pmcv

Guideline for Effective Medical Education Units

Background

The Postgraduate Medical Council of Victoria (PMCV), through its accreditation process and in consultation with key stakeholder groups identified the need for a defined minimum standard (EFT) for Medical Education Units (MEUs) in Victoria to deliver safe and effective prevocational medical education, training and supervision.

In addition, it was identified that a defined minimum standard is imperative to support the implementation and ongoing compliance requirements of the Australian Medical Council revised National Framework for Prevocational Medical Training (National Framework) which will require increased support by MEUs for both Prevocational Doctors and their Supervisors from 2024.

Contemporary health services place significant emphasis on service provision. In this context of increasing resource demand on medical staff (prevocational doctors and their supervisors), it is imperative that the provision of education and supervision to prevocational doctors be explicitly recognised through the allocation of human resources in this area.

It is notable that this guideline outlines resource requirements for MEUs relative to the number of prevocational doctors employed by the health service. We have developed a scale commencing from 30 prevocational doctors employed by the health service. For health services with less than thirty prevocational doctors, these roles are usually worn by one or two individuals and may include additional responsibilities that are not within the usual scope of a Medical Education Unit.

This guideline is unable to be explicit about the acknowledged additional workload for the increasing number of IMGs in this cohort.

Audience

Key audience members include:

- Executive Directors of Medicine, Chief Medical Officers or equivalent
- Medical Education Unit
    - Directors of Clinical Training
    - Supervisors of Intern Training
    - Medical Education Officers/Coordinators
- Others involved in Prevocational Medical Training

Objectives

This guideline aims to highlight Medical Education Units as essential for:

- Safe and effective delivery of prevocational medical education, training and supervision.
- High quality service delivery, as well as service improvement and sustainability.
- Future workforce planning when introducing new services and reviewing service delivery models.
- Effective implementation of the AMC revised National Framework.

- Compliance with Accreditation Standards.
- Consistent approach to MEU resourcing across Victoria.

Accreditation Standards

The revised standards that apply to this guideline are as follows:

1.3.1 The governance of the prevocational training program, supervisory and assessment roles are defined.

1.3.2 The health services that contribute to the prevocational training program have a system of clinical governance or quality assurance that includes clear lines of responsibility and accountability for the overall quality of medical practice and patient care.

1.3.3 The health services give appropriate priority and resources to medical education and training and support of prevocational doctor wellbeing relative to other responsibilities.

1.4.1 The prevocational training program has dedicated structures with responsibility, authority, capacity and appropriate resources to direct the planning, implementation and review of the prevocational education and training program and to set relevant policies and procedures.

3.2.4 The prevocational training program includes a director of clinical training or equivalent who is a qualified and senior medical practitioner with responsibility for longitudinal educational oversight of the prevocational doctors.

3.3.3 The prevocational training program regularly evaluates the adequacy and effectiveness of prevocational doctor supervision.

3.3.4 The prevocational training program supports supervisors to fulfill their training roles and responsibilities.

Recommended Guidelines for Effective MEUs

The following recommendations have been made taking into consideration current reported statewide FTE, national and interstate standards and guidelines, and the revised supervision and assessment requirements of the National Framework. These considerations are further outlined in *the Development of Guideline for Effective MEUs.*

NB: A decrease in fractions for one of the personnel may be offset by an increase in another, or vice versa.

General Principles

1. The appropriate provision of education, training, supervision and support of Prevocational Doctors is the responsibility of the Health Service, through the combined work of the MEU, Medical Workforce Unit (MWU), heads of departments, term supervisors and the executive team.
2. It is recognised that there is variation in the organisational structure of Health Services, and it is acknowledged that:

pmcv

   a. Alternative roles do exist within health services that provide education, training, supervision and support for Prevocational Doctors.
   b. Sites with either exceptionally small or exceptionally large numbers of Prevocational Doctors will require some flexibility in the allocation of personnel.
3. Prevocational medical education is most effective with dedicated personnel allowing a focused approach to the needs of Prevocational Doctors.
4. Prevocational Doctors are better equipped to focus on both patient safety and care and their wellbeing when effective education, training, supervision and support is provided.
5. Development and implementation of medical education, training, supervision, support, assessment, reporting and accreditation requirements for Prevocational Doctors involves substantial fixed costs.
6. Geographical isolation may require additional medical education personnel outside the suggested fractions.

Director of Clinical Training (DCT)

PMCV recommends that the prevocational medical training program is managed by an appointed DCT, who has a dedicated and defined role leading the strategic development of medical education to ensure patient safety and efficient delivery of medical education. In addition, the DCT should oversee the management and provision of the prevocational medical education program.

The DCT should be ideally located at the same site as the prevocational doctors but if this is not possible, they must be available for hospital orientations and attend and perhaps deliver some of the medical education program throughout the year. The term DCT is often interchanged with Director of Prevocational Training.

In some instances, a Director of Postgraduate Medical Education or equivalent may exist without an appointed DCT. This meets the requirements of this guideline, if the DPE can complete the duties of a DCT as part of their role.

In some instances, a broader Director of Medical Education is appointed with Medical Education oversight beyond the Prevocational Training program. This guideline does not address the resourcing of these positions due to the hospital specific nature of these roles.

The FTE of a DCT or equivalent should be as follows according to the number of prevocational doctors within the service:

Number of Prevocational Doctors	DCT Recommended EFT
30-60	0.3
60-90	0.4
90-130	0.5
130-180	0.6
180+	1.0

Supervisor of Intern Training (SIT)

PMCV recommends that a Supervisor of Intern Training is allocated to the Intern cohort, who has a dedicated and defined role to be responsible for the achievement of the prevocational outcome statements for this cohort. The SIT has a responsibility to ensure the social and emotional wellbeing of all Interns.

In smaller health facilities, this role may be combined with the DCT.

The FTE of a SIT should be as follows according to the number of prevocational doctors within the service:

Number of Prevocational Doctors	SIT Recommended EFT
30-60	0.2
60-90	0.3
90-130	0.4
130-180	0.5
180+	0.8

Medical Education Officer (MEO)

PMCV recommends that an MEO is employed at each health service to provide educational support to prevocational doctors and administrative support for the Medical Unit.

The FTE of a MEO should be as follows according to the number of prevocational doctors within the service:

Number of Prevocational Doctors	MEO Recommended EFT
30-60	0.8
60-90	1.0
90-130	1.5
130-180	2.0
180+	2.5

Medical Education Coordinator (MEC)

PMCV recommends that an MEC is employed within the Medical Education Unit to provide administrative support to supplement the work of the DCT, SIT and MEO.

The FTE of a MEC should be as follows according to the number of prevocational doctors within the service:

Number of Prevocational Doctors	MEC Recommended EFT
30-60	0.0
60-90	0.5
90-130	0.8
130-180	1.0
180+	1.0

Summary of Recommendations

	Director of Clinical Training	Supervisor of Intern Training	Medical Education Officer	Medical Education Coordinator	TOTAL EFT
30-60	0.3	0.2	0.8	0.0	**1.3**
60-90	0.4	0.3	1.0	0.5	**2.2**
90-130	0.5	0.4	1.5	0.8	**3.2**
130-180	0.6	0.5	2.0	1.0	**4.1**
180+	1.0	0.8	2.5	1.0	**5.3**

Conclusion

The Guideline for effective Medical Education Units has been developed to support the implementation of the revised National framework across the Victorian health system in 2024.

The objective of the guideline is to create a minimum standard across the system that may be considered in concert with any increase in prevocational medical positions. It is not intended to change the status quo especially if the minimum standard is below the current resources within a MEU. Each MEU will need to identify the scope of their role and apply the elements of this guideline.

The PMCV Accreditation program will continue to monitor the resources in MEUs through survey visits with direct utilisation of this guideline.

PMCV acknowledges that this guideline does not specifically address IMG resources within MEUs.

Each Health service will be provided with their comparison to this guideline.

Glossary of Terms

It is recommended by the PMCV that MEUs work towards the use of standardised and consistent role titles and allocations in the coming years.

Director of Medical Education	A senior clinician with delegated responsibility for the entire medical education function which may also include IMGs, speciality training as well as research projects.
Director of Clinical Training (DCT) **Or** **Director of Prevocational Training (DPT)**	A senior clinician with delegated responsibility for developing, coordinating, promoting and evaluating the prevocational training program at all sites. This clinician follows the progress of the prevocational doctor across the whole of their clinical year.
Supervisor of Intern Training (SIT)	A medical practitioner who has primary responsibility for the supervision and learning of prevocational doctors.
IMG Supervisor	A medical practitioner with responsibility for the support of International Medical Graduates at the Health Service.
Term Supervisor	The person responsible for orientation and assessment during a particular term. They may also provide primary clinical supervision of the prevocational doctor for some or all of the term.
Clinical Supervisors	A medical practitioner who supervises the prevocational doctor while they are assessing and managing patients. • Primary clinical supervisor(s) – is the supervisor with consultant level responsibility for managing patients in the relevant discipline that the prevocational doctor is caring for. The consultant in this role might change and could also be the term supervisor. • Clinical supervisor(s) (day-to-day) is an additional supervisor who has direct responsibility for patient care, provides informal feedback, and contributes information to assessments. This occurs in many settings, and the person in this role should remain relatively constant during the term. They should be at least PGY3 level, such as a registrar.
Medical Education Managers	In larger units, a manager may be appointed to oversee the MEOs and MECs who usually has higher education qualifications.
Medical Education Officers	MEOs provide educational support for prevocational doctors. This includes administrative support to DCTs, SITs, Term Supervisors and other roles within Prevocational Medical Education.
Medical Education Coordinators	The Medical Education Manager work closely with Clinical Educators, MEOs and administrative staff to coordinate the delivery of medical education. They maintain oversight over the day-to-day operational aspects of the various programs within the Medical Education Unit.

pmcv

Version Control

Version approved along with date of next review.

Version	**Amendments by**	**Changes**	**Date**
1.0			

Approved by:	PMCV Education Committee
Date of Approval:	**February 2024**
Next Review:	February 2025

References

1. The Australian Medical Council (AMC) Training Environment: *National Standards for Prevocational training programs and terms*. Retrieved on 11th October 2023 from https://www.amc.org.au/wp-content/uploads/2022/12/Section-2-National-standards-for-prevocational-PGY1-and-PGY2-training-programs-and-terms.pdf