

Pointers in Developing Term Descriptions

This document aims to guide the development of Term Descriptions and is designed to complement the [PMCV Development of Term Descriptions - Further Guidance](#) document.

When developing Term Descriptions, it may help to step back and think about what someone with no knowledge of your health service may want to know to consider the unit a suitable training placement for a prevocational doctor. Below are examples of information that health services can provide within the term descriptor section of the Term Description to support the Clinical Experience classification.

There is no requirement to address each of these points for every Term Description.

Clinical Experience A: Undifferentiated illness patient care

- Details of opportunities and frequency of the prevocational doctor to:
 - Be the initial assessor of patients
 - Develop management plans
- These may be included in the Term Descriptor by describing the approach or by outlining opportunities on the Duty Roster

Clinical Experience B: Chronic illness patient care

- Details of active involvement in discharge planning
 - The role of the prevocational doctor in allied health and multidisciplinary meetings, community care involvement, elective pre-op planning
- An understanding of how the prevocational doctor is involved in managing chronic illness longitudinally. For units where admissions are frequently for a condition distinct from the chronic illness, exposure may not be sufficient.
 - For example: a prevocational doctor making adjustments to blood pressure or asthma medications during an admission for a bowel resection is not the same as managing a patient admitted with chronic illness, but decompensated CCF where the primary focus of the admission is to optimise control and consider future management of the illness.
- These may be included in the Term Descriptor by describing the approach or by outlining opportunities on the Duty Roster.

Clinical Experience C: Acute and critical illness patient care

- Details of active involvement in acute and critical illness
 - E.g. Descriptions of the prevocational doctor's expected role with pre-MET and MET calls and management of acute issues.
- It may be helpful to briefly describe the supervision and escalation available.
- These may be included in the Term Descriptor by describing the approach or by outlining opportunities on the Duty Roster.

Clinical Experience D: Peri-operative/procedural patient care

- Understanding of the approach to theatre and procedure time
- Understanding of the involvement with pre-op planning (tasks or time allowance)

Case mix and learning opportunities

- Brief outline of typical cases seen by the clinical unit to ensure understanding of what the unit does.
- Description of opportunities for the prevocational doctor to learn through doing rather than observing (ie. Where does the prevocational doctor get involved rather than just scribing)
 - Opportunities to undertake procedures
 - Opportunities to present cases and be involved in management discussions
- For surgical rotations: Details of elective vs emergency cases
 - Examples or relative frequency

Description of supervision:

- An outline of the supervisory contact e.g. Consultant ward rounds daily, present to consultants in meeting, registrar oversight on cover (this does not need to be exhaustive)
- Role in MET calls/Code Blues (if relevant)

Outpatients:

- Approach to allocating patients with reference to the relevant Clinical Experience:
 - New patients – relevant to Clinical Experience A
 - Preop planning – relevant to Clinical Experience B and D
 - Review patients – relevant to Clinical Experience A

Cover:

- Amount of time spent in cover should be stipulated for understanding in the context of the whole year. This may be detailed in the Term Descriptor or the Duty Roster

Supervisor details (section 4 of Term Description)

- Review of key supervision roles as per the 'Supervision Structure – Further Guidance' section of [PMCV Development of Term Descriptions - Further Guidance](#)
- Key staff may include allied health, nursing and non-medical

Version approved along with date of next review.

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