



Medical education and training principles

Our Strategic Priority



Approx Millimoles per liter
- Sodium 131 - Potassium 5
- Calcium 2 - Chloride 112
- Bicarbonate (as lactate) 20
Approx Osmolality 254 mOsm/L
ISOTONIC
1000 mL
Intravenous Infusion
Compound Sodium
(Hartmann's Solution)
@W26P3



FROM THE CHIEF EXECUTIVE



The recently launched *SA Health Strategic Plan 2017 to 2020* addresses education and training as a cornerstone of SA Health's commitment to providing high quality healthcare to South Australians. This *Medical Education and Training Principles* document provides a foundation for embedding education in our day-to-day business.

Education and training is part of everyone's professional responsibility. Leadership and support for continuous learning and professional development fosters an engaged and responsive workforce that drives excellence and innovation in the delivery of healthcare.

I believe these Principles reflect SA Health's strong commitment to supporting a highly skilled and adaptive workforce, and I fully support their implementation across SA Health.

Dr Chris McGowan
Chief Executive
SA Health



FROM THE SOUTH AUSTRALIAN MEDICAL EDUCATION AND TRAINING HEALTH ADVISORY COUNCIL

The WHO Human Resources for Health 2030 strategy, signed off by the United Nations, makes it clear that a well-trained health workforce is both safer in practice and more motivated in intent than those who are not well trained. Equipping our health workforce with education is then a key strategy to ensure optimal health outcomes for our patients and improved staff morale and productivity.

The principles outlined in this document are a commitment by SA Health to make the most of its most precious resource, the workforce, through a systematic and embedded approach to education and training. Adherence to these principles will produce a well-trained and motivated workforce, and aligns us with global best practice.

Professor Kevin Forsyth
Chair, SA Medical Education and
Training Health Advisory Council



ACKNOWLEDGEMENTS

I wish to express sincere appreciation to the South Australian Medical Education and Training Education Committee for their assistance in the preparation of this document. Thanks also to the General Medical Council (GMC), UK, for allowing the Committee to reference the *Promoting Excellence: standards for medical education and training* document in developing these principles.

Professor Ian Symonds
Chair, SA MET Education Committee

SA HEALTH'S COMMITMENT

THE LOCAL HEALTH NETWORK CHIEF EXECUTIVE OFFICERS
AND SA HEALTH'S CHIEF MEDICAL OFFICER WILL:

1 >

Commit to the implementation of the principles outlined in this education and training document.

2 >

Be accountable for actively supporting these medical education principles and advocating education within SA Health.

3 >

Drive the changes, model the behaviours and action, and report our milestones through our annual reports.

4 >

Commit to the realisation of medical education and training in the workplace.

PURPOSE

QUALITY OUTCOMES IN PATIENT CARE STEM FROM A SKILLED AND KNOWLEDGEABLE WORKFORCE

EDUCATION and TRAINING BRINGS:

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



HEALTHCARE SERVICE:

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



HEALTHCARE DELIVERY BRINGS:

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



Medical professionals and medical students develop skills and knowledge, engage and are competent in the delivery of healthcare



BEST CARE FOR PATIENTS

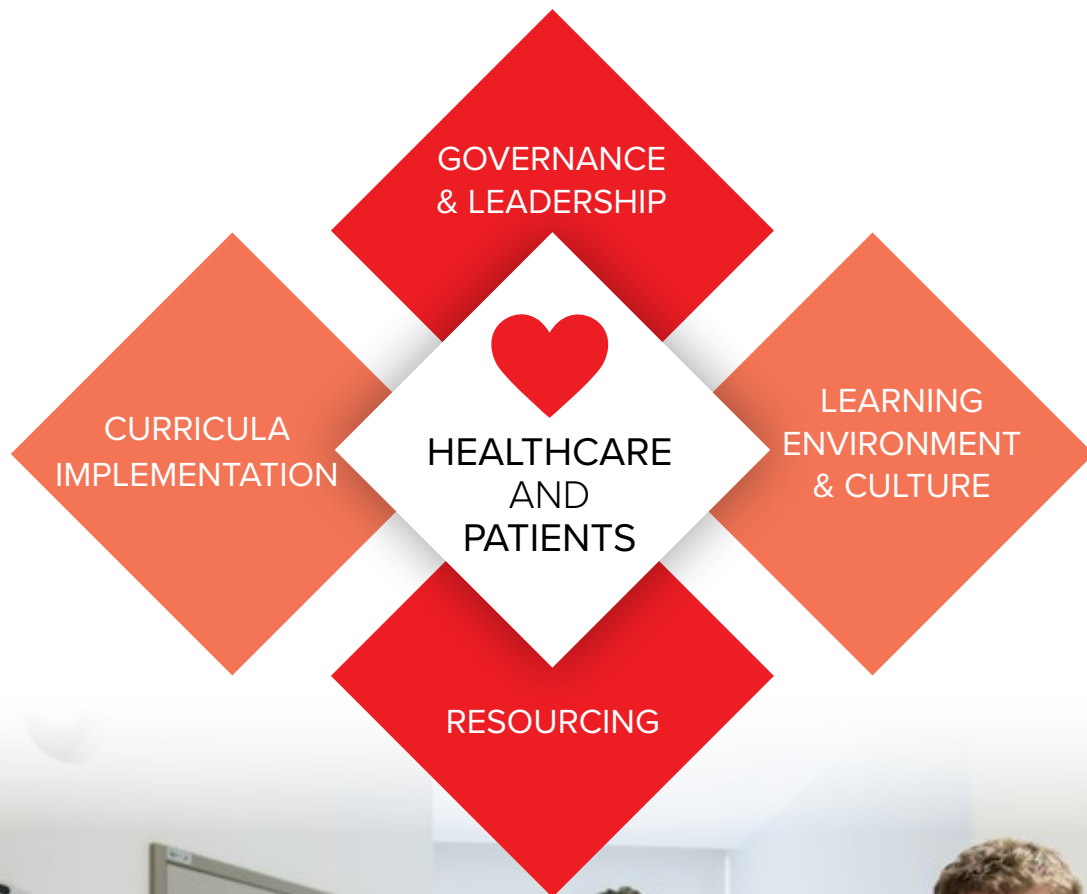


Healthcare delivery relies on medical professionals expertise to deliver best care, first time, every time



EDUCATION AND TRAINING PRINCIPLES

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





EDUCATION AND TRAINING PRINCIPLES

THEME

1 

GOVERNANCE AND LEADERSHIP

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

Principles:

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

THEME

2 

LEARNING ENVIRONMENT AND CULTURE

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

Principles:

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

THEME

3 

RESOURCING

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

Principles:

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

THEME

4 

CURRICULA IMPLEMENTATION

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

Principles:

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

WHAT DOES SUCCESS LOOK LIKE?

GOVERNANCE AND LEADERSHIP

- > Clear educational governance systems and processes are in place to manage and assess the quality of medical education and training.

These will:

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

LEARNING ENVIRONMENT AND CULTURE

The learning environment:

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

The learning culture:

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

WHAT DOES SUCCESS LOOK LIKE?

RESOURCING

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

CURRICULA IMPLEMENTATION

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

For more information

www.sahealth.sa.gov.au

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SA Health