

Education and Training Program and Attendance & Release from Duties Guideline

SAMPLE ONLY

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The Education and Training Program and Attendance & Release from Duties Guideline has been developed by SA IMET to provide facilities with a policy guideline.

Facilities may wish to adapt this or use it as framework for developing their own Education and Training Program Attendance & Release from Duties policy

Scope

Facilities are required to provide junior doctors with appropriate and balanced clinical experience and other education opportunities.

Context

Both formal and informal education are necessary components of junior doctor training. Each facility's Director of Clinical Training (DCT) and Medical Education Officer (MEO) are responsible for coordinating, monitoring and supporting formal education and training independently within each area health service. Processes may vary between facilities and units. The complete education and training experience for junior doctors comprises formal terms or attachments to units that will provide good clinical exposure as well education programs developed specifically for their needs. As well as making formal education sessions available, it is imperative that junior doctors are given the opportunity to attend these sessions.

FORMAL AND INFORMAL EDUCATION

Formal and informal education takes on many forms and the facility must have a commitment to the teaching of junior doctors in these settings.

Formal Education

Junior doctors must be provided with opportunities to attend appropriate formal education sessions which are relevant to their needs and to the clinical needs of the facility. This may include:

- > Grand rounds
- > Lectures
- > Tutorials
- > Case presentations
- > Simulation training
- > Skills workshops
- > Journal clubs

Informal Education

Informal workplace based teaching provides the majority of learning in the prevocational years. Types of informal teaching may include:

- > teaching on Consultant and Registrar ward rounds
- > case presentations
- > small group or one-on-one tutorials
- > operating theatre
- > outpatient clinics
- > admitting days

Despite being less structured and generally varied, these workplace based opportunities provide invaluable education for junior doctors.

Junior Doctor Professional Responsibility

There is an expectation that junior doctors must conscientiously make time for educational activities. This may involve attending educational activities or making a particular effort to attend all clinical teaching opportunities. These activities may be offered within or outside rostered working hours.

A commitment to life-long education and self-assessment should be developed through involvement in:

- > audit and peer review
- > journal club and programmed educational activity attendance; and
- > use of the library, computers and other resources
- > participation in contemporary learning, such as online lectures, Webinars and wikis.

The success of prevocational training and subsequent training will depend on the junior doctor's capacity for self-assessment and self-learning.

Guideline Detail

A facility will commit to the teaching of junior doctors by:

- > assessing the educational needs of junior doctors, developing appropriate programs and committing resources to meet these identified needs
- > using the Australian Curriculum Framework for Junior Doctors (ACF) as a guide for required education in PGY 1 and 2, which will reinforce the importance and relevance of the education program
- > ensuring educational programs are accessible to junior doctors and are 'protected' from excessive and unreasonable intrusions from clinical responsibilities
- > repeating or recording core sessions, where possible, to allow maximum attendance regardless of rotation
- > where possible, ensuring education sessions take place within roster hours, with formal teaching sessions of about three hours per week for PGY1s and for PGY2s at least 1-2 hours. These sessions should be specific to the PGY level (i.e. NOT grand rounds or other broader institutional education).
- > ensuring education sessions are interactive
- > ensuring education programs are coordinated between the parent hospital and rotation hospital(s)
- > providing specific education sessions for prevocational trainees that offer exposure to different disciplines and seek to consolidate and expand their learning.
- > ensuring that junior doctors have access to appropriate facilities and educational resources to support and maintain self-learning activities (such as internet access at work)
- > having a process in place to address terms which provide limited access to junior doctor education and training
- > ensuring education programs are evaluated and feedback is acted upon to improve the experience for junior doctors, supervisors and hospital administrators, and the program is modified as necessary

- > enabling participation in education-related professional commitments away from their usual workplace according to the SA Health '*Absence on duty for medical officers to attend professional commitments*' Guideline.

A facility will support Medical Staff in the teaching of junior doctors by:

- > recognising and rewarding quality clinical teaching and providing protected time for both the junior doctors and the more senior medical staff who provide teaching and mentoring
- > ensuring that senior medical staff and registrars are aware of the education program for junior doctors and encourage attendance (this would ideally include holding their pager whilst in attendance and conducting ward rounds at other times)
- > training and supporting registrars and clinicians in their role as teachers and supervisors (e.g. participating in Teaching on the Run and the Professional Development Program for Registrars)
- > ensuring senior clinicians have teaching responsibilities and non-clinical time built into their job descriptions and work schedules.

ROLE OF THE DIRECTOR OF CLINICAL TRAINING

The position of the Director of Clinical Training (DCT) is a key component in the training structure of junior doctors and requires a senior clinician with special skills as a teacher, innovator, adviser and diplomat.

The DCT is responsible for delivering the following education and training functions:

- > initiate and oversee a formal education program for all junior doctors in the hospital (the format of this is flexible and should be appropriate to the needs of the junior doctors in a particular hospital)
- > ensure that each clinical term has an adequate training component
- > ensure that junior doctors have protected time for training activities
- > ensure library and other resource facilities are well maintained and readily accessible to junior doctors
- > ensure that the overall yearly roster is structured to provide suitable balance of terms for satisfactory training for each junior medical officer
- > facilitate the provision of counselling and information regarding career development.

Key Concepts, Terms and Definitions

Education and Training Program (ETP)

The complete education and training experience for Postgraduate Trainees:

- > For Interns and other Prevocational Trainees, the ETP should comprise a formal alignment or rotation of Terms, together with a program of training across a range of specialities which counts towards Intern registration and is also offered to other early postgraduate years. It should include formal education programs developed specifically for Interns and, separately, for PGY2+, usually conducted on a weekly or bi-weekly basis

Director of Clinical Training – a medical practitioner appointed by a facility to be responsible for the coordination of the General Clinical Training Program.

Facility – the institution or clinical setting in which postgraduate Trainees work and train. These organisations will usually be in hospitals but may be healthcare centres or supervised practice locations in community settings which have met Accreditation requirements for Postgraduate Trainee education.

Junior Doctor – medical practitioner in their early postgraduate years of clinical practice (PGY 1/2/3/4+) who has not yet entered a vocational training program.

Protected Education Time – education sessions are 'protected' from excessive intrusions from clinical responsibilities (pager-free time)

Trainee Medical Officer (TMO) Unit – is responsible for the administrative aspects of employment (e.g. rosters and leave) and also for administration of the formal education and training program for junior doctors.

Related Documents

- > SA Health Guideline: *Absence on duty for medical officers to attend professional commitments*
- > SA IMET Accreditation Standards –
http://www.saimet.org.au/docs/saimet_accreditation_standards.pdf

References

- > PMCV: Postgraduate Hospital Educational Environment Measure (PHEEM) Project, Stage 2, 2009
- > PMCQ Intern Booklet 2010
- > AMA Position Statement – Flexibility in Medical Work and Training Practices
- > National Training and Assessment Guidelines for Junior Medical Doctors PGY 1 and 2, July 2003