Government of South Australia

SA Health

South Australian Medical Education and Training

Health Advisory Council

*Annual Report
2015-16*

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South Australian Medical Education and Training
Health Advisory Council Annual Report 2015-16

September 2016

Copies of the Annual Report can be obtained by contacting the SA MET Unit
or via www.samet.org.au

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27 September 2016

Hon. Jack Snelling M.P.
Minister for Health
Level 9, 11 Hindmarsh Square
ADELAIDE SA 5000

Dear Minister,

In accordance with the *Public Sector Act 2009* and the *Health Care Act 2008*, I am pleased to submit the annual report of the South Australian Medical Education and Training Health Advisory Council (the Advisory Council) for presentation to Parliament.

This report provides an accurate account of the operations of the Advisory Council for the financial year ending 30 June, 2016 in accordance with the Department of the Premier and Cabinet Circular PC013 on Annual Reporting Requirements.

Yours sincerely

Kevin Forsyth
Presiding Member
SA MET Health Advisory Council
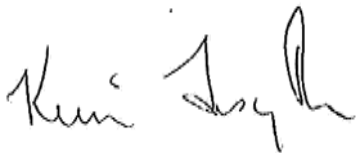
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1. Statement from the Presiding Member

I am delighted to report on the South Australian Medical Education and Training Health Advisory Council ("the Advisory Council") activities during 2015-16. This reporting period is for the second full calendar year since the revision of the Advisory Council. This period has provided an opportunity to position the work of the Advisory Council in responding to Transforming Health, the new Royal Adelaide Hospital and other medical education and training matters affecting our health services. The coming year will be an important one for the Advisory Council in terms of maintaining the profile of junior doctor training whilst major changes are taking place in the delivery of healthcare across public hospitals in South Australia.

Kevin Forsyth
Presiding Member
SA MET Health Advisory Council

2.   Role and Function of the Advisory Council

In this reporting period, the unincorporated Advisory Council has worked towards improving the quality of education, training and welfare for trainee medical officers and undertaking the accreditation and monitoring of postgraduate training posts in South Australia. These functions had previously been undertaken by the South Australian Institute of Medical Education and Training (SA IMET) Health Advisory Council from 2009 to 2013, and the Postgraduate Medical Council of South Australia (PMCSA) from 2006 to 2009.

The structure of the Advisory Council gives it integrating operational and advisory responsibilities for postgraduate medical training. It also provides the ability for the Advisory Council to represent all phases of postgraduate medical education including intern and subsequent prevocational, and vocational training. The Advisory Council structure enables rapid and effective integration of on-going developments in education and training, at both local and national levels. In addition, the structure supports a range of objectives and targets from South Australia's Strategic Plan by moving South Australia's health reform agenda forward and being proactive about health workforce needs. The Advisory Council Rules are outlined in Appendix I.

The Advisory Council Principles:

- Safe, quality patient care is the primary aim of clinical education and training.

- Learning and clinical care are integral to each other.

- The primary focus of postgraduate medical education and training should be patient-centred learning in the clinical environment.

- Medical education and training can occur successfully using various models.

- Independent accreditation is the appropriate mechanism for ensuring a high standard of medical education and training.

- Education and training are most effective in a well supervised and supportive environment.

Each year the South Australian health system accommodates around 1,500 trainee medical officers (TMOs). The safety and quality of care provided in public hospitals relies heavily on the skills of this workforce. While the primary focus of a health service is the delivery of care, the training and development of TMOs must also be seen as core business.

The functions of the Advisory Council are to:

- Provide leadership in postgraduate medical education and training in the State;

- Provide expert advice to the Minister, the Chief Executive and the Department on matters relating to postgraduate medical education and training, accreditation of medical training and issues surrounding the education and employment of international medical graduates;

- Identify, evaluate, monitor and promote medical education and training programs for TMOs and their supervisors, in conjunction with key stakeholders;

- Work with vocational training Colleges to achieve high quality vocational training;

- Promote and actively encourage innovation in postgraduate medical training;

- Undertake the accreditation and monitoring of TMO positions using national and jurisdictional standards with a focus on;

  - accreditation and monitoring of positions for prevocational TMOs;

  - developing training standards and accreditation processes for prevocational TMOs; and

  - providing collaborative assistance to specialty training colleges in relation to the accreditation of vocational training positions;

- Provide advice to the Department, after consulting with stakeholders, on the suitability of TMO positions in the State;

- Notify the SA Board of the Medical Board of Australia of the Advisory Council's recommendations in relation to accreditation of postgraduate year 1 training positions;

- Develop linkages and agreements with accreditation agencies and education providers to:
    o promote a continuum of learning;
    o foster sharing of expertise and information; and
    o minimise any duplication of workload on health services that is associated with multiple accreditation agencies and processes;

- Establish, maintain and promote partnerships with relevant national and jurisdictional organisations;

- Contribute to a national core competency set for prevocational training and undertake research in relation to education and training pathways, assessment and the needs of international graduates; and

- Receive feedback from TMOs about relevant safety and quality matters and advocate to health services about postgraduate training, health and welfare issues.

The Advisory Council Membership as of 30 June, 2016 is represented in Table 2.1.

Table 2.1

Member	Representing
Professor Kevin Forsyth	Presiding Member
Dr Adrian Anthony	Deputy Presiding Member
Professor Paddy Phillips	Chief Medical Officer Member
A/Professor Alison Jones	Department for Health and Ageing Member (Manager, SA MET Unit)
Subject to nomination	SA Board of the Medical Board of Australia Member
Dr Randall Faull	Central Adelaide Local Health Network Member
Subject to nomination	Country Health SA Local Health Network Member
Dr Elaine Pretorius	Northern Adelaide Local Health Network Member
A/Professor Michael Shanahan	Southern Adelaide Local Health Network Member
Dr David Baulderstone	Women's and Children's Health Network Member
A/Professor Mitra Guha	Accreditation Member
Professor Ian Symonds	Education Member
Dr Christine Burdeniuk	Director of Clinical Training Member
Dr Jackie Davidson	Professional Medical Colleges' Member
Ms Anna Elias	Doctors in Training Member (Medical Student)
Dr Samantha Iannella	Doctors in Training Member (Prevocational)
Dr Thomas Crowhurst	Doctors in Training Member (Vocational)
Professor Paul Worley	Medical Schools' Member

2.1   Structure

The Advisory Council is supported by a range of committees and a secretariat to undertake its core business. This structure is provided below.
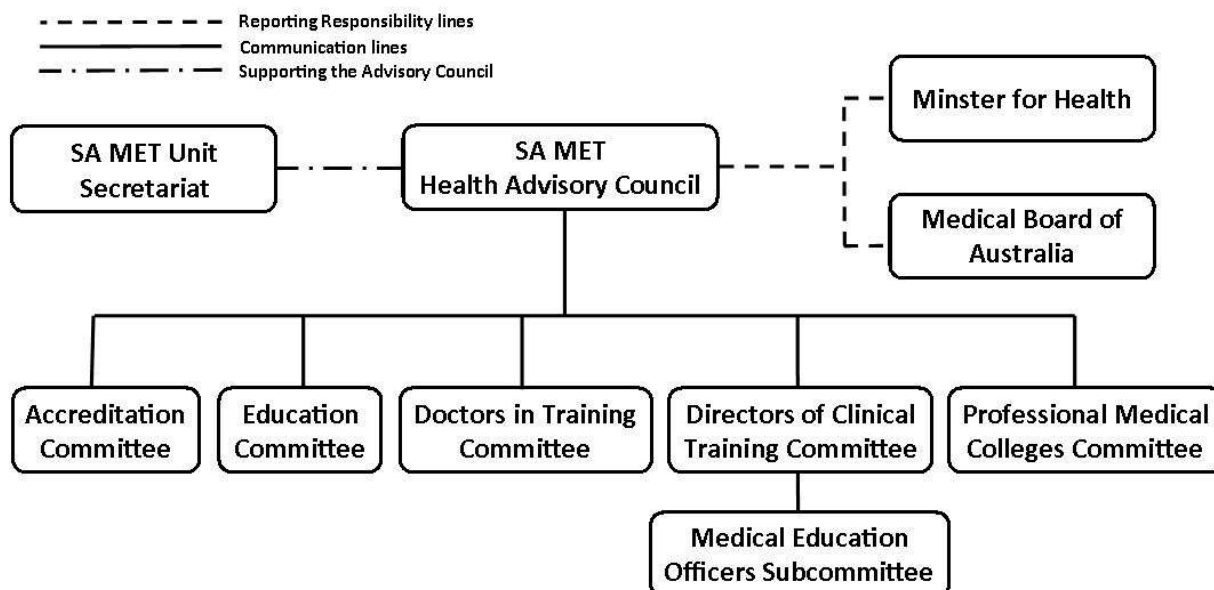
A significant reform currently being undertaken in South Australia is Transforming Health which proposes complex change to how and where health services are delivered. The full extent and nature of the changes in health service delivery are still unknown but there will be considerable implications across the whole system.

There is a need for education and training to be embedded into any changes within the hospitals. This needs to remain in the forefront of any planning with a potential reduction in bed numbers and reconfiguration of service delivery affecting the number of TMOs and their education and training opportunities.

Therefore the Advisory Council, relevant committees and the SA MET Unit focus over the next few years is to ensure TMO education and training, the accreditation impact for various levels of training and the requirements of General Registration are considered throughout the reform.

3.   Context

3.1   Australian Medical Council Accreditation

The Australian Medical Council (AMC) is the designated accreditation authority for the medical profession under the Health Practitioner Regulation National Law. In October 2013, the AMC advised that the Advisory Council met all the domains of the Quality Framework for the Review of Intern Training Accreditation Bodies and granted accreditation for the maximum possible period of five years, subject to satisfactory annual progress reports. A progress report will be provided to the AMC by 30 September, 2016.

3.2   National Representation

The Advisory Council and the SA MET Unit contribute to postgraduate medical education and training activities on a national level, continuing to build strong communication and relationships with the other jurisdictions. The Advisory Council and SA MET Unit represented South Australia at the following national meetings held in 2015-16.

Confederation of Postgraduate Medical Education Councils (CPMEC) Board Meeting

CPMEC is the peak body for prevocational medical education and training. It seeks to develop, by consensus, national standards and programs for the promotion and support of prevocational medical education and training in Australia and New Zealand.

CPMEC Prevocational Medical Accreditation Network (PMAN)

The PMAN promotes nationally consistent approaches to the accreditation of prevocational medical education and training using a highly consultative approach. It has developed a strong culture of active knowledge sharing on current prevocational accreditation policies and practices.

National Medical Intern Data Management Working Group (the Working Group), formerly the National Intern Allocation Working Party

The Working Group facilitates sharing of intern applications and acceptance data by jurisdictions. This data is used to identify the numbers of applicants who accepted multiple internship offers.

National Prevocational Forum

The 2015 Australian & New Zealand Medical Education and Training Forum and was held in Darwin, Northern Territory. The theme of the forum was *Integrate, Innovate, Inspire* and presentations focused on how innovative methods of medical education and training is being delivered in the ever changing health care services across Australia and New Zealand. Three staff members attended the forum, one staff member presented and one staff member chaired a session.

One staff member is a member of the organising committee for the 2016 Forum which will be held in Tasmania.

National Review of Medical Intern Training

Several meetings have been held as part of the national review of medical intern training and SA has been well represented by Advisory Council members and SA MET Unit staff at these meetings.

Other postgraduate medical councils

One member of the Advisory Council sits on the equivalent body for ACT Health and one member sits on the Accreditation body under that Council.

Specialty Medical Colleges

The Royal Australasian College of Physicians is undertaking a process for determining 'capacity to train'. Several Advisory Council members have participated in these national workshops. The Royal Australasian College of Surgeons is working on management of bullying, discrimination and sexual harassment. SA MET Unit staff have contributed to this national work. Work has also been done around the launch of the junior doctor prevocational surgical curriculum.

Accreditation of Medical Schools for the Australian Medical Council

One member of the Advisory Council was a member of the accreditation team for the University of Tasmania Medical School. Other members continue to contribute to the work of the Australian Medical Council activities.

International Medical Graduates

A workshop was held in April 2016 to explore the assessment processes for international medical graduates. Two members of the Advisory Council attended this workshop.

Work life balance in the medical profession

One member of the Advisory Council attended a national forum on how doctors' working lives can be influenced by the broader health care system. The workshop explored how external forces, shortages or surpluses, training requirements and changes in funding and incentives shape and influence the decisions doctors make in their working lives.

4. Committees of the Advisory Council

The Advisory Council has the following five committees and one subcommittee to assist with its roles and function:

- Accreditation Committee;
- Education Committee;
- Doctors in Training Committee;
- Directors of Clinical Training Committee;
- Professional Medical Colleges Committee; and the
- Medical Education Officer Subcommittee.

4.1 Accreditation Committee

The Accreditation Committee was established as a Committee of the Advisory Council to provide advice on accreditation processes for the postgraduate training of prevocational medical officers.

The Accreditation Committee operates in a manner consistent with the Advisory Council Rules and undertakes functions defined by those rules. These functions include:

- Provide expert advice to the Advisory Council on matters relating to accreditation of prevocational medical training.

- Undertake accreditation and monitoring of prevocational trainee medical officer posts, clinical units, facilities and networks that support these posts using the current SA MET accreditation standards.

- Receive and consider applications for the accreditation of new prevocational trainee medical officer posts against the current SA MET accreditation standards.

- Monitor and review the accreditation standards and processes ensuring relevance and effectiveness.

- Oversee the recruitment and training of accreditation visit team members and leaders.

- Develop links and agreements with other accreditation agencies and education providers to:
    - o promote a continuum of learning;
    - o foster sharing of expertise and information;
    - o minimise duplication of workload on health services associated with multiple accreditation agency processes.

- Work collaboratively with other Advisory Council Committees.

- Establish, maintain and promote partnerships with relevant national and jurisdictional organisations.

The Accreditation Committee membership at 30 June, 2016 is provided in **Table 4.1.1.**

Table 4.1.1

Member	Representing
A/Professor Mitra Guha	SA MET Health Advisory Council Accreditation Member, Chair
Dr David Everett	SA MET Health Advisory Council Accreditation Deputy Member, Deputy Chair, Director of Clinical Training
Dr Joon Chong (JC) Lee	Clinician/Term Supervisor
Dr Suresh Nagiah	Clinician/Term Supervisor
Dr Penny Need	Clinician/Term Supervisor
Vacant	Clinician/Term Supervisor
Dr Debbie Hough	Clinician/GP/Private Sector
Dr Sally Tideman	Director of Medical Services
Ms Julie Forgan	Medical Education Officer
Dr Max Kernich	Trainee Medical Officer
Vacant	Trainee Medical Officer
Dr Bethany Kloeden	Trainee Medical Officer
Ms Colleen Cryans	SA MET Unit ex officio

The Chair of the Accreditation Committee is appointed in accordance with the Health Advisory Council Rules. The Accreditation Committee reports through its Chair to the Advisory Council at each meeting on progress towards achievement of agreed outcomes. Membership of the Accreditation Committee is decided by the Advisory Council.

The Terms of Reference for the Accreditation Committee are provided in Appendix III.

The Medical Board of Australia has agreed that Registration Committees and/or State and Territory Boards will be responsible for considering the accreditation recommendations of postgraduate medical councils, such as SA MET, for the purposes of full registration at the completion of internship. The South Australian Board of the Medical Board of Australia (SA MBA) has authorised SA MET to undertake the accreditation of all intern training positions in South Australia for the foreseeable future.

The Accreditation Committee, through the Advisory Council, makes decisions regarding the accreditation status of intern positions and other postgraduate trainee positions.

Table 4.1.2 details the posts accredited by the Accreditation Committee during the reporting period.

Table 4.1.2

Calvary Wakefield Hospital				
Site	**Rotation**	**# Intern Positions**	**# PGY2+ Positions**	**Period of Accreditation**
Calvary Wakefield Hospital	Intern Training Program (CMI)	10	-	**Provisional accreditation subject to a site visit before 2017**
	Total	**10**	-	

Central Adelaide Local Health Network (CALHN)				
Site	**Rotation**	**# Intern Positions**	**# PGY2+ Positions**	**Period of Accreditation**
Royal Adelaide Hospital	Surgical T Unit	2	2	**Accredited until the next full facility accreditation in 2017**
	Emergency Department	12	-	
	Surgical C Unit	2	-	
	Surgical E Unit	3	-	
	Vascular Unit	3	3	
	Orthopaedic, Amputee and Burns Rehabilitation Unit	1	1	
	Neurology Unit	1	-	
	Stroke Unit	2	-	
	Total	**23**	**6**	
The Queen Elizabeth Hospital	Breast Endocrine Unit	1	-	
	Kadina Medical Clinic	1	-	
	Jamestown Medical Clinic	1	-	
	Total	**3**	**-**	

Country Health SA Local Health Network (CHSALHN)				
Site	**Rotation**	**# Intern Positions**	**# PGY2+ Positions**	**Period of Accreditation**
Mount Gambier and Districts Health Services	Riverland Training Program	5	-	**Provisional accreditation subject to a site visit prior to commencement of interns**
	Whyalla Hospital	-	3	
	Total	**5**	**3**	

The Adelaide Prevocational Psychiatry Program (TAPPP)				
Site	**Rotation**	**# Intern Positions**	**# PGY2+ Positions**	**Period of Accreditation**
TAPPP	Psychiatry Training Program	-	34	**Accredited until 2019**
	Total	**-**	**34**	

Northern Adelaide Local Health Network (NALHN)				
Site	**Rotation**	**# Intern Positions**	**# PGY2+ Positions**	**Period of Accreditation**
Lyell McEwin Hospital (LMH)	LMH Full Facility accreditation	40	83	**Accredited until next full facility accreditation in 2019** *accredited for either intern or PGY2+ post (not to be filled at the same time)
	General Medicine Unit	3	3	
	Colorectal Unit	3	1	
	Medical Oncology	-	1	
	Ortho-geriatric Unit	-	1	
	Cardiology Unit	2	6	
	Orthopaedic Unit	4	1	
	Respiratory Unit	2	1	
	Gastroenterology Unit	1*	1*	
	Acute Medical Unit	4	4	
	Infectious Diseases Unit	-	1	
	Psychiatry Emergency Department	-	2	
	Total	**59**	**105**	
Modbury Hospital	Modbury Full Facility accreditation	24	31	
	Palliative Care Unit	1	1	
	Short Stay Medical Unit	2	4	
	Rehabilitation Unit	1	2	
	Emergency Department	15	6	
	Total	**33**	**42**	

Southern Adelaide Local Health Network (SALHN)				
Site	**Rotation**	**# Intern Positions**	**# PGY2+ Positions**	**Period of Accreditation**
Flinders Medical Centre	Obstetrics and Gynaecology Unit	-	1	**Accredited until the next full facility accreditation in 2016**
	Plastic Surgery	1	-	
	Haematology Unit	1	-	
	Pain Unit	-	1	
	Medical Relieving	-	10	
	Medical Nights	-	10	
	Anaesthetics	-	3	
	Total	**2**	**25**	
Noarlunga Hospital/ GP Plus	MACS	1	-	
	Total	**1**	**-**	

Women's and Children's Health Network				
Site	**Rotation**	**# Intern Positions**	**# PGY2+ Positions**	**Period of Accreditation**
Women's and Children's Hospital	General Paediatric Surgery Unit	-	3	**Accredited until the next full facility accreditation in 2016**
	Total	**-**	**3**	

4.2   Education Committee

The Education Committee has been established as a Committee of the Advisory Council to provide advice to the Advisory Council on appropriate education and training activities for trainee medical officers in South Australia.

The Education Committee operates in a manner consistent with the Advisory Council Rules and undertakes the following functions:

Provide expert advice to the Advisory Council on matters relating to trainee medical officer education and training including:

- Clinical supervision, education and training

- Review and further development of accreditation standards in relation to trainee medical officer education

- Developing partnerships with relevant stakeholders, including Universities and professional colleges, to enhance vertical and horizontal integration of medical education programs

- Providing appropriate advocacy regarding trainee medical officer training

- Educational requirements of special needs groups such as International Medical Graduates

- Current and future trainee medical officer educational and related professional development activities

- Supporting evidence-based best practice in education for training medical officers.

- Provide annual reports to the Health Advisory Council.

The Chair of the Education Committee is appointed in accordance with the Advisory Council Rules. Membership of the Education Committee is appointed by the Advisory Council. The Education Committee reports through its Chair to the Advisory Council at each meeting on progress towards achievement of agreed outcomes.

The Education Committee membership at 30 June, 2016 is provided in **Table 4.2.1**.

Table 4.2.1

Member	Representing
Dr Ian Symonds	Chair of the Education Committee
Dr Adrian Anthony	DCT representative
Ms Therese Roberts	MEO representative
Professor Paul Worley	Dean of SA University School of Medicine
Dr Simon Patten	Junior Medical Officer
Dr Andrew Vanlint	Junior Medical Officer
Dr Heng Chong	Junior Medical Officer
Ms Carmen Crawford	SA MET Unit ex officio
Dr Joy Treasure	LHN representative
Ms Ann Chipperfield	Workforce Reform SA Health
Ms Mary Peterson	SA Health Library Representative
Dr Deborah Hough	Rural representative

The Terms of Reference for the Education Committee are provided in Appendix IV.

Table 4.2.2 details activities performed by the Education Committee as at 30 June, 2016.

Table 4.2.2

Activity	Date
Chair resigned.	November 2015
Appointment of new Chair and renewal of memberships.	February 2016
Review of the Terms of Reference and approval of rural representative.	February 2016
Education Committee meeting themes and topics of discussion. • Rural internship • Transforming Health • Annual education report • Education Committee work plan	November 2015 – Ongoing
Development and approval of Education Committee work plan	May 2016
Work plan project - Education Principles. The Education Committee believes that Education and Training are fundamental to the delivery of high quality care. The Education Committee have commenced drafting a document that outlines education and training principles for the workplace. The Education Committee aim to gain support from the Minister for Health for the final document. The document could support embedding and prioritising education and training into SA Health's culture.	May 2016 – Ongoing

4.3 Doctors in Training Committee

The Doctors in Training Committee was established as a Committee of the Advisory Council to provide advice and recommendations to the Advisory Council on any aspect of the Advisory Council functions from a student and trainee medical officer perspective.

The Doctors in Training Committee operates in a manner consistent with the Advisory Council Rules and undertakes functions defined by those rules. These functions include:

- Receive feedback from trainee medical officers about relevant safety and quality matters and advocate to health services about trainee medical officer training, health and welfare issues;
- Develop position statements, policies, guidelines and activities to support the education, training, health and welfare of trainee medical officers;
- Promote the activities of the SA MET Unit to trainee medical officers and medical students within the state;
- Provide comment on documents relating to trainee medical officer education, training and welfare; and
- Liaise and consult with the JMO forum for the purpose of receiving feedback on issues related to medical education, training, health and welfare.

The Chair of the Doctors in Training Committee is appointed in accordance with the Advisory Council Rules. Membership of the Doctors in Training Committee is appointed by the Advisory Council. The Doctors in Training Committee reports through its Chair to the Advisory Council at each meeting on progress towards achievement of agreed outcomes.

The Doctors in Training Committee membership at 30 June, 2016 is provided in **Table 4.3.1**.

Table 4.3.1

Member	Representing
Dr Thomas Crowhurst	Chair of the Doctors in Training Committee SA MET HAC Doctors in Training (Vocational) Member
Dr Emma Knott	SA MET HAC Doctors in Training (Vocational) Deputy Member
Dr Samantha Iannella	SA MET HAC Doctors in Training (Prevocational) Member
Dr Richard Seglenieks	SA MET HAC Doctors in Training (Prevocational) Deputy Member
Ms Anna Elias	SA MET HAC Doctors in Training (Student) Member
Mr James Johnston	SA MET HAC Doctors in Training (Student) Deputy Member
Dr Karthik Venkataraman	Trainee medical officer (any level of training)
Dr Nicholas Stock	Trainee medical officer (Intern)
Dr Daniel White	Trainee medical officer (Intern)
Dr Leah Fox	Trainee medical officer (Intern)
Dr Joshua Kartika	Trainee medical officer (Intern)
Dr Kyra Sierakowski	Trainee medical officer (Prevocational)
Dr Rasika Naidoo	Trainee medical officer (Prevocational)
Dr Katherine Watson	Trainee medical officer (Prevocational)
Dr Candice Houda	Trainee medical officer (Prevocational)
Dr Tara Naige	Chair or delegate of the JMO Forum
Dr Thomas Crowhurst	Australian Medical Association (SA) Doctors in Training Committee representative
Mr Reece Johnson	SA MET Unit ex officio

The Terms of Reference for the Doctors in Training Committee are provided in Appendix V.

Table 4.3.2 details activities performed by the Doctors in Training Committee as at 30 June, 2016.

Table 4.3.2

Activity	Date
Evaluation of the *South Australian Intern Guide*	Feb, 2016
Development of the *Interns' Experiences and Preparedness to Attend Code Blacks in South Australia* report	Jan, 2016
Progress the recommendations made in the *Interns' Experiences and Preparedness to Attend Code Blacks in South Australia* report	March, 2016
Advocate on the medical education and training issues relating to Transforming Health service changes	Sept 2015-June, 2016
Provide comment on the National Review of Internship documentation	June, 2016

4.4 Professional Medical Colleges Committee

The Professional Medical Colleges Committee (PMCC) has been formed to provide the Advisory Council with the training perspective of the professional medical colleges, and provide advice on any issues surrounding vocational training.

The PMCC operates in a manner consistent with the Advisory Council Rules and undertakes functions defined by those rules. These functions include:

- Provide leadership in postgraduate medical education and training in the State;

- Work with the Professional Medical Colleges to maintain high quality vocational training;

- Work collaboratively with other Advisory Council Committees; and

- Establish, maintain and promote partnerships with the Professional Medical Colleges.

The Chair of the PMCC is appointed in accordance with the Advisory Council Rules. Membership of the PMCC is appointed by the Advisory Council. The PMCC reports through its Chair to the Advisory Council at each meeting on progress towards achievement of agreed outcomes.

The PMCC membership at 30 June, 2016 is provided in **Table 4.4.1.**

Table 4.4.1

Member	Representing
Dr Jackie Davidson	Chair of the PMCC Australasian College for Emergency Medicine (ACEM)
Dr Michael Beckoff	Deputy Chair of the PMCC Australian College of Rural and Remote Medicine (ACRRM)
Dr Bruce Mugford	Royal Australian College of General Practitioners (RACGP)
Dr Thien LeCong	Australian and New Zealand College of Anaesthetists (ANZCA)
Dr Shane Gill	The Royal Australian and New Zealand College of Psychiatrists (RANZCP)
Dr Nick Edwards	College of Intensive Care Medicine (CICM)
A/Professor Jolly Gilhotra	The Royal Australian and New Zealand College of Ophthalmologists (RANZCO)
Mr Paul Hollington	The Royal Australasian College of Surgeons (RACS)
Dr Karen Koh	Australasian College of Dermatologists (ACD)
Dr Melissa Lea	The Royal Australian and New Zealand College of Radiologists (RANZCR)
Dr Sophia Otto	The Royal College of Pathologists of Australasia (RCPA)
Dr Jayanthi Jayakaran	The Royal Australasian College of Medical Administrators (RACMA)
Dr Geoffrey Varrell	Australasian College of Sports Physicians (ACSP)
Dr Roy Watson	The Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG)
Dr David Thomas	The Royal Australasian College of Physicians (RACP)
Ms Colleen Cryans	SA MET Unit ex officio

The terms of reference for the PMCC are provided in Appendix VI.

Table **4.4.2** details activities performed by the PMCC as at 30 June, 2016.

Table 4.4.2

Activity	Date
The development of a policy around the sharing of common accreditation information between the Medical Colleges and the SA MET Unit. Aiming to act as a broad statement to highlight the value of a collaborative approach towards prevocational and vocational accreditation processes, in an effort to reduce administrative duplications.	February 2016

4.5 Directors of Clinical Training Committee

The Directors of Clinical Training (DCT) Committee was established as a committee of the Advisory Council to provide advice to the Advisory Council on any aspect of the Advisory Council's functions from the perspective of the DCT employed in an incorporated hospital under the Act.

The DCT Committee operates in a manner consistent with the Advisory Council Rules and undertakes functions defined by those rules. These functions include:

• Provide leadership in prevocational postgraduate medical education and training in the State;

• Promote and actively encourage innovation in prevocational postgraduate medical training and sharing of best practice;

• Identify issues and concerns pertaining to prevocational postgraduate training and facilitate solutions;

• Ensure issues and concerns raised by the Medical Education Officers representative are presented to the Advisory Council;

• Identify professional development activities for Directors of Clinical Training, Directors of Medical Services, Medical Education Officers and other staff in prevocational postgraduate education;

• Provide support and mentorship to new Directors of Clinical Training;

• Develop advice on expanding capacity for prevocational postgraduate medical training;

• Liaise with groups including SA Medical Education and Training Unit, professional bodies, universities, professional colleges;

• Promote and advocate on policies and procedures for prevocational postgraduate training; and

• Promote and advocate for welfare of prevocational trainee medical officers.

The Chair of the DCT Committee is appointed in accordance with the Advisory Council Rules. Membership of the DCT Training Committee is appointed by the Advisory Council. The DCT Committee reports through its Chair to the Advisory Council at each meeting on progress towards achievement of agreed outcomes.

The DCT Committee membership at 30 June, 2016 is provided in **Table 4.5.1.**

Table 4.5.1

Member	Representing
Dr Christine Burdeniuk	Chair of the Directors of Clinical Training Committee, DCT representative from SALHN
Dr Glenda Battersby	DCT representative from NALHN
Dr Ken Hand	DCT representative from NALHN
Dr Mitra Guha	DCT representative from CALHN
Dr Adrian Anthony	DCT representative from CALHN
Dr Deborah Hough	DCT representative from CHSALHN
Dr Jacob Alexander	DCT representative from AMMHD
Dr Penny Need	DCT representatives from SALHN
Dr David Everett	DCT representative from WCHN
Ms Natalie Hickman	Medical Education Officers Subcommittee representative
Ms Ronda Bain	SA MET Unit ex officio

The draft terms of reference for the DCT Committee are provided in Appendix VII.

Table 4.5.2 details activities performed by the DCT Committee as at 30 June, 2016.

Table 4.5.2

Activity	Date
Provided input regarding movement of junior doctors due to service changes from Transforming Health	October, 2015
Input into ensuring the adequate staffing of Medical Education Unit	February, 2016
Provided support for ensuring the continuation of suitable rotations for general trainee registered medical officers.	May, 2016

4.6 Medical Education Officers' Subcommittee

The Medical Education Officers' (MEO) Subcommittee was established as a subcommittee of the DCT Committee to provide advice to the Advisory Council through the DCT Committee on any aspect of the Advisory Council's functions from the perspective of the MEOs employed in an incorporated hospital under the Act; and to allow sharing of resources, ideas and knowledge across South Australian hospitals.

The MEO Subcommittee operates in a manner consistent with the Advisory Council Rules and undertakes functions defined by those rules. These functions include:

- Development of common solutions to enhance education and training, the workplace experience and career development of Junior Medical Officers;

- Sharing of information on education and training programs at each site;

- Provision of information and feedback to stakeholders as required;

- Advocacy for best practice education and training for prevocational trainees;

- Provision of information, feedback and advice regarding centralised resources and resources that may be required for particular groups;

- Communication between SA MET and Medical Education Officers on current initiatives; and

- Advocacy and support for the Medical Education Officer's role.

The MEO Subcommittee reports directly to the DCT Committee through to the Advisory Council. The Chair and Deputy Chair are selected by the Medical Education Officers. Membership to the Medical Education Officers Subcommittee is by virtue of appointment to a Medical Education Officer position or equivalent. The MEO Subcommittee reports through its nominated representative to the DCT Committee at each meeting on progress towards achievement of agreed outcomes.

The MEO Subcommittee membership at 30 June, 2016 is provided in Table 4.6.1.

Table 4.6.1

Member	Representing
Natalie Hickman	Chair of the Medical Education Officers Committee
Lynne Burn	MEO representative from CALHN
Josie Doyle	MEO representative from CALHN
Helen Yates	MEO representative from CALHN
Therese Roberts	MEO representative from SALHN
Sheryl Keegan	MEO representative from SALHN
Kathy Wright	MEO representative from NALHN
Jenny Costi	MEO representative from NALHN
Bernie Hobbs	MEO representative from WCHN
Julie Forgan	MEO representative from CHSALHN
Kirsteen Knevitt	MEO representative from AMMHD

The draft terms of reference for the MEO Subcommittee are provided in Appendix VIII.

Table 4.6.2 details activities performed by the MEO Subcommittee as at 30 June, 2016:

Table 4.6.2

Activity	Date
Attendance at the 20th Medical Education and Training Forum in Darwin.	November 2015
Elected the new MEO Subcommittee Chair.	February, 2016
Addressing the issue of facilitator funding and attendance for Teaching on the Run (ToTR).	February, 2016
Elected the new MEO representative for the Education Committee.	April, 2016
Review and provision of feedback about the recommendations from The Review of Medical Intern Training options paper.	June, 2016
Monitoring intern positions within the changes of Transforming Health.	March, 2016
Consultation and review of the Online Training and Information System (OTIS).	Jan-March, 2016

5.   Activities

5.1   Accreditors Training Program

In order to ensure an effective and robust accreditation system, accreditation team members must be equipped with the necessary skills and experience. An accreditation team training program has been developed for new and existing team members that have allowed the SA MET Unit to establish a pool of trained accreditation team members that can undertake unit and LHN accreditations.

The Accreditation Team Member Training for new team members includes an online training module which participants complete prior to undertaking a scenario based training session. A training session was held in May 2016, with the session receiving very positive feedback on the interactive design. Participants were engaged throughout the training session and good discussion was generated with the 13 participants. The newly developed online training module was well received and allowed the training session to have a scenario based focus. To ensure the training program remains up to date and relevant, a new training program will be developed for 2017, building on the existing strengths.

5.2   Professional Development Courses

Professional Development Program for Registrars

The SA MET Unit, in conjunction with the Confederation of Postgraduate Medical Education Councils (CPMEC), provides South Australian registrars (doctors in specialty training programs) the opportunity to participate in the two day Professional Development Program for Registrars (PDPR). The PDPR aims to develop leadership and management skills. The program has been facilitated in South Australia since December 2006 and as at 30 June, 2016 304 registrars had participated in the PDPR.

The objectives of the program are to promote awareness of the importance of the registrar role in a health unit which involves coordination, delegation, supervision and the education of junior doctors. It provides a practical framework, with a strong focus on patient safety and quality for those doctors who are making the transition to the registrar role. This program develops participants' competence in areas such as conflict resolution, team building, supervision, delegation and communication skills, while maintaining a strong focus on patient safety and quality.

The two day program is facilitated by CPMEC-accredited facilitators and regularly receives positive feedback from participants. Each program is evaluated; an evaluation report on programs delivered during this reporting period is provided in Appendix IX.

Preparing to Lead

The SA MET Preparing to Lead training resulted from discussions with Medical Education Units, the Junior Doctor's Forum, the Directors of Clinical Training Committee and discussions with junior doctors. It was felt that the transition from PGY1 to PGY2+ can be difficult, with expectations that the junior doctor would have developed leadership skills during internship. The full day training included topics of giving and receiving feedback, bedside teaching, assertiveness, and how to recognise and respond to bullying and harassment. The Giving and Receiving Feedback module was designed utilising the flipped classroom technique. The evaluation of this program is provided in Appendix X.

Managing Workplace Stress and Managing Workplace Conflict

These workshops, aimed to develop skills to manage stress, build resilience and develop confidence and assertiveness in communication and conflict management for junior doctors. The courses were developed, in part, in response to the October 2013 *beyondblue* report National Mental Health Survey of Doctors and Medical Students, which detailed high levels of psychological distress and high levels of emotional exhaustion in doctors under the age of 30 years. In addition, SA Health is currently undertaking the Transforming Health initiative which will lead to changes in delivery of health services. The workshops

provide an opportunity to support health workers, especially junior workers, to adapt to these changes and build resilience. These are separate modules which are half day. The evaluation of this program is provided in Appendix XI.

PERMA+ Workshop

This resilience training is an interactive two day workshop designed to build resilience in staff so that they have the capacity to thrive in the face of adversity. The *PERMA+* program includes key domains of Positive Emotion, Engagement, Relationships, Meaning and Accomplishment plus physical activity, nutrition, sleep and optimism. This program was introduced to South Australia by the South Australian Health and Medical Research Institute 'Wellbeing and Resilience Centre' and incorporates Professor Martin Seligman's theories of positive psychology. One program was conducted in March 2016 for senior medical officers. In August 2016 PERMA+ will be conducted for senior multiple discipline clinicians. The evaluation of the March program is provided in Appendix XII.

5.3   Recruitment and Allocation to intern and Postgraduate year 2+ positions

Recruitment and allocation of intern and postgraduate year 2+ (PGY2+) positions in South Australia are undertaken through a centralised process administered by the SA MET Unit staff, in collaboration with senior clinicians and medical administrators, on behalf of SA Health and the South Australian Local Health Networks.

The intern and PGY2+ applications were transitioned to SA Health's eRecruitment system in 2015, for the 2016 training year. This transition did not affect the methods of shortlisting and allocating successful candidates to positions.

The transition was successful largely due to the input of all stakeholders. During the transition some areas were identified to further enhance the efficiencies of these recruitment processes, such as better tracking of completed referee reports.

As a result of the transition the SA MET Unit was able to retire its bespoke job application system.

2015 intern allocation for the 2016 training year

SA Health has a policy that categorises and priorities the allocation of applicants to intern positions. Applicants rank their preferred local health network for internship. Applicants are matched to their highest preference if there are positions available. Some LHNs receive more first place preferences than available positions, in these cases a randomisation formula is used to determine which applicants are offered positions.

South Australia, in 2015 (for the 2016 medical internship year), received 650 eligible medical graduate applications for a total of 250 intern positions. These positions were allocated to medical graduates according to agreed categories which continue to give priority to local Commonwealth supported graduates. For the 2016 training year, South Australia's intern positions were filled by 233 local graduates (local and internationals) and 17 interstate applicants. A summary of applicants and placements for intern positions commencing in 2016 can be found in **Tables 5.4.1, 5.4.2 and 5.4.3.**

Table 5.4.1

INTERN POSITIONS IN SOUTH AUSTRALIA (Intern training year 2012 – 2016)					
LOCAL HEALTH NETWORK (LHN)	**2012**	**2013**	**2014**	**2015**	**2016**
Central Adelaide LHN* > Royal Adelaide Hospital > The Queen Elizabeth Hospital **Includes rotations to the Women's and Children's Hospital and Hampstead Rehabilitation Centre*	131	146	148	133	129
Southern Adelaide LHN > Flinders Medical Centre > Repatriation General Hospital > Noarlunga Health Service	68	73	74	68	69
Northern Adelaide LHN > Modbury Hospital > Lyell McEwin Hospital	51	51	50	48	47
Country Health SA LHN > Mount Gambier and Districts Health Service	6	6	6	5	5
Total	**256**	**276**	**278**	**254**	**250**

Table 5.4.2

Applicants who took up an intern position preference analysis; for the 2016 training year	Received 1ST Pref.	Received 2nd Pref.	Received 3rd Pref.	Received 4th Pref.	Total
1. Permanent Resident Australian Trained (SA)	182	15	17	1	215
2. Permanent Resident Australian Trained (interstate)	13	1	0	3	17
3. Temporary Resident Australian Trained (SA)	11	3	0	4	18
Total	206	19	17	8	250
% OF TOTAL RECEIVED	82.4%	7.6%	6.8%	3.2%	

Table 5.4.3

Intern preference analysis; for the 2016 training year	Received 1ST Pref.	Received 2nd Pref.	Received 3rd Pref.	Received 4th Pref.	TOTAL
CATEGORY 1.1 AND 1.2	182	15	17	1	**215**
CATEGORY 2.1. AND 2.2	13	1	0	3	**17**
CATEGORY 3	11	3	0	4	**18**
TOTAL	206	19	17	8	**250**
% OF TOTAL RECEIVED	**82.4%**	**7.6%**	**6.8%**	**3.2%**	

*first preference percentage rate will change in future allocations

Applications

Applications for a 2016 medical internship in South Australia opened on Friday 8 May, 2015 and closed on Friday, 5 June 2015. The application closing date and the first round allocation date were agreed to by all Australian jurisdictions.

Quality Assurance

Prior to initial offers being made, a comprehensive quality assurance analysis was undertaken to validate the allocation process.

This showed that:

- all offers were made to applicants who met the eligibility criteria;
- published category groups were adhered to; and
- ballot outcomes, where required, were random with no significant association between applicant surname, application submission date or application validation/verification date and allocation outcome.

Intern National Audit of Applications and Acceptances for a Medical Internship

The Australian Health Ministers' Advisory Council (AHMAC) asked the Health Workforce Principal Committee (HWPC) to oversee the intern national audit for 2016 intern applicants. HWPC established the National Medical Intern Data Management Working Group, to oversee the data collection and audit process. The Working Group membership included representatives from Commonwealth Health Departments, the Confederation of Postgraduate Medical Education Council, state and territory postgraduate medical councils, Australian Medical Students' Association and the AMA Council of Doctors-in-Training.

SA Health and the SA MET Unit provided data for the National Audit of Intern Acceptances. The participation of all Australian jurisdictions resulted in a nationwide sharing of intern acceptance information, for the purpose of identifying applicants who had accepted more than one internship position.

An Audit of all intern applications for the 2016 training year, and prior to any Australian or overseas internship offers had been made, was undertaken. The audit demonstrated that there were 5739 applications for internship in Australia by 3648 applicants (3098 Australian-trained domestic applicants, 445 international full fee paying applicants and 97 from AMC accredited overseas campuses), 2 AMC graduates and 6 medical students from NZ medical schools. Of these applicants, 2631 applied to one jurisdiction and 565 applied to two jurisdictions, the remaining applied to between three and eight jurisdictions.

The audit of acceptances process did not prevent applicants receiving multiple offers, but aimed to clarify and resolve which offer an applicant was truly accepting, when two or more offers in different states and territories had been accepted. The national working group conducted one audit of applications and five audits of acceptances as part of the intern recruitment for the 2016 training year.

2015 Postgraduate Year 2+ (PGY2+) Allocations, for the 2016 training year

The Postgraduate Year 2+ (PGY2+) allocation process is a merit-based system. Applicants who applied through this system were able to list up to three training positions in order of preference. Applicant information was then supplied to the training positions administrators for their selection processes. The selection processes that were undertaken by the position coordinators included, but were not limited to, review of applicants' information, application letter, curriculum vitae and referee reports and in many cases interviews. At the conclusion of the application review process the position coordinators and review panels ranked applicants in order of merit. The SA MET Unit then allocated applicants to positions by matching their preferences position, merit rankings and available positions.

A summary of applicants and placements for PGY2+ positions commencing in 2016 training year can be found in **Tables 5.4.4 and 5.4.5.**

Table 5.4.4

Summary of postgraduate year 2+ applicants and allocation offers; for positions commencing in 2016	Total (n)
Total applications received	740
Eligible applications received	682
Applications withdrawn prior to allocation	18
Total number of referees nominated	1866
Total number of referee reports completed	1675
Offers made	490
Offers accepted	384
Offers declined	44
Offers accepted then declined	62

Table 5.4.5

PGY2+ APPLICATIONS AND OFFERS FOR THE 2016 CLINICAL YEAR MADE BY SA MET UNIT, 2015							
Location	POSITION TYPES	NUMBER OF PREFERENCES *	AVAILABLE POSITIONS	OFFERS	ACCEPTED	DECLINED	POSITIONS UNFILLED
Country Health SA Local Health Network (CHSALHN)	10-160 Advanced Rural Skills Anaesthetics	8	1	1	1	0	0
	10-100 General Training / General Practice Training	9	4	5	2	3	2
	10-110 DRANZCOG	2	1	1	1	0	0
	10-600 Emergency Medicine ACRRM Advanced Specialised Training	4	2	2	2	0	0
Northern Adelaide Local Health Network (NALHN)	5-500 Obstetrics & Gynaecology (12 months)	33	8	8	6	2	2
	5-550 Obstetrics & Gynaecology (6 months) with Paediatrics (6 months)	29	8	10	7	3	1
	6-450 General Surgery Service Post	26	4	4	3	1	1
	6-460 ENT Surgery Service Post	5	1	1	1	0	0
Women's and Children's Health Network (WCHN)	4-500 Obstetrics & Gynaecology (12 months)	30	9	11	9	2	0
	4-550 Obstetrics & Gynaecology (6 months) & Paediatric (6 months) RMO	43	6	7	5	2	1
Paediatric Training Network	PAED 9-800 Paediatric Basic Training	79	14	20	14	6	0
Totals		**268**	**58**	**70**	**51**	**19**	**7**

STATEWIDE	**NUMBER OF PREFERENCE**	**AVAILABLE POSITIONS**	**OFFERS**	**ACCEPTED**	**DECLINED**	**POSITIONS**
Surgical Resident Medical Officer	88	44	55	39	16	5
Basic Physician Training (BPT)	138	45	52	42	10	3
WCHN General Training	47	9	16	9	7	0
Mental Health Services	33	28	22	22	0	6
General Training	464	235	275	221	54	14
Totals	**770**	**361**	**420**	**333**	**87**	**28**

Applications for 2016 PGY2+ positions in South Australia opened on Friday, 22 May 2015 and closed at 5pm (ACST) on Monday, 15 June 2015. The SA MET Unit utilises an online application system for PGY2+ positions, which allows applicants to submit employment applications, nominate referees and select their three preferred positions. Following the close of applications, applicants are ranked on merit by the hospital-based training program position coordinators.

South Australia, in 2015 (for the 2016 training year), received 682 eligible applications for 419 PGY2+ positions, which are located in South Australia's LHNs. These positions were offered to applicants using a merit-based process that takes into consideration applicant position preferences, referee reports, interviews (if required) and ranking by the position coordinators and recruiters. This recruitment process resulted in 384 positions being filled, across 16 position types, via the SA MET Unit centralised matching and offers process.

To assist position coordinators with employee selection, 1,866 referees were nominated by applicants with 90% of these referees completing referee reports. Applicants were required to nominate a minimum of two referees, but could nominate up to three referees. **Table 5.4.4** also demonstrates the response rates from referees.

It is important to note that outside of this centralised PGY2+ application process some PGY2+ positions are filled directly by LHNs such as positions in emergency medicine and advanced training.

Statewide shortlisting and ranking for 2016

In 2015, the PGY2+ application recruitment and selection processes for some programs changed significantly. State-wide recruitment and selection panels were established to reduce duplication of work across LHNs and increase recruitment and selection transparency.

The position coordinators and selection panels, for each training stream, across the LHNs met to determine their shortlisting and ranking criteria. This collaborative effort streamlined the recruitment of applicants to positions and standardised the selection criteria within training streams across South Australia.

The SA MET Unit supported the position coordinators to implement the state-wide processes in a secretariat capacity. The SA MET Unit also provided some funding for the coordination of the general training/ general practice training recruitment, as this was the largest pool of applicants (totalling more than 450 unique applicants).

5.4   2015 Prevocational Medical Education Forum

The 2015 Australian & New Zealand Medical Education and Training Forum and was held in Darwin, Northern Territory. The theme of the forum was *Integrate, Innovate, Inspire* and presentations focused on how innovative methods of medical education and training is being delivered in the ever changing health care services across Australia and New Zealand. Junior medical officers were represented at the Forum, including the South Australian nomination for the CPMEC Australian and New Zealand Junior Doctor of the Year. One key focus was on innovation, especially within rural and indigenous health. Presentations also considered how to support Junior Medical Officers during their training and education while in the work place.

One SA MET Unit staff member presented on the newly developed interactive training method for new accreditation visit team members. This includes the development and implementation of an online training module.

6.   Freedom of Information

The Freedom of Information Act 1991 gives members of the public a legally enforceable right to access information held by the South Australian Government, subject to certain restrictions.

Functions of the Advisory Council affecting the public

The Advisory Council was established by the Minister for Health to undertake an advocacy role on behalf of the community and provide advice in relation to accreditation of TMO positions in health services, amongst other functions.

The Health Advisory Council website provides an overview of the Advisory Council's roles and functions (http://www.samet.org.au/index.php/about/councils-and-committees/samet-council).

Arrangements and procedures for seeking access to records and policies

Applications for access to information under the Freedom of Information Act 1991 legislation including purchase costs or amendment of records should be addressed to:

Presiding Member
SA MET Health Advisory Council
PO Box 287, Rundle Mall
Adelaide   SA   5000
Phone: (08) 8226 7231

No requests were made to the Advisory Council under the Freedom of Information Act during this reporting period.

7.   Whistleblowers Protection Act

The Whistleblowers Protection Act 1993 provides an opportunity for public interest to be disclosed to a responsible officer of the agency.

No requests were made to the Advisory Council under the Whistleblowers Protection Act 1991 during this reporting period.

8.   Public Complaints

During this reporting period, no public complaints have been made to the Advisory Council.

9.   Future Planning

The Advisory Council will continue to advocate and support medical education and training in South Australian teaching hospitals and other settings by providing professional development opportunities to prevocational trainees and medical education units, continuing with systematic accreditation of postgraduate training posts, and providing other relevant medical workforce functions. There will be an increased focus on the impact of the changes proposed through 'Transforming Health' and with the opening of the new Royal Adelaide Hospital.

The Advisory Council will work closely with those involved in the national review of medical intern training to ensure that all aspects of the proposals are considered and that the principles of sound medical education and training are maintained.

The 2016-17 period will see the maturing of the revised Advisory Council structure and membership and, through that, the development of trainee medical officer education and training across South Australia.

The Advisory Council will continue to liaise with professional medical colleges in relation to the specialty training pipeline and explore potential for streamlining accreditation processes.

The internal review of the progress of the Advisory Council has demonstrated that the current format and strategic approach is appropriate and the Advisory Council will ensure it continues to respond effectively to the changing landscape around medical education and training.

The year ahead is one of significant change in the training environment for our junior doctors and pressures for positions for our medical school graduates are a significant consideration. 2016-17 will provide a great opportunity to demonstrate the significant role the Advisory Council plays.

10.   Glossary of Terms

Chief Medical Officer

A public sector employee who is a qualified medical doctor who advises the government on health related matters.

Department for Health and Ageing

The public sector agency (administrative unit) established under the *Public Sector Act 2009* with responsibility for the policy, administration and operation of South Australia's public health system.

Health system

All health services provided to the people of South Australia.

Health Advisory Council

Health Advisory Councils are consultative bodies that advise the Minister for Health and Ageing on issues related to specific groups or regions. Health Advisory Councils were established under the *Health Care Act 2008* to provide a more coordinated, strategic and integrated health care system to meet the health needs of South Australians.

Local Health Network

An incorporated hospital under the *Health Care Act 2008* with responsibility for the planning and delivery of health services. The Local Health Networks for South Australia are: Central Adelaide Local Health Network (CALHN), Country Health SA Local Health Network (CHSALHN), Northern Adelaide Local Health Network (NALHN), Southern Adelaide Local Health Network (SALHN), and Women's and Children's Health Network (WCHN).

Medical Practitioner/Doctor

A person who is qualified (registered on the general register or on both the general and specialist registers) to diagnose physical and mental illness, disorders and injuries, and prescribe medications and treatment to promote good health and is registered with the Medical Board of Australia.

SA Health

The South Australian public health system, services and agencies, comprising Department for Health and Ageing, Central Adelaide Local Health Network (CALHN), Country Health SA Local Health Network (CHSALHN), Northern Adelaide Local Health Network (NALHN), Southern Adelaide Local Health Network (SALHN), Women's and Children's Health Network (WCHN), SA Ambulance Service (SAAS) and SA Pathology.

11. Appendices

I: SA MET Health Advisory Council Rules

SOUTH AUSTRALIAN MEDICAL EDUCATION AND TRAINING HEALTH ADVISORY COUNCIL

RULES

THE RULES FOR THE SOUTH AUSTRALIAN MEDICAL EDUCATION AND TRAINING HEALTH ADVISORY COUNCIL WERE DETERMINED BY THE MINISTER FOR HEALTH IN ACCORDANCE WITH SECTION 17(3) OF THE HEALTH CARE ACT 2008 ON 15 DECEMBER 2009

THE RULES WERE VARIED BY THE MINISTER FOR HEALTH AND AGEING IN ACCORDANCE WITH SECTION 17(7) OF THE HEALTH CARE ACT 2008 ON THE   DAY OF   2013 TO TAKE EFFECT ON THE 22"d DAY OF APRIL 2013.

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MINISTER FOR HEALTH AND AGEING

SCHEDULE

SOUTH AUSTRALIAN MEDICAL EDUCATION AND TRAINING HEALTH ADVISORY COUNCIL

RULES

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SCHEDULE

PART 1 - PRELIMINARY

Establishment

1.   The Minister has by notice in the Gazette established the South Australian Medical Education and Training Health Advisory Council ("the Advisory Council") as an unincorporated health advisory council pursuant to section 15 of the *Health Care Act 2008* ("the Act"). In particular, the Advisory Council is established in relation to the Minister, the Chief Executive and the South Australian Board of the Medical Board of Australia.

2.   The Advisory Council is established to:

2.1.   improve the quality of education, training and welfare for trainee medical officers within the State;

2.2.   make recommendations for the accreditation of trainee medical officer positions in health services.

3.   In fulfilling the roles for which it is established, the Advisory Council will:

3.1.   act in accordance with the Act and consistently with the *Health Practitioner Regulation National Law (South Australia) Act 2010* and give effect to the policies from time to time determined by the Minister either generally or specifically;

3.2.   operate consistently with the strategic objectives of the Government of South Australia either generally or specifically and not act in any way to adversely affect the rights or interests of the Government of South Australia under the terms of any agreement.

Functions

4.   The functions of the Advisory Council are to:

4.1.   provide leadership in postgraduate medical education and training in the State;

4.2.   provide expert advice to the Minister, the Chief Executive and the Department on matters relating to postgraduate medical education and training, accreditation of medical training and issues surrounding the education and employment of international medical graduates;

SCHEDULE

4.3. identify, evaluate, monitor and promote medical education and training programs for trainee medical officers and their trainers, in conjunction with key stakeholders;

4.4. work with vocational training Colleges to achieve high quality vocational training;

4.5. promote and actively encourage innovation in postgraduate medical training;

4.6. undertake the accreditation and monitoring of individual trainee medical officer positions and the clinical units, facilities and networks that support these positions using national and jurisdictional standards, with a focus on:

4.6.1. accreditation and monitoring of positions for prevocational trainee medical officers;

4.6.2. developing training standards and accreditation processes for prevocational trainee medical officers; and

4.6.3. providing collaborative assistance to specialty training colleges in relation to the accreditation of vocational training positions;

4.7. provide advice to the Department, after consulting with stakeholders, on the suitability of trainee medical officer positions in the State;

4.8. notify the South Australian Board of the Medical Board of Australia of the Advisory Council's recommendations in relation to accreditation of postgraduate year 1 training positions;

4.9. develop linkages and agreements with accreditation agencies and education providers to:

4.9.1. promote a continuum of learning;

4.9.2. foster sharing of expertise and information; and

4.9.3. minimise any duplication of workload on health services that is associated with multiple accreditation agencies and processes.

4.10. establish, maintain and promote partnerships with relevant national and jurisdictional organisations;

4.11. contribute to a national core competency set for pre-vocational training and undertake research in relation to education and training pathways, assessment and the needs of international graduates;

4.12. receive feedback from trainee medical officers about relevant safety and quality matters and advocate to health services about postgraduate training, health and welfare issues.

Operational Support

5. In accordance with section 23 of the Act, the Advisory Council may, with the approval of the Minister, make use of staff, services or facilities of the Department.

PART 2 - ADVISORY COUNCIL MEMBERSHIP

General

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6. The Advisory Council will comprise no more than 18 Members appointed by the Minister in accordance with these Rules.

7. In making appointments to the Advisory Council, regard will be had to ensuring appointees have an appropriate balance of skills, qualifications or experience as appropriate to the powers and functions of the Advisory Council.

8. In making appointments to the Advisory Council, the Minister will ensure, as far as practicable, that:

8.1. Members consist of equal numbers of men and women.

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8.2. metropolitan, rural and remote issues will be adequately represented; and

8.3. a range of perspectives, including that of senior management, medical management, medical administration and medical education will be represented.

Terms of Appointment

9. Members will hold office for a term of up to three years, as determined by the Minister on a case by case basis.

10. To avoid any doubt, Members may be appointed for a term that may vary from Member to Member.

11.   A Member shall be eligible for re-appointment for a further term or terms.

Vacancies

12.   In addition to those matters set out in Schedule 2 clause 2(2) to the Act, the office of a Member will become vacant if the Member:

    12.1.   is absent for three or more consecutive meetings of the Advisory Council without the prior written permission of the Advisory Council;

    12.2.   fails to comply with a duty imposed under Part 2, Division 2 of the *Public Sector (Honesty and Accountability) Act 1995;*

    12.3.   ceases to satisfy the qualification by virtue of which the Member was eligible for appointment to the Advisory Council.

Filling of Vacancies

13.   Upon the office of a Member becoming vacant by expiration of the term of office, a person may be appointed to that office in accordance with these Rules.

14.   The Minister may appoint a person to be a Member to fill a casual vacancy on the Advisory Council (namely a vacancy that has occurred by reason of other than the expiration of the Member's term of office), who shall hold an equivalent position of the Member whose departure created the casual vacancy. Any such Member shall hold office from the date of appointment for the unexpired term of the Member whose office is being filled.

15.   In the event that the casual vacancy is that of the person who had been appointed as Presiding Member of the Advisory Council, then the Deputy Presiding Member will act as the Presiding Member until the Minister has appointed a new Presiding Member.

Remuneration

16.   A Member of the Advisory Council or a member of a committee or subcommittee may be paid such remuneration as the Minister may from time to time determine, and remuneration, if any, may vary from Member to Member.

17.   Such remuneration will be determined in accordance with the policy from time

SCHEDULE

to time of the Government of South Australia.

Appointment of Advisory Council Members

18. Subject to these Rules, the Advisory Council will consist of the following Members appointed by the Minister -

18.1. a person to be a Presiding Member of the Advisory Council; and

18.2. a person to be a Deputy Presiding Member of the Advisory Council; and

18.3. the person holding the position of Chief Medical Officer (or equivalent title) in the Department; and

18.4. the person holding the position of Manager, Medical Education and Training Unit (or equivalent position) in the Department as a Member of the Advisory Council; and

18.5. a person with a specific interest and expertise in medical accreditation; and

18.6. a person with a specific interest and expertise in trainee medical officer education and training; and

18.7. three persons to represent medical students and prevocational and vocational trainee medical officers; and

18.8. a person to represent professional medical colleges recognised by the Australian Medical Council; and

18.9. a person to represent medical schools in South Australian Universities; and

18.10. a person employed as a Director of Clinical Training (or equivalent) in an incorporated hospital under the Act; and

18.11. persons to represent incorporated hospitals under the Act (but not more than one person for each incorporated hospital).

19. The Minister may appoint one member of the South Australian Board of the

Medical Board of Australia to be a Member of the Advisory Council and for this purpose, the Minister may request the South Australian Board of the Medical Board of Australia to nominate one of its members for membership of the Advisory Council.

20. In appointing Members of the Advisory Council pursuant to sub-clause 18.7, the Minister will, as far as practicable, ensure that such Members, at the time of their appointment are:

20.1. an undergraduate medical student from a South Australian medical school; or

20.2. a trainee medical officer in their first year of training since graduating from medical school; or

20.3. a trainee medical officer in their second or subsequent prevocational year; or

20.4. a trainee medical officer in vocational training.

21. In appointing Members of the Advisory Council pursuant to sub-clause 18.11, the Minister will, as far as practicable, apply the following principles:

21.1. each incorporated hospital under the Act will be represented;

21.2. metropolitan, rural and remote issues will be adequately represented; and

21.3. a range of perspectives, including that of senior management, medical management, medical administration and medical education will be represented.

22. The following nomination procedure will apply to the appointment of Members to the Advisory Council pursuant to sub-clauses 18.5 – 18.1O:

22.1. the Minister will undertake a call for nominations in such a manner as he or she thinks fit;

22.2. the Minister will advise such persons and stakeholder groups, as he or she thinks fit, of the call for nominations;

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22.3. with the exception of nominations for the Members appointed pursuant to sub-clause 18.7 and sub-clause 18.11 of these Rules, nominations may be made in writing in the form appearing in Schedule 2 to these Rules. The nomination must be signed by the nominee. Each nomination must be received by the Minister before or on a date specified by the Minister in the call for nominations.

22.4. nominations for the Member appointed pursuant to sub-clause 18.7 of these Rules may be made in writing in the form appearing in Schedule 3 to these Rules. The nomination must be signed by the nominee. Each nomination must be received by the Minister before or on a date specified by the Minister in the call for nominations.

23. The following nomination procedure will apply to the appointment of Members to the Advisory Council pursuant to sub-clause 18.11:

23.1. The Minister will call for at least three nominations from each incorporated hospital under the Act, including one female and one male nominee where available.

23.2. Incorporated hospitals may make nominations in writing in the form appearing in Schedule 1 to these Rules. The nomination must be signed by the nominee. Each nomination must be received by the Minister before or on a date specified by the Minister in the call for nominations.

24. Despite clauses 22 – 23, the Minister may, at his or her discretion, appoint persons to the Advisory Council pursuant to sub-clauses 18.5 – 18.11, notwithstanding that the person has not been nominated in the manner outlined in clauses 22 – 23.

Deputies for Members

25. The Minister may, from time to time, appoint a suitable person to be the deputy of a Member of the Advisory Council, and the Minister may revoke such an appointment.

26. The requirements of qualification and nomination set out in these Rules in relation to the appointment of a Member extend to the appointment of a deputy of that Member.

27. If a Member of the Advisory Council is unable to attend a meeting of the

Advisory Council, the Member's deputy:

27.1.   is, if available, to act in the place of the Member; and

27.2.   while so acting, has all the functions of the Member and is taken to be a Member.

28.   If the Minister has not appointed a person to be the deputy of a Member of the Advisory Council, and the Member is unable to attend a meeting of the Advisory Council, the Member may appoint a proxy to attend the meeting   in the place of the Member.

29.   A proxy appointed by a Member will not be entitled to vote and will not be taken to be a Member of the Advisory Council.

PART 3 - COMMITTEES AND SUBCOMMITTEES OF THE ADVISORY COUNCIL

30.   The following committees of the Advisory Council are established:

30.1.   Accreditation Committee

30.2.   Education Committee

30.3.   Doctors in Training Committee

30.4.   Professional Medical Colleges Committee

30.5.   Directors of Clinical Training Committee

31.   The following subcommittee of the Directors of Clinical Training Committee is established:

31.1.   Medical Education Officers Subcommittee

32.   In addition to the committees and subcommittee established by clauses 30 and 31, the Advisory Council may establish committees or subcommittees pursuant to Schedule 2, clause 6 of the Act, to advise the Advisory Council on any aspect of the Advisory Council's functions or any matters related to the

Advisory Council's functions.

33. Subject to these Rules, the Advisory Council will determine the functions of a committee or subcommittee, and the procedures to be observed by a committee or subcommittee including the manner in which a committee or subcommittee reports to the Advisory Council.

34. Subject to the approval of the Minister, the Advisory Council may dissolve a committee or subcommittee established under clauses 30 or 31 of these Rules if the Advisory Council is of the opinion that the committee or subcommittee is no longer relevant or required.

35. The Advisory Council may dissolve a committee or subcommittee established by the Advisory Council in accordance with clause 32 of these Rules, at the discretion of the Advisory Council, if the Advisory Council is of the opinion that the committee or subcommittee is no longer relevant or required.

Accreditation Committee

36. The Accreditation Committee is established as a committee of the Advisory Council to provide advice to the Advisory Council on accreditation processes for the postgraduate training of medical officers.

37. The Chair of the Accreditation Committee will be the Member of the Advisory Council appointed pursuant to sub-clause 18.5.

38. The other members of the Accreditation Committee (who may, but need not be, Members of the Advisory Council) will be appointed by the Advisory Council and will comprise persons with a specific interest and expertise in accreditation activities.

39. The Advisory Council may provide administrative support to the Accreditation Committee by assigning to the Committee a staff member of the Department who is assisting the Advisory Council in accordance with clause 5 of these Rules.

Education Committee

40. The Education Committee is established as a committee of the Advisory Council to provide advice to the Advisory Council on appropriate education and training activities for trainee medical officers in South Australia.

41.   The Chair of the Education Committee will be the Member of the Advisory Council appointed pursuant to sub-clause 18.6.

42.   The other members of the Education Committee (who may, but need not be, Members of the Advisory Council) will be appointed by the Advisory Council and will comprise persons with a specific interest and expertise in trainee medical officer education and training.

43.   The Advisory Council may provide administrative support to the Education Committee by assigning to the Committee a staff member of the Department who is assisting the Advisory Council in accordance with clause 5 of these Rules.

(Doctors in Training Committee

44.   The Doctors in Training Committee is established as a committee of the Advisory Council to provide advice to the Advisory Council on any aspect of the Advisory Council's functions from a medical student and trainee medical officer perspective.

45.   The Minister will nominate one of the three Members of the Advisory Council appointed pursuant to sub-clause 18.7 to be the Chair of the Doctors in Training Committee.

46.   The two Members of the Advisory Council appointed pursuant to sub-clause 18.7 who are not nominated by the Minister to be the Chair of the Doctors in Training Committee will be members of the Doctors in Training Committee.

47.   The other members of the Doctors in Training Committee (who may, but need not be, Members of the Advisory Council) will be appointed by the Advisory Council and will comprise:

   47.1.   undergraduate medical students from each of the South Australian medical schools;

   47.2.   trainee medical officers in their first year of training since graduating from medical school;

   47.3.   trainee medical officers in their second or subsequent prevocational year; and

   47.4.   trainee medical officers in vocational training.

48. The Advisory Council may provide administrative support to the Doctors in Training Committee by assigning to the Committee a staff member of the Department who is assisting the Advisory Council in accordance with clause 5 of these Rules.

Professional Medical Colleges Committee

49. The Professional Medical Colleges Committee is established as a committee of the Advisory Council to provide advice to the Advisory Council on any aspect of the Advisory Council's functions from a Professional Medical College perspective.

50. The Chair of the Professional Medical Colleges Committee will be the Member of the Advisory Council appointed pursuant to sub-clause 18.8.

51. The other members of the Professional Medical Colleges Committee (who may, but need not be, Members of the Advisory Council) will be appointed by the Advisory Council and will comprise one person from each of the medical colleges recognised by the Australian Medical Council.

52. The Advisory Council may provide administrative support to the Professional Medical Colleges Committee by assigning to the Committee a staff member of the Department who is assisting the Advisory Council in accordance with clause 5 of these Rules.

Directors of Clinical Training Committee

53. The Directors of Clinical Training Committee is established as a committee of the Advisory Council to provide advice to the Advisory Council on any aspect of the Advisory Council's functions from the perspective of the Directors of Clinical Training employed in an incorporated hospital under the Act.

54. The Chair of the Directors of Clinical Training Committee will be the Member of the Advisory Council appointed pursuant to sub-clause 18.10.

55. The other members of the Directors of Clinical Training Committee (who may, but need not be, Members of the Advisory Council) will be appointed by the Advisory Council and will comprise persons who hold the position of Director of Clinical Training (or equivalent position) employed in an incorporated hospital under the Act.

56. The Advisory Council may provide administrative support to the Directors of

Clinical Training Committee by assigning to the Committee a staff member of the Department who is assisting the Advisory Council in accordance with clause 5 of these Rules.

Medical Education Officers Subcommittee

57. The Medical Education Officers Subcommittee is established as a subcommittee of the Directors of Clinical Training Committee to:

    57.1. provide advice to the Directors of Clinical Training Committee on any aspect of the Advisory Council's functions from the perspective of the Medical Education Officer employed in an incorporated hospital under the Act; and

    57.2. allow sharing of resources, ideas and knowledge across South Australian hospitals.

58. Members of the Medical Education Officers Subcommittee will be appointed by the Directors of Clinical Training Committee and will comprise Medical Education Officers (or equivalent position) from each incorporated hospital under the Act.

59. The Directors of Clinical Training Committee will nominate one member of the Medical Education Officers Subcommittee to be the Chair of the Medical Education Officers Subcommittee.

60. The Advisory Council may provide administrative support to the Medical Education Officers Subcommittee by assigning to the Subcommittee a staff member of the Department who is assisting the Advisory Council in accordance with clause 5 of these Rules.

PART 4 - PROCEEDINGS OF THE ADVISORY COUNCIL

Ordinary Meetings of the Advisory Council

61. The Advisory Council is to hold ordinary meetings at times and places determined by the Advisory Council.

62. The Advisory Council will hold at least four ordinary meetings in any 12 month period and these meetings are to be held at regular intervals.

SCHEDULE

63.   The Advisory Council may invite persons other than Members to any meetings of the Advisory Council, but such persons will not be entitled to vote and are not Members of the Advisory Council.

64.   Written Notice of an ordinary meeting of the Advisory Council is to be given at least seven days before the meeting to all Members.

65.   Written Notice to a Member is to be accompanied by the following:

    65.1.   a copy of the agenda for the meeting;

    65.2.   a copy of the minutes of the previous ordinary meeting of the Advisory Council if a copy has not previously been distributed to Members; and

    65.3.   a copy of the minutes of any special meeting of the Advisory Council held since the Advisory Council's last ordinary meeting if a copy has not previously been distributed to Members.

66.   Written Notice is to be provided to persons invited to attend the meeting and will be accompanied by such of the material referred to in clause 65 of these Rules as the Presiding Member considers appropriate.

67.   The quorum for a meeting of the Advisory Council is a majority of the Members for the time being.

68.   The Presiding Member of the Advisory Council or, in the absence of the Presiding Member, the Deputy Presiding Member, is to preside at a meeting of the Advisory Council.

69.   The person presiding at any meetings of the Advisory Council has a deliberative vote and, in the event of an equality of votes, has a second or casting vote.

70.   A decision supported by a majority of the votes cast at a meeting of the Advisory Council at which a quorum is present is the decision of the Advisory Council.

71.   A conference by telephone or other electronic means between the Members of the Advisory Council will be taken to be a meeting of the Advisory Council at which the participating Members are present if:

    71.1.   notice of the conference is given to all Members in the manner

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determined by the Members of the Advisory Council for that purpose; and

71.2. each participating Member is capable of communicating with every other participating Member during the conference.

72. A proposed resolution of the Advisory Council becomes a valid decision of the Advisory Council despite the fact that it is not voted on at a meeting of the Advisory Council if:

72.1. notice of the proposed resolution is given to all Members in accordance with procedures determined by the Members of the Advisory Council; and

72.2. a majority of the Members of the Advisory Council express their concurrence in the proposed resolution by letter, facsimile transmission or other written or electronic communication setting out the terms of the resolution.

Special Meetings of the Advisory Council

73. A special meeting of the Advisory Council may be called:

73.1. at the direction of the Presiding Member; and/or

73.2. within 48 hours of receipt by the Presiding Member, Deputy Presiding Member, Chief Medical Officer Member or Department a written request for a special meeting signed by at least three Members.

74. A special meeting is to be held not later than seven days after receipt by the above Member of a request referred to in sub-clause 73.2 of these Rules.

75. At least 24 hours notice of a special meeting must be given to each Member and each person invited to attend the meeting by the Advisory Council.

76. Notice of a special meeting is to specify the business to be considered at that meeting. Only business specified in the notice of a special meeting is to be considered at the special meeting.

SCHEDULE

Minutes

77. The Advisory Council will cause minutes to be made of all proceedings of all meetings of the Advisory Council.

78. A motion for the confirmation of minutes of any meeting of the Advisory Council is to be put to the next ordinary meeting.

79. The Advisory Council must provide copies of its minutes to the Minister as and when requested.

80. The Advisory Council may make minutes or any part of any minutes available to persons who are not Members of the Advisory Council as it deems appropriate.

81. The Advisory Council may make available to the public information concerning the decisions of the Advisory Council as it deems appropriate.

82. Clauses 77 to 81 do not limit the application of any other Act or policy of the Minister relating to the provision of information.

Rescission

83. The Advisory Council may at any ordinary or special meeting vary or rescind any resolution carried at any previous meeting of the Advisory Council only if the motion to vary or rescind the resolution has been included in or with the notice of the meeting.

84. If a motion to vary or rescind any resolution is considered at a meeting of the Advisory Council and is not carried, the motion is not to be reconsidered by the Advisory Council during a period of three months from the date of that meeting.

Procedures

85. The Advisory Council may develop a set of procedures to be followed by the Advisory Council at and between meetings. Such procedures may include provision for internal dispute resolution, and may identify persons, organisations or entities with whom the Advisory Council may consult when it requires assistance in relation to any matters.

SCHEDULE

PART 5 - MISCELLANEOUS

Vacancy in membership or irregularity in appointment of Member

86.   An act or proceeding of the Advisory Council is not invalid by reason only of a vacancy in its membership or a defect or irregularity in, or in connection with, the appointment of a Member.

87.   An act or proceeding of any of the Advisory Council's committees or subcommittees is not invalid by reason only of a vacancy in its membership or a defect or irregularity in, or in connection with, the appointment of a Member.

Access

88.   The Advisory Council will allow any employee of the Chief Executive of the Department with the consent in writing of the Minister, or any person authorised in writing in that regard by the Minister, to enter any premises occupied by the Advisory Council and to have access to and inspect all records, documents and other data in the possession of the Advisory Council and to interview officers of the Advisory Council.

89.   Advisory Council Members will act in accordance with these Rules.

Reports

90.   The Advisory Council will prepare and submit to the Minister, as requested by the Minister from time to time, a report explaining any aspect of the activities of the Advisory Gouncil.

91.   Section 22 of the Act applies to the Advisory Council.

SCHEDULE

PART 6 - DEFINITIONS

In these Rules whenever appearing:

"Act" means the *Health Care Act 2008.*

"Chief Executive" means the Chief Executive of the Department and includes a person for the time being acting in that position.

"Administrative Unit" has the same meaning as in the *Public Sector Act 2009*

"Advisory Council" means the South Australian Medical Education and Training Health Advisory Council

"Department" means the administrative unit of the Public Service that is, under the Minister, responsible for the administration of the Act.

(**"Director of Clinical Training"** means a person with direct responsibility for the training program for trainee medical officers within a network or facility. This includes training program structure, assessment, quality improvement, and overall organisation and oversight of supervision.

"Employee" means employees of the Chief Executive.

"Member" unless the contrary intention appears, means a Member of the Advisory Council for the time being and includes a person appointed to act in the office of a Member during the absence of the Member.

"Medical Education Officer" means a person who works with the Director of Clinical Training to manage the trainee medical officer training program and provides organisational and oversight of supervision.

"Minister" means the Minister of the Crown to whom the administration of the Act is for the time being committed, and includes any Minister of the Crown for the time being discharging the duties of office of that Minister or, where the Minister has delegated the relevant power or function under the Act or these rules, any such delegate of the Minister.

"Professional Medical College" means a medical college recognised by the Australian Medical Council.

"Rules" means these Rules and the Schedules and includes any amendment thereto.

"South Australian Board of the Medical Board of South Australia" means the committee of the Medical Board of Australia established for South Australia pursuant to section 36 of the *Health Practitioner Regulation National Law (South Australia) Act 2010.*

"State" means the State of South Australia.

"Trainee medical officer" means medical graduates working in the health system who have not yet completed a specialist vocational qualification.

"Written Notice" includes notice by electronic means.

SCHEDULE

<u>All</u> other terms in these Rules have the same meaning as that ascribed to them in the Act.

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SCHEDULE

SCHEDULE 1

Form for nomination to the South Australian Medical Education and Training Health Advisory Council

Person to represent hospitals incorporated under the *Health Care Act 2008*

Appointment pursuant to sub-clause 18.11 of the Rules

To: The Minister for Health and Ageing

I, ... *(insert full name)* of
.... *(insert address)* hereby nominate to be
considered for appointment as a member of the Advisory Council to represent hospitals
incorporated under the *Health Care Act 2008.* I confirm that I am employed by the State
Government in the position of .... *(insert relevant
position title).* My employing entity is .... *(insert relevant
health entity* e.g. *Central Adelaide Local Health Network).*

Signature of nominee

Date

(

Signature of employee's Chief Executive/Chief Executive Officer or delegate

Date

SCHEDULE

SCHEDULE 2

Form for nomination to the South Australian Medical Education and Training Health Advisory Council

Appointments pursuantto sub-clauses 18.5, 18.6, 18.8, 18.9 or 18.10 of the Rules

To: The Minister for Health and Ageing

I, ... *(insert full name)* of
.... *(insert address)* hereby nominate to be
considered for appointment as a member of the South Australian Medical Education and
Training Health Advisory Council. I occupy the position of
(.... *(insert relevant position title)* and am
employed by .... *(insert relevant employing entity).*

Iwish to be considered for appointment to the following member position on the Advisory
Council .... *(insert relevant position from the
following: Medical Accreditation; Junior Medical Officer Education and Training; Professional
Medical Colleges; Medical Schools; or Director of Clinical Training)*

Signature of nominee

(

Date

SCHEDULE

SCHEDULE 3

Form for nomination to the South Australian Medical Education and Training Health Advisory Council

Persons to represent medical students and prevocational and vocational medical trainees

Appointment pursuant to sub-clause 18.7 of the Rules

To: The Minister for Health and Ageing

I, ... (insert full name) of .... (insert address) hereby nominate to be considered for appointment to the South Australian Medical Education and Training Health Advisory Council and confirm that I am:

- a medical student attending ....(insert name of medical school);

- a trainee medical officer who is currently undertaking prevocational training

- a trainee medical officer currently undertaking vocational training.

  (strike through options besides that which is applicable)

I anticipate that I will continue to be an undergraduate medical student or trainee medical officer (as relevant) until .... (please enter approximate month and year).

A copy of my current curriculum vitae is attached.

Signature of nominee

Date

II: SA MET Health Advisory Council Accreditation Standards

Accreditation Standards

Version 2.0 January 2015

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Introduction

The South Australian Medical Education and Training (SA MET) Accreditation Standards provide a framework for the education and training of prevocational trainee medical officers (TMOs). TMOs in the context of this document are prevocational doctors who have not yet entered specialty training. The education and training of specialty trainees and career medical officers are not covered by these standards.

By meeting these standards, health services demonstrate that they provide safe and effective education and training programs for TMOs. The accreditation process will use evidence to test the extent to which health services meet these standards through document analysis, TMO surveys and visits to Local Health Networks (LHNs).

The term 'facility' is used throughout this document when allocating responsibility for meeting the criteria. SA MET recognises LHN based model of education and training; the term 'facility' can refer to a hospital and/or LHN.

1. Governance and Program Management

Education and training programs and welfare support need to be managed effectively by appropriately qualified, identifiable staff. These staff include: Directors of Clinical Training (DCT), Directors of General Practice Training, Medical Education Officers (MEOs), administrative support and other staff as appropriate. TMO education and training programs are ultimately accountable to the Local Health Network Chief Executive Officer (CEO) through an appropriate executive level officer, for example a Director of Medical Services (DMS).

Facilities coordinate the local delivery of the intern training program. Facilities that provide training in a variety of healthcare settings contribute to the coordination and management of the program across sites. These facilities are responsible for setting and promoting high standards of medical practice and TMO training.

Standard 1 is split into three areas: Executive Accountability, Resources, and the Education and Training Program Committee.

1. Governance and Program Management

Standard	Criteria
1.1 Executive Accountability: Facilities have an organisational structure, ultimately accountable to the LHN CEO.	**1.1.1** Facilities have a strategic plan for TMO education and training, endorsed by the LHN CEO. The LHN CEO is responsible for providing adequate resources to meet this plan. **1.1.2** Facilities are funded as teaching and training organisations, and therefore give high priority to medical education and training. **1.1.3** An organisational structure is in place to support TMO education and training, including a delegated manager with executive accountability for meeting postgraduate education and training standards, for example a Director of Medical Services. **1.1.4** Facilities have patient safety policies to ensure TMOs work within their scope of practice. TMOs are made aware of these policies. **1.1.5** Facilities provide clear and easily accessible information about the education and training program to TMOs. **1.1.6** Facilities allocate TMOs within the program through a transparent, rigorous and fair process which is based on published criteria and the principles of the program.
1.2 Resources: Facilities provide appropriate financial, physical and staffing resources to support and promote high-quality education and training.	**1.2.1** Facilities provide the physical, ICT, library and educational resources necessary for supporting TMO education and training. **1.2.2** Facilities provide dedicated office space for a Medical Education Unit (MEU) or equivalent. **1.2.3** Appropriate full time equivalent levels of qualified staff, including a DCT, MEO and administrative staff, are employed to manage, organise and support education and training. This is underpinned by regular appraisal of the unit and its personnel by the facility. **1.2.4** Facilities have a dedicated budget to support and develop TMO education and training. **1.2.5** TMOs are provided with a safe, secure and comfortable area away from clinical work spaces.
1.3 Education and Training Program Committee: The Education and Training Program Committee is the body that oversees the work of the Medical Education Unit.	**1.3.1** Facilities have an Education and Training Program Committee which is adequately resourced, empowered and supported to advocate for TMO education and training **1.3.2** The Education and Training Program Committee oversees and evaluates all aspects of TMO education and training and is responsible for determining and monitoring changes to education and training. **1.3.3** The Education and Training Program Committee has Terms of Reference that outline its functions, reporting lines, powers and membership, which includes TMOs. **1.3.4** Education and Training Program Committee outcomes are regularly communicated to TMOs. **1.3.5** Facilities report changes to the program, units or terms, that may affect the delivery of the program, to SA MET in line with the Process for Accrediting a Change of Circumstance.

2. Monitoring, Evaluation and Continuous Improvement

Education and training programs need to be monitored and evaluated by Medical Education Unit staff to ensure that they are providing effective education and training to TMOs, preparing them for future practice.

It is essential that facilities continuously improve the education and training program offered to TMOs to ensure these programs are contemporary and deliver training of the highest possible calibre.

2. Monitoring, Evaluation and Continuous Improvement

Standard	Criteria
2.1 Monitoring, Evaluation and Continuous Improvement: Facilities monitor and evaluate TMO education and training and base a program of continuous improvement on the data gained from this.	**2.1.1** Facilities have processes to monitor and evaluate the quality of TMO education and training. **2.1.2** TMOs have the opportunity and are encouraged to provide feedback in confidence on all aspects of their education and training. **2.1.3** Facilities use TMO evaluations of orientation, education sessions, supervision, terms and assessments to develop the education and training program. **2.1.4** Mechanisms are in place to access feedback from supervisors to inform program monitoring and continuous improvement. **2.1.5** Facilities act on feedback and modify the education and training program as necessary to improve the TMO experience, using innovative approaches as appropriate. **2.1.6** Facilities form constructive working relationships with other agencies and facilities to support education and training.

3. Education, Training and Clinical Experience

TMO education, training and clinical experience are intrinsically linked; the majority of TMO education and training occurs in the clinical setting. Facilities are responsible for providing the support and resources to supplement and enhance ward and/or unit-based experiential learning, including an educational program that includes topics not available on clinical rotations and of interest to TMOs.

3. Education, Training and Clinical Experience

Standard	Criteria
3.1 Education and Training: Facilities provide a structured education and training program mapped to the Australian Curriculum Framework for Junior Doctors (ACF).	**3.1.1** All TMOs can access the education and training program provided and supplementary training activities offered on all terms. **3.1.2** Formal education and training program sessions are designated protected time. **3.1.3** The education and training program offered is mapped to the ACF and covers topics relevant to TMO training. **3.1.4** The education and training program is structured to reflect the requirements of the registration standard for granting general registration as a medical practitioner to Australian and New Zealand medical graduates on completion of intern training. **3.1.5** Facilities provide guidance to TMOs to inform career choices and how to access these careers. **3.1.6** TMOs are encouraged to participate in hospital wide educational opportunities, for example Grand Rounds.
3.2 Clinical Experience: TMOs have appropriate opportunities for experiential learning.	**3.2.1** Facilities provide TMOs with a program of terms that enables the attainment of ACF competencies, including relevant skills and procedures. Intern terms should reflect the requirements of the registration standard for granting general registration as a medical practitioner to Australian and New Zealand medical graduates on completion of intern training. **3.2.2** Facilities ensure TMOs are able to participate in learning opportunities appropriate to each term, including practical experience in each specialty undertaken with the opportunity to improve their practical skills. This includes exposure to theatre time during surgical terms. Intern terms should take into account the Australian Medical Council Guidelines for intern terms. **3.2.3** In identifying terms for training, facilities consider the following: • complexity and volume of the unit's workload • the TMO's workload • the experience TMOs can expect to gain • how the TMO will be supervised, and who will supervise them. **3.2.4** All clinical settings for TMOs are able to demonstrate the education and learning opportunities available. **3.2.5** TMOs have access to the tools and opportunities for an appropriate handover at the start and end of each shift, during shifts if required, and at the start of each term. **3.2.6** Facilities provide information to TMOs regarding the experiences available on all terms, including those at secondary sites. **3.2.7** All terms have an approved term description that has been developed by the term supervisor with input from TMOs who have undertaken the term. Term descriptions are monitored and updated regularly to ensure they reflect the current practice and experience available on each term. **3.2.8** Facilities provide a comprehensive orientation to TMOs at the beginning of their employment with that facility. **3.2.9** TMOs receive an orientation to all secondary training sites that they rotate through. **3.2.10** TMOs complete a Basic Life Support course as part of the facility orientation program, and every two years thereafter. **3.2.11** All TMOs receive an appropriate orientation to each term.

4. Supervision

Supervision involves direct or indirect monitoring of TMOs by senior medical practitioners. Facilities must ensure administrative, education and professional supervision is provided as well as clinical oversight to ensure TMOs are practising safely.

Term supervisors are senior clinicians appointed for each term and are responsible for the management of the TMOs on that particular unit. This role includes providing adequate orientation for and assessment of TMOs, and ensuring appropriate clinical supervision is always in place for TMOs. The clinical supervision of a TMO does not have to be provided solely by the term supervisor, it can be provided by other adequately trained and experienced staff.

4. Supervision

Standard	Criteria
4.1 Supervision: Appropriate clinical supervision is provided to TMOs during all periods of duty.	**4.1.1** TMOs are supervised at all times at a level appropriate to their experience and responsibilities. **4.1.2** Facilities have a supervision guideline that is understood and adhered to by supervisors. **4.1.3** Supervisors have the competencies, skills, knowledge, authority, time and resources to enable adequate supervision of TMOs at all times. **4.1.4** TMOs' learning objectives are discussed with the term supervisor at the start of each term to assist the TMO to develop a learning plan for that term. **4.1.5** Term supervisors and their delegates are known to and accessible by TMOs, understand their roles and responsibilities in assisting TMOs to meet learning objectives, and demonstrate a commitment to TMO training. **4.1.6** Facilities provide appropriate support and professional development opportunities to supervisors for their roles. **4.1.7** Supervisors are responsible for providing TMOs with regular constructive feedback.

5. Assessment

TMOs are assessed regularly throughout their prevocational training, undergoing summative assessments at the end of each term. Assessments of TMOs are provided by their term supervisors, after consultation with other members of the unit who have worked with the TMO.

Assessments allow issues with performance to be formally identified and can provide the basis for discussions around substandard performance. Mid-term assessments provide feedback to TMOs on their performance and encourage improvements where necessary.

Intern assessments form the basis of the sign-off decision for general registration at the end of the intern year.

5. Assessment

Standard	Criteria
5.1 Assessment: Assessment processes for TMOs are fair, reliable and timely.	**5.1.1** TMOs are encouraged to take responsibility for their own performance, and to seek feedback from their supervisors in relation to their performance. **5.1.2** Term supervisors outline unit-specific assessment processes at the start of each term, identifying team members involved in assessing TMOs. **5.1.3** Interns undergo valid and reliable formative mid-term assessments for all terms exceeding five weeks. Ideally, this will also occur for all other TMOs. **5.1.4** TMOs undergo valid and reliable summative end-of-term assessments for all terms. The supervisor should consult with other team members to maximise reliability. These assessments are discussed with TMOs, who have the opportunity to comment on these. **5.1.5** TMO assessments are confidential and are not released by a facility for any human resources purposes, including employment applications. A copy of all assessments should be provided to the TMO. **5.1.6** Facilities have a process to assist with decisions on the remediation of TMOs who do not achieve satisfactory supervisor assessments. **5.1.7** Facilities implement and document assessments of TMO performance consistent with the registration standard for granting general registration as a medical practitioner to Australian and New Zealand medical graduates on completion of intern training. **5.1.8** Intern assessment is consistent with the guidelines in the AMC's Intern training – Assessing and certifying completion, and based on interns achieving outcomes stated in the AMC's Intern training – Intern outcome statements.

6. Trainee Medical Officer Welfare

The early years of prevocational training are a particularly vulnerable time for TMOs, some of whom require a high level of pastoral support.

Facilities are to provide appropriate welfare support for TMOs. Underperforming TMOs are identified in a timely fashion and facilities have appropriate processes are in place to support and manage these TMOs.

Facilities must ensure adequate resources are provided to enable Medical Education Units to provide welfare support to TMOs and advocating on their behalf.

6. Trainee Medical Officer Welfare

Standard	Criteria
6.1 TMO Welfare: Facilities provide appropriate welfare support for TMOs.	**6.1.1** The duties, working hours and supervision of TMOs are consistent with the delivery of high-quality, safe patient care and TMO welfare. **6.1.2** Facilities provide access to and information regarding welfare support for TMOs, including information regarding external, independent organisations. This is articulated within facility orientation processes. **6.1.3** Facilities have written policies and processes in place, with appropriate reference to local and national jurisdictional guidelines, to manage welfare, workload, safety and substandard performance of TMOs. **6.1.4** Facilities identify underperforming TMOs in a timely fashion and have appropriate processes to support and manage these TMOs. TMOs are informed of concerns regarding their practice to enable this to be remedied before the end of the training year wherever possible. **6.1.5** Handover of TMO performance across terms is managed by the MEU. Confidential written records are kept of any notifications and discussions of substandard performance with term supervisors. **6.1.6** Facilities have published, fair and practical policies for managing annual leave, sick leave and professional development leave. **6.1.7** Facilities have clear, impartial and confidential pathways for the timely resolution of training-related disputes between TMOs and supervisors, or TMOs and the facility. **6.1.8** Facilities guide and support supervisors and TMOs in the implementation and review of flexible training arrangements. Available arrangements for interns are consistent with the registration standard for granting general registration as a medical practitioner to Australian and New Zealand medical graduates on completion of intern training.

Glossary

ACF – Australian Curriculum Framework for Junior Doctors

CEO – Chief Executive Officer

DCT – Director of Clinical Training

DMS – Director of Medical Services

GP – General Practice

ICT – Information and computer technology

LHN – Local Health Network

MEO – Medical Education Officer

MEU – Medical Education Unit

SA MET – South Australian Medical Education and Training

TMO – Trainee medical officer. Within this document TMO refers to any prevocational doctor, including interns, not in a vocational training program.

III: Accreditation Committee Terms of Reference

SA MET HEALTH ADVISORY COUNCIL
ACCREDITATION COMMITTEE
Terms of Reference

PURPOSE

The South Australian Medical Education and Training Health Advisory Council (the Advisory Council) is accountable for improving the quality of education, training and welfare for prevocational trainee medical officers within the State and making recommendations for the prevocational accreditation of trainee medical officer posts in health services.

The Accreditation Committee is established as a committee of the Advisory Council to provide advice on accreditation processes for the postgraduate training of prevocational medical officers.

REPORTING

The Accreditation Committee will, through its Chair, report to the Advisory Council.

FUNCTIONS

The Accreditation Committee will operate in a manner consistent with the Advisory Council rules and will undertake functions defined by those rules and as determined by the Advisory Council.

The functions of the Accreditation Committee are to:

1. Provide expert advice to the Advisory Council on matters relating to accreditation of prevocational medical training.

2. Undertake accreditation and monitoring of prevocational trainee medical officer posts, clinical units, facilities and networks that support these posts using the current SA MET accreditation standards.

3. Receive and consider applications for the accreditation of new prevocational trainee medical officer posts against the current SA MET accreditation standards.

4. Monitor and review the accreditation standards and processes ensuring relevance and effectiveness.

5. Oversee the recruitment and training of accreditation visit team members and leaders.

6. Develop links and agreements with other accreditation agencies and education providers to:
    a) promote a continuum of learning
    b) foster sharing of expertise and information
    c) minimise duplication of workload on health services associated with multiple accreditation agency processes.

7. Work collaboratively with other Advisory Council Committees.

8. Establish, maintain and promote partnerships with relevant national and jurisdictional organisations.

MEMBERSHIP

Members will be appointed by the Advisory Council for a 3 year term. Members have the option of being reappointed for a consecutive term.

The membership of the Accreditation Committee will be:

- Chair of the Accreditation Committee (a member of the Advisory Council)
- Deputy Chair of the Accreditation Committee (a deputy member of the Advisory Council)
- Clinician/Term Supervisor (four positions)
- General Practitioner/Private Sector Clinician
- Medical Administrator
- Director of Clinical Training
- Medical Education Officer
- Trainee Medical Officer (three positions)

A membership vacancy may occur when:

- a member's term of office expires;
- a member resigns by notice in writing to the Chair of the Accreditation Committee;
- a member is absent for three or more consecutive meetings of the Committee without informing the Committee Chair.

Responsibilities of members

- **Conflict of Interest** – members will identify any matter arising at the meeting which the member considers to be a conflict of interest and withdraw from any discussion or decisions concerning such a matter. It is at the Chair's discretion whether a member with a conflict of interest remains in the meeting or not but the member will not be able to take part in the discussion or vote.

  Any members who participated in accreditation visits will be able to participate in initial Committee discussions before being asked to leave the room for any further discussions and the accreditation decision.

  Or:

  A two-step process will be used whereby members who participated in accreditation visits will be able to participate in a first round of Committee discussions before being asked to leave the room for any further discussions and the accreditation decision

  Any declared or identified conflict of interest will be noted in the minutes.

- **Confidentiality** – members will not disclose Accreditation Committee discussions or decisions outside the Accreditation Committee unless there is explicit agreement during a meeting and it is noted in the minutes that this is appropriate.

POWERS

The Accreditation Committee will have the power to:

- seek advice from external experts;
- co-opt members to the Committee as required;
- establish working groups to perform activities relevant to its functions;
- consult appropriately in order to obtain information relevant to the functions of the Committee.

MEETING ARRANGEMENTS

The proceedings of the Accreditation Committee will be governed by the Advisory Council Rules (Part 3), excepting that:

- There will be at least 6 meetings in a calendar year and these will be held at regular intervals.

- The quorum for a meeting is a majority of members for the time being.

- Material which has not been circulated in accordance with the Advisory Council rules may be tabled at meetings only for information or discussion and will only be voted on with approval of the Chair.

- Anecdotal information presented at meetings by members will not be used in the decision making process.

- All decisions will be made at a meeting of the Accreditation Committee unless an accreditation issue requires a decision between scheduled meetings. In this event an out of session decision will be made by Committee members and the outcome minuted at the next scheduled Committee meeting.

- Where a response has not been received from a member for an out of session paper it will indicate endorsement of the recommendations and the outcome will be minuted at the next scheduled Committee meeting.

- Minutes shall be kept for each meeting. A motion for the confirmation of minutes of any meeting of the Accreditation Committee is to be put to the next meeting.

- The Advisory Council may provide administrative support to the Accreditation Committee by assigning to the Committee a staff member of the Department who is assisting the Advisory Council (clause 5 of the Advisory Council Rules).

REVIEW

The Terms of Reference will be reviewed annually.

REVIEW DATE

August 2016

IV: Education Committee Terms of Reference

SA MET HEALTH ADVISORY COUNCIL
EDUCATION COMMITTEE
Terms of Reference

PURPOSE

The South Australian Medical Education and Training Health Advisory Council ("the Advisory Council") is accountable for improving the quality of education, training and welfare for trainee medical officers within the State and making recommendations for the accreditation of trainee medical officer positions in health services.

The Education Committee is established as a committee of the Advisory Council to provide advice to the Advisory Council on appropriate education and training activities for trainee medical officers in South Australia.

REPORTING

The Education Committee will, through its Chair, report to the Advisory Council.

FUNCTIONS

The functions of the Education Committee are to:

1. Provide expert advice to the Advisory Council on matters relating to trainee medical officer education and training including:

   a) Clinical supervision, education and training

   b) Review and further development of accreditation standards in relation to trainee medical officer education

   c) Developing partnerships with relevant stakeholders, including Universities and professional colleges, to enhance vertical and horizontal integration of medical education programs

   d) Providing appropriate advocacy regarding trainee medical officer training

   e) Educational requirements of special needs groups such as International Medical Graduates

   f) Current and future trainee medical officer educational and related professional development activities

   g) Supporting evidence-based best practice in education for training medical officers.

2. Provide annual reports to the Health Advisory Council.

MEMBERSHIP

Members will be appointed for a 3 year term by the Advisory Council. Members can be reappointed for a consecutive term.

The membership of the Education Committee will be as follows:

- Chair of the Education Committee will be a member of the Advisory Council
- Deputy Chair
- DCT representative
- MEO representative
- Dean of SA University School of Medicine or representative
- Junior Medical Officers (4 positions)
- SA MET Unit nominees (1 positions)
- LHN representative
- Workforce reform SA Health and Ageing representative
- SA Health Library representative
- Rural representative

A membership vacancy may occur when:

- A member's term of office expires;
- A member resigns by notice in writing to the Chair of the Education Committee
- A member is absent for two or more consecutive meetings of the Committee without informing the SA MET Unit.
- A member fails to attend two meetings in a calendar year.

Responsibilities of members for communication

- **Conflict of Interest** – members must identify any real or perceived conflicts of interest and to withdraw from any discussion or decisions concerning such a matter.
- **Confidentiality** – proceedings of the committee are confidential and members must not disclose discussions or decisions unless there is explicit agreement during a meeting and noted in the minutes, that this is appropriate.

POWERS

The Education Committee has the power to:

- Request reports from Education and Training Program Committees
- Seek advice from external expert
- Co-opt persons with specific expertise as required
- Establish working groups to perform activities relevant to its functions
- Liaise and work with other Advisory Council committees, subcommittees, working groups and other stakeholders
- Consult appropriately in order to obtain information relevant to the functions of the Committee.

MEETING ARRANGEMENTS

The proceedings of the Education Committee will be governed by the Advisory Council Rules (Part 3), excepting that:

- There will be at least 4 meetings in any 12 month period and these will be held at regular intervals.

- There will be a maximum time allocation of 2 hours for each meeting.

- The quorum for a meeting is a majority of Members for the time being.

- Material which has not been circulated in accordance with the Health Advisory Council rules may be tabled at meetings only for information or discussion and may only be voted on with approval of the Chair.

- Minutes shall be kept for each meeting. A motion for the confirmation of minutes of any meeting of the Education Committee is to be put to the next meeting.

- The Advisory Council may provide administrative support to the Education Committee by assigning to the Committee a staff member of the Department who is assisting the Advisory Council (clause 5 of the Advisory Council Rules).

REVIEW

The Terms of Reference will be reviewed annually.

REVIEW DATE

April 2017

V: Doctors in Training Committee Terms of Reference

SA MET HEALTH ADVISORY COUNCIL
DOCTORS IN TRAINING COMMITTEE
Terms of Reference

PURPOSE

The South Australian Medical Education and Training Health Advisory Council ("the Advisory Council") is accountable for improving the quality of education, training and welfare for trainee medical officers within the State and making recommendations for the accreditation of trainee medical officer positions in health services.

The Doctors in Training Committee is established as a committee of the Advisory Council to provide advice and recommendations to the Advisory Council on any aspect of the Advisory Council's functions from a student and trainee medical officer perspective.

REPORTING

The Doctors in Training Committee will, through its Chair, report to the Advisory Council.

FUNCTIONS

The Doctors in Training Committee will operate in a manner consistent with the Advisory Council rules and will undertake functions defined by those rules and as determined by the Advisory Council.

The functions of the Doctors in Training Committee are to:

1. Receive feedback from trainee medical officers about relevant safety and quality matters and advocate to health services about student and trainee medical officer training, health and welfare issues;

2. Develop position statements, policies, guidelines and activities to support the education, training, health and welfare of students and trainee medical officers;

3. Promote the activities of the SA MET Unit to trainee medical officers and medical students within the state;

4. Provide comment on documents relating to trainee medical officer education, training and welfare

5. Liaise and consult with the JMO forum for the purpose of receiving feedback on issues related to medical education, training, health and welfare; and

6. Work collaboratively with other Advisory Council Committees.

MEMBERSHIP

The membership of the Doctors in Training Committee will be as follows:

- Doctors in Training Advisory Council members and deputy members (6 positions), this includes the Chair of the committee and the Deputy Chair.

- Trainee medical officers in their first year of training since graduating from medical school (intern) (4 positions);

- Trainee medical officers in their second or subsequent prevocational year (4 positions); and

- The Chair or delegate of the JMO Forum (1 position).

- Trainee Medical Officer at any level of prevocational or vocational training (1 position)

- A Doctors in Training representative from the SA MET Accreditation Committee and the Education Committee (an existing member of the committee may be eligible to fill either of these roles, in which case an additional member is not required)

*If not already represented in the member group listed above, member positions will be opened to a member of the AMA (SA) DIT Committee, to each medical school in South Australia and to an International Medical Graduate (IMG).

*In line with the Advisory Council Rules composition of committee should consist of equal numbers of men and women; metropolitan, rural and remote issues with be adequately represented; and each Local Health Network be represented were possible.

Members will be appointed by the Advisory Council as follows:

- Advisory Council members and deputy members will be appointed to the Doctors in Training Committee for the period of time in which they are an appointed member of Advisory Council.

- Medical Student members will be appointed for the period of time in which they are a medical student or a maximum of 2 years. They can be further appointed after this period to the committee as an intern representative.

- Trainee medical officer members in their first year of training since graduating from medical school will be appointed for a period of 1 year, consistent with the length of internship. They can be further appointed after this period to the committee as a prevocational PGY2+ representative should there be a vacancy.

- Trainee medical officer members in their second or subsequent prevocational year will be appointed for a period of 2 years with the possibility of re-appointment for a further 2 year term, but not exceeding 4 years.

- The Chair or delegate of the JMO Forum will be appointed for the period of time they are Chair or member of the JMO forum not exceeding a period of 2 years.

A membership vacancy may occur when:

- A member's term of office expires;
- A member resigns by notice in writing to the Chair of the Doctors in Training Committee
- A member is absent for three or more consecutive meetings of the Committee without informing the SA MET Unit.

Responsibilities of members for communication

- **Conflict of Interest** – members are reminded to identify any matter arising at the meeting which the member considers to be a conflict of interest. It is at the Chair's discretion whether a member with a conflict of interest remains in the meeting or not during discussion but the member must withdraw from any decision making vote

- **Confidentiality** – members are reminded that they will not disclose the Doctors in Training Committee discussions or decisions outside the Doctors in Training Committee unless there is explicit agreement, during a meeting and noted in the minutes, that this is appropriate.

POWERS

The Doctors in Training Committee will have the power to:

- Seek advice from external experts;
- Co-opt members to the Committee as required;
- Establish working groups to perform activities relevant to its functions;
- Liaise and work with other Advisory Council Committees, Subcommittees and working groups; and
- Consult appropriately in order to obtain information relevant to the functions of the Committee.

MEETING ARRANGEMENTS

The proceedings of the Doctors in Training Committee will be governed by the Advisory Council Rules (Part 3), excepting that:

- There will be 4-6 meetings in any 12 month period and these will be held at regular intervals.
- There will be a maximum time allocation of 2.5 hours for each meeting.
- The quorum for a meeting is a majority of Members for the time being.
- Reading material will be distributed prior to each meeting and it is expected that members will read this prior to the meeting.
- Material which has not been circulated in accordance with the Health Advisory Council rules may be tabled at meetings only for information or discussion and may only be voted on with approval of the Chair.
- Minutes shall be kept for each meeting. A motion for the confirmation of minutes of any meeting of the Doctors in Training Committee is to be put to the next meeting.
- The Advisory Council may provide administrative support to the Doctors in Training Committee by assigning to the Committee a staff member of the Department who is assisting the Advisory Council (clause 5 of the Advisory Council Rules).

REVIEW

The Terms of Reference will be reviewed annually.

REVIEW DATE

November 2016

VI: Professional Medical Colleges Committee Terms of Reference

SA MET HEALTH ADVISORY COUNCIL
PROFESSIONAL MEDICAL COLLEGES COMMITTEE
Terms of Reference

PURPOSE

The South Australian Medical Education and Training Health Advisory Council ("the Advisory Council") is accountable for improving the quality of education, training and welfare for trainee medical officers within the State and making recommendations for the accreditation of trainee medical officer positions in health services.

The Professional Medical Colleges Committee is established as a committee of the Advisory Council to provide advice from the perspective of the Professional Medical Colleges.

REPORTING

The Professional Medical Colleges Committee will, through its Chair, report to the Advisory Council.

FUNCTIONS

The Professional Medical Colleges Committee will operate in a manner consistent with the Advisory Council rules and will undertake functions defined by those rules and as determined by the Advisory Council.

The functions of the Professional Medical Colleges Committee are to:

1. Provide leadership in postgraduate medical education and training in the State.
2. Work with the Professional Medical Colleges to maintain high quality vocational training.
3. Work collaboratively with other Advisory Council Committees.
4. Establish, maintain and promote partnerships with the Professional Medical Colleges.

MEMBERSHIP

Members will be appointed for a 3 year term. Members have the option of being reappointed for a consecutive term.

The membership of the Professional Medical Colleges Committee will be as follows:

- Chair of the Professional Medical Colleges Committee, who is also a member of the Advisory Council.
- One person with an interest in postgraduate medical education from each of the medical colleges recognised by the Australian Medical Council.
- Members are permitted to send proxies to meetings. Members must inform the Chair that they will be sending a proxy prior to the meeting.

A membership vacancy may occur when:

- A member's term of office expires.

- A member resigns by notice in writing to the Chair of the Professional Medical Colleges Committee.
- A member is absent for three or more consecutive meetings of the Committee without informing the SA MET Unit.
- A member fails to attend 3 meetings in a calendar year.

Conflict of Interest – members will identify any matter arising at the meeting which the member considers to be a conflict of interest and withdraw from any discussion or decisions concerning such a matter. It is at the Chair's discretion whether a member with a conflict of interest remains in the meeting or not, but the member will not be able to take part in the discussion or vote.

Any declared or identified conflict of interest will be noted in the minutes.

Confidentiality – members will not disclose Professional Medical Colleges Committee discussions or decisions outside the Professional Medical Colleges Committee, with the exception of their individual College, unless there is explicit agreement during a meeting and it is noted in the minutes that this is appropriate.

POWERS

The Professional Medical Colleges Committee will have the power to:

- Seek advice from external experts.
- Co-opt members to the Committee as required.
- Establish working groups to perform activities relevant to its functions.
- Consult appropriately in order to obtain information relevant to the functions of the Committee.

MEETING ARRANGEMENTS

The proceedings of the Professional Medical Colleges Committee will be governed by the Advisory Council Rules (Part 3), excepting that:

- There will be at least four meetings in any 12 month period and these will be held at regular intervals.
- There will be a maximum time allocation of two hours for each meeting.
- The quorum for a meeting is a majority of members.
- Material which has not been circulated in accordance with the Health Advisory Council rules may be tabled at meetings only for information or discussion and may only be voted on with approval of the Chair.
- Minutes shall be kept for each meeting. A motion for the confirmation of minutes of any meeting of the Professional Medical Colleges Committee is to be put to the next meeting.
- The Advisory Council may provide administrative support to the Professional Medical Colleges Committee by assigning to the Committee a staff member of the Department who is assisting the Advisory Council (clause 5 of the Advisory Council Rules).

REVIEW

The Terms of Reference will be reviewed in three years.

REVIEW DATE

February 2019

VII: Directors of Clinical Training Committee Terms of Reference

PURPOSE

The South Australian Medical Education and Training Health Advisory Council ("the Advisory Council") is accountable for improving the quality of education, training and welfare for trainee medical officers within the State and making recommendations for the accreditation of trainee medical officer positions in health services.

The Directors of Clinical Training Committee is established as a committee of the Advisory Council to provide advice to the Advisory Council on any aspect of the Advisory Council's functions from the perspective of the Directors of Clinical Training employed in an incorporated hospital under the Act.

Directors of Clinical Training are clinicians with direct responsibility for the training program for trainee medical officers within a network or facility. This includes training program structure, assessment, quality improvement and overall organisation and oversight of supervision.

REPORTING

The Directors of Clinical Training Committee will, through its Chair, report to the Advisory Council.

FUNCTIONS

The Directors of Clinical Training Committee will operate in a manner consistent with the Advisory Council rules and will undertake functions defined by those rules and as determined by the Advisory Council.

The functions of the Directors of Clinical Training Committee are to:

1. Provide leadership in prevocational postgraduate medical education and training in the State;
2. Promote and actively encourage innovation in prevocational postgraduate medical training and sharing of best practice;
3. Identify issues and concerns pertaining to prevocational postgraduate training and facilitate solutions;
4. Ensure issues and concerns raised by the Medical Education Officers representative are presented to the Advisory Council;
5. Identify professional development activities for Directors of Clinical Training, Directors of Medical Services, Medical Education Officers and other staff in prevocational postgraduate education;
6. Provide support and mentorship to new Directors of Clinical Training;
7. Develop advice on expanding capacity for prevocational postgraduate medical training;
8. Liaise with groups including SA Medical Education and Training Unit, professional bodies, universities, professional colleges;
9. Promote and advocate on policies and procedures for prevocational postgraduate training;
10. Promote and advocate for welfare of prevocational trainee medical officers.

MEMBERSHIP

Members will be appointed for a three year term. Members have the option of being reappointed for a consecutive term. The membership of the Directors of Clinical Training Committee will be as follows:

- Chair of the Directors of Clinical Training Committee will be a member of the Advisory Council

- Directors of Clinical Training or equivalent employed in an incorporated hospital under the Health Care Act 2008.

- Representative from Medical Education Officers subcommittee.

A membership vacancy may occur when:

- A member ceases to be a Director of Clinical Training

- A member resigns by notice in writing to the Chair of the Directors of Clinical Training Committee

- A member is absent for three or more consecutive meetings of the Committee without informing the SA MET Unit.

- A member fails to attend three meetings in a calendar year.

Responsibilities of members for communication

- **Conflict of Interest** – members must identify any real or perceived conflicts of interest and to withdraw from any discussion or decisions concerning such a matter.

- **Confidentiality** – proceedings of the committee are confidential and members must not disclose discussions or decisions unless there is explicit agreement during a meeting and noted in the minutes, that this is appropriate.

POWERS

The Directors of Clinical Training Committee has the power to:

- Seek advice from external experts;

- Co-opt members to the Committee as required;

- Establish working groups to perform activities relevant to its functions;

- Liaise and work with other Advisory Council Committees, Subcommittees and working groups;

- Consult appropriately in order to obtain information relevant to the functions of the Committee.

MEETING ARRANGEMENTS

The proceedings of the Directors of Clinical Training Committee will be governed by the Advisory Council Rules (Part 3), excepting that:

- There will be at least 3 meetings in any 12 month period and these will be held at regular intervals.

- There will be a maximum time allocation of 2 hours for each meeting.

- The quorum for a meeting is a majority of Members for the time being.

- Material which has not been circulated in accordance with the Health Advisory Council rules may be tabled at meetings only for information or discussion and may only be voted on with approval of the Chair.

- Minutes shall be kept for each meeting. A motion for the confirmation of minutes of any meeting of the Directors of Clinical Training Committee is to be put to the next meeting.

- The Advisory Council may provide administrative support to the Directors of Clinical Training Committee by assigning to the Committee a staff member of the Department who is assisting the Advisory Council (clause 5 of the Advisory Council Rules).

REVIEW

The Terms of Reference will be reviewed annually.

REVIEW DATE

August 2016

VIII: Medical Education Officers Subcommittee Terms of Reference

SA MET HEALTH ADVISORY COUNCIL MEDICAL EDUCATION OFFICERS SUBCOMMITTEE
Terms of Reference

PURPOSE

The South Australian Medical Education and Training Health Advisory Council ("the Advisory Council") is accountable for improving the quality of education, training and welfare for trainee medical officers within the State and making recommendations for the accreditation of trainee medical officer positions in health services.

The Medical Education Officers' Subcommittee is established as a Subcommittee of the Directors of Clinical Training Committee to:

- Provide advice to the Health Advisory Council through the Directors of Clinical Training Committee on any aspect of the Advisory Council's functions from the perspective of the Medical Education Officers employed in an incorporated hospital under the Act; and

- Allow sharing of resources, ideas and knowledge across South Australian hospitals.

Medical Education Officers are responsible for overseeing the education, welfare and training needs of prevocational trainees within South Australian teaching hospitals.

The South Australian Medical Education and Training Health Advisory Council (the Advisory Council) is accountable for improving the quality of education, training and welfare for trainee medical officers within the State and making recommendations for the accreditation of trainee medical officer posts in health services.

The Accreditation Committee is established as a committee of the Advisory Council to provide advice on accreditation processes for the postgraduate training of medical officers.

REPORTING

The Medical Education Officers' Subcommittee will, through a designated member, report to the Health Advisory Council through the Directors of Clinical Training Committee. The Directors of Clinical Training Committee Terms of Reference and Agendas will have a standing item for Medical Education Officers' Subcommittee matters.

FUNCTIONS

The Medical Education Officers' Subcommittee will operate in a manner consistent with the Advisory Council rules and will undertake functions defined by those rules and as determined by the Advisory Council.

The functions of the Medical Education Officers' Subcommittee include:

1. Development of common solutions to enhance education and training, the workplace experience and career development of Junior Medical Officers;

2. Sharing of information on education and training programs at each site;

3. Provision of information and feedback to stakeholders as required;

4. Advocacy for best practice education and training for prevocational trainees;

5. Provision of information, feedback and advice regarding centralised resources and resources that may be required for particular groups;

6. Communication between SA MET and Medical Education Officers on current initiatives;

7. Advocacy and support for the Medical Education Officer's role.

MEMBERSHIP

The membership of the Medical Education Officers' Subcommittee will be as follows:

- The Chair of the Medical Education Officer Subcommittee is selected by the Medical Education Officers;

- The Deputy Chair of the Medical Education Officers' Subcommittee is selected by the Medical Education Officers. The Deputy will support the Chair and act as a proxy in the absence of the Chair;

- Medical Education Officers (or equivalent positions) from each incorporated hospital under the Health Care Act 2008;

- Membership to the Medical Education Officers' Subcommittee is by virtue of appointment to a Medical Education Officer's position or equivalent;

- The Chair or nominated delegate will represent the Medical Education Officers' Subcommittee on the Directors of Clinical Training Committee.

A membership vacancy may occur when:

- A member resigns from their Medical Education Officer position;

- A member resigns by notice in writing to the Chair of the Directors of Clinical Training Committee;

- A member is absent for three or more consecutive meetings of the Subcommittee without informing the SA MET Unit.

Responsibilities of members for communication

- **Conflict of Interest** – members must identify any real or perceived conflicts of interest and to withdraw from any discussion or decisions concerning such a matter.

- **Confidentiality** – proceedings of the committee are confidential and members must not disclose discussions or decisions unless there is explicit agreement during a meeting and noted in the minutes, that this is appropriate.

POWERS

The Medical Education Officers' Subcommittee will have the power to:

- Seek advice from external experts;

- Co-opt members to the Subcommittee as required;

- Liaise and work with other Advisory Council Committees and working groups; and

- Consult appropriately in order to obtain information relevant to the functions of the Subcommittee.

MEETING ARRANGEMENTS

The proceedings of the Medical Education Officers' Subcommittee will be governed by the Advisory Council Rules (Part 3), excepting that:

- There will be at least 6 meetings in any 12 month period and these will be held at regular intervals;

- There will be a maximum time allocation of 2 hours for each meeting;

- The quorum for a meeting is a majority of Members for the time being;

- Standing items on the Agenda will include, but are not limited to, reporting activities and outcomes of the Health Advisory Council Committees where members of the Medical Education Officers' Subcommittee sit (Directors of Clinical Training Committee, Accreditation Committee and Education Committee);

- Minutes shall be kept for each meeting. A motion for the confirmation of minutes of any meeting of the Medical Education Officers' Subcommittee is to be put to the next meeting;

- The Advisory Council may provide administrative support to the Medical Education Officers' Subcommittee by assigning to the Subcommittee a staff member of the Department who is assisting the Advisory Council (clause 5 of the Advisory Council Rules).

REVIEW

The Terms of Reference will be reviewed annually.

REVIEW DATE

January 2017

IX: Professional Development Program for Registrars Evaluation Report

EVALUATION REPORT

Professional Development Program for Registrars 2015-2016

Background

South Australian Medical Education and Training Unit (SA MET) has been providing the Professional Development Program for Registrars (PDPR) to junior doctors in South Australia since 2006. Participants whose supervisors believe they could benefit from the program are nominated (by their supervisor) to attend. Participants come from a variety of departments and healthcare settings, and are at various stages of their specialty training programs. Conducted over two days, the program is led by experienced facilitators who combine delivery of the course content with encouraging contributions and guiding discussions of the Registrars' relevant experiences. Each program is evaluated at its conclusion; presented below are the findings from the workshops conducted during the 2015-2016 financial period.

Method

Participants are invited to evaluate aspects of the workshop (via rating scales and free text responses) in a paper and pencil format questionnaire, to assist with the ongoing development of the program. Results are anonymised.

Results

Three workshops were conducted in the 2015-2016 year. A total of 38 registrars participated in the workshop. The results are presented in the tables and descriptions to follow. We received 38 completed evaluation surveys.

Program

		Strongly Disagree/ Disagree	Neither	Strongly Agree/ Agree
1	Objectives were clearly outlined			38
2	Content will be useful at work			38
3	Content was well organised			38
4	Examples and illustrations were helpful			38
5	There were effective training processes and methods			38

Facilitators

		Strongly Disagree/ Disagree	Neither	Strongly Agree/ Agree
1	Were prepared for the workshop			38
2	Demonstrated subject knowledge			38
3	Communicated effectively			38
4	Encouraged group participation			38
5	Responded constructively to questions			38

General

		Strongly Disagree/ Disagree	Neither	Strongly Agree/Agree
1	Quality of material, flash drive, handouts etc was high			38
2	2 day format of workshop worked well			38
3	Participants contributed effectively			38
4	Venue and training facilities met my needs		1	37

Comments:

1. Which topics of the session / workshop did you enjoy most? Why?
- ✓ MBTI part of the course gave me the insight at some level about my personality and areas where I can improve. Filling the bucket – concept
- ✓ Myer Briggs test - self-awareness. Quality and safety - important topic but junior doctors don't know a lot about. Conflict resolution, time management, stress management, reg roles/feedback = all topics vital to increase efficiency and effectiveness as a reg. V. well presented
- ✓ Interactive discussion. Not overloading any one session with detail. Personality type discussion interesting bucket list
- ✓ Presentation points. Stress management. Time management. MBTI & conflict resolution methods and different application. Exercise about communication was very insightful and contextual
- ✓ Group work - balance of personality traits; new insights into ways to change and improve group dynamics. Different conflict resolution styles
- ✓ MBTI - enlightening and interactive. Filling the bucket - stress management
- ✓ MBTI gained insight, interesting. Good to learn about my strengths, weaknesses. Survival simulation, good results demonstrated importance and effectiveness of team work.
- ✓ MBTI self-awareness
- ✓ MBTI, situational awareness, Team building
- ✓ MBTI, TKI conflict, Feedback
- ✓ MBTI, feedback, registrar as a teacher
- ✓ I enjoyed the team building exercise the most as it promoted discussion and was fun and interactive
- ✓ MBTI, managing stress, registrar as teacher
- ✓ JC what a guy! Enthusiastic, personable , knows his stuff, a pleasure to listen to
- ✓ Manage stress-concrete, MBTI and Team building very interactive and self-realisation
- ✓ MBTI, TKI testing- objective and offers different perspective of looking at self. Problem solving - team work, communication, situation based scenarios were useful
- ✓ Liked the venue being at Bedford, nice spot, good food and good to support the organisation. Good amount of breaks, really liked the conflict resolution, MBTI and team building scenarios
- ✓ MBTI, conflict resolution, lack of exposure to the tools, certainly gives relevant 'picture' that can be used on a daily basis.

2. Which topics of the session / workshop did you enjoy least? Why?
- ✓ None
- ✓ Feedback - as it has been very well covered by "Teaching on the Run" course but it was still a good reminder/refresher
- ✓ Awareness activity video - felt this was a bit underdeveloped, what would strategies to be more aware involve?
- ✓ Wellbeing discussion very relevant but a bit repetitive for some training programs where this is heavily emphasised/covered in more depth. More info about addressing concerns about the welfare of colleagues and how to approach this using specific examples would be helpful
- ✓ Quality and safety not quite as helpful
- ✓ Nothing in particular
- ✓ Still unsure about MBTI, some topics paid lip service to, rather than explore used in a workshop/scenario

- ✓ None
- ✓ None specific

3. General comments
- ✓ Would highly recommend this course. Thanks and keep up the good work
- ✓ Less sweet food, more healthy options
- ✓ More group activities e.g. on presentation skills - what works with audience/what doesn't etc. Overall very informative and useful to improve both practice and self-care. Great facilitators, different personalities and MBTIs. Thanks
- ✓ Would have used some more practical strategies for improving delegation. Also suggestions for further education opportunities/reading etc would have used personal feedback post the group activity - how could I be a better group team member
- ✓ The programme was excellent. Will recommend it to others at my workplace
- ✓ Start at 9 am
- ✓ Great course and 2 day format was very helpful - a good break for reflection away from clinical work. Also good setting out of a hospital!
- ✓ Content on how safety and quality applies to/is directly relevant at the registrar level and being involved with this process - S & Q is often an external concept which is imposed on DIT and does not involve them
- ✓ Well catered for.
- ✓ Good presenters
- ✓ I would enjoy another team building exercise. One scenario was great but a second one would be even more fun
- ✓ At times there were very theoretical talks which were a little more difficult to follow. The practical examples and hands on things were great
- ✓ Thank you
- ✓ I like the videos and variety of teaching technique used.
- ✓ It is a fantastic and well organised program. Relevant content, holistic approach and high enthusiastic facilitators. Role play with actors would be useful but aware $ involved
- ✓ Could have expanded the feedback workshop session & it was really valuable. I think this is really important. If you want to role play, use medical students as models/actors. I did this in clinical teaching.
- ✓ Fantastic sessions - thank you. Like to do a little more roleplay/tutoring on the difficult i.e. junior with low insight etc.

Summary

Since its introduction to South Australia in 2006, the Professional Development Program for Registrars has been very successful. The workshops continue to be rated very highly by the participants. The facilitators and program format in particular met with extremely positive reactions.

Date

20 June, 2016

Contact

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X: Preparing to Lead Evaluation Report

EVALUATION REPORT

Preparing to Lead Workshop
13 November 2015

Background

The Preparing to Lead trial workshop was delivered at the Queen Elizabeth Hospital (QEH) on Friday 13 November, 2015. The QEH Medical Education Unit provided assistance with this workshop by organising and setting up of the venue, organising the catering. Further Lynne Burn, QEH MEO, co-facilitated the *Giving and Receiving Feedback* and participated on the expert panel. In addition the Central Adelaide Local Health Network Medical Administration Registrar, Jodi Glading, the Teaching sessions. South Australian Salaried Medical Officers Association (SASMOA) presented on bullying and harassment and MDA National also provided a speaker to discuss the legal responsibility of supervision.

The aim of the training was to provide training for interns to build skills in leadership and management. Discussions were held with the Junior Doctor Forum on what skills they felt were needed to successfully manage the transition from internship. The key areas they requested included providing feedback, managing business meetings and teaching. In addition it was felt that it was important to discuss issues concerning bullying and harassment and methods of assertive communication. Further the Directors of Clinical Training Committee also felt that it was important that junior doctors have skills in management of meetings.

The training was designed to also link to the SA Health Leadership and Management, Developing our People and Culture framework. Key areas addressed in the training from this framework, included Leads Self, Engages Others and Manages People.

Training Design

One module of the training, Giving and Receiving Feedback, was designed as a 'flipped classroom'. A short online presentation was created (10 slides) with voice over and a questionnaire consisting of five questions testing retained knowledge and two questions eliciting opinions on feedback experiences. All registrants of the course completed this online module and questionnaire. On the training day, only a short introduction was delivered explaining people's reported experiences of conflict and then the participants went into groups of three to undertake role plays. Three role plays were provided to the groups with three scripted roles (a learner role, supervisor role, observer role). They were given a total of 15 minutes for each role play, five minutes reading time, five minutes role playing and five minutes allocated for feedback from the observer. This style of training was well received.

In addition the Teaching module provided for the group to work in pairs delivering training in a chosen area to another group member for 20 minutes. The Assertive training module also had five interactive sessions where, as small groups, they role played utilising assertive communication to manage a potentially difficult situation.

SASMOA spoke on what constitutes bullying or harassment and this was presented as a discussion. MDA National presented on the legal responsibilities of supervision; however this presentation, at times, seemed to be suited to Registrars rather than interns and junior doctors.

Evaluation Method

Participants are invited to evaluate aspects of the workshop (via rating scales and free text responses) in a questionnaire, to assist with the ongoing development of the program.

Results

18 junior doctors participated in the workshop; 13 participants returned completed evaluation surveys. The results are presented in the tables and descriptions to follow.

Program

		Strongly Disagree/ Disagree	Neither	Strongly Agree/ Agree
1	Objectives were clearly outlined	1		12
2	Content will be useful at work	1		12
3	Content was well organised	1		12
4	Examples and illustrations were helpful	1		12
5	There were effective training processes and methods			13

Facilitators

		Strongly Disagree/ Disagree	Neither	Strongly Agree/ Agree
1	Were prepared for the workshop		1	12
2	Demonstrated subject knowledge		1	12
3	Communicated effectively		1	12
4	Encouraged group participation			13
5	Responded constructively to questions			13

General

		Strongly Disagree/ Disagree	Neither	Strongly Agree/Agree
1	Quality of material, flash drive, handouts etc was high		1	12
2	Format of workshop worked well		1	12
3	Participants contributed effectively		1	12
4	Venue and training facilities met my needs			13

Comments:

1. Which topics of the session / workshop did you enjoy most? Why?

- ✓ The session 2, learner supervisor observer and role model
- ✓ Interactive role play and discussions was very useful. Knowledge of different feedback and assertiveness techniques also particularly helpful.
- ✓ Feedback exercises, info on preparing meetings as I have never received training in this before.
- ✓ Scenarios for practical application
- ✓ Enjoyed the feedback session and learning/teaching styles quiz
- ✓ Enthusiastic staff, interactive with group participation, handouts at the end, no need to write notes, short sessions 30 mins each - kept on track and kept us engaged
- ✓ ++ interactive sessions, good that we incorporated activities appropriate timeframes for each session
- ✓ Small group format, bullying and harassment session, excellent very topical and practical
- ✓ Good tips and suggestions to provide feedback and assertion. Good suggestions on how to handle bullying. Loved the flipped classroom idea
- ✓ Meeting management, role play on feedback and bullying and harassment
- ✓ Teaching moments session - clear objectives- good mix of lecture, group work and activity, relevant new material (four step teaching method)

2. Which topics of the session / workshop did you enjoy least? Why?

- ✓ Preparing an agenda -what would have been more useful is teaching about informal meetings such as family meeting which we deal with on a daily basis. Question time was too long, felt a bit forced
- ✓ MDA talk -could probably be done at intern teaching/ other avenue
- ✓ Teaching moments was quite dry at the start, MDA national talk was quite dry too
- ✓ Having done ToR, some aspects which were repeated from this were less useful.
- ✓ Most of the first 5 hours felt lacking in substance and/ or relevance. There were certainly useful well run sections within this i.e. the supervisor training observer role play but much of the rest appeared to be platitudes that I would struggle to apply in

3. General comments

- ✓ Additional content: how to prepare MDT meeting as they may be a common meeting for RMOs to organise
- ✓ Good delivery, visual aids appropriate
- ✓ Appreciated getting out on time
- ✓ Less MDA talk would be my only recommendation to change. More feedback practice time. Overall a great course -enthusiastic staff, really enjoyed the expert panel, interactive nature good.
- ✓ Small group format worked really well.
- ✓ Continue flip classroom, good venue and food

Summary

The training was generally received well with 12 participants rating the program overall as high. One participant did not feel some sections were well structured and disagreed that the program was useful. All participants enjoyed the 'flipped classroom' module and commented that this should continue. The utilisation of MDA to present on supervision did not prove to be as useful as initially thought. This time could be better utilised as time for feedback practice. In addition the meeting management section could be amended to leading a multi-disciplinary meeting.

Overall this training went well. With some modification the program would improve and address the concerns that were raised from some participants.

Date
2 December 2015

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XI: Managing Workplace Stress and Conflict Evaluation Report

EVALUATION REPORT
Managing Workplace Stress and Conflict
2015-2016

SA ME+

SOUTH AUSTRALIAN
MEDICAL EDUCATION & TRAINING

Background

The workshop, developed for Junior Doctors, aimed to develop skills to manage stress, build resilience and develop confidence and assertiveness in communication and conflict management. The course was developed, in part, in response to the October 2013 *beyondblue* report *National Mental Health Survey of Doctors and Medical Students*, which detailed high levels of psychological distress and high levels of emotional exhaustion in doctors under the age of 30 years. In addition, SA Health is currently undertaking the Transforming Health initiative which may lead to changes in delivery of health services. The workshop provided an opportunity to support health workers, especially junior workers, to adapt to these changes and build resilience.

Method

Participants were invited to evaluate aspects of the workshop (via rating scales and free text responses) in a questionnaire, to assist with the ongoing development of the program.

Results

This is training course was delivered three times in the second half of 2015. A total of 35 participants attended (16 doctors and 19 nursing or allied health workers at the workshops. 29 evaluations were received. The results are presented in the tables and descriptions to follow.

Program

		Strongly Disagree/ Disagree	Neither	Strongly Agree/ Agree
1	Objectives were clearly outlined			29
2	Content will be useful at work			29
3	Content was well organised			29
4	Examples and illustrations were helpful			29
5	There were effective training processes and methods			29

Facilitators

		Strongly Disagree/ Disagree	Neither	Strongly Agree/ Agree
1	Were prepared for the workshop			29
2	Demonstrated subject knowledge			29
3	Communicated effectively			29
4	Encouraged group participation			29
5	Responded constructively to questions			29

General

	Strongly Disagree/ Disagree	Neither	Strongly Agree/ Agree
1 Material and exercises were appropriate and useful			29
2 Format of workshop worked well			29
3 Participants contributed effectively		1	28
4 Venue and training facilities met my needs			29

Comments:

- **Which topics of the session / workshop did you enjoy most? Why?**

  ✓ Good, short but excellent concepts
  ✓ Male thing - helped me slow down and think
  ✓ Mindfulness exercise – relaxing
  ✓ Interesting concepts. Different ways of looking at stress and relationships
  ✓ The videos with examples
  ✓ A topic I am interested in as I did a few papers on stress and positive psychology during my MBA, so good to revisit and remind myself to actively apply these theories
  ✓ Great techniques for addressing conflicts. Good explanations of different conflict situations
  ✓ Very good. Everything was useful
  ✓ Always refreshing to have different presenters. Each person brings their own perspective to how they address different issues. Thank you both.
  ✓ Interactions of groups and scenarios
  ✓ Speakers Joy and Ronda, listening to others, learning from others' workplace conflicts
  ✓ Learning how to use techniques in an interactive format. Sharing stories, everyone encounters conflict.
  ✓ Tools for managing conflict in the workplace. Group interaction.
  ✓ I think this sort of workshop would be good to do in all areas of the hospital to allow others to know about it as well as coming to the workshop.
  ✓ The entire session was great. Interactive and helpful tips.
  ✓ Very applicable and interactive session.

- **Which topics of the session / workshop did you enjoy least? Why?**

  ✓ Food could be better given it was held at dinner time.
  ✓ Nothing
  ✓ Nothing
  ✓ Travel to outer site hospital for training
  ✓ Not applicable.

- **General comments**

  ✓ Good start course. Will be more interested in mindfulness

- ✓ Good session
- ✓ The I saw, I think and I wonder needs to be added
- ✓ Very good overall, very practical course, good course length
- ✓ Great session

Summary

In the second half of 2015 there have been two Managing Workplace Stress and one Managing Workplace Conflict module delivered. The training was delivered across Northern Area Local Health Network at both Lyell McEwin Hospital and Modbury Hospital and the courses were open to any hospital staff from those areas. The workshops were promoted as Multi-D training.

The feedback from the training was very positive with all those who responded stating that the program, facilitators, and materials and exercises were well prepared and useful. The training has been reviewed and the feedback has been utilised to make modifications to the training. The mix of the participants was also reported as being beneficial with opportunities created for people to develop understanding the issues facing workers across various disciplines.

Date

20 June 2016

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XII: PERMA+ Workshop Evaluation Report

EVALUATION REPORT
PERMA +
10-11 March 2016

SA MET+

SOUTH AUSTRALIAN
MEDICAL EDUCATION & TRAINING

PERMA+ (Positive Emotion, Engagement, Relationships, Meaning and Accomplishment plus physical activity, nutrition, sleep and optimism)

Background

PERMA+ is a framework concept for individual action to build wellbeing. PERMA training was developed by TechWerks in America from positive psychology, to provide resilience training to military personnel and family members, and has been delivered, via online resilience training modules, for 1.1 million active duty soldiers. This training has been modified to include the '+' in PERMA+ for delivery within SA. The two day course has been introduced to South Australia by the South Australian Health and Medical Research Institute.

The South Australian Medical Education and Training Unit (SA MET Unit) trialled the PERMA+ training for doctors on March 10 & 11. The participants included nine consultants, two registrars and three medical education officers. The training was facilitated by Dr Jill Benson AM and Ronda Bain, Regional Training Manager SA MET Unit, and was held at the Balyana Conference Centre at Clapham. This was the first time that this training was delivered to medical practitioners within Australia.

Method

Participants are invited to evaluate aspects of the workshop (via rating scales and free text responses) in a questionnaire, to assist with the ongoing development of the program.

Results

14 participants were in attendance and returned completed evaluation surveys. The results are presented in the tables and descriptions to follow.

Program

	Strongly Disagree/ Disagree	Neither	Strongly Agree/ Agree
1 Objectives were clearly outlined		1	13
2 Content will be useful at work			14
3 Content was well organised			14
4 Examples and illustrations were helpful			14
5 There were effective training processes and methods			14

Facilitators

	Strongly Disagree/ Disagree	Neither	Strongly Agree/ Agree
1 Were prepared for the workshop			14
2 Demonstrated subject knowledge			14
3 Communicated effectively			14
4 Encouraged group participation			14
5 Responded constructively to questions			14

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General

		Strongly Disagree/ Disagree	Neither	Strongly Agree/Agree
1	Quality of material was high			14
2	2 day format of workshop worked well			14
3	Participants contributed effectively			14
4	Venue and training facilities met my needs		1	13

Comments:

1. Which topics of the session / workshop did you enjoy most? Why?

✓ Interpersonal problem solving, value based goals, practical approaches to problem solving and achieving goals
✓ All topics equally interesting and relevant
✓ ACR, value based goals. It would have been good to have more time to discuss examples from the group.
✓ Enjoyed it ALL. Lots of tools for the toolbox both for me and for work.
✓ Interpersonal relationship building and problem solving
✓ Interpersonal problem solving, help to improve me relationship at home and work to go up on career. Capitalizing your strengths: I am glad to find out my strengths mean to me.
✓ The programme as a whole. Made for good reflection. Found it both challenging and compromising at times. Held a mirror into my head.
✓ Discovering who was on my internal board of directors. It's given me better insights into why I do some of the things I do or say
✓ Values- it was the most challenging for me to think these through and prepare plan/goals that are specific and measurable.
✓ Active constructive responding, Event thought reaction, VIA (strengths) Values
✓ ETR, what's most important, balance your thinking

2. Which topics of the session / workshop did you enjoy least? Why?

✓ I found the ETR, as stated, a different take on CBT, was a little basic. I wonder if it could be shortened and perhaps increase the time on the strengths and values
✓ All good.
✓ Having an additional presenter would work better
✓ Relationships - important but I felt I had covered this ground before. Wouldn't say I didn't enjoy it, rather that it did not teach me anything particularly new.

3. General comments

✓ Provide an overview/background to PERMA+ at beginning. Tailor course to audience - many were quite familiar with CBT and mindfulness - more time could have been spent on other areas
✓ Hard to pick any topics that I did not like
✓ Having shorter break was good.
✓ Overall the 2 day format is right I think.
✓ Like the 9 am start and shorter breaks. So nice to have morning light for dog walking.
✓ Is there any way to provide some handout on some tools, to work through difficult times? I found I had to concentrate and take notes as others did. Otherwise I really enjoyed well. I hope I will handle difficult/stressful times much better
✓ Would like to do the trainer course. I will investigate this re time commitment.
✓ Jill and Ronda were a perfect combination
✓ Sometimes we needed more time for the discussions with group members but I appreciate you/we needed to keep to time.

Summary

The feedback from this program was overwhelmingly positive. All participants found it useful and spoke about using this time to reflect on their actions and thoughts. At the end of the program, participants were asked to reflect on their learnings. Many participants commented on the training providing them with skills to better manage relationships and conflict. Comments included:

> "*Opened my mind on how I handle difficult times at home/work; should be able to manage personal and professional life much better.*"

> "*I could recall several instances in my life where I would have done things differently if I had worked through the tools described*"

> "*The course gave me renewed energy, validation and enthusiasm to prioritise care for myself.*"

The participants felt that PERMA+ was valuable training for all doctors. With current and proposed changes to work areas through Transforming Health and other work pressures, creating a medical workforce, in particular doctors, who are resilient and capable of managing stressors is important.

Small changes will be considered to address some of the feedback. In addition it would be possible to create a workbook for the participants to complete during training. Currently participants can access all learning materials on SA MET Units learning and management system after the training has been completed.

To ensure participation of doctors in this training, a doctor is required to facilitate, however, within SA there are only two doctors who can deliver this training, Dr Jill Benson and a junior medical officer who is currently working with Flinders University in developing a resilience program for students. Two participants from this training stated they would be interested in attending the facilitator training with South Australian Health and Medical Research Institute and will register for training information. Many of the organisational psychologists within SA Health are qualified to deliver the training and are interested in delivering this in conjunction with the SA MET Unit.

Another training session has been scheduled for delivery on 17-18 August 2016 and is being coordinated through the Office of Professional Leadership. This training session will be multi-disciplinary. Each discipline, from within the Office of Professional Leadership, will invite 15 senior leaders to participate, resulting in the training of 45 senior clinicians.

In conclusion, the program was well received and may assist with building the resilience of participants, particularly in a time of significant change. However, before any further training is scheduled, the issues of training costs and possible budget must be addressed.

Date

22 March 2016

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