



Insert name of Health Service

**PMCT Accreditation Survey (Intern Training Program)
PGY1 and IMGs (PGY1 level)**

| | |
|-----------------------|--|
| Date of Visit: | |
| Team Leader: | |
| Team Member: | |
| Team Member: | |
| Team Member: | |

| | |
|---|--|
| Date approved by PMCT Accreditation Subcommittee | |
| Expiry Date: | |

Accreditation Decision

| |
|--|
| <input type="checkbox"/> 4 years with exceptions |
| <input type="checkbox"/> 2 years with exceptions |
| <input type="checkbox"/> 1 year with exceptions |
| <input type="checkbox"/> Not approved |

Introduction

Introduction should include background information, e.g. brief hospital overview; changes that have occurred since the last accreditation visit.

Please ensure that you check off each of the boxes that you have completed or provided the supporting information, with this report:

Updated all Terms Descriptions for PGY1 and IMGs (at PGY1 level) on O drive PMCT

Provided the summary of orientation evaluations

Provided the summary of Term evaluations

Provided completed PMCT Accreditation Survey Tool for Intern Terms for every Term which is to either be accredited or reaccredited. Form can be found at

http://www.pmct.org.au/images/Accreditation_Survey_Intern_Terms__August_2016_Final.pdf

DRAFT

Summary of Accreditation Ratings

The accreditation team should use the rating scale below to assess the extent that criteria within the AMC Accreditation Standards have been met by a facility. Facilities use the same rating scale when submitting documentation prior to the visit to assess their own performance against the Accreditation Standards.

| Rating Scale | |
|----------------------|--|
| Met | There is good evidence to show compliance with the Accreditation Standards. There is evidence that systems and processes to support the Intern's education and training are integrated and observed uniformly across the Health Service. |
| Partially Met | There is evidence of systems and processes in place to support the Intern's education and training, but they are either not yet fully integrated or not observed uniformly across the Health Service. |
| Not Met | There is little evidence of systems and processes in place to support the Intern's education and training. |

Please note: this document applies to both PGY1 and International Medical Graduates (IMGs) at the PGY1 level.

| | Not Met | Partially Met | Met |
|--|--------------------------|--------------------------|--------------------------|
| 1. The context in which intern training is delivered | | | |
| 1.1 Governance | | | |
| 1.1.1: The governance of the intern training program and assessment roles are defined. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1.1.2 The health services that contribute to the intern training program have a system of clinical governance or quality assurance that includes clear lines of responsibility and accountability for the overall quality of medical practice. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1.1.3 The health services give appropriate priority to medical education and training relative to other responsibilities. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1.1.4 The intern training program complies with relevant national, state or territory laws and regulations pertaining to prevocational training. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <p>Notes: Adequate governance of the intern training program includes a Medical Education Committee (or similar Committee) that oversees the Intern training program and assessment roles and ensures the quality of the program. Membership of the Medical Education Committee would normally comprise the Director of Medical Services, Director of Clinical Training, Medical Education Advisor, senior staff in Intern supervisory roles and junior doctors (including Interns).</p> <p>Please provide concise dot points in support of the rating, where necessary.</p> | | | |

| | Not Met | Partially Met | Met |
|---|--------------------------|--------------------------|--------------------------|
| 1.2 Program management | | | |
| 1.2.1 The intern training program has a mechanism or structures with the responsibility, authority, capacity and appropriate resources to direct the planning, implementation and review of the intern training program, and to set relevant policy and procedures. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1.2.2 The intern training program documents and reports to the intern training accreditation authority on changes in the program, units or rotations which may affect the program delivery meeting the national standards. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1.2.3 The health services have effective organisational and operational structures to manage interns. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <p>Notes: Program management normally includes a delegated manager with executive accountability for meeting prevocational education and training standards (for example, in a hospital, the Director of Medical Services) and a Director of Clinical Training (or equivalent), responsible for the quality of the training and education program, and who works in collaboration with supervisors. Changes in a health service, intern training program or terms may affect intern training quality, and require the intern training accreditation authority's assessment. Major changes in circumstances that normally prompt a review include:</p> <ul style="list-style-type: none"> • Absence of senior staff with significant roles in intern training for an extended period with no replacement (for example, a Director Medical Services or Supervisor of Intern Training absent for more than one month). • Plans for significant redesign or restructure of the health service that impacts on interns (for example, a significant change to clinical services provided or a ward closure causing change to caseload and case mix for the term). • Rostering changes that significantly alter access to supervision or exposure to educational opportunities. • Resource changes that significantly reduce administrative support, facilities or educational programs available. <p>Intern training accreditation authorities also need to be informed of significant changes in a term or unit that may lead to a review.</p> <p>Please provide concise dot points in support of the rating, where necessary.</p> | | | |

| Not Met | Partially Met | Met |
|---------|---------------|-----|
|---------|---------------|-----|

| 1.3 Educational expertise | | | |
|--|--------------------------|--------------------------|--------------------------|
| 1.3.1 The intern training program is underpinned by sound medical education principles. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <p>Notes: Education principles include an understanding of the teaching and learning practices in medical education, assessment methods in medical education, educational supervision, and common medical education terminology.</p> <p>Please provide concise dot points in support of the rating, where necessary.</p> | | | |
| 1.4 Relationships to support medical education | | | |
| 1.4.1 The intern training program supports the delivery of intern training through constructive working relationships with other relevant agencies and facilities. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1.4.2 Health services coordinate the local delivery of the intern training program. Health services that are part of a network or dispersed program contribute to program coordination and management across diverse sites. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <p>Notes: Examples of other relevant agencies include the local intern training accreditation authority, the health jurisdiction, and the local health network.</p> <p>Please provide concise dot points in support of the rating, where necessary.</p> | | | |

| Not Met | Partially Met | Met |
|---------|---------------|-----|
|---------|---------------|-----|

1.5 Reconsideration, review and appeals process

1.5.1 The intern training provider has reconsideration, review and appeals process that provide for impartial review of decisions related to intern training. It makes information about these processes publicly available.

| | | |
|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------|--------------------------|--------------------------|

Notes: An appeal process that provides a fair and reasonable opportunity to challenge the decision is likely to result in decisions that are ultimately correct. In relation to decision-making conduct the grounds for appeal would include matters such as:

- An error in law or in due process in the formulation of the original decision
- Relevant and significant information was not considered, or not properly considered, whether this information was available at the time of the original decision or became available subsequently
- Irrelevant information was considered in the making of the original decision
- Procedures that were required by the organisation's policies to be observed in connection with the making of the decision were not observed
- The original decision was made for a purpose other than a purpose for which the power was conferred
- The original decision was made in accordance with a rule or policy without regard to the merits of the particular case; and
- The original decision was clearly inconsistent with the evidence and arguments put before the body making the original decision.

Procedural fairness, timeliness, transparency and credibility, including requiring written reasons for decisions to be issues, are also elements of a strong and effective appeals process.

Please provide concise dot points in support of the rating, where necessary.

2. Organisational purpose

2.1 The purpose of the health services which employ and train interns includes setting and promoting high standards of medical practice and training.

| | | |
|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------|--------------------------|--------------------------|

Please provide concise dot points in support of the rating, where necessary.

| Not Met | Partially Met | Met |
|---------|---------------|-----|
|---------|---------------|-----|

3. The intern training program

3.1 Program structure and composition

| | | | |
|---|--------------------------|--------------------------|--------------------------|
| 3.1.1 The intern training program overall, and each term, is structured to reflect the requirements of the Registration standard – Australian and New Zealand graduates and provide experiences as described in Intern training – Guidelines for terms. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.1.2 For each term, the health services have identified the Intern training – Intern outcome statements that are relevant, the skills and procedures that can be achieved, and the nature and range of clinical experience available to meet these objectives. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.1.3 Interns participate in formal orientation programs, which are designed and evaluated to ensure relevant learning occurs. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Notes: During internship, what was learned in medical school should be reinforced through informal and formal education and interns should seek to apply that knowledge.

In relation to Indigenous health, medical graduates are expected to understand and describe the factors that contribute to the health and wellbeing of Aboriginal and Torres Strait Islander peoples and/or Māori, including history, spirituality and relationship to land, diversity of cultures and communities, epidemiology, social and political determinants of health and health experiences. They are also expected to demonstrate effective and culturally competent communication and care for Aboriginal and Torres Strait Islander peoples and/or Māori. Interns are expected to apply knowledge of the culture, spirituality and relationship to land of Aboriginal and Torres Strait Islander peoples to clinical practice and advocacy. Where interactions occur with Indigenous people, interns should be encouraged to apply their knowledge to practise in culturally sensitive ways, for example to establish whether and how a person identifies as Indigenous. The AMC recognises that it may not be possible to observe interns meeting this outcome in every term or for assessment purposes. While an individual intern may not be able to demonstrate all the elements of caring for Aboriginal and Torres Strait Islander peoples the principles still apply.

Orientation to the overall program and site occurs at the beginning of the year. Orientation at the start of each term is equally important and is usually supported with a written term description. Where interns enter a new site at the beginning of a term, the orientation to the site should also occur at this time. In this orientation, the health service will ensure the intern is ready to commence safe, supervised practice in the term.

Adequate handover is essential for safe, quality clinical care. Separate processes should be defined for handover between terms and between shifts.

Please provide concise dot points in support of the rating, where necessary.

3.2 Flexible training

| | | | |
|---|--------------------------|--------------------------|--------------------------|
| 3.2.1 The intern training provider guides and supports supervisors and interns in implementing and reviewing flexible training arrangements. Available arrangements are consistent with the Registration standard – Australian and New Zealand graduates. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|---|--------------------------|--------------------------|--------------------------|

Notes: Flexible training means training that fits within the 'specific circumstances' described in the Registration standard – Australian and New Zealand graduates. This relates to part-time training and the location of training.

Please provide concise dot points in support of the rating, where necessary.

| | Not Met | Partially Met | Met |
|--|--------------------------|--------------------------|--------------------------|
| 4. The training program – teaching and learning | | | |
| 4.1 Interns have access to a formal education program in addition to work-based teaching and learning. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.2 The intern training program provides for interns to attend formal education sessions, and ensures that they are supported by senior medical staff to do so. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.3 The health service ensures dedicated time for the formal education program. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.4 The health service reviews the opportunities for work-based teaching and training | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <p>Notes: Training programs normally include:</p> <ul style="list-style-type: none"> • Sessions with senior medical practitioners and other health professionals. • Team and/or unit based activities, such as: mortality and morbidity audits, other quality assurance activities, case presentations and seminars, journal club, radiology and pathology meetings. • Multidisciplinary meetings. • One-to-one teaching with supervising medical practitioners in the course of patient clinical care. • Opportunities to develop and practice clinical skills within a simulated environment. • Medical/surgical or hospital-wide grand rounds. • A formal intern education program. <p>In addition to clinical teaching, there should be opportunities for interns to develop skills in selfcare and peer support, including time management, and identifying and managing stress and burn-out.</p> <p>Please provide concise dot points in support of the rating, where necessary.</p> | | | |
| 5. Assessment of learning | | | |
| 5.1 Assessment approach | | | |
| 5.1.1 The intern training program implements assessment consistent with the Registration standard – Australian and New Zealand graduates. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.1.2 Intern assessment is consistent with the guidelines in Intern training – Assessing and certifying completion, and based on interns achieving outcomes stated in Intern training – Intern outcome statements. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.1.3 Supervisors and interns understand the assessment program. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.1.4 Intern assessment data is used to improve the intern training program. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <p>Notes: Requirements for the assessment process can be found in the document Intern training – Assessing and certifying completion. This includes regular performance assessment against the Intern Training – Intern outcome statements, managing progression and remediation, and certifying completion of internship. An Intern training – Term assessment form is also available. At a minimum, any locally developed assessment forms must fulfil the requirements given in the Intern Training – Assessing and certifying completion document. At the term orientation, interns should receive an outline of the term assessment processes, including who is responsible for giving feedback and performing appraisals, and how this information will be collated. For example, direct observation, reports from supervisors, and information from co-workers such as nursing and allied health staff. There should be opportunities for input from a variety of sources, including other relevant medical, nursing and healthcare practitioners. Assessment processes should apply equally to all interns and occur at appropriate intervals. Assessment must include observation of clinical skills.</p> | | | |

| Not Met | Partially Met | Met |
|---------|---------------|-----|
|---------|---------------|-----|

Please provide concise dot points in support of the rating, where necessary.

5.2 Feedback and performance review

| | | | |
|--|--------------------------|--------------------------|--------------------------|
| 5.2.1 The intern training program provides regular, formal and documented feedback to interns on their performance within each term. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.2.2 Interns receive timely, progressive and informal feedback from term supervisors during every term. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.2.3 The intern training program documents the assessment of the intern's performance consistent with the Registration standard – Australian and New Zealand graduates. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.2.4 Interns are encouraged to take responsibility for their own performance, and to seek their supervisor's feedback on their performance. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.2.5 The intern training program has clear procedures to immediately address any concerns about patient safety related to intern performance, including procedures to inform the employer and the regulator, where appropriate. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.2.6 The intern training program identifies early interns who are not performing to the expected level and provides them with remediation. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.2.7 The intern training program establishes assessment review groups, as required, to assist with more complex remediation decisions for interns who do not achieve satisfactory supervisor assessments. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Notes: Feedback and progress reviews can be assisted by interns keeping a log or a learning portfolio, which they discuss and review with their supervisor. There should be a documented process for managing poor performance which will ensure patient safety and intern welfare. When decisions about the performance of individual interns needs review, the document Intern training – Assessing and certifying completion outlines processes to be followed.

Please provide concise dot points in support of the rating, where necessary.

5.3 Assessors' training

| | | | |
|--|--------------------------|--------------------------|--------------------------|
| 5.3.1 The intern training program has processes for ensuring those assessing interns have relevant capabilities and understand the required processes. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--|--------------------------|--------------------------|--------------------------|

Notes: Those assessing interns (eg term supervisors) should have access to relevant resources such as workshops or handbooks to ensure that they have the necessary skills and understand the processes required.

Please provide concise dot points in support of the rating, where necessary.

| Not Met | Partially Met | Met |
|---------|---------------|-----|
|---------|---------------|-----|

6 Monitoring and evaluation

| | | | |
|---|--------------------------|--------------------------|--------------------------|
| 6.1 The intern training provider regularly evaluates and reviews its intern training program and terms to ensure standards are being maintained. Its processes check program content, quality of teaching and supervision, assessment and trainees' progress. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6.2 Supervisors contribute to monitoring and to program development. Their feedback is sought, analysed and used as part of the monitoring process. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6.3 Interns have regular structured mechanisms for providing confidential feedback about their training and education experiences and the learning environment in the program overall, and in individual terms. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6.4 The intern training program acts on feedback and modifies the program as necessary to improve the experience for interns, supervisors and health care facility managers. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Please provide concise dot points in support of the rating, where necessary.

7. Implementing the education and training framework – interns

7.1 Appointment to program and allocation to term

| | | | |
|---|--------------------------|--------------------------|--------------------------|
| 7.1.1 The processes for intern appointments: • are based on the published criteria and the principles of the program concerned • are transparent rigorous and fair. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|---|--------------------------|--------------------------|--------------------------|

Notes: These standards deal only with the processes for allocating interns to terms and specific health services within the intern training program. The processes for selecting interns for employment purposes are outside the scope of these standards.

Please provide concise dot points in support of the rating, where necessary.

7.2 Welfare and support

| | | | |
|--|--------------------------|--------------------------|--------------------------|
| 7.2.1 The intern training provider promotes strategies to enable a supportive learning environment. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7.2.2 The duties, rostering, working hours and supervision of interns are consistent with delivering high-quality, safe patient care. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7.2. The intern training provider has policies and procedures aimed at identifying, addressing and preventing bullying, harassment and discrimination. These policies and procedures are publicised to interns, their supervisors, and other team members. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | Not Met | Partially Met | Met |
|---|--------------------------|--------------------------|--------------------------|
| 7.2.4 The intern training provider makes available processes to identify and support interns who are experiencing personal and professional difficulties that may affect their training, as well as career advice and confidential personal counselling. These services are publicised to interns, their supervisors, and other team members. | | | |
| 7.2.5 The procedure for accessing appropriate professional development leave is published, fair and practical. | | | |
| Notes: Ensuring interns can meet their educational goals and service delivery requirements, within safe working hours, is the responsibility of all parties. This protects both the intern's wellbeing and patient safety. The Good Medical Practice guide discusses fatigue management and expectations for safe working hours. | | | |
| Please provide concise dot points in support of the rating, where necessary. | | | |
| 7.3 Intern participation in governance of their training | | | |
| 7.3.1 Interns are involved in the governance of their training. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Please provide concise dot points in support of the rating, where necessary. | | | |
| 7.4 Communication with interns | | | |
| 7.4.1 The intern training program informs interns about the activities of committees that deal with intern training. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7.4.2 The intern training program provides clear and easily accessible information about the training program. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Please provide concise dot points in support of the rating, where necessary. | | | |
| 7.5 Resolution of training problems and disputes | | | |
| 7.5.1 The intern training provider supports interns in addressing problems with training supervision and training requirements, and other professional issues. The processes are transparent and timely, and safe and confidential for interns. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7.5.2 The intern training provider has clear, impartial pathways for timely resolution of professional and/or training-related disputes between interns and supervisors, or interns and the health service. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Notes; Interns need clear advice on what they should do in the event of a conflict with their supervisor or any other person involved in their training. Clear statements concerning the supervisory relationship can avert problems for both interns and supervisors. | | | |
| Please provide concise dot points in support of the rating, where necessary. | | | |

| Not Met | Partially Met | Met |
|---------|---------------|-----|
|---------|---------------|-----|

| | | | |
|--|--|--|--|
| | | | |
|--|--|--|--|

8 Delivering the training – supervision and educational resources

8.1 Supervisors

| | | | |
|--|--------------------------|--------------------------|--------------------------|
| 8.1.1 Interns are supervised at all times and at a level appropriate to their experience and responsibilities. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8.1.2 Supervision is provided by qualified medical staff with appropriate competencies, skills, knowledge, authority, time and resources to participate in training and/or orientation programs. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8.1.3 Intern supervisors understand their roles and responsibilities in assisting interns to meet learning objectives, and demonstrate a commitment to intern training. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8.1.4 The intern training program regularly evaluates the adequacy and effectiveness of intern supervision. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8.1.5 Staff involved in intern training have access to professional development activities to support quality improvement in the intern training program. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Notes: Each term should have clear and explicit supervision arrangements. The following roles should be covered in the intern supervision structure, although an individual clinician might perform more than one of these roles:

- A Primary Clinical Supervisor, who should be a consultant or senior medical practitioner with experience in managing patients in the relevant discipline.
- A Term Supervisor, who is responsible for orientation and assessment. There may also be an immediate supervisor who has direct responsibility for patient care and who would normally be at least at postgraduate-year-three level.

Other members of the healthcare team may also contribute to supervising the intern's work. All those who teach, supervise, counsel, employ or work with interns are responsible for patient safety. Patient safety will be protected through explicit and accountable supervision. Supervision includes more senior medical staff directly and indirectly monitoring interns. It also refers to providing training and feedback to assist interns to meet the Registration standard – Australian and New Zealand graduates. There are advantages for interns in establishing personal development relationships, or mentoring relationships, with more senior colleagues.

Please provide concise dot points in support of the rating, where necessary.

8.2 Clinical experience

| | | | |
|--|--------------------------|--------------------------|--------------------------|
| 8.2.1 The intern training program provides clinical experience consistent with the Registration standard – Australian and New Zealand graduates. The intern training program conforms to guidelines on opportunities to develop knowledge and skills, as outlined in Intern training – Guidelines for terms. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--|--------------------------|--------------------------|--------------------------|

| | Not Met | Partially Met | Met |
|---|--------------------------|--------------------------|--------------------------|
| 8.2.2 In identifying terms for training, the intern training program considers the following: • complexity and volume of the unit's workload • the intern's workload • the experience interns can expect to gain • how the intern will be supervised, and who will supervise them. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <p>Notes: Clinical experience in the intern year involves supervised terms in units that provide medical, surgical and emergency care, together with opportunities for wide clinical experience in hospital and community settings. All these terms offer opportunities to enhance skills and knowledge through supervised practice. At the end of the year, interns will possess clinical, professional and personal skills and competences (described in Intern training – Intern outcome statements) that will prepare them for general registration, and allow them to further develop skills and competencies in subsequent training.</p> <p>Programs should include placements that are long enough to allow interns to become members of the team and allow team members to make reliable judgements about the intern's abilities, performance and progress.</p> | | | |
| Please provide concise dot points in support of the rating, where necessary. | | | |
| 8.3 Facilities | | | |
| 8.3.1 The intern training program provides the educational facilities and infrastructure to deliver intern training, such as access to the internet, library, journals and other learning facilities, and continuing medical education sessions. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8.3.2 The intern training program provides a safe physical environment and amenities that support the intern. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Please provide concise dot points in support of the rating, where necessary. | | | |

