

Mid-Cycle Monitoring
Reporting Template

**[Health Service]**

**Due Date: \_ \_ / \_ \_ / \_ \_ \_ \_**

The Chief Executive Officer is ultimately responsible for ensuring health services meet the Australian Medical Council’s National Framework for Prevocational (PGY1 and PGY2) Medical Training and should be informed of the process through appropriate reporting lines.

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**Section A: Health Service Contact Details**

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| 1. **Health Service/Local Health Network:**
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| 1. **Facilities within Network, including all Secondary Sites:**
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|  |
| 1. **Health Service Accreditation Representative:**
 |
| Name:Position:Contact No:Email: |
| 1. **Chief Executive Officer:**
 |
| Name:Contact No:Email:Executive Assistant Details: |
| 1. **Executive Director of Medical Services:**
 |
| Name:Contact No:Email: | Name:Contact No:Email: | Name:Contact No:Email: |
| 1. **Director/s of Clinical Training**
 |
| Name:Contact No:Email: | Name:Contact No:Email: | Name:Contact No:Email: |
| 1. **Chair of the Education and Training Program Committee:**
 |
| Name:Position:Contact No:Email: | Name:Position:Contact No:Email: | Name:Position:Contact No:Email:  |
| 1. **Medical Education Officer/s:**
 |
| Name:Contact No:Email: | Name:Contact No:Email: | Name:Contact No:Email: |

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**Section B: Accredited Posts**

Review the table below outlining the number of prevocational doctors within the Health Service. Please make amendments where necessary and indicate if there are any:

* new terms to be accredited; and/or
* any increase in number of required posts within existing accredited terms

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| --- | --- | --- | --- | --- | --- | --- |
| **TERM NAME** | **PRIMARY SITE** | **PATIENT CARE CATEGORY/S** | **NO. OF PGY1s** | **NO. OF PGY2s** | **NO. OF ADDITIONAL PGY1s REQUIRED** | **NO. OF ADDITIONAL PGY2s****REQUIRED** |
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**Section C: Outstanding Conditions Update**

Review the table below outlining the outstanding provisos/conditions within the health service. Please make amendments or updates where necessary.

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| **PRIMARY SITE** | **CONDITIONS** | **ACTION UNDERTAKEN** | **DUE DATE** |
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**Section D: Progress Report**

Please provide an update on the health service’s compliance against the [Australian Medical Council National Standards for Prevocational (PGY1 and PGY2) Training Programs and Terms](https://www.amc.org.au/wp-content/uploads/2022/12/Training-environment-%E2%80%93-National-standards-and-requirements-for-prevocational-PGY1-and-PGY2-training-programs-and-terms.pdf).

The questions below will assist the South Australian Medical Education and Training (SA MET) Health Advisory Council and the SA MET Accreditation Committee to assess the ongoing viability and sustainability of the prevocational education and training program.

1. **Please identify any quality improvements implemented for the prevocational doctor training program since the last accreditation visit.**
2. **Were there any concerns or challenges faced in providing a prevocational doctor training program since the last accreditation visit? Please indicate, whether you request advocacy from the Advisory Council to support continuous improvement.**
3. **Provide a summary of the work undertaken by the Medical Education Unit and any significant changes in staff roles or staff vacancies (include changes at Executive level). Please refer to the Change of Circumstance Process.**
4. **Provide a summary of prevocational doctor term evaluations and any trends identified to support change. Provide an example of change through feedback received.**
5. **Please provide an update on preparation and progress made towards implementation of the National Framework for a prevocational doctor training program, including what is working well and where there are challenges.**
6. **P****lease detail the plans to support progress towards meeting the Aboriginal and Torres Strait Islander health and cultural safety standards. Including how the health service is progressing with implementing cultural safety awareness training for prevocational doctors and how Aboriginal and Torres Strait Islander prevocational doctors are supported to undertake their cultural obligations?**
7. **Please provide details on how the health service is progressing towards implementing the requirements to provide Term Supervisor Training and establish Assessment Review Panels.**
8. **Please provide comments on any challenges experienced from implementing the requirements for programs and terms (includes allocating the patient clinical care categories, flexible term length, identifying the learning outcomes, alignment to the prevocational outcome statements and the Entrustable Professional Activities etc).**

**Section E: Additional information**

Please provide any additional information to support the SA MET Advisory Council’s assessment of the health services continuous compliance against the [AMC’s National Framework for Prevocational (PGY1 and PGY2) Medical Training](https://www.amc.org.au/accredited-organisations/prevocational-training/new-national-framework-for-prevocational-pgy1-and-pgy2-medical-training-2024/).

**Section E: Executive Sign-off**

Endorsed by the **Chief Executive Officer**:

|  |  |  |
| --- | --- | --- |
| Name: | Signed: | Date: |

Approved by the **Executive Director Medical Service**s:

|  |  |  |
| --- | --- | --- |
| Name: | Signed: | Date: |

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