Development of Term Descriptions

Further Guidance

Table of Contents

Background ... 3

- Development of Term Descriptions - Best Practice Guidance ... 4
- Guidance Regarding Allocation of Clinical Experience/s and PGY2 Rotation Planning ... 5
  - Points to note: ... 5
- Term Descriptors – Further Guidance: ... 6
  - Common revisions required: ... 6
- Supervision Structure – Further Guidance: ... 7
  - Common revisions required: ... 7
- Duty Roster – Further Guidance: ... 8
  - Common revisions required: ... 8
- Supporting Documents/Attachments – Best Practice Guidance ... 9
- Post Application (new and changes) Process: ... 10
- Attachment 1. Term Descriptor examples and PMCV comments ... 11
- Attachment 2. Duty roster example - Does not meet accreditation standards ... 13
- Attachment 3. Duty roster example – Does meet accreditation standards ... 13

Background

The Postgraduate Medical Council of Victoria (PMCV) has commenced the review of PGY2 Term Descriptions as per the requirements of the Australian Medical Council's (AMC) revised National Framework for Prevocational Medical Training (National Framework).

A number of currently submitted Term Descriptions have not yet met the requirements for approval by the Accreditation committee. The PMCV has noted the following as frequent areas requiring further information provision. Ensuring these areas are addressed in the submitted Term Descriptions will aid the process of approval.

The PMCV acknowledges that this guidance has been strengthened since the submission of the PGY1 Term Descriptions. The reasons for this are:

- A large number of PGY2 terms have never been formally accredited by PMCV in the past and so prior accreditation information is not available. Detailed information is therefore required to understand the unit and the role of the PGY2 doctor.
- The operational impact of implementing the revised National Framework has been clarified over time with a growing understanding of applying the Clinical Experience classifications in a robust and consistent manner.
- The AMC National Framework is intended to provide a generalist experience for PGY2 doctors across the year. To maintain the integrity of this intent, example guidance such *'Table 3 – Example classification of terms according to the principal areas of patient-care for a prevocational doctor'* on page 39 of the Training Environment component of the National Framework has been considered in Victoria and other jurisdictions. In practice, this means that most surgical rotations will not meet criteria for Clinical Experience B: Chronic Illness care, and most units other than Emergency, GP or dedicated admission roles will not meet criteria for Clinical Experience A: Undifferentiated Illness care.
- There is a growing awareness of the information that will be required in the National ePortfolio. Ensuring that all Term Descriptions meet accreditation requirements now will significantly reduce the future administrative burden on health services.

In time, the PGY1 Term Descriptions may also require strengthening – while a revision is not required yet, on occasion a Health Service may choose to update their PGY1 Term Descriptions while developing the PGY2 Term Descriptions. There may also be some instances where PMCV will request a revision.

This guidance document has been broken down into five main areas:

1. Development of Term Descriptions
2. Allocation of Clinical Experience/s and PGY2 rotation planning
3. Term descriptors
4. Supervision structure
5. Duty rosters

pmcv

Development of Term Descriptions - Best Practice Guidance

The PMCV has noted that the optimal Term Descriptions completed to date have been completed with a team approach with input from:

- The Medical Education Unit (MEO and DCT/equivalent)
- The Medical Workforce Unit
- The Term Supervisor within the relevant unit

While we understand the limited resources available, completion of the Term Descriptions is an opportunity to ensure the Term Supervisors have an adequate understanding of the expectations for prevocational doctors within the National Framework and to promote the value placed on their support.

Involvement of the clinical unit also provides the opportunity to design a rotation that provides balance between the educational, experience and supervision opportunities and requirements for the prevocational doctor and the service provision needs of the health service.

pmcv

Guidance Regarding Allocation of Clinical Experience/s and PGY2 Rotation Planning

There are two components to providing a generalist experience within the National Framework.

The PMCV and Accreditation Committee will review each Term Description for Clinical Experience and its place in the context of the year through reviewing the rotation planner.

The intent of the National Framework is to provide a broad generalist experience across prevocational medical training (PGY1 and PGY2), and it is for this reason that each PGY2 doctor is expected to have adequate exposure to:

- Clinical Experience A: Undifferentiated Illness care
- Clinical Experience B: Chronic Illness care and
- Clinical Experience C: Acute and critical illness patient care.

In determining the Clinical Experience classification/s of clinical units at your health service, it may be helpful to refer to the Training Environment component of the National Framework, in particular table 3, '*Example classification of terms according to the principal areas of patient-care for a prevocational doctor' on page 39.*

Although this table is only an example, it does demonstrate the intent of the National Framework, which is that prevocational medical training is a period of broad generalist experience.

Points to note:

- Some rotations may only fulfill one Clinical Experience classification.
- Whilst Clinical Experience D: Peri-operative/procedural patient care is not required in PGY2, you may still allocate this Clinical Experience if it assists your health service.
- When reviewing rotation planners there may be some instances where it is recommended that there are two exposures to one Clinical Experience to ensure adequate breadth.

pmcv

Term Descriptors – Further Guidance:

Clinical units must provide sufficient information to justify the classification of the clinical experience/s. The term descriptor may address the relevant clinical experience criteria as outlined with examples in the PGY2 Program Guidelines. Please note there is no requirement to address all criteria.

It is recommended that each Term Descriptor has:

- A description of the unit **and**
- A description of the role/activities of the prevocational doctor

It is important to note that the same rotation may be approved for a different clinical experience in a different health service as the classification will be dependent on the local clinical context, patient case mix and available learning opportunities.

Common revisions required:

In some cases, the term descriptors are incomplete or do not have adequate information for approval, such as:

- A brief outline of what the unit does without details of the role of the prevocational doctor/s. It is not possible to determine whether prevocational doctors will be provided with an opportunity to undertake the Clinical Experience/s allocated.
- A description of the PGY2 doctor's role without an outline of the unit with reference to the Clinical Experience/s allocated.

See attachment 1 – Term Descriptor examples and PMCV comments.

pmcv

Supervision Structure – Further Guidance:

The Supervision structure for PGY1 and PGY2 doctors has been defined by the AMC.

- It is a **mandatory** requirement that at least one Term Supervisor is named on the Term Description.
- The Term Supervisor is the senior medical practitioner responsible for orientation, coordination of the clinical training experience and assessment within a specific term, and who has completed mandatory prevocational supervision training. This person can be thought of as the senior medical staff member with primary responsibility for the PGY1 and/or PGY2 doctor and who is the key contact for the Medical Education team.

There can be more than one Term Supervisor per clinical unit, however the Term Supervisor allocated to a prevocational doctor should remain consistent throughout the rotation.

- The primary Clinical Supervisor is a senior medical staff member who is responsible for the patients the PGY1 and/or PGY2 doctor is managing. This person may change regularly (e.g. ward service, operation list roles, emergency department and general practice shifts) and it may be sufficient to state 'as per clinical roster – rotates on a daily/weekly/monthly basis'.
- The day-to-day clinical supervisor is the medical staff member available in real time for support and advice relating to patients. In most cases this is the registrar and it may be sufficient to state 'as per clinical roster – rotates on a daily/weekly/monthly/6-monthly basis'.

Other terminology used by some health services includes 'Clinical Term Supervisor'. This terminology is being used in large units, such as emergency, where each prevocational doctor is allocated a specific contact person for the term with the Term Supervisor maintaining oversight of the broader group.

Common revisions required:

In many cases the supervisors listed are not consistent with the AMC definitions (Accreditation Standard 3.2) and/or the Term Supervisor/s have not been named.

Please contact the PMCV if you are unclear regarding the Supervision structure.

pmcv

Duty Roster – Further Guidance:

Health services are required to provide duty rosters that demonstrate the prevocational doctors' activities. Without this information, the PMCV Accreditation subcommittee is unable to determine if the rotation meets accreditation standards. Examples of information that may be provided through the Duty Roster include:

- Operating theatre (for a surgical rotation) sessions
- Specialist clinic sessions and approach to PGY2 doctor patient load (e.g. new vs review patients)
- Preadmission sessions
- Any regular meetings that the prevocational doctor attends/presents cases at (e.g. MDM, Case Conferences, Discharge Planning, Allied Health, Morbidity & Mortality, Audit). Supplementing this with information of the expected role of the prevocational doctor is beneficial (e.g. PGY2 doctor prepares, presents, follows up tasks, documents)
- Any education – formal or unit based, that the prevocational doctor is invited to attend and/or present at

Where the clinical unit has a rotating roster, please provide one rotation of the roster cycle inclusive of duty roster.

Where supporting documentation does not include an overview of the clinical roster this should be provided in addition to the duty roster. This information should include the registrar, senior medical staff and fellow hours for the unit to provide an overview of supervision.

Common revisions required:

In many cases the provided roster only provides details of the start and finish times of the shifts across a single week or fortnight. It is not possible to adequately determine the supervision and workload without details about the daily duties, expected rotation plan across the term e.g. how often the PGY2 doctor is expected to work after hours, nights, weekends.

Any duties referred to in the term descriptor, ROVER or the unit orientation must also be reflected in the roster duties to give an overview of daily structure and the prevocational doctor's workload.

See attachment 2 – Duty roster example - Does not meet accreditation standards.

See attachment 3 – Duty roster example - Meets accreditation standards

pmcv

Supporting Documents/Attachments – Best Practice Guidance

The PMCV PGY2 Subcommittee must be able to access the supporting documents and/or links within the Term Description. If these documents contain vital information and are only accessible through your health services digital environment, please attach a hard copy.

At times, the information recommended in the above 'Term Descriptor' may be covered in detail in the Unit Handbook. It will be sufficient to summarise this information and reference the Handbook if this is made available.

pmcv

Post Application (new and changes) Process:

Health services are required to follow the standard PMCV post application process to have a rotation formally accredited.

Post applications (new and changes) require the submission of a Term Description. This document will be reviewed as part of the post application. There is no requirement for health services to submit a Term Description via the NFPMT Implementation Checklist for a post which has not been formally accredited.

Attachment 1. Term Descriptor examples and PMCV comments

Clinical Experience A: Undifferentiated Illness care	Clinical Experience B: Chronic Illness care	Clinical Experience C: Acute and critical Illness care

TERM DESCRIPTION (CURRENT)	***PMCV COMMENTS***
This surgical term involves inpatient and outpatient activities including attending to ward patients, seeing patients in an outpatient setting and attending theatre cases. The interns will also be attending a weekly MDM and will be carrying out tasks for outpatients. *Health service allocated Clinical Experiences: A and C*	Gives a general idea of the cases seen by the unit and some sense of which activities the PGY2 doctor will be doing. Does still need to be supported by a duty roster and the unit needs to be aware that these will be the questions and information of interest at the time of accreditation review. How exposure to Clinical Experience A is achieved is not clear. *Further information which may be provided:* • Duty roster • Expectations in outpatients (new vs review patients) • Update Intern to PGY2 • Information on how Clinical Experience A is met
Community psychiatry term. *Health service allocated Clinical Experiences: B and C*	No detail on casemix or the opportunities for PGY2 doctors. It cannot be determined if the prevocational doctor sees new patients (Clinical Experience A), if the unit mostly manages long term patients for integration (Clinical Experience B) or subacute exacerbations (Clinical Experience C). The role of the doctor in clinical management compared to completing administrative type tasks is unclear. *Further information which may be provided:* • Duty roster • Casemix/role of the unit and where this occurs • Expectations of the PGY2 doctor - assessment of new patients? Chronic patients? Development of long-term management plans? Communication with GP? • Information on how Clinical Experience C is met
Adult psychiatry units with Intensive care areas. The term involves activities including history taking, mental status examination, attending family meetings and medical support for ECT suite. The HMO will also be attending local education and training sessions. *Health service allocated Clinical Experiences: B and C*	This gives some sense of what the prevocational doctor will be doing, however the health service has allocated Clinical Experience B and C. In this description the sense is more that patients with acute illness are being seen. The rationale for Clinical Experience B is not clear – what are they doing in the family meetings? In ECT, are they equipped to provide support (what is the supervision?) *Further information which may be provided:* • Duty roster • Casemix/role of the unit in relation to chronic illness • Expectations of the PGY2 doctor. Assessment of new patients? Chronic patients? How does the PGY2 doctor get this experience and learning rather than just observing the registrar? • Information on how Clinical Experience C is met. • Tasks of the PGY2 doctor may be helpful - Interactions with community providers and chronic illness planning? Presentation at planning meetings?

This role rotates through shifts attached to the Acute Medical Team who admit general medical patients from ED and SSU medical patients who are expected to stay less than 48 hours. This includes day and night shifts with these units on a rotating roster. Both units give the JMO experience in assessment and early management of acute medical patients as well as short stay medicine. Both units are well supported with support from unit registrars and consultants. *Health service allocated Clinical Experiences: B and C*	This gives a fairly clear idea of how Experience C will be met. Given the acute focus of the unit, it is not clear how Clinical Experience B will be covered. It would also be good to understand if the PGY2 doctor only works on the ward, does admissions, is involved in discharge planning or meetings. What is the balance of nights (relevant for year planner)? *Further information which may be provided:* • Duty roster with activities • Information regarding learning opportunities for Clinical Experience B
Working hours are 8.30am – 5pm Monday to Friday • Covering all pre-MET calls, MET calls and code blues at health service and holds the emergency phone and pager • Covers the Day medical unit - consenting patients, signing pathology forms, medical certificates, writing scripts, writing drug charts, difficult cannulas or if any unwell patients need to be reviewed. • Dialysis unit • review of unwell patient and writing drug charts • Seeing Outpatient clinics patients in various specialities with the consultants from Monday – Friday eg, Memory Clinic, Oncology clinic, Renal clinic, Haematology clinic and The Wound clinic *Health service allocated Clinical Experiences: B and C*	This gives a good idea of what the PGY2 doctor is doing in their day. However, no information is provided on the Unit. The escalation and support available for pre-MET, MET, Code Blue is unclear. What type of procedures are being consented? The outpatient reference is good, but with so many units, how is longitudinal support and a cohesive experience being provide? What are the roles in outpatients (how are patients allocated – new vs review, complexity). How is Clinical Experience B met – what are the interactions for longitudinal care? *Further information which may be provided:* • Outline of the focus of the unit and the type of activities in the day unit (?infusions, trial of void, clinical review, ascitic taps?) • Supervision and escalation information • Approach in outpatients to patient allocation and cohesion
This busy Emergency Department (ED) sees around xx patients each year. We have a dedicated team of professionals including emergency medicine specialist doctors, critical care trained nurses, nurse practitioners specialising in emergency care and physiotherapists with expertise in urgent conditions, supported by technical and clerical staff. The emergency department includes exposure to a full range of presentations including adult and paediatric patients that may be treated in resus, main emergency area or the short stay unit. *Health service allocated Clinical Experiences: A and C*	Good explanation of the department Needs a brief outline of what the PGY2 doctor does – adults, paediatrics, fast track, SSU, all? Is there a balance? Frequency of nights? Supervision structure for PGY2, especially on nights (who is around)? *Further information which may be provided:* • Outline of the type of shifts the PGY2 doctor may be allocated to • Template roster is allocation between areas is standard (and number of nights)
The Orthopaedic Unit provides comprehensive orthopaedic care for patients with bone, ligament, tendon, and muscle injuries. We offer a wide range of surgical and emergency services. Our team of healthcare professionals includes orthopaedic surgeons, nurses, and allied health experts who collaborate to ensure the best outcomes for patients. We manage trauma patients and local referrals. Following major surgery or trauma,	Good explanation of the unit and casemix, though would be nice to understand the LOS/balance of short admissions. Clinical Experience D is not mandatory for PGY2 doctors (but this can still be allocated for consistency with PGY1). For Clinical Experience B, need more understanding of how the PGY2 doctors work – and how they are supported to manage and learn about chronic

patients seamlessly transition to rehabilitation, aiding their return to homes and communities. Our services encompass elective surgery, trauma care, accidents. Hospital Allocated Clinical Experiences: B and D	conditions (not just that the PGY2 doctor manages the medical issues with relative independence). Is there a separate orthogeris unit and does the rehab unit come in to do those assessments? If the patients only stay 2-3 days, how does the PGY2 get the opportunity to link in with longitudinal care? *Further information which may be provided:* • Duty roster • Tasks and expectations of the PGY2 doctor • Supervision and support for chronic illness • Role of the PGY2 doctor in MDT/discharge planning/arranging rehab (including community communication) - acknowledging this can include preparation for surgery.

Attachment 2. Duty roster example - Does not meet accreditation standards

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
0730– 1530	0630– 1430		0630-1330	0700-1430	0630– 1430	

Attachment 3. Duty roster example – Does meet accreditation standards

Please see table below:

Standard Work Week

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Day	0800-1600	0800-1600	0800-1600	0800-1600	0800-1200	Enter Time	Enter Time
	Ward round Admissions Ward reviews	Ward round Admissions Ward reviews	Ward round Admissions Ward reviews	Ward round Admissions Ward reviews	Ward round Admissions Ward reviews	Click or tap here to enter text.	Click or tap here to enter text.
Education	Enter Time	1300-1400	1200-1300	1300-1400	1200-1400	Enter Time	Enter Time
		Unit teaching (tutorial based)	Unit meeting (M and M, radiology, or journal club) (1 hr)	HMO teaching (1 hr)	Intern teaching (1 hr) Unit Sims training (1 hr)	Click or tap here to enter text.	Click or tap here to enter text.
Hours	8	8	8	8	6	Total	Total

Evening work week (PGY2 + only) – rostered every 5 weeks / Weekend Shift (PGY2 + only) – rostered every 5 weeks (not the same week as Evenings)

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Evening	1300-2130	1300-2130	100-2130	1300-2130	1300-2130	0800-2130	0800-2130
	Admissions Ward reviews	Admissions Ward reviews	Admissions Ward reviews	Admissions Ward reviews	Click or tap here to enter text.	Ward round Admissions	Ward round Admissions
Education	Enter Time	1300-1400	1200-1300	1300-1400	1200-1400	Enter Time	Enter Time
	Click or tap here to enter text.	Unit teaching (tutorial based)	Unit meeting (M and M, radiology, or journal club) (1 hr)	HMO teaching (1 hr)	Intern teaching (1 hr) Unit Sims training (1 hr)	Click or tap here to enter text.	Click or tap here to enter text.
Hours	8.5	8.5	9.5	8.5	8.5	13.5	13.5

Night Shift (PGY2 + only) – rostered every 5 weeks

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Night	2100-0830	2100-0830	2100-0830	2100-0830	2100-0830	2100-0830	2100-0830
	Admissions Ward reviews	Admissions Ward reviews	Admissions Ward reviews	Admissions Ward reviews	Admissions Ward reviews	Admissions Ward reviews	Admissions Ward reviews
Education	Enter Time	Enter Time	Enter Time	Enter Time	Enter Time	Enter Time	Enter Time
Hours	11.5	11.5	11.5	11.5	11.5	11.5	11.5