary, seek assistance of a senior colleague at an appropriate time to ensure the optimal patient outcome.

Comment:

Early postgraduate years are a time when basic medical education is completed.

Emphasis should be placed on practical experience so that competence is attained through caring for patients who have a broad range of medical and surgical conditions.

In particular, therapeutic and procedural skills need to be developed under appropriate supervision.

Teaching needs to be linked to, but not totally dependent upon, the service requirements of internship and residency.

Much of the JMOs' learning will occur at the bedside; hence they need to feel comfortable in seeking guidance from their senior colleagues.

2. Consolidation of communication and counselling skills

By the end of the first two years of postgraduate training, the JMO should be able to demonstrate:

- 2.1 an ability to communicate effectively with patients and their families using techniques that have been shown to affect outcome in terms of reduction of patient anxiety and apprehension, risk factor modification and compliance with medication;
- 2.2 an ability to counsel patients and their families, particularly with respect to prognosis of common conditions and on issues relating to death, dying and disability; and
- 2.3 an ability to work effectively within a team of health care personnel, to contribute appropriate knowledge and expertise and to value the contributions of other team members.

Comment:

In the past decade, most medical schools have strengthened the behavioural science component of their undergraduate curriculum. However, communication and counselling are best practised and consolidated after graduation when the JMO assumes responsibility for patient care. Issues such as bereavement, modification of life style, and care of the elderly require effective communication with patients, their families and other health care personnel.

3. Use of diagnostic and consultant services with increasing discrimination

By the end of the first two years of postgraduate training the JMO should be able to demonstrate:

- 3.1 a commitment to critical appraisal, quality assurance and peer review;
- 3.2 responsibility for their actions in human and economic terms so as to achieve the desired clinical outcome for the patient at the lowest cost to the community;
- 3.3 an understanding of the use of common investigations, including knowledge of how diagnostic test characteristics influence the selection of investigations and interpretation of their results; and
- 3.4 the ability to seek expert consultation thoughtfully, having first, under appropriate supervision, appraised the clinical situation and initiated appropriate investigation and management.

Comment:

Clinical practice is becoming increasingly complex. Technological development has led to a widening array of options for investigation and effective therapy of patients yet increasing pressure is being brought to bear on health care personnel to take responsibility for the provision of cost-effective services.

Issues of resource allocation and utilisation are likely to have an even greater impact on clinical practice in the future.

4. Development of an understanding of ethical and legal issues relating to medical practice

By the end of the first two years of postgraduate training the JMO should be able to demonstrate:

- 4.1 an awareness of the important ethical principles (such as patient confidentiality) that govern clinical practice and an ability to work within that framework;
- 4.2 competence in medical record keeping by maintaining clear, complete, concise and accurate records on each patient under his or her care;
- 4.3 knowledge of pertinent areas of law relating to the practice of medicine eg the Medical Act 1894(As Amended); and
- 4.4 the ability to manage time effectively and efficiently, and to follow correctly the administrative policies and procedures of the institution in which he or she works.

Comment:

The first few years after graduation are crucial for the development of a code of practice that is well founded in ethical principles and is legally sound.

JMOs are accountable for their actions and have legal responsibilities in areas such as medical record keeping and the issuing of medical certificates.

Informed consent and confidentiality, issues discussed in medical school, must now be dealt with in daily practice.

Administrative competence must also be gained and time must be managed effectively and efficiently.

Critical review of medical records by senior staff is essential and should be sought by the JMO.

5. Personal and professional development

By the end of the first two years of postgraduate training the JMO should be able to demonstrate:

- 5.1 honesty, integrity and reliability in dealings with patients and colleagues alike;
- 5.2 a commitment to self assessment and continuing medical education and an ability to locate and critically appraise biomedical literature relevant to everyday clinical practice; and
- 5.3 a willingness to be involved in teaching of others, including undergraduate medical students, nurses and allied health professionals.

Comment:

The internship and early years of residency should provide the JMO with sufficient opportunities in clinical practice to enable meaningful decisions to be made regarding career choice and vocational training.

Exposure to paediatrics, obstetrics, liaison psychiatry, general practice and other community based experience, and anaesthesia and intensive care is highly desirable to supplement the core experience in general medicine, surgery and emergency medicine.

A commitment to life long education and self-assessment should be developed through involvement in audit and peer review, journal clubs, attendance at programmed educational activities and use of the library, computers and other resources.

Counselling regarding career choice and other matters is available through Term Supervisor and the Director of Clinical Training.

6. Responsibility of the JMO

During the early postgraduate years the JMO must conscientiously make time for educational activities. This may involve attending educational activities organised by the Director of Clinical Training, Consultants and Term Supervisors. It may involve making a particular effort to attend all clinical teaching opportunities.

Comment:

The Postgraduate Medical Council of WA promotes a broad-based education program in the first two postgraduate years.

Hospitals and other training positions should endeavour to improve JMO education and training by encouraging active participation of consultants in educational programs, including bedside teaching. To complement this, JMOs should have a flexible approach to work schedules.

Appendix C

SKILLS TO BE ACQUIRED BY JMOs

Most of the following skills should be acquired by all JMOs during the first two postgraduate years. Those marked with an * can be delayed to second year after graduation.

Directors of Postgraduate Medical Education and Directors of Clinical Training are responsible for encouraging the clinical departments directly responsible for clinical training to be sure the facilities are available for their learning objectives to be met.

The following are for guidance only and may be appropriately modified by individual DCTs. The list emphasises important skills junior doctors should acquire but they should also be encouraged to see and learn all common clinical skills.

1. Emergency care

First Line Management under supervision, of:

- Basic Life Support
- Pneumothorax
- Common cardiac arrhythmias
- Acute pulmonary oedema
- Coma
- The acute abdomen
- Strangulated herniae
- Acute appendicitis
- Bowel obstruction
- Acute poisoning
- Acute urinary retention
- Renal colic
- Acute blood loss
- Shock
- Stroke
- Status epilepticus
- Acute asthma
- Meningitis
- Head injury
- Acute renal failure/ electrolyte disturbance
- Acute psychiatric emergencies
- Alcohol and drug intoxication
- The aggressive, non-cooperative patient
- The acutely confused patient, particularly the elderly

2. Professional skills

- Basic Life Support
- Infiltration with local anaesthetic
- Intramuscular and subcutaneous injection
- Setting up IV drips and managing fluids
- Bandaging
- Venepuncture
- Simple suturing
- Wound care
- Passing an intragastric tube
- Bladder catheterisation
- *Detecting foetal heart sounds
- Measuring peak flow
- Performing an ECG
- Management of plasters
- Syringing wax from ears
- Managing epistaxis

3. First Line Management of common primary presentations

- Abdominal pain
- Peritonitis
- Chest pain
- Ischaemic heart disease
- Heart failure
- Acute respiratory distress
- Respiratory tract infection, upper & lower
- Dehydration
- Diabetes
- Vomiting/diarrhoea
- Drug overdose
- Foreign body in eye/ear/nose
- Rectal bleeding
- Common skin rashes
- Oral contraception
- Arthritis and other musculoskeletal problems
- Hypertension
- Urinary tract infection
- Social problems
- Fictitious illness

4. *Preventive care skills

- Health risk recognition
- Integration of primary, secondary and tertiary health care
- Counselling and communication skills
- Facilitation of behaviour change
- Smoking cessation
- Drugs including alcohol
- Dietary advice (obesity, hyperlipidaemia, diabetes)

5. Communication skills

Patients and relatives

- Information transfer
- Reassurance
- Explanation of tests and procedures
- Preparation for tests and procedures
- Bereavement counselling

Peers and supervisors

- Teamwork skills
- *Use of relevant resources in hospitals and the community

6. *Professional development

Become familiar with the concepts of

- Audit, peer review
- Basic clinical teaching skills
- Evidence based practice and critical appraisal
- Health economics, cost-benefit analysis
- Ethics and law in clinical medicine
- Medical record skills for clinicians
- Rational use of investigations and referral
- Administrative procedures for patient care and health service management