

Guideline for Parent and Secondment Sites

Background

The introduction of the Australian Medical Council (AMC) National Framework for Prevocational Medical Training (National Framework) necessitates strengthened and regular interactions between parent sites (the primary employer) and secondment sites.

Examples of parent and secondment site arrangements:

Parent site	Secondment site
Metropolitan hospital	Metropolitan hospital
Metropolitan hospital	Regional or rural hospital
Regional or rural hospital	Metropolitan/regional
Regional Training Program	Regional or rural hospital

This document, drawn from examples of communications already in place across Victoria, provides explanations and guidance on these interactions. Additionally, this document aims to complement the [Victorian Department of Health Doctors in Training Secondment Agreement](#)

Audience

Key audience members include:

- Prevocational Training Programs
- Health service Medical Workforce Unit
- Health service Medical Education Unit

Objectives

This guideline aims to provide practical guidance to strengthen existing and future Parent and Secondment site arrangements.

The Accreditation Process

The Postgraduate Medical Council of Victoria (PMCV) is accredited by the Australian Medical Council as the delegated prevocational training accreditation authority for Victoria. All PGY1 and PGY2 training programs and posts must be accredited by PMCV, inclusive of direct recruitment positions.

During the Accreditation Survey Visit, the survey team will also undertake a review of any secondment rotations to evaluate whether the standards of the National Framework are being met.

In the case that a concern is identified at a secondment site, the parent site will be expected to be involved in any discussions and/or improvements/changes that are required.

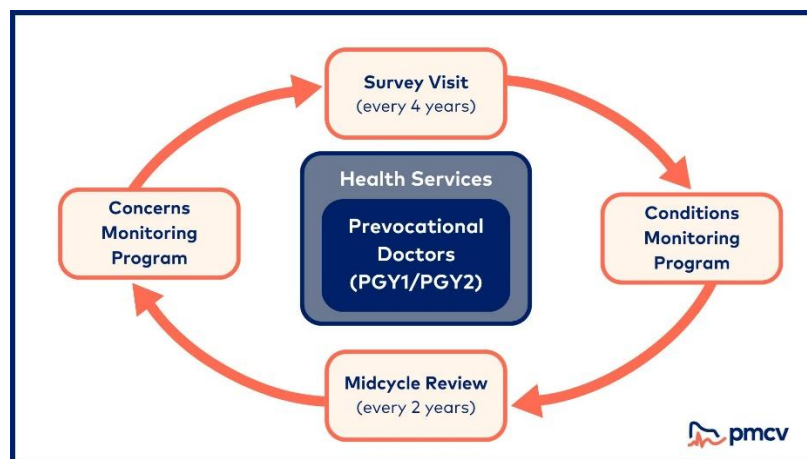


Fig 1. PMCV Accreditation Cycle

Program Structure and Requirements

The suggested interactions throughout this document are not meant to be prescriptive but rather provide a list of considerations that may be adapted to ensure quality provision of health care to the Victorian community and the training and experience of its prevocational doctors.

Parent site Responsibilities

- Co-ordination of the overall management of the prevocational training program between the parent site and secondment site.
- Incorporation of relevant orientation information from secondment sites into parent sites annual orientation program.
- Ensure mutual understanding of educational program offerings between secondment sites and the parent site, with each being informed of the opportunities available at the other.
- Establishment of process to share information regarding:
 - performance issues
 - doctors in difficulty
 - assessments and other information relating to training progression
 - Assessment Review Panel discussions and outcomes

Communication - Mutual Obligations

It is imperative that communication occurs between the parent and secondment sites throughout the year. This may be a formalised meeting or telephone contact. Frequency will depend on the locations, the structures, amount of 'secondment' that occurs and the individual needs of the prevocational doctor/s.

Hospitals that have embedded regular communication each term between the medical education units have found that this benefits the connection, understanding and working relationship between the two services.

Areas to consider in this communication include:

- Do all parties understand the expectations regarding processes and interactions?
- Are there any prevocational doctor specific issues/learning needs to discuss?
- Are there any unit or site-specific issues that need discussion?

Additionally, the parent site should discuss expectations, particularly in relation to requirements for prevocational doctors. For example: Whether an increased number of Entrustable Professional Activities should be undertaken.

Refer to Appendix 1. Parent and Secondment Site Overview for details of activities being undertaken by some parent and secondment sites.

Term Descriptions and Annual Planners

Accreditation standard 2.1 and 2.2

It is the responsibility of each site to develop Term Descriptions for their clinical units. All Term Descriptions must be reviewed and endorsed by the PMCV Accreditation Committee.

Prevocational doctors must be provided with the Term Description prior to their secondment rotation.

The table below notes additional site-specific responsibilities:

Parent site	Secondment site
<ul style="list-style-type: none">• Ensure that the Annual Planner is compliant with the requirements of the National Framework.	<ul style="list-style-type: none">• Share endorsed Term Descriptions with parent site.• Inform parent site of any changes to Clinical Experience classification.

Formal Education Program

Accreditation standard 3.4

All prevocational doctors are required to have access to a formal education program. Education may occur at the parent site (in person or virtual) or at the secondment site. Prevocational doctors should be made aware of what education sessions are available to them during their secondment rotation.

The table below notes site-specific responsibilities:

Parent site	Secondment site
<ul style="list-style-type: none">• Co-ordinate the education program between sites.• In the scenario that the secondment site does not offer any education, ensure that the prevocational doctor is able to access education at the parent site.	<ul style="list-style-type: none">• Ensures that prevocational doctors are supported by supervising medical staff to attend formal education and that protected teaching time is adhered to.

Term Arrangements, Discussions and Assessments

Accreditation standard 3.4

Prevocational doctors should receive relevant information regarding the secondment site and secondment rotation in a timely manner. This information should be incorporated as part of the parent site annual orientation program and should include:

- Details of accommodation arrangements and relevant local information
- Details of what to do on arrival
 - For example: Who should the prevocational doctor meet with first?
 - Medical Education Unit, Medical Workforce Unit, Clinical Unit
- Secondment site specific details
 - Details of computer system/s
 - For example: Is there an EMR
 - How to access policies
 - Relevant processes
 - For example: Payroll and leave
- Education and training specifics
 - Orientation details
 - How to access education
 - Supervisors and clinical unit details
 - Who to speak to if there are concerns

Beginning of Term

During the Beginning of Term Discussion with the Term Supervisor, the prevocational doctor should be encouraged to share information from their previous learning, goals and feedback.

This should include any specific EPAs that need to be undertaken during the secondment rotation.

Mid and End of Term

In the middle and at the end of each term, a range of information may be gathered. Parent and secondment sites should ensure that the sharing of this information is clearly delineated.

Examples of information and possible methods for sharing include:

Information	Method for collating/sharing
Written structured/templated information such as Mid and End of Term Assessments	<p>A clear process should be established to share electronic or paper versions until Clinical Learning Australia (CLA) is available.</p> <p>Once CLA is available, Term Assessments will be available to the parent site upon completion.</p>
Other information regarding a trainee	<p>Conversation between secondment site and DCT is encouraged, particularly for issues relating to the longitudinal progress of the doctor</p> <p>It is recommended that any conversations are supported by written documentation</p>
Feedback on the rotation provided directly to the secondment site	<p>Conversation between Medical Education Units to understand nuances of the rotation are recommended (term based)</p>
Feedback on the rotation provided directly to the parent site as part of routine processes	<p>A written collation of feedback should be shared with the secondment site on a periodic basis. Interval timing should be considered with reference to the need to maintain confidentiality (i.e. small numbers of doctors may require information sharing after a larger number of rotations)</p>
Feedback on the rotation provided to the parent site related to a specific concern	<p>This feedback should be discussed between primary and secondment site as a matter of priority</p>

Entrustable Professional Activities (EPAs)

Each prevocational doctor is required to complete at least 10 EPAs across the year. EPA 1 must be completed each term, as well as one other EPA (2-4).

The table below notes site-specific responsibilities:

Parent site	Secondment site
<ul style="list-style-type: none"> Maintain longitudinal oversight of EPA compliance (minimum number of EPAs completed across the clinical year) 	<ul style="list-style-type: none"> Ensure that all EPA assessors have completed EPA training Communicate with parent site if any clinical unit specific EPA nuances identified <ul style="list-style-type: none"> Preferred EPA or if a specific EPA is unlikely to be assessed During the Beginning of Term Discussion, ascertain whether any specific EPAs must be undertaken to achieve compliance.

Improving Performance/Doctors in Distress

Accreditation standard 2.5

Any identified learning goals should be communicated between sites. The prevocational doctor should be aware that this will occur and that the purpose is to allow the learning goals to be addressed.

Improving Performance Action Plan (IPAP)

Discussion regarding the IPAP should occur between the parent site Director of Clinical Training (or equivalent) and appropriate delegate at secondment site.

Parent site	Secondment site
<ul style="list-style-type: none"> Notify the secondment site of any prevocational doctors on an IPAP and the specific tasks required of the secondment site. This should also include a plan for feedback on progress to the primary site. 	<ul style="list-style-type: none"> Secondment site should work with the prevocational doctor to achieve the tasks outlined in the IPAP Secondment rotation Term Supervisor must report back on progress against the IPAP.

Assessment Review Panel (ARP)

Each prevocational doctor remains under the jurisdiction of the parent site.

The ARP must hold sufficient information to determine the progression to the next level of training for each prevocational doctor. This includes:

- Beginning of Term Discussions, Mid and End of Term Assessments
- Details of EPAs undertaken
- Informal information (where relevant)
- Attendance and absentee information

The table below notes site-specific responsibilities:

Parent site	Secondment site
<ul style="list-style-type: none">• Ensure that the Terms of Reference and membership include representation from the secondment site• Distribution of relevant information to secondment site (meeting minutes, decisions)	<ul style="list-style-type: none">• Nominate appropriate representation for the ARP (as required)• Actively participate in ARP (as required)

Appendix 1: Parent and Secondment Site Overview

ACTIVITY	WHO	PURPOSE
Logistics/Practical Information		
Welcome and onboarding information	Secondment site to prevocational doctor	Standardised orientation
Share details of incoming prevocational doctors	Parent to secondment site Secondment site to clinical unit	Adequate preparation
Medical Education and Clinical Unit Specific Information		
Check in between medical education units	Parent and secondment site Medical Education Units (DCT, MEOs)	To maintain relationships and identify changes in a timely manner
Visits to secondment site	Consideration of parent site to secondment site	Builds connection and understanding
Sharing of resources	Bidirectional	Avoid duplication and improve consistency
Term Description ROVER Unit Handbook	Secondment site to prevocational doctor	To outline expectations
Feedback on rotation	Parent to secondment site Secondment Medical Education Unit to clinical unit	Quality assurance and improvement
Doctor Progression		
Beginning of Term Discussion	Clinical unit Term Supervisor to prevocational doctor	To outline expectations, opportunities for EPAs and other learnings
Completion of progress requirements	Secondment site ARP at parent site monitors and reviews	To contribute to longitudinal progression
Specific progress conversations/shared information	Between rotations: DCT/SIT at parent site with unit DCT/SIT/Term Supervisor at secondment site	To ensure ongoing progress towards goals for doctors requiring additional support

Appendix 2: Glossary of Terms

Assessment Review Panel	<p>A panel that recommends whether a prevocational doctor can progress to the next stage of training, based on a global judgement of the doctor’s achievement of the prevocational outcome statements.</p> <p>The panel members have a sound understanding of procedural fairness and prevocational training requirements. The panel must have at least three members, who may include the director of clinical training (DCT), the director of medical services (DMS) / chief medical officer (CMO) or delegate, the medical education officer (MEO), an individual with HR expertise, experienced supervisor/s, or a consumer.</p>
Clinical Supervisors	<p>A medical practitioner who supervises the prevocational doctor while they are assessing and managing patients.</p> <ul style="list-style-type: none"> • 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.
Director of Clinical Training (DCT) /Director of Prevocational Training (DPT)	<p>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.</p>
Formal Education Program	<p>An education program that the training facility provides and delivers as part of its prevocational training program. For interns (PGY1), there are usually weekly sessions, which involve a mixture of interactive and skills-based face-to-face or online training. Education programs for PGY2 doctors are more varied and may be adapted to address the career plans of these doctors.</p>
Medical Education Officers	<p>MEOs provide educational support for prevocational doctors. This includes administrative support to DCTs, SITs, Term Supervisors and other roles within Prevocational Medical Education.</p>
Supervisor of Intern Training (SIT)	<p>A medical practitioner who has primary responsibility for the supervision and learning of prevocational doctors.</p>
Term Supervisor	<p>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.</p>

