

PGY1 Training

The Postgraduate Medical Council of NSW seeks to promote and supervise postgraduate education and training of junior medical staff. Council's accreditation guidelines require hospitals to conduct a general clinical training program, providing Junior Medical Officers with terms of appropriate length, quality and content, proper levels of supervision, and a comprehensive education program. Council supports this through the appointment and funding of Directors of Clinical Training to act as advocates and to co-ordinate local training. JMOs in NSW are encouraged to undertake a balanced mix of terms by working in a range of facilities, including teaching, metropolitan, district and rural base hospitals. No more than three PGY1 terms may be undertaken outside the Primary Allocation Centre (PAC).

Part-time, deferred, shared PGY1 training

Council and the NSW Medical Board strongly encourage all eligible medical graduates to complete their internship on a full-time basis in the minimum twelve-month period.

In special circumstances, the Board may allow a medical graduate eligible for intern placement in NSW to defer their internship or to undertake it on a part-time basis. This is at the discretion of the Board and is only approved subject to strict guidelines.

It is important to apply to the Board and to advise Council prior to the close of applications if you wish to defer internship or undertake it on a part-time basis (as a job share). Council endeavours to arrange part-time internships for applicants approved by the Board, but placement cannot be guaranteed. Applicants are strongly encouraged to try to identify a job share partner prior to submitting their application. If you do not inform Council before the close of internship applications on **Monday 30 June 2003**, it is unlikely a part-time position can be arranged.

Completing internship Interstate

To complete your internship Interstate, you should make application directly to the relevant state. In some states you will need to apply to each individual body whereas in others you will need to apply directly to your hospital of choice. Contact details for each of the other states are as follows:

Northern Territory

Northern Territory Postgraduate Medical Council
Telephone: (61 8) 8922 8863
Web site: www.ntpmc.com.au
Contact: Dr Martha Finn or Ms Fiona Stacey

Queensland

Postgraduate Medical Foundation of Queensland
Telephone: (61 7) 3350 5624
Web site: www.pmfq.com.au

South Australia

Department of Human Services, Professional Services / Medical
Contact: Ms Sharon Davies
Telephone: (61 8) 8226 6129

Tasmania

Postgraduate Medical Council of Tasmania Inc.
Telephone: (61 3) 6222 8106
Web site:
www.healthsci.utas.edu.au/pgmit/pgmit.htm

Victoria

Postgraduate Medical Council of Victoria
Phone: (61 3) 9419 1217
Web site: www.pmcv.com.au

Western Australia

Prevocational Training and Accreditation Committee, Western Australia
Telephone: (61 8) 9346 7040
Web site: www.ptac.org.au

The Australian Medical Students Association (AMSA) booklet also provides information about the application process in each state. You can access the information online at www.amsa.org.au. If you are a final-year student, please advise Council as soon as possible (and no later than the close of intern applications on **Monday 30 June 2003**) if you intend to apply for internship Interstate.

2004 term dates

The 2004 starting date for internship in New South Wales and ACT hospitals is **Monday 12 January 2004**. Each network conducts an orientation program for PGY1s in the first week of employment. This orientation program is held in the Primary Allocation Centre (PAC) of each network (see page 16) and is compulsory. The clinical year in 2004 runs for 52 weeks, finishing on **Sunday 16 January 2005**.

Orientation (compulsory) 12 January – 18 January (1 week)

Term 1	19 January – 28 March (10 weeks)
Term 2	29 March – 6 June (10 weeks)
Term 3	7 June – 5 August (10 weeks)
Term 4	16 August – 23 October (10 weeks)
Term 5	24 October – 16 January (12 weeks)

Beyond Internship – PGY2

Generalist training

PGY2 is to be another **generalist** year, providing a balanced experience, ideally in a range of settings. PGY2s are required to complete an intensive care or emergency medicine term, a term providing medical experience, and a term providing surgical experience (or another intensive care term). Streaming during PGY2 is not permitted. Council requires that no more than three PGY2 terms are undertaken outside the Primary Allocation Centre.

Application for a PGY2 position

You are allocated by the Postgraduate Medical Council of NSW to your PGY1 position, but will have to apply to a hospital network directly for a position in subsequent years. Please note that PGY2s will be employed to work within a hospital network (as in PGY1) and **that employment can only be offered through a Primary Allocation Centre**. Public hospitals that are not Primary Allocation Centres are not permitted by the NSW Health Department to offer PGY2 positions.

In 2004, PGY2 positions, along with other hospital positions up to Registrar level, will be advertised on the NSW Health jobs website www.health.nsw.gov.au. Banner advertisements will also be placed in the local and national press directing applicants to the website. 2003 interns will need to formally apply for a PGY2 position whether they wish to remain in the network to which they were allocated, or whether they are seeking to change networks. Interns are not automatically guaranteed a position in the same network.

When applying for a position, you will need to provide a curriculum vitae, including the names of your professional referees and will probably be asked for copies of your term reports. PGY1s have the opportunity to attend interviews in more than one network without a requirement to make an immediate or final decision. You should however, keep your hospital medical administrator informed about your PGY2 preferences. It is imperative that you advise them when you accept a PGY2 position - particularly if you are changing networks. It is regarded as very unprofessional and it is extremely disruptive to hospitals' recruitment processes, for PGY1s to indicate acceptance of more than one PGY2 position.

International / Visa Graduates of Australian Universities

International/visa graduates of Australian Universities who have completed internship in NSW may be eligible to stay on for a second year to complete their

PGY2. However, they will only be eligible to work in areas defined by Council and NSW Health as having a workforce shortage. Positions are therefore likely to only be available in rural and regional areas.

The application process for these positions takes place after the main recruitment process for other PGY2 positions, in October. Details of the process are available from Council.

Equitable Distribution of PGY2 positions

Junior medical officers play an important role in staffing rural and regional centres. If staffing levels fall, the workload for all remaining staff increases. To ensure an equitable distribution of PGY2s across NSW hospitals, the NSW Health Department through the Postgraduate Medical Council of NSW, allocates a quota for PGY2s employed in each hospital network. Council's role in maintaining adequate junior medical officer staffing levels in rural and regional centres benefits patients and medical staff alike.

PGY2 Quota

All graduates of NSW medical schools regardless of when and where they completed internship are regarded as in quota for their PGY2 year. In addition to this, all Interstate and New Zealand graduates who completed internship in NSW are also included in the PGY2 quota.

The only doctors who will be excluded from the quota are:

- graduates of Interstate universities who did internship Interstate
- AMC graduates
- NSW Medical Board Impaired Registrants

Thus, if you are a final year medical student in NSW in 2003 and you go Interstate to do internship or take time off, you will be regarded as "in quota" if you return to NSW for PGY2.

If you are in your second postgraduate year (and are not among those excluded, as listed above), you will be regarded as "in quota", even if you are employed in a higher position.

Continuity of Training

JMOs generally wish to remain at their PGY1 hospital network for their PGY2 year. Council believes that undertaking the two JMO years at the one network is preferred and is adjusting network PGY1 and PGY2 numbers incrementally so that they are in closer alignment, to permit more people to remain within their networks. The ability to do this depends on the number of JMOs available.

However, the need to equitably distribute PGY2s and to staff rural secondments may mean that not all interns can continue their PGY2 year in the same network, i.e. some networks will have fewer 2005

PGY2 quota positions than the number of 2004 PGY1s employed. This means that a small proportion of PGY1s will not be able to remain in the network to which they were allocated. You are encouraged to discuss the availability of a PGY2 position in your network with the Medical Administrator at your Primary Allocation Centre. Council will keep Medical Administrators informed as to where PGY2 positions are available as recruitment progresses. Hospitals are not obliged to re-appoint individual doctors at PGY2 level, but the NSW award provides tenure for three years to those who graduate from NSW medical schools, subject to satisfactory performance (see the NSW Health Circular 88/86). Tenure is not guaranteed in the one hospital network. Please be assured that there will be a PGY2 position available for all eligible PGY1s somewhere in NSW/ACT.

PGY2 appointments are finalised at a meeting convened by Council in October of each year, called Washup, prior to written offers being made by hospitals. Once you have accepted a written offer of a position, you have entered into an agreement to take up that position. Swapping between networks during PGY2 is not encouraged once you have accepted an offer. A transfer between networks would only be possible if the Medical Administrators and Directors of Clinical Training at both networks agreed. And then, only if a quota position is available to transfer into. These provisions are to ensure that rural and regional centres, remain adequately staffed with junior medical officers for the whole of the PGY2 year.

Stresses Facing JMOs

While internship and residency offer excitement and challenges, there will also be periods of stress and possibly crisis for JMOs. Many new graduates experience some anxiety, self-doubt or insecurity, often exacerbated by the pressures and responsibilities they face. In general, distress in the early postgraduate years is transient, although it may be episodic. Many people are available and willing to help and advise you as stresses arise.

Director of Clinical Training (DCT)

The Postgraduate Medical Council of NSW appoints and supports a DCT in every hospital, in NSW and ACT, in which JMOs are employed. As well as being responsible for co-ordinating training, DCTs are there to act as advocates to assist with any problems JMOs may face.

Medical Administrators

Medical Administrators support JMOs. You should seek to resolve any concerns with your Medical Administrator in the first instance. Medical Administrators can provide guidance on grievance procedures and employee assistance programs.

Doctors Health Advisory Service

This independent organisation commenced operation in 1981 to assist sick doctors, their families and medical students through the provision of a confidential service. Its principal objective is to restore doctors to their full professional, personal and social capabilities.

New South Wales

Telephone: (61 2) 9437 6552 (24 hours)
Address: DHAS

PO Box 422
St Leonards NSW 2065

Web Site: www.dmh.org.au/dhas.htm

ACT

Telephone: (61 2) 9437 6552 (24 hours)
Address: DHAS

c/o ACT AMA
PO Box 14
Deakin West ACT 2600

Web Site: www.dmh.org.au/dhas.htm

NSW Medical Board

Operates an Impaired Registrants Program which is designed to assist and support doctors with impairment, rather than act in a punitive way.

Sick doctors are dealt with outside the disciplinary system at the Board. Most have drug, alcohol or psychiatric problems. The Board places great emphasis on cure and rehabilitation. Any doctor concerned about his or her own mental or physical wellbeing, or about that of a colleague, should approach the Board for help.

Health and Research Employees Association of NSW (HREA)

HREA is the union responsible for JMOs. It is responsible for addressing issues relating to pay, conditions and civil rights.

Telephone: (61 2) 9264 4999
or Freecall: 1800 631505
Address: Level 4
370 Pitt Street
Sydney NSW 2000
Email: info@hrea.asn.au
Web Site: www.hrea.asn.au

Anti-Discrimination Board of NSW

Hospitals are all required to have anti-discrimination policies and procedures in place for dealing with complaints. This information is generally available from the human resources department. If you want more detailed information this can be obtained from the Anti-Discrimination Board.

Telephone: (61 2) 9268 5544
Tollfree: 1800 670812 – NSW ONLY
Postal Address: PO Box A2122
Sydney South NSW 1235

To get the most out of your early postgraduate years, you must learn to look after yourself, have fun and develop patterns of stress management that you can maintain throughout your career.

Junior Medical Officer Attachment: Feedback and Appraisal (JAFA)

The importance of quality education in the early postgraduate years of medical training cannot be overstated. Australian teaching hospitals are required to provide JMOs with supervised training so that they may consolidate the knowledge and skills they have acquired during their undergraduate medical training.

The Postgraduate Medical Council of NSW accredits teaching hospitals for their training on the basis of standards covering the organisation, education, supervision and evaluation of JMOs. One of the strategic aims of the organisation is to provide quality care for JMOs, in part by improving mechanisms for feedback from JMOs to their hospitals about the quality of the JMOs' training experiences. Council's accreditation standards require that each hospital employing JMOs evaluate their clinical training program including the:

- education program
- quality of the experience
- teaching offered
- supervision
- rostering and allocation of terms
- role, function and performance of the Director of Clinical Training and Term Supervisors

In 1995 Council funded the development of a robust research instrument/questionnaire to obtain reliable and standardised statistical data on JMOs' hospital terms. This questionnaire is known as JAFA and is one mechanism for JMOs to evaluate their experience. The JAFA project is an innovative system that enables centralised monitoring of JMO term experiences in NSW. The project incorporates the established systems of evaluation and feedback performed by Council and complements these systems by using the Internet.

The JAFA form is not compulsory, however, it is important that the forms are completed in order to ensure that Council has the necessary information in order to improve the JMO experience for all.

The information collected on the JAFA form does not constitute private information, however the JAFA ID code is private. Council have taken the following steps to ensure the confidentiality of the information:

- The database that identifies individuals is held separately from response data

- The paper forms are destroyed as soon as the information is scanned
- The website does not allow access to personal information.

Council will only release information to hospitals once a minimum of three people have completed term reports.

Junior Medical Officer Progress Review

The NSW Medical Board requires JMOs to undergo term assessments for the purposes of determining suitability for unconditional registration. The Board has delegated responsibility for the management of this process to Council. Completion of this form each term is compulsory as it forms the basis for decisions on whether you will be registered.

Beginning of term

During orientation to each term, JMOs will meet with Term Supervisors to discuss and agree on objectives and training goals. Council encourages JMOs to keep a record of these objectives and goals so that they are able to monitor their own progress through the term.

Mid-term

A formal mid-term interview will be held with the Term Supervisor. Each JMO will be assessed in the areas of clinical skills, communication and personal and professional attributes. Ensuring that you meet with your term supervisor mid-term is very important as it allows Term Supervisors and JMOs to identify strengths and weaknesses in a timely manner, thereby allowing the remainder of the term to focus on areas requiring further development.

End of term

Each JMO will meet with his or her Term Supervisor at the end of term for final assessment and feedback on his or her performance throughout the term.

The information collected on the Progress Review form may be disclosed to senior clinicians or administrators at the employing hospital, the NSW Medical Board, or other Medical Boards where registration is sought.

JMOs are entitled to see information held about them by Council. If there is reason to believe that the information collected is untrue or inaccurate, JMOs have the right to attach a statement disputing or clarifying the content of the report.

PGY1 Allocation Procedure

Each year the Postgraduate Medical Council of NSW, through the Workforce and Allocation Committee, conducts a central allocation of eligible applicants to intern positions in NSW / ACT.

Eligible medical graduates are allocated to one of 18 NSW / ACT public hospital networks. Staffing of these networks is co-ordinated by a Primary Allocation Centre (PAC), which is also the main employing institution. To help you work out your preferences, each PAC has contributed information to this booklet about its network, the working conditions, its facilities and the training opportunities that are available for junior medical staff. Hospital Network details can be found from page 24

Council allocates using four categories of graduates – local, Interstate, visa/international and New Zealand. Council also allocates Australian Medical Council (AMC) graduate doctors to supervised training positions. Interstate visa/international graduates are only eligible for allocation to intern positions in areas of workforce shortage. Local NSW graduates are given priority for PGY1 placements and positions are held for all local graduates before Council considers offering internships to any other category.

The allocation of local graduates is separate from the allocation of non-local graduates. Interstate, New Zealand, AMC graduate doctors and international student graduates 'top up' the JMO staffing level in each network. This supports local graduates through a more even distribution of the workload in all network hospitals. The employment of non-local graduates increases the overall JMO workforce; thus reducing the workload for all PGY1s in the system and allows more time and flexibility for training and education.

The following priority listing is followed if there are more applicants than positions are available:

- Local graduates who are Australian residents or citizens
- Interstate graduates who are Australian residents or citizens
- New Zealand graduates (from an AMC accredited university) who are Australian residents or citizens
- AMC graduates who are Australian residents or citizens and who are resident in NSW
- AMC graduates who are Australian residents or citizens and who are resident Interstate
- Visa / International students who are graduates of NSW medical schools.
- New Zealand graduates who are New Zealand citizens

- Visa / International students who are graduates of Interstate medical schools.

If there are not enough positions available to offer applicants falling into one of the priority categories listed above, then the following system will be used to select those to be offered PGY1 positions. All graduates names in the priority category are entered into a computer program that generates random numbers. Each graduate is assigned a number randomly. The list of names is then sorted in an ascending numerical order using the allocated random numbers. The applicants with the lower randomly allocated numbers will be offered positions first. For example, if there are 35 applicants and 30 positions available, applicant number 30 will be the last person offered a PGY1 position and 5 applicants will not be offered a position.

There would be no additional places available for local graduates at any Primary Allocation Centre if non-local graduates were excluded, as the non-local graduates are only allocated to top-up positions. This is in keeping with providing a balanced allocation of medical graduates across networks.

The number of PGY1 positions available in each of the 18 hospital networks is determined by requests from the networks themselves and according to Council's principle of an equitable distribution of the available (and variable) supply of junior medical staff.

The Optimised Preference Program

From the 2001 clinical year onwards, allocations have been made using an "Optimised Preference Program". Following consultation with JMOs, the 2001 program has been improved, trialed and shown to marginally improve the allocation match to internship preferences. Using the new version, fewer interns were allocated to their lower preference hospitals. This improved version of the program will be used for the 2004 allocation.

How the Program Works

Beginning with an applicant's first preference for placement, each preference level is considered in turn. This program follows the same sequence for each preference level. The program begins by randomly listing and allocating a number to all PGY1 applicants and randomly allocating a number from 1 to 18 to all hospital networks. Then:

- a) The program allocates all applicants to the hospital network of their first choice.
- b) In ascending order, the program checks each hospital network to see if it is oversubscribed.
- c) If a hospital network is oversubscribed, the program first checks if applicant couples have been allocated to that network. If yes, the program checks the availability of two places at the

- couple's second preference only. If available, they are transferred.
- d) If it is not available, the program moves to the next couple. This is repeated for all couples in that hospital network.
 - e) If the hospital network remains oversubscribed, the program checks, in ascending order, the availability of the second preference for each individual (non-coupled) applicant, transferring them if a place is available. This process is repeated until either the network is no longer oversubscribed, or the program has checked the second choice availability for every applicant assigned to that hospital network.
 - f) The program repeats this process for every hospital network.

The program then continues this process for third and subsequent preferences for all oversubscribed networks until no hospital network has allocations in excess of the number of positions available.

Applying for Internship

If you are a final-year medical student and wish to be considered for a PGY1 position in 2004, please refer to the appropriate "How to Apply" section (from page 19). You will find the Intern Application Form at the back of this booklet. Full information is also available on Council's website: www.medeserv.com.au/pmc. Your completed form must be received by the Postgraduate Medical Council of NSW by **Monday 30 June 2003**.

As a prospective PGY1, you are encouraged to contact the network PACs listed in this booklet and enquire further about what they have to offer you in 2004 and beyond. The Postgraduate Medical Council is unable to answer specific questions about the particular services offered within a network.

If you are a final-year medical student in NSW and you do not wish to apply for a PGY1 position for 2004, you should discuss this with the NSW Medical Board and Council. Deferment of internship for a prolonged period of time may mean your medical knowledge will need to be reassessed.

If you are not able to commence your internship in January 2004 but are likely to be able to take up position later in the year, please contact Council to discuss the process for arranging a delayed start.

Applying Online

Council encourages graduates of NSW universities to apply online via Council's website. This service is only available to "locals" that is, graduates of NSW universities who are Australian citizens or permanent residents. All other graduates must submit their applications in writing (please see below). To apply online, go to www.medeserv.com.au/pmc and follow the instructions for "Students".

After the successful lodgement of your online application, Council will send you an email confirming receipt of your application and advising you of a unique identifying number, called a Jafa number, to use if you want to make changes to your application. You can easily change your preferences online up until 5 pm on **Monday 30 June 2003**, using your student number and your Jafa number, if you have lodged an electronic application. The Jafa number will be important in the future, so please keep it in a safe place. If you do not receive an e-mail confirming receipt of your application, or if you experience difficulties in applying online, please contact Council.

The following applicants must apply in writing, as they will need to post their application together with the relevant application bond/fee:

- international/visa applicants
- Interstate applicants
- New Zealand applicants
- applicants wishing to be placed as a couple (there is no application bond/fee for coupled local applicants)
- those applying for Special Consideration (this includes locals).

Acknowledgement of Applications

Receipt of all written applications will be acknowledged by post by **Monday 14 July 2003**. Please do not phone Council before this date to check that your application has been received. If after this date you have not received the acknowledgement letter, please contact Council. It is your responsibility to make sure we have received your application. Please note that if you have received acknowledgement of your application there is no need to ring Council.

Online applications will receive confirmation by e-mail, as detailed above. No additional acknowledgment will be sent.

Applications For Special Consideration

Who should apply for Special Consideration?

Applicants who believe that their circumstances merit consideration for preferential allocation to a particular area or hospital network (see criteria below).

Criteria that may be considered for preferential allocation

- Major health problems requiring frequent and ongoing highly specialised treatment only available in certain locations
- Responsibility for dependants who are unable to relocate with the applicant

- Preschool children (under 5) and children in Years 11 and 12 at High School in the year of taking up position whose parents are unable to relocate
- Applicants seeking placement in rural network positions.

Examples which are not sufficient for preferential allocation

- Lack of access to a motor vehicle or inability to drive
- Other transportation issues
- Relationships without dependants
- Religious grounds
- Responsibility for primary school children or children in High School other than Years 11 and 12.

Those not eligible to apply for Special Consideration?

- Second round or late applicants;
- Rural cadets;
- Impaired Registrants (as identified to the Postgraduate Medical Council by the NSW or ACT Medical Boards);
- Recent arrivals to NSW; and
- Doctors requesting reallocation from an existing network.

What are the implications of applicants being granted special consideration?

Applicants need to be aware that the number of places available in each hospital network or area is limited. The number of applicants may exceed the number of positions available. **Preferential allocation arising from special consideration results in others being disadvantaged.**

If I am granted special consideration does this mean that I will be allocated to the hospital network of my first preference?

No, in most instances, you will be allocated on a geographical basis appropriate to your circumstances rather than to a particular hospital network. Consider, for example, that you have asked to be allocated, as your first choice, to the Western Sydney hospital network because you have a child in year 11 attending a local high school. It is likely the committee would grant that you be preferentially allocated to any network in the Sydney metropolitan area. Please note that most networks in the Sydney metropolitan have rural secondments and you will still be expected to undertake at least one 10 – 12 week rural placement.

If I am granted Special Consideration does this mean I won't have to work overtime or be seconded to rural and regional hospitals?

Being granted Special Consideration for hospital network allocation does not entitle applicants to special consideration in their conditions of

employment. All allocated applicants will be expected to participate in overtime and shift rosters, including evenings, nights and weekends. There is also an expectation that all junior medical officers will spend at least one term in a non-metropolitan setting. Council is responsible only for the allocation of interns to particular hospital networks. Council is not the employing body. All terms and conditions of employment are set by the NSW Health Department, Area Health Services and individual hospitals. Special consideration for term allocation or hours of work must be discussed with the Primary Allocation Centre and network hospitals.

If I satisfy one of the criteria for special consideration, does this mean I will be granted preferential hospital network allocation?

No, meeting one of the eligibility criteria for Special Consideration does not necessarily mean that such consideration may be granted, as all areas have a limited number of placements available.

Process For Application

What information must I provide for my special consideration to be processed?

- supporting documentation (see below)
- \$170 application fee, this is payable in cash, cheque or money order (payable to the Postgraduate Medical Council)
- a letter signed by you, giving or withholding permission for the Postgraduate Medical Council to inform the hospital network to which you are allocated of the details concerning your Special Consideration. If provided, this information will be handled confidentially.

Can I just provide photocopies of my documents?

Copies of supporting documentation must be certified by a Justice of the Peace (JP) as true and accurate copies. The JP must supply their registration number, daytime contact phone number and print their full name.

What are some examples of supporting documentation I need provide to support my claim?

Documentation may include medical certificates from attending specialists; birth certificates, letter from the school; or a statutory declaration from a JP who knows the individual/s concerned and can verify the claims. Documentation will not be returned to applicants.

When must I provide the above information?

Documentation must be provided before the close of applications for internship or supervised training, i.e. **Monday 30 June 2003.**

Are there any circumstances where I can apply for Special Consideration after the close of applications or after I have been allocated to a hospital network?

Graduates are not eligible to apply for Special Consideration once they have been allocated to a hospital network except where exceptional changes to circumstances have occurred. A late application may be considered at a fee of \$170 if it is received more than one month prior to the commencement of term.

Please note that the Postgraduate Medical Council of NSW conforms to the requirements of the NSW Health Department for the confidentiality, storage and disposal of personal information.

The Panel

The Special Consideration Committee, a formal Sub-Committee of the Workforce and Allocation Committee, comprises members of the Workforce and Allocation Committee, including a metropolitan or rural clinician, a metropolitan or rural administrator, a JMO (PGY3 or above) and a NSW Department of Health representative.

The Process For Deliberation

- Applications received by the due date (**Monday 30 June 2003**) are checked for completeness
- Applicants will be notified if their application is deemed to be incomplete and they will have 2 working days to provide the missing information
- All applications will be considered by the panel against the listed eligibility criteria
- Special Consideration will be granted or not granted
- The optimised preference allocation process is then conducted
- Applicants will be notified in writing of the outcome of their application for Special Consideration at the same time as they are notified of their allocation (**Monday 1 September 2003**).

Special Consideration Requests – Examples

"My wife works in Parramatta and cannot change jobs, can I apply for Special Consideration?"

This is an example of a situation, which is not, in itself, sufficient reason for preferential allocation. All applicants for allocation are able to apply for Special Consideration, BUT each area has a finite number of places.

"My son is starting school next year, can I apply for Special Consideration?"

This is an example of a situation, which is not, in itself, sufficient reason for preferential allocation. In general Special Consideration is granted, conditional on sufficient places being available, to applicants who have pre-school children or children who are in Years 11 and 12 of High School in the year of allocation i.e.

when the position is taken up. All applicants for allocation are able to apply for special consideration, BUT each area has a finite number of places.

"My daughter starts High School next year, can I apply for special consideration?"

This is an example of a situation, which is not, in itself, sufficient reason for preferential allocation. In general, Special Consideration is granted conditional on sufficient places being available, to applicants who have children who are in Years 11 and 12 of high school. All applicants for allocation are able to apply for Special Consideration, BUT each area has a finite number of places.

"I don't have a car so I would like to be allocated to the hospital in the next suburb, is this possible?"

Lack of access to a motor vehicle or inability to drive, as stated above, is not an acceptable reason to request Special Consideration.

"I have recently arrived in NSW and am not familiar with the state, can I apply for Special Consideration?"

Being newly arrived in NSW, as stated above, is not an acceptable reason to request Special Consideration.

"I really want to work in a rural area, can I apply for Special Consideration to work in a rural area?"

Applicants seeking Rural placement are generally granted Special Consideration to work in such areas.

"I live with and support my elderly parents one of whom requires tertiary medical care which would not be available in a rural setting. They could not remain in Sydney without me. I am requesting metropolitan placement in order to continue to support them".

If it were established that this intern's parents were dependants who could not relocate, the request for metropolitan placement would be granted subject to a position being available.

"I am a single parent graduate with a high school child who will be in Year 12 next year. Can I seek metropolitan placement in order to maintain my child in the same high school?"

If it were established that this graduate was a single parent and the daughter was established in Year 12 of High School and could not relocate, the request for metropolitan placement would be granted subject to a position being available.

Meeting one of the eligibility criteria for Special Consideration does not necessarily mean that such consideration will be granted.

Appeals

If an applicant believes that they have grounds to appeal against the decision of the Special Consideration Panel then an appeal must be lodged in writing to the Chairperson of the Postgraduate Medical Council of NSW within 10 working days of the notification of the decision. Written documentation regarding the grounds for appeal and specific items the applicant wishes to dispute must be submitted. An appeal to the Appeals Committee, should be based on the applicant's belief that:

- An error in fact or due process occurred in the formulation of the earlier decision; and/or
- The decision of the Special Consideration Panel was inconsistent with the information put before it.

In any appeal, the onus will be on the applicant to provide evidence to support their appeal on the basis of the above criteria. The applicant's hospital placement will remain open during the review and appeal process.

Appeals will be heard once only.

Non-consideration of appeals

- Appeals will not be heard against the published special considerations criteria;
- Appeals will not be heard if received later than 10 working days after the notification of allocation; and
- Appeals will not be heard if the lodgement fee of \$170 is not attached.

The Appeals Committee

The Appeals Committee will not comprise any individual who was party to the decision to which the appeal relates.

The Appeal Committee will comprise:

- Chair of the Postgraduate Medical Council;
- The Executive Officer of the Postgraduate Medical Council;
- Chair of the Workforce and Allocation Committee; and
- A NSW Health Department representative (not the same as the representative on the Special Consideration Panel).

One member will act as Chair of the Appeals Committee. The Workforce and Allocation Program Manager will be secretary to the Appeals Committee and will provide advice on the relevant aspects of Council policy, practice and procedures, but will not form part of the membership of the Appeals Committee.

All members of the Appeals Committee, including the Chair will be entitled to vote on the decision of the committee. The Appeals Committee decisions shall be carried on the basis of a majority vote.

No personal representation to the Appeals Committee will be permitted. Only written submissions received within 10 days of notification of the outcome will be considered.

The Appeals Committee will examine all relevant documentation including:

- The original application for Special Consideration;
- Relevant minutes of the Special Consideration Panel; and
- Documentation from the appellant.

The Appeals Committee will not consider new information. (If due to an exceptional change occurring after the decision, the applicant wishes to present new information then this will be considered by the Special Consideration Panel).

The Appeals Committee will act according to the laws of natural justice and decide each appeal on its merits. The Appeals Committee is not bound by the rules of evidence and, subject to the rules of natural justice, may inform itself on any matter and in such a manner as it thinks fit.

The Appeals Committee shall be entitled to consider all relevant information that it thinks fit.

Minutes of hearings of the Appeals Committee shall be confined to a report of the decision made by the Appeals Committee.

Decisions of the Appeals Committee

An Appeals Committee may decide, upon considering all submissions:

- that the previous decision made by the Special Consideration Panel is upheld;
- revoke the decision and refer the decision to the Special Consideration Panel for further consideration (upon such terms or conditions that the Appeals Committee may determine); or
- revoke the decision, which is the subject of the appeal, and advise the Chair of Council of an alternative Special Consideration decision. (Should an alternative Special Consideration decision be made, there will be no second or subsequent Appeal process available).

Findings

The Appeals Committee will reach a determination and the final decision will be conveyed in writing to the applicant within 10 working days of the Appeals Committee meeting.

Joint Applications

Joint applications are not regarded as special considerations. Applicants who wish to be allocated to the same network as their partner (who is also applying for internship) should submit identical preferences on their intern application forms and

enclose a jointly signed letter stating that they are seeking joint placement. Joint applications must be submitted in writing and cannot be submitted online. Council will endeavour, wherever possible, to allocate couples to the same hospital network, but this cannot be guaranteed.

2004 Networks with Primary Allocation Centres (PACs) and their Secondment Hospitals

In most of the 18 networks, Junior Medical Officers are seconded to both metropolitan and rural hospitals within the network. Note that minor realignment of hospitals within networks occurs from time to time, to balance workload; thus there is a possibility that you may be seconded to a hospital that is not presently identified as a secondment for any specific network.

Australian Capital Territory (ACT)

Albury Base (Shared with SE Sydney (St George))
Calvary, ACT
Goulburn Base
The Canberra (PAC)

Central Coast (Gosford)

Manning Base (Shared with N Sydney (Royal North Shore))
Woy Woy
Wyong
Gosford (PAC)

Central Sydney (Concord)

Broken Hill
Canterbury
Concord (PAC)

Central Sydney (Royal Prince Alfred)

Balmain
Bathurst Base
Dubbo Base
Institute Of Rheumatology
Royal Prince Alfred (PAC)

Greater Murray - Wagga Wagga Base (PAC)

Hunter Area Health

Belmont District
James Fletcher
Maitland
Mater, Waratah
Royal Newcastle
Tamworth Base
John Hunter (PAC)

Illawarra

Coledale
Port Kembla
Shellharbour
Shoalhaven
Wollongong (PAC)

Mid West - Orange Base (PAC)

New England - Tamworth Base (PAC)

Northern Sydney (Hornsby Ku-ring-gai)

Mona Vale (Shared with N Sydney (Royal North Shore))
Armidale (Shared with SE Sydney (St Vincent's))
Hornsby Ku-ring-gai (PAC)

Northern Sydney (Royal North Shore)

Manly
Manning Base (Shared With Central Coast (Gosford))
Mona Vale (Shared With N Sydney (Hornsby))
Port Macquarie Base
Ryde
Royal North Shore (PAC)

South Eastern Sydney (Prince Of Wales)

Lismore Base
Royal Hospital For Women
Sydney Children's
Prince Of Wales (PAC)

South Eastern Sydney (St George)

Albury Base (Shared with ACT)
Calvary, Kogarah
Griffith Base
Sutherland
St George (PAC)

South Eastern Sydney (St Vincent's)

Armidale (Shared with N Sydney (Hornsby))
Sydney
Wagga Wagga Base
St Vincent's (PAC)

South Western Sydney (Bankstown / Lidcombe)

Campbelltown (Shared with SW Sydney (Liverpool))
Bankstown-Lidcombe (PAC)

South Western Sydney (Liverpool)

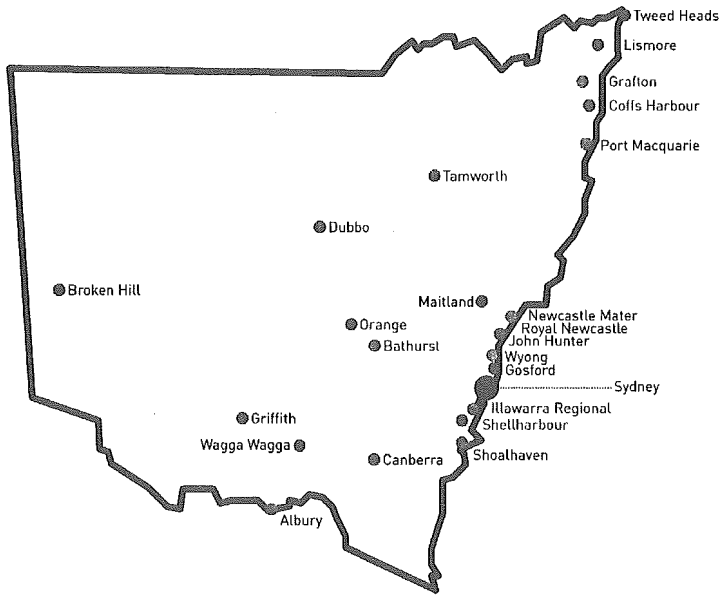
Campbelltown (Shared with SW Sydney (Bankstown/Lidcombe))
Fairfield/Braeside
Tweed Heads
Liverpool (PAC)

Wentworth - Nepean (PAC)

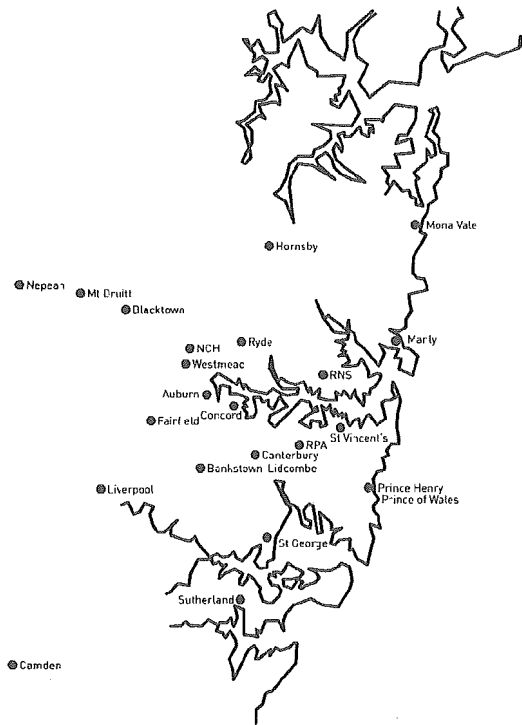
Western Sydney (Westmead)

Auburn
Blacktown
Coffs Harbour
Mt Druitt
The Children's Hospital at Westmead
Orange Base
Westmead (PAC)

Hospitals in Regional NSW and ACT



Hospitals in Sydney



Number of Students first choices for Intern Positions by Network in 2003

Hospital Network	First choice Local	First choice All	Total available positions
Australian Capital Territory	14	22	32
Central Coast (Gosford)	11	15	37
Central Sydney (Concord)	40	55	38
Central Sydney (Royal Prince Alfred)	35	45	40
Greater Murray	9	10	10
Hunter Area Health	49	66	57
Illawarra	4	6	29
Mid West	9	12	9
New England	6	9	9
Northern Sydney (Hornsby)	6	10	13
Northern Sydney (Royal North Shore)	65	72	35
South Eastern Sydney (Prince of Wales)	45	59	27
South Eastern Sydney (St George)	48	58	45
South Eastern Sydney (St Vincent's)	31	46	25
South Western Sydney (Bankstown-Lidcombe)	2	11	24
South Western Sydney (Liverpool)	4	21	35
Wentworth	12	20	25
Western Sydney (Westmead)	27	46	55
TOTAL	417	583	545

Please note:

Postgraduate Medical Council of NSW questionnaires have consistently shown that geographical location is a major factor in a graduate's first choice of hospital network, and the first choice count does not reflect the educational or training opportunities at any of the hospitals listed. Total Available Positions includes positions for all categories of PGY1s. The final number of graduates taking up positions in hospitals in January 2003 was 509 as a number of students dropped out.

2003 Network PGY1 and PGY2 Numbers

Network	PGY1s	PGY2 QUOTA
Australian Capital Territory	25	15
Central Coast (Gosford)	34	21
Central Sydney (Concord)	36	19
Central Sydney (Royal Prince Alfred)	40	21
Greater Murray	9	8
Hunter Area Health	55	31
Illawarra	21	20
Mid West	9	6
New England	9	9
Northern Sydney (Hornsby)	13	8
Northern Sydney (Royal North Shore)	35	22
South Eastern Sydney (Prince of Wales)	26	17
South Eastern Sydney (St George)	44	22
South Eastern Sydney (St Vincent's)	21	11
South Western Sydney (Bankstown-Lidcombe)	23	14
South Western Sydney (Liverpool)	34	18
Wentworth	23	12
Western Sydney (Westmead)	52	45
TOTAL	509	319

NB The number of PGY1 and PGY2 positions varies each year reflecting the number of NSW local and international student graduates, the number applying for internship from outside NSW. Typically, 5 – 10% of those who complete internship in NSW/ACT do not apply for NSW/ACT PGY2 positions.



Junior Medical Officers' Attachment: Feedback & Appraisal

Postgraduate Medical Council
 170
 Gladstone
 Phone: 07 553 1234
 Fax: 07 553 1235

INSTRUCTIONS:

- Use a blue/black biro or 2B pencil
- Do not use red pen or felt tip pen



Please MARK LIKE THIS ONLY:

Example:
 Please write in boxes here, then mark oval corresponding to the number in each column.

ID Number			
4	1	2	30
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please fill in your ID Number, PAC Code and Hospital Code.

You are invited to provide your hospital and the Postgraduate Medical Council of NSW with feedback on how your term has enabled you to improve the quality of your medical care.

The information you provide will be de-identified and aggregated before release.

ID Number					
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

PAC Code	
<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>

Hospital Code	
<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>
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<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>

Section A asks you questions about your term details, and Sections B-G ask you for feedback on your term.

A. Term Details

1 Term Number: (Mark ONLY ONE response)

- Term 1 (January-March)
 Term 2 (March-June)
 Term 3 (June-August)
 Term 4 (August-October)
 Term 5 (October-January)

2 Position: (Mark ONLY ONE response)

- PGY1 (Intern)
 PGY2 (RMO1)
 AMC Graduate (Overseas Trained Doctor)

3 Was this a split term? (Mark ONLY ONE response)

- Yes
 No



If "Yes", please complete the following questions with respect to ONLY ONE part of your split term. A separate form should be completed for the other part of your split term.

A. Term Details (cont'd)

Mark **ONLY ONE** response

4 Term undertaken: (Mark **ONLY ONE** response)

Please contact Medical Administration if you are unsure which Team or Unit you were in. If there was only one Team or Unit for that specialty, mark "A".

Team or Unit

	▼	▼	▼	▼	▼
Anaesthetics	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community Term (please specify)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emergency Medicine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
General Practice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Intensive Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medicine; (please specify)					
Cardiology	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Endocrinology	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gastroenterology	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
General Medicine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Geriatrics	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Haematology	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Infectious Diseases	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Immunology	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medical Oncology	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Neurology	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Palliative Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Radiation Oncology	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rehabilitation Medicine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Renal	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Respiratory	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rheumatology	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other Medical Term (please specify)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nights	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
O & G	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Paediatrics	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Psychiatry	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Relief	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Surgery; (please specify)					
Cardiothoracic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
General Surgery	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Neurosurgery	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ophthalmology	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Orthopaedics	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Plastics	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Urology	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vascular	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other Surgical Term (please specify)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other Specialty Term (please specify)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

5 How many weeks were spent with this team or unit? (Mark **ONLY ONE** response)

- | | | |
|---------------------------------|---------------------------------|-----------------------------------|
| <input type="radio"/> 1-2 weeks | <input type="radio"/> 5-6 weeks | <input type="radio"/> 9-10 weeks |
| <input type="radio"/> 3-4 weeks | <input type="radio"/> 7-8 weeks | <input type="radio"/> 11-13 weeks |

Please rate the following aspects of this term. (Please mark ONLY ONE response for each question.)

B. Orientation

1	Orientation to the term.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2	Discussion of term objectives and training goals with term supervisor.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3	Did you receive a written term description? <input type="radio"/> Yes <input type="radio"/> No						
4	Comments:						

Office Use Only ① ② ③ ④ ⑤ ⑥ ⑦ ⑧

C. Supervision

1	Supervision in normal working hours from registrar.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2	Supervision in normal working hours from consultant(s).....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3	Supervision after hours (registrar and/or consultant(s)).....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4	Time spent with consultant(s).....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5	Comments:						

Office Use Only ① ② ③ ④ ⑤ ⑥ ⑦ ⑧

D. Teaching & Learning

1	On the job, patient based teaching (eg. bedside, clinics, OT etc.).....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2	Opportunity to learn procedures (eg. lumbar punctures, pap smears, ascitic taps, arterial blood gases etc.).....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3	Usefulness of regular team/unit based meetings (eg. weekly case conferences, multidisciplinary meetings etc.).....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4	Ability to attend formal JMO education program.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5	Usefulness of formal, hospital JMO education program.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6	Access to educational resources (eg. library/intranet/internet).....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7	Comments:						

Office Use Only ① ② ③ ④ ⑤ ⑥ ⑦ ⑧

Please rate the following aspects of this term. (Please mark **ONLY ONE** response for each question.)

E. Feedback

- 1 Informal day-to-day feedback about performance during term by registrar
- 2 Informal day-to-day feedback about performance during term by consultant(s)
- 3 Formal feedback about performance at mid-term by term supervisor...
- 4 Formal feedback about performance at end of term by term supervisor...
- 5 Comments:

▼ ○	▼ ○	▼ ○	▼ ○	▼ ○	▼ ○
○	○	○	○	○	○
○	○	○	○	○	○
○	○	○	○	○	○

Office Use Only ① ② ③ ④ ⑤ ⑥ ⑦ ⑧

F. Other

- 1 Support from Director of Clinical Training if required
- 2 Support from medical administrators if required
- 3 Independence of decision making
- 4 Appropriate hours
- 5 Appropriate workload
- 6 Appropriate level of clerical/paper work
- 7 Fairness of rosters
- 8 Comments:

▼ ○	▼ ○	▼ ○	▼ ○	▼ ○	▼ ○
○	○	○	○	○	○
○	○	○	○	○	○
○	○	○	○	○	○
○	○	○	○	○	○
○	○	○	○	○	○
○	○	○	○	○	○

Office Use Only ① ② ③ ④ ⑤ ⑥ ⑦ ⑧

G. Overall Rating

- 1 How would you rate this term overall?
- 2 Would you recommend this term to your colleagues? Yes No
- 3 Comments and suggestions:

▼ ○	▼ ○	▼ ○	▼ ○	▼ ○
--------	--------	--------	--------	--------

Office Use Only ① ② ③ ④ ⑤ ⑥ ⑦ ⑧

THANK YOU FOR YOUR CO-OPERATION

Have you completed your ID Number, PAC Code and Hospital Code at the start of this form?

The information on this form contributes to decisions on registration and is a mechanism for providing JMOs with feedback each term for their professional development.

INSTRUCTIONS:

- Use a blue/black biro or 2B pencil
- Do not use red pen or felt tip pen

Please MARK LIKE THIS ONLY: ○ ● ○ ○

Example:
Please write in boxes here, →
then mark oval corresponding to the number in each column.

ID Number

3	1	2	-	0	2
○	○	○	○	○	○
○	○	○	○	○	○
○	○	○	○	○	○
○	○	○	○	○	○

ID Number		PAC Code		Hospital Code	
0	0	0	0	0	0
1	1	1	1	1	1
2	2	2	2	2	2
3	3	3	3	3	3
4	4	4	4	4	4
5	5	5	5	5	5
6	6	6	6	6	6
7	7	7	7	7	7
8	8	8	8	8	8
9	9	9	9	9	9

Hospital:

Term Name:

Term Number: (Please fill in appropriate oval) ○ 1 ○ 2 ○ 3 ○ 4 ○ 5

Position: ○ PGY1 (Intern) ○ PGY2 (RMO1) ○ AMC Graduate (Overseas Trained Doctor)

Section A: Term Objectives & Training Goals

- 1 Were term objectives and training goals discussed during orientation to the term? ○ Yes ○ No

If "no", please comment:

Section B: Mid Term Assessment

Please assess your JMO's progress towards the satisfactory completion of this term in the following areas. It is expected that most JMOs will fall into the category "Consistent with level of experience".

	Requires substantial assistance	Requires further development	Consistent with level of experience	Performance better than expected	Not applicable/ Not observed
1.1 Knowledge base Adequate knowledge of basic and clinical sciences and application of this knowledge	○	○	○	○	○
1.2 Clinical skills Appropriate clinical skills, including history taking and physical examination	○	○	○	○	○
1.3 Clinical judgement/decision making skills Ability to organise, synthesise and act on information	○	○	○	○	○
1.4 Emergency skills Ability to act effectively when urgent medical problems arise, including acknowledgement of own limitations and need to seek help when appropriate	○	○	○	○	○
1.5 Procedural skills Ability to perform simple procedures competently	○	○	○	○	○
COMMUNICATION					
2.1 Communication Ability to communicate effectively and sensitively with patients and their families	○	○	○	○	○
2.2 Teamwork skills Ability to work effectively within a team	○	○	○	○	○
PERSONAL AND PROFESSIONAL					
3.1 Professional responsibility Demonstrates professional responsibility through punctuality, reliability and honesty	○	○	○	○	○
3.2 Teaching Participates in the teaching of other health professionals	○	○	○	○	○
3.3 Time management skills Organises and prioritises tasks to be undertaken	○	○	○	○	○
3.4 Medical records Maintains clear, comprehensive and accurate records	○	○	○	○	○

- 4 Please provide a written comment about the JMO's performance during this term to date:
-
-

To be signed at mid term assessment:

.....
JMO Signature

.....
Term Supervisor's Signature

.....
Date

Section C: End of Term Assessment

Please assess the performance of your JMO throughout the term in the following areas. It is expected that most JMOs will fall into the category "Consistent with level of experience".

		Requires substantial assistance	Requires further development	Consistent with level of experience	Performance better than expected	Not applicable/Not-observed
CLINICAL						
1.1	Knowledge base Adequate knowledge of basic and clinical sciences and application of this knowledge	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1.2	Clinical skills Appropriate clinical skills, including history taking and physical examination	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1.3	Clinical judgement/decision making skills Ability to organise, synthesise and act on information	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1.4	Emergency skills Ability to act effectively when urgent medical problems arise, including acknowledgement of own limitations and need to seek help when appropriate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1.5	Procedural skills Ability to perform simple procedures competently	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
COMMUNICATION						
2.1	Communication Ability to communicate effectively and sensitively with patients and their families	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2.2	Teamwork skills Ability to work effectively within a team	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
PERSONAL AND PROFESSIONAL						
3.1	Professional responsibility Demonstrates professional responsibility through punctuality, reliability and honesty	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3.2	Teaching Participates in the teaching of other health professionals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3.3	Time management skills Organises and prioritises tasks to be undertaken	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3.4	Medical records Maintains clear, comprehensive and accurate records	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
OVERALL ASSESSMENT						
4	Overall rating Overall performance during term	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

5 Please provide a written comment on the JMO's performance throughout the term:

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6 Did you consult with other medical/nursing/allied health professionals in completing this assessment?

Yes No

To be signed at end of term assessment:

JMO:
Name (please print)

Signature

..... / /
Date

Term Supervisor:
Name (please print)

Signature

..... / /
Date

Thank you for your cooperation

