



Medical education and training principles

Our Strategic Priority



Government
of South Australia

SA Health



INTRODUCTION

WE, THE COSIGNATORIES, COMMIT TO THE IMPLEMENTATION OF THE PRINCIPLES OUTLINED IN THIS EDUCATION AND TRAINING DOCUMENT.

We will be accountable for actively supporting these education and training principles advocating within SA Health. We will drive the changes, model the behaviours and actions, and report our milestones through our annual reports.

WE COMMIT TO
THE REALISATION
OF MEDICAL
EDUCATION AND
TRAINING IN THE
WORKPLACE

PURPOSE

QUALITY OUTCOMES IN PATIENT CARE STEM FROM QUALITY EDUCATION AND TRAINING

EDUCATION and TRAINING BRINGS:

- > Education standards
 - > Expertise
- > Knowledge transfer
 - > Networking
- > Community of practice



TOGETHER:

- > Quality patient care
- > Quality standards
- > Best practice
- > Research and knowledge translation
- > Organised and structured education and training



HEALTHCARE DELIVERY BRINGS:

- > Caring for patients
- > Cost effective treatment
- > Continuous improvement
 - > Compliance
- > Risk management



Doctors and medical students develop skills and knowledge, engage and are competent in the delivery of healthcare.

BEST CARE FOR PATIENTS

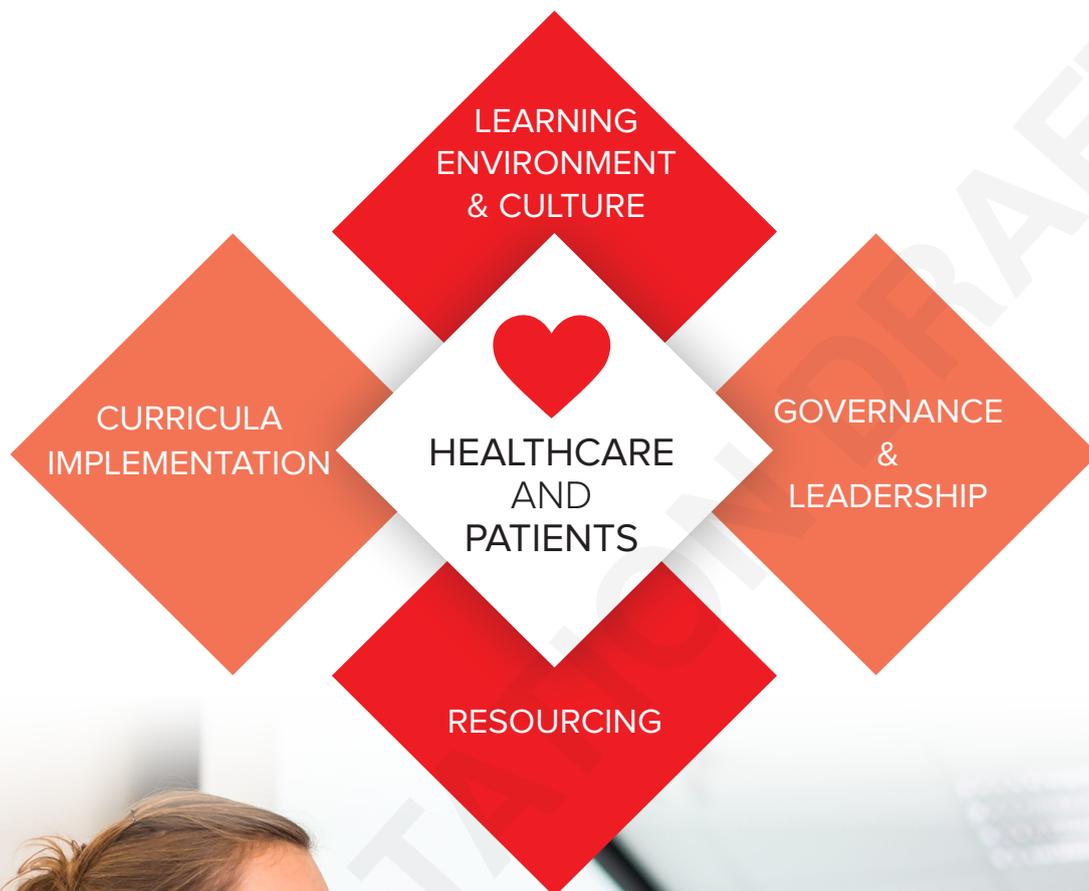


Healthcare delivery relies on doctors' expertise to deliver best care, first time, every time.



EDUCATION AND TRAINING PRINCIPLES

SA Health is committed to a workplace which ensures these Education and Training Principles are embedded and prioritised within the culture of all work areas, thereby ensuring patient safety through the delivery of best care, first time, every time and into the future.



EDUCATION AND TRAINING PRINCIPLES

THEME

1



LEARNING ENVIRONMENT AND CULTURE

The culture of learning is central to the organisation. Education and training is a valued part of the organisational culture. Learners will have a positive educational experience and educators will be valued and there is an organisational commitment to, and support of, learning.

Principles:

- > The education and training environment and organisational culture value and support education and training of doctors and medical students at all stages.
- > The role of the educator is recognised and supported.
- > The organisation acknowledges there are opportunities to innovate and challenge

THEME

2



GOVERNANCE AND LEADERSHIP

Educational governance and leadership ensures that there is continuous improvement in the performance, effectiveness and accountability of education and training.

Principles:

- > Medical education and training is organisationally supported.
- > There is effective and fair oversight of medical education and training.
- > Medical education and training is embedded into the workplace clinical governance systems and this supports quality management of medical education and training.

THEME

3



CURRICULA IMPLEMENTATION

Curricula and assessments are developed and implemented in partnership with medical education and training providers

Principles:

- > Learners receive education, training and pastoral support to achieve the learning outcomes required by their curriculum.
- > Training programs are implemented so that learners are able to demonstrate the learning outcomes required by their curriculum.
- > Opportunities that maximise efficiencies in curriculum implementation are developed e.g. learning in groups and catering for individual learning styles.

THEME

4



RESOURCING

Educators have the necessary knowledge and skills for their role, and the resources required to deliver effective education and training. Learners have the necessary resources to participate in education and training.

Principles:

- > Educators and learners have the time and tools they need to deliver and receive education and training
- > Resources are available to support the delivery of ongoing, regular education and training.

WHAT DOES SUCCESS LOOK LIKE?

THEME 1: LEARNING ENVIRONMENT AND CULTURE

The learning environment:

- > Provides appropriate and authentic experiences taking into account the different stages of education and training.
- > Facilitates appropriate levels of supervision for learners for their different stages of education and training so that learners are not expected to work beyond their competence.
- > Encourages educators and learners to raise concerns about the standard of education and training.
- > Supports learners in difficulty with timely intervention and provides pastoral care.
- > Supports educators in developing and practicing their own educational skills.
- > Provides reasonable adjustment for learners with a disability to meet the standards of competence in line with the relevant disability legislation, although the standards of competence themselves cannot be changed.
- > Is culturally appropriate and safe.

The learning culture:

- > Recognises the core value of ongoing learning for all doctors and medical students.
- > Promotes respectful interactions in the learning environment and modelling of professional behaviours.
- > Adopts a learner centred approach and values education and training as part of the core of clinical care.
- > Acknowledges achievements of learners and educators.
- > Creates safety and trust in the learning experience.
- > Creates an environment where healthcare delivery can be questioned in a safe and positive way.
- > Promotes a culture of excellence and innovation informed by best practice.

THEME 2: GOVERNANCE AND LEADERSHIP

- > Clear educational governance systems and processes are in place to manage and assess the quality of medical education training.
These will:
 - 1: Clearly demonstrate the provision of quality medical education and training in the workplace.
 - 2: Incorporate systems for raising concerns.
 - 3: Regularly evaluate and review the medical education and training frameworks, programs and placements.
- > Learners have a supervisor and know who is responsible for overseeing their development.
- > Protocols and processes are maintained for sharing information between all relevant organisations whenever safety, wellbeing or fitness to practise concerns about a learner are identified and medical educational and training standards are not being met.
- > Provide systems to ensure that medical education and training complies with all relevant legislation.
- > Maintain strong relationships and/or agreements with other bodies that have medical education governance responsibilities.
- > Facilitate the collection and management of necessary data and provide reports to bodies that have medical education responsibilities.

WHAT DOES SUCCESS LOOK LIKE?

THEME 3: CURRICULA IMPLEMENTATION

- > The organisation supports educators to liaise with each other to make sure there is a consistent approach to education and training.
- > Training programs and clinical placements:
 - 1: Deliver the curriculum and assessment requirements set out in the approved curriculum.
 - 2: Provide sufficient practical experience to achieve and maintain competencies.
 - 3: Have an educational induction to make sure that learners understand their curriculum and how their placement and work fits within the training program.
 - 4: Provide the opportunity to develop and review clinical professional capabilities through technology enhanced learning opportunities to enhance clinical safety.
 - 5: Provide learners with the opportunity to work and learn with other members on the team to support interprofessional multidisciplinary working.
 - 6: Have placements that are long enough to allow learners to become members of the multidisciplinary team, and to allow team members to make reliable decisions about a learners abilities, performance and progress.
 - 7: Develop systems for efficient, constructive, timely feedback that leads to improved practice.
 - 8: Have a balance between providing services and accessing educational and training opportunities.

THEME 4: RESOURCING

- > Educators and learners receive the support, resources, time and space needed to meet their education and training responsibilities.
- > Information communications technology resources, including devices, internet and systems, are readily available to inform clinical decision making to support ongoing learning.
- > Educators are selected, inducted, trained, and appraised to reflect their education and training responsibilities.
- > There is capacity to plan, adopt and implement new developments in education and training.

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Professor Ian Symonds, Chair,
SA MET Education Committee

For more information

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