PREVOCATIONAL MEDICAL
ASSURANCE SERVICES

NT PREVOCATIONAL ACCREDITATION EVIDENCE & RATING SCALE GUIDELINE

SECTION 3

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Introduction

The national prevocational medical education standards are set by the Australian Medical Council (AMC) for PGY1 and PGY2 prevocational doctors in Australia. These standards underpin the Prevocational Training Program (PTP) in health services. The standards are accredited in the Northern Territory (NT) by the NT Prevocational Medical Assurance Services (PMAS).

As part of the AMC standards, health services who are prevocational training providers are required to have systems and staff to enable the implementation of AMC standards for the accreditation of PGY1 and PGY2 positions. These systems must be effective enough to respond to internal and external influences, enabling a positive and valued training experience for prevocational doctors. Furthermore, an accredited health service needs to implement systems which encourages growth and improvement through feedback within the prevocational training program.

During a planned accreditation survey, a prevocational training provider is expected to provide evidence of a prevocational program with systems and staffing which meet the AMC national standards for prevocational (PGY1 and PGY2) training programs and terms.

The standards for prevocational training programs for Intern/PGY1 and PGY2 medical officers are made up of 5 standards with a total of 74 criteria as per the below:

- **Standard 1** - Organisational purpose and the context in which prevocational training is delivered (17 criteria)
- **Standard 2** - The prevocational training program – structure and content (19 criteria)
- **Standard 3** - The prevocational training program – delivery (19 criteria)
- **Standard 4** - The prevocational training program – prevocational doctors (13 criteria)
- **Standard 5** - Monitoring, evaluation and continuous improvement (6 criteria)

Each standard has a number of criteria specifying each standard further for prevocational training providers to demonstrate and show evidence of how they meet each.

The standards specify fundamental components required for a safe and quality prevocational training program. If the components are established and well maintained the prevocational accreditation status of health service Intern and PGY2 positions will be achieved. Continuous feedback for improvement of the prevocational program is ongoing to ensure growth and development of the program.

"We acknowledge and thank the Canberra Region Medical Education Council for their contribution in the development of this document".

How to use this document

This guideline has been developed to assist prevocational training providers preparing for an accreditation survey. It consolidates the national standards for prevocational (PGY1 and PGY2) training programs and terms as well as providing guidance as to the minimum requirements and the depth of evidence necessary to achieve a Satisfactorily Met (SM) rating. They are intended to assist prevocational training providers in implementing best practice and guide continuous improvement in prevocational training programs.

Note: Evidence of committee meeting minutes, evaluations, assessments, etc. should be provided for the preceding 12 months.

Responsibility

Every staff member who has involvement in the prevocational education, training and supervision program is responsible to ensure that the standards are met. However, to ensure that each standard and criterion is managed and coordinated throughout the program, each standard is to have a person nominated to be responsible for the management and coordination of that standard/s and its components.

Rating Scale

A 3 point rating scale is based on those used by the Australian Council on Healthcare Standards Evaluation and Quality Improvement Program (ACHS EQuIP) scale.

1. Not Met (**NM**) – awareness and knowledge of the standards but only fundamental systems in place, or implemented systems but little or no monitoring of outcomes against standards.

2. Satisfactorily Met (**SM**) – collection of outcome data from systems designed to implement standards and evidence of improvements to systems

3. Partially Met (**PM**) – indicates that the prevocational training provider has partially met the required standard or criteria recognising that some progress has been achieved.

For any achievements above and beyond Satisfactorily Met the following ratings may be used:

1. Extensive Achievement (**EA**) – evidence of innovation and implementation of best practice including sharing of practice at a state or national level.

2. Outstanding Achievement (**OA**) – considered leaders in the field relevant to the criterion being assessed. There is evidence of benchmarking and comparing systems internally and/or externally.

Exception to the rule

The following Criteria are only to be awarded an NM (where not achieved) or an SM (where achieved)	The following Criteria are only to a maximum of SM:
○ Standard 2 / Criteria 2.1.2 ○ Standard 3 / Criteria 3.4.3 ○ Standard 3 / Criteria 3.4.4 ○ Standard 4 / Criteria 4.1.2	○ Standard 2 / Criteria 2.3.3 ○ Standard 2 / Criteria 2.4.1 ○ Standard 2 / Criteria 2.4.5

Note: New Terms can only be rated to a maximum of SM based on the intention to implement or the projected outcome. A review will occur once prevocational doctors are in situ as per the new term survey process.

Standard 1 - Organisational purpose and the context in which prevocational training is delivered

1.1 Organisational purpose	**Examples of potential evidence**	**Sources of evidence** (These are suggestions only, other sources of evidence may be appropriate for your organisation)
1.1.1 The purpose of the health services that employ and train prevocational doctors includes setting and promoting high standards of medical practice and training.	• Organisation purpose/business plan refers to providing high quality healthcare. • Organisation has clinical policies that endorse best practice. • The Prevocational Training Provider (PTP) has policies and processes that facilitate delivery of a high quality medical training program. • The prevocational education program reflects best clinical practice.	• Organisation strategic plan/purpose statement • Organisation procedure manual sections relating to prevocational training • PTP procedures manual relating to prevocational training • PTP education program • Medical Training Survey (MTS) results
1.1.2 The employing health service's purpose identifies and addresses Aboriginal and Torres Strait Islander communities' place-based needs and their health in collaboration with those communities.	• Organisation purpose/strategic plan refers to meeting the needs of Aboriginal and Torres Strait Islander community. • Strategic planning includes mechanisms to identify and monitor health needs of the local Aboriginal and Torres Strait Islander community. • PTP has a structure that includes collaboration with the local Aboriginal and Torres Strait Islander community (e.g. Board/committee membership, regular consultation through documented processes). • PTP engages in health research/data analysis to identify the health needs of local Aboriginal and Torres Strait Islander community. • PTP promotes a positive culture and healthcare environment for Aboriginal and Torres Strait Islander community. • PTP prioritises local Aboriginal and Torres Strait Islander doctors. • PTP includes clinical opportunities in areas servicing the local Aboriginal and Torres Strait Islander community.	• Organisation strategic plan/purpose statement • Organisation chart • Committee Terms of Reference (TOR) • Staff training program for cultural safety • Term descriptors • MTS results

	• Staff are trained in engaging with Aboriginal and Torres Strait Islander community. • PTP physical space is conducive to positive engagement with Aboriginal and Torres Strait Islander community.	
1.2 Outcomes of the prevocational training program	**Examples of potential evidence**	**Sources of evidence**
1.2.1 The prevocational training provider relates its training and education functions to the health care needs of the communities it serves.	• The PTP purpose/strategic plan refers to meeting the needs of local community. • Prevocational doctors receive training in local community health needs including people from diverse backgrounds and minority groups. • Clinical opportunities include experiences in a range of specialties/settings that reflect the needs of the local community, including minority groups. • PTP engages in health research/data analysis to identify the health needs of local community. • The PTP reports quality improvement/structural change requests that reflect the health care needs of the local community (e.g., allocation of prevocational workforce reflects community needs).	• PTP strategic plan/purpose statement • Term descriptors • Staff training programs • PTP education program • Change of circumstance and annual reporting to NT accrediting authority
1.2.2 The training program provides generalist clinical training that prepares prevocational doctors with an appropriate foundation for lifelong learning and for further postgraduate training.	• Clinical opportunities include experiences in a range of specialties/settings. • The PTP provides appropriate clinical opportunity to support prevocational doctors entering vocational training programs (e.g., there is a system that facilitates experience in the prevocational doctor's preferred area). • Training program reflects a wide range of clinical topics with content that reflects best practice. • The PTP fosters and facilitates a culture of responsibility for learning. • The PTP provides opportunities for prevocational doctors to enhance their non-clinical experiences (e.g., research, administration, advocacy, etc.) • The PTP facilitates the prevocational doctor to access further training opportunities (e.g. providing additional	• PTP strategic plan/purpose statement • Term allocation matrix and allocation policy/ process • PTP education program/ record of events • Term descriptors • E-portfolio • Prevocational doctor representative committee minutes • Policies for study leave access

	training opportunities, promoting external opportunities, study support, leave entitlements etc.) • The PTP supports a process for recording training. (e.g., eportfolio).	
1.3 Governance	**Examples of potential evidence**	**Sources of evidence**
1.3.1 The governance of the prevocational training program, supervisory and assessment roles are defined.	• The PTP has a functional clinical training committee or equivalent that undertakes governance of the prevocational training program. • The PTP organisational chart indicates accountability and appropriate reporting lines. • Job descriptors outline roles and responsibilities of Medical Education Unit (MEU) team, DCT and supervisors that include supervision, education and assessment. • Term descriptors outline individuals responsible for supervision, education and assessment. • There is a process of performance review that facilitates staff development and promotes accountability. • The MEU team, DCT and supervisors are aware of their roles and responsibilities.	• Organisational chart • Job descriptions • Clinical training committee or equivalent Terms of Reference and minutes • PTP process for performance review/appraisal. • Term descriptors
1.3.2 The health services that contribute to the prevocational 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 and patient care.	• The PTP's organisational chart indicates accountability and appropriate reporting lines. • There is a process to monitor clinical and professional performance. • There are processes to monitor and address issues associated with patient safety (e.g. an incident reporting system, a quality improvement committee etc.) • Prevocational doctors are provided with opportunities to be involved in clinical governance committees.	• Organisational chart • Organisation policies and processes for clinical incident reporting • Committee membership records • Prevocational Doctor representative committee records
1.3.3 The health services give appropriate priority and resources to medical education and training and support of prevocational	• The strategic plan identifies education and wellbeing as a key priority. • An appropriate prevocational training program is in place, and it includes relevant education on a weekly basis. • The PTP has an appropriate physical space and equipment to deliver education.	• Strategic plan • Clinical training committee or equivalent Terms of Reference and minutes • Prevocational doctor representative committee records • PTP leave policies

doctor wellbeing relative to other responsibilities	• Prevocational doctors can access the education program (e.g. protected teaching time) on a weekly basis. • All prevocational doctors have access to wellbeing support. • The organisation funds or provides appropriate access to additional education, wellbeing and career-focused initiatives for prevocational doctors. • The organisation has mechanisms through which prevocational doctors can access appropriate leave for study, training exams and wellbeing support. • The organisation supports prevocational doctor initiatives to develop education opportunities (e.g. Prevocational doctor representative committee initiatives, peer support). • Supervisors have been provided with training to deliver/support prevocational education, training and wellbeing.	• MTS results • Training records (prevocational doctors and supervisors)
1.3.4 The health service has documented and implemented strategies to provide a culturally safe environment that supports: • Aboriginal and Torres Strait Islander patients / family / community care • the recruitment and retention of an Aboriginal and Torres Strait Islander health workforce.	• The PTP has a recruitment policy that prioritises Aboriginal and Torres Strait Islander people. • The strategic plan includes Aboriginal and Torres Strait Islander health and safety. • The PTP has a strategy for collaboration with Aboriginal and Torres Strait Islander representatives. • All staff have undertaken cultural safety training. • Physical environment is appropriate and welcoming for Aboriginal and Torres Strait Islander people.	• Strategic plan • PTP leave policies • Cultural safety training records • Evidence of the physical environment
1.3.5 The prevocational training program complies with relevant national, state or territory laws and regulations pertaining to prevocational training.	• The PTP complies with AMC requirements when documenting completion of internship for general registration, including clinical exposure and assessment. • The organisation implements policies and processes that are consistent with industrial law (e.g., work hours, leave entitlements). • The organisation implements policies and procedures consistent with relevant laws related to workplace culture (e.g., discrimination).	• Prevocational allocations matrix • Assessment review panel records • PTP and hospital policies including on bullying/harassment • Secondment contracts/Memorandum of Understanding (MOU)

	• Agreements for staff secondment identify responsibilities for employment conditions.	
1.3.6 Prevocational doctors are involved in the governance of their training.	• There are prevocational doctors on the clinical training or equivalent committee and they are given opportunity to meaningfully engage and represent their cohort. • Outcomes of the clinical training or equivalent committee are communicated to prevocational doctors. • Prevocational doctor representative committee has opportunities to engage in prevocational training governance.	• Clinical training committee or equivalent Terms of Reference and minutes • Emails or other communications to prevocational trainees
1.3.7 The prevocational training program has clear procedures to immediately address any concerns about patient safety related to prevocational doctor performance, including procedures to inform the employer and the regulator, where appropriate.	• The PTP has processes to identify risks to patient safety and a mechanism to support prevocational doctors (e.g. identifies doctors working outside scope of practice, identifies doctors requiring remediation and develops appropriate performance plan). • The PTP has a mechanism through which reportable issues are addressed by the employer. • The PTP governance team are aware of mandatory reporting requirements.	• PTP escalation processes and pathways • Organisational chart • Remediation processes • Job descriptions • Appeals/dispute resolution processes • PTP mandatory reporting policies • Clinical training committee or equivalent Terms of Reference and minutes •
1.4 Program management	**Examples of potential evidence**	**Sources of evidence**
1.4.1 The prevocational training program has dedicated structures with responsibility, authority, capacity and appropriate resources to direct the planning, implementation and review of the prevocational education and training program, and to set relevant policies and procedures.	• The PTP has appropriate staffing, including DCT, education support officers, medical administration team and supervisors. • Organisational chart outlines accountability and responsibility. • There is appropriate funding for teaching resources, including physical space. • There is regular planning and review of the prevocational training program and the procedures that support it.	• Organisational chart • Medical Education Unit (MEU) policies and procedures • Terms of Reference for committees (e.g., Assessment review panel, clinical training committee) • MEU job descriptions
1.4.2 The prevocational training program documents and reports to	• The PTP submits required documentation to the NT accrediting authority in a timely manner.	• Reporting to the NT accrediting authority (e.g., quality action plan/s, changes of circumstance) • MEU job descriptions

the prevocational training accreditation authority on changes in the program, terms or rotations that may affect the program delivery meeting the national standards.	• The PTP staff are aware of reporting requirements and changes to the program are submitted in advance of being made to seek appropriate approval from the NT accrediting authority. • The PTP has policies, procedures and responsibilities that support reporting.	
1.4.3 The health services have effective organisational and operational structures dedicated to managing prevocational doctors, including rostering and leave management.	• The PTP has documented processes. • The PTP has appropriate staffing, including a DCT, medical support team, rostering and medical administration teams. • Different staff members are aware of their roles within the PTP and how to interact with other staff members. • Prevocational doctors are given clear information about the management of the prevocational training program and who to contact for different types of support.	• PTP procedures • Organisational chart • MEU job descriptions • Communications or orientation given to prevocational doctors regarding organisational structure and relevant roles
1.5 Relationships to support medical education	**Examples of potential evidence**	**Sources of evidence**
1.5.1 The prevocational training program supports the delivery of prevocational training through constructive working relationships with other relevant agencies, such as medical schools, specialist education providers, and health facilities.	• The strategic plan refers to other stakeholders involved in the prevocational training program. • Term descriptors identify opportunities for experiences within other relevant agencies. • There is representation/input from stakeholders on relevant committees. • Secondment agreement/Memorandum of Understanding (MOU) outlines responsibilities of other parties when prevocational doctors work in offsite terms/locations. • The prevocational education training program includes external stakeholders.	• Strategic plan • Term descriptors • Terms of reference for committees • Secondment agreement/MOU • PTP education program • Comments received from external stakeholders.
1.5.2 Health services coordinate the local delivery of the prevocational training program. Health services that are part of a network or geographically dispersed program contribute to	• The strategic plan refers to other stakeholders involved in the prevocational training program. • Secondment agreement/MOU outlines responsibilities of other parties when prevocational doctors work in offsite terms/locations. • There is representation/input from stakeholders on relevant committees.	• Strategic plan • Terms of reference for committees • Secondment agreement/MOU • Comments received from external stakeholders.

program coordination and management across sites.	• Issues across terms/locations are identified and managed in a timely manner (e.g. prevocational doctor relocation support, prevocational doctor leave).	
1.6 Reconsideration, review and appeals processes	**Examples of potential evidence**	**Sources of evidence**
1.6.1 The prevocational training provider has reconsideration, review and appeals processes that provide for impartial and objective review of assessment and progression decisions related to prevocational training. It makes information about these processes readily available to all relevant stakeholders.	• The PTP has a documented appeals process. • The appeals process identifies who is accountable for resolving training issues, and pathways to escalate disputes. • The assessment review panel terms of reference identifies how training disputes will be reviewed and resolved. • The PTP has a system to promote early identification and support prevocational doctors who are not meeting training requirements. • The PTP can provide examples of how training disputes have been resolved in a manner that demonstrates impartiality and objective fairness.	• Organisational chart • Job descriptions • Assessment review panel TOR and minutes • MTS results

Standard 2 - The prevocational training program – structure and content

2.1 Program structure and composition	Examples of potential evidence	Sources of evidence
2.1.1 The prevocational training program overall, and each term, is structured to reflect requirements described in the Medical Board of Australia's Registration standard – Granting general registration on completion of intern training and requirements described in these standards for PGY2.	• Organisation purpose/strategic plan refers delivery of a longitudinal training program meeting Medical Board of Australia (MBA) and Australian Medical Council (AMC) requirements. • PGY1/2 doctors receive contracts of a length consistent with training requirements. • PTP maintains a matrix of PGY1/2 doctor allocation to terms that demonstrates consistency with AMC requirements. • PTP maintains tracking of rostering and demonstrates that rostering across the year is consistent with service limits while also demonstrating exposure to after-hour work. • PTP maintains a record of the type of work each term provides (e.g. ward based versus team based) and the matrix provides evidence that individual doctors receive at least 50% placement in team based terms. • PTP maintains records of service duration, including time taken for annual leave. • PTP matrix demonstrates individual doctors receive appropriate number of terms, and these are spread across the required experiences (acute care, chronic care, undifferentiated care and procedural). • All terms are classified according to the experience they provide, whether they are ward or teams based work and whether the work is considered a service term. • PTP maintains a record of education attendance for individual PGY1/2 doctors. • PTP policies and procedures are consistent with PGY1/2 doctors attending mandatory education sessions.	• Organisation strategic plan/purpose statement • Term allocations matrix • Employment contracts • Rosters • Term descriptors • Accreditation records (i.e. Register of accredited terms) • Education attendance records • Term assessment records • Minutes of Assessment Review Group or equivalent

	• All PGY1/2 doctors are only allocated to work in accredited training terms. • Supervisors complete mandatory assessments and reports consistent with Medical Board of Australia (MBA) requirements. • PTP maintains supervisor reports on behalf of all PGY1/2 doctors.	
2.1.2 The prevocational training program is longitudinal in nature and structured to reflect and provide the following experiences, as described in 'Requirements for prevocational (PGY1 and PGY2) training programs and terms' (Section 3 of National standards and requirements for prevocational (PGY1 and PGY2) training programs and terms): • a program length of 47 weeks • a minimum of 4 terms in different specialties in PGY1 • a minimum of 3 terms in PGY2 • exposure to a breadth of clinical experiences • exposure to working outside standard hours, with appropriate supervision	• Organisation purpose/strategic plan refers delivery of a longitudinal prevocational training program meeting MBA and AMC requirements. • PGY1/2 doctors receive contracts of a length consistent with training requirements. • PTP maintains a matrix of PGY1/2 doctor allocation to terms that demonstrates consistency with AMC requirements. • PTP maintains tracking of rostering and demonstrates that rostering across the year is consistent with service limits while also demonstrating exposure to after-hour work. • PTP maintains a record of the type of work each term provides (e.g. ward based versus team based) and the matrix provides evidence that individual doctors receive at least 50% placement in team based terms. • PTP maintains records of service duration, including time taken for annual leave. • PTP matrix demonstrates individual doctors receive appropriate number of terms, and these are spread across the required experiences (acute care, chronic care, undifferentiated care and procedural). • All terms are classified according to the experience they provide, whether they are ward or teams based work and whether the work is considered a service term. • PGY1/2 doctors are aware of the requirements for completion of training.	• Organisation strategic plan/purpose statement • Term allocations matrix • Employment contracts • Rosters • Term descriptors • Orientation handbook and program

• working within a clinical team for at least half the year • a maximum time spent in service terms of 20% in PGY1 and 25% in PGY2.		
2.1.3 Prevocational training terms are structured to reflect and provide exposure to one or two of the required clinical experiences as described in 'Requirements for programs and terms' (Section 3 of National standards and requirements for programs and terms).	• PTP has a range of terms available for PGY1/2 doctors that describe experiences consistent with the Australian Medical Council (AMC) requirements. • Term descriptors outline 1-2 different clinical experiences provided in the term. • Reports about the clinical experience available in all terms is consistent with the term description. • Matrix of allocation to terms demonstrates that all PGY1/2 doctors receive appropriate mix of clinical experiences across the duration of training. • PTP has a system to track terms completed, including any "swapping" done by PGY1/2 doctors. • PGY1/2 doctors are aware of the requirements for completion of training.	• Term allocations matrix • Employment contracts • Rosters • Term descriptors • End of term Prevocational doctor +/- supervisor feedback forms • Orientation handbook and program
2.1.4 The prevocational training provider guides and supports supervisors and prevocational doctors in implementing and reviewing flexible training arrangements. Available arrangements for PGY1 are consistent with the Registration standard – Granting general registration on completion of intern training.	• Strategic plan/organisational purpose indicates that flexible work arrangements are supported. • PTP has opportunities for part-time and shared work arrangements. • PTP maintains records of service duration, including time taken for annual leave, and can demonstrate that part time PGY1 doctors complete their intern year within 3 years. • PGY1/2 doctors receive contracts of a length consistent with training requirements. • PGY1/2 doctors are aware of the opportunity to undertake flexible work arrangements.	• Strategic plan/policies • Term allocations matrix • Employment contracts • Rosters • Orientation handbook and program
2.1.5 The provider recognises that Aboriginal and Torres Strait Islander prevocational doctors may	• PTP policies outline provisions for Aboriginal and Torres Strait Islander employees.	• Organisation strategic plan/purpose statement • Employment/HR policies • Orientation handbook and program • Rosters

have additional cultural obligations required by the health sector or their community, and has policies that ensure flexible processes to enable those obligations to be met.	• PTP has a process to track leave entitlements for cultural obligations and ensures that appropriate arrangements are available to enable completion of training requirements. • Aboriginal and Torres Strait Islander PGY1/2 doctors are aware of the policies regarding access of provisions for cultural obligations.	
2.2 Training requirements	**Examples of potential evidence**	**Sources of evidence**
2.2.1 The prevocational training program is underpinned by current evidence-informed medical education principles.	• The PTP purpose/strategic plan refers to evidence-informed education delivery. • The PTP can demonstrate that educators (e.g. supervisors, DCTs, presenters) receive contemporary training in education principles. • The education experiences are developed around achieving specified learning objectives. • The program includes a range of teaching/learning formats and experiences including case studies, observation, practical demonstration, reflection, opportunities to undertake skills development, small and large group learning, and experiential learning. • The program encourages self-direction, self-assessment and reflection. • The program is developed to encompass the prevocational outcome statements. • The program uses the required assessment processes, including EPAs. • The program is regularly evaluated, with feedback from all stakeholders being considered.	• Strategic plan/purpose statement • PTP education program, including mapping to outcome statements • Program evaluations • Staff training programs
2.2.2 For each term, the prevocational training provider has identified and documented the training requirements (see Training and assessment requirements for prevocational (PGY1 and	• Each clinical experience has a documented term description that includes learning objectives, the work undertaken and the prevocational outcome statement that can be achieved. • Across the year, every PGY1/2 doctor has opportunity to achieve all prevocational outcome statements.	• Term descriptors • Term allocation matrix

PGY2) training programs: Section 2 – 'Prevocational training'), including the prevocational 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.		
2.2.3 The prevocational program provides professional development and clinical opportunities in line with the prevocational outcome statements regarding Aboriginal and Torres Strait Islander peoples' health.	• The PTP offers cultural training and can demonstrate that all those involved in the program have completed this. • The program includes orientation and ongoing education to ensure that all doctors are culturally safe and have ongoing learning in cultural competence. • The education program includes learning on the unique health needs and models of care that support Aboriginal and Torres Strait Islander people. • The education program includes topics on the health of Aboriginal and Torres Strait Islander people and engaging in a culturally appropriate manner. • The education program includes topics on the impact of colonisation, intergenerational trauma and racism on the health and wellbeing of Aboriginal and Torres Strait Islander peoples. • The PTP includes opportunities to work with community to ensure Aboriginal and Torres Strait Islander peoples receive a connected health journey, including working with Aboriginal and Torres Strait Islander health workers, liaison officers and translators. • Term descriptors outline the experiences in Aboriginal and Torres Strait Islander health care that can be expected.	• PTP education program • Professional development records • Term descriptors • Term education program
2.3 Assessment requirements	**Examples of potential evidence**	**Sources of evidence**
2.3.1 Prevocational doctor assessment is consistent with the Training and	• Supervisors have undertaken mandatory supervisor training, including in the requirements for assessment.	• Clinical training or equivalent committee Terms of Reference and minutes

assessment requirements and based on prevocational doctors achieving outcomes stated in the prevocational outcome statements.	• A Supervisor handbook or equivalent document outlines expectations for supervisors with regard to assessment. • There is a system of tracking completion of Entrastable Professional Activities (EPAs) (e.g. an e-portfolio is used), including who performed the assessment. • There is a system to evaluate the assessment process. • All supervisors performing EPAs have undertaken training. • Supervisors are able to outline the prevocational outcome statements that are most relevant to their training term. • The MEU team, DCT and supervisors are aware of their roles and responsibilities. • Term descriptors outline assessment processes and map relevant prevocational outcome statements. • All PGY1/2 doctors have documented start, mid-term and end of term assessments.	• PTP data/e-portfolio records of assessment • Staff professional development records • Term descriptors • Supervisor handbook or equivalent document
2.3.2 The prevocational PGY1 training program implements assessment consistent with the Medical Board of Australia's Registration standard – Granting general registration on completion of intern training.	• Supervisors have undertaken mandatory supervisor training, including in the requirements for assessment. • Supervisor handbook or equivalent document outlines expectations for supervisors with respect to assessment. • Supervisors are able to outline the prevocational outcome statements that are most relevant to their training term. • The MEU team, DCT and supervisors, and members of the assessment review group are aware of their roles and responsibilities. • Term descriptors outline assessment processes and map relevant prevocational outcome statements. • All PGY1/2 doctors have documented mid-term and end of term assessments.	• Clinical training or equivalent committee Terms of Reference and minutes • PTP data/e-portfolio or other records of assessment • Staff professional development records • Term descriptors • Supervisor handbook or equivalent document
2.3.3 Prevocational doctors and supervisors understand all components of the assessment processes.	• Supervisors have undertaken mandatory supervisor training, including in the requirements for assessment. • Supervisor handbook or equivalent document outlines expectations for supervisors with respect to assessment. • The MEU team, DCT and supervisors are aware of their roles and responsibilities regarding the assessment process. • Term descriptors outline assessment processes and map relevant prevocational outcome statements.	• Clinical training or equivalent committee Terms of Reference and minutes • PTP data/e-portfolio records of assessment • Staff professional development records • Supervisor handbook or equivalent document • Orientation program • Term descriptors

	• Orientation includes information regarding assessment processes and requirements throughout the year(s).	
2.3.4 The prevocational training program has an established assessment review panel to review prevocational doctors' longitudinal assessment information and make decisions regarding progression in each year.	• The PTP has an assessment review panel with appropriate membership and terms of reference. • The PTP has document procedures for the panel reviews. • The PTP collates material in appropriate manner for review by the panel. • The PTP has a policy or guidance on resolution of training problems or disputes.	• Assessment panel Terms of Reference and membership • Assessment panel meeting records • Policies
2.4 Feedback and supporting continuous learning	**Examples of potential evidence**	**Sources of evidence**
2.4.1 The prevocational training program provides regular, formal and documented feedback to prevocational doctors on their performance within each term.	• Supervisors and DCT team have completed training on providing feedback. • Supervisor handbook or equivalent document outlines processes for providing feedback. • Training records/assessments provide evidence of feedback being provided. • Term descriptors outline feedback processes. • Documented feedback sessions given to trainees.	• MEU policies/procedures • Professional development records • Assessments/e-portfolios • Term descriptors • Supervisor handbook or equivalent document • Minutes or other outcome documents of mid and end of term assessments and or/ meetings
2.4.2 Prevocational doctors receive timely, progressive and informal feedback from term and clinical supervisors during every term.	• Supervisors and DCT team have completed training on providing feedback. • Supervisor handbook or equivalent document outlines processes for providing feedback.	• Professional development records • Supervisor handbook or equivalent document • Completed EPAs
2.4.3 The prevocational training program documents the assessment of the prevocational doctor's performance consistent with the Training and assessment requirements. Additionally in PGY1, the assessment	• Processes for assessment of PGY1/2 doctors are clearly documented and conveyed to supervisors and prevocational doctors. • Standardised AMC forms are used for term assessments as well as EPAs. • Supervisor handbook or equivalent document outlines processes for performing assessments to promote consistency.	• PTP procedures • Assessment records/e-portfolio • Supervisor handbook or equivalent document • Orientation documentation or program • Forms used for assessments (blank and examples)

documentation is consistent with the Registration standard – Granting general registration on completion of intern training.	• The PTP has a documentation system for maintaining assessment records, including mid-term, end of term and EPAs. • 100% of PGY1/2 doctors receive a mid-term and end of term assessment that considers performance across term learning objectives and prevocational outcome statements. • Supervisors perform EPAs consistent with national requirements.	
2.4.4 The prevocational training program implements a longitudinal approach to assessment in accordance with the Training and assessment requirements	• Processes for assessment of PGY1/2 doctors are clearly documented and conveyed to supervisors and prevocational doctors. • Supervisor handbook outlines processes for performing assessments to promote consistency. • The PTP has a documentation system for maintaining assessment records, including mid-term, end of term and EPAs. • 100% of PGY1/2 doctors receive a mid-term and end of term assessment that considers performance across term learning objectives and prevocational outcome statements. • Supervisors perform EPAs consistent with national requirements.	• PTP procedures • Assessment records/e-portfolio • Supervisor handbook or equivalent document • Orientation handbook and program
2.4.5 Prevocational doctors are encouraged and supported to take responsibility for their own performance, and to seek their supervisor's feedback on their performance.	• PGY1/2 doctors are aware of their responsibilities to seek feedback. • Term descriptors outline processes to seek feedback. • Orientation and DCT contact reinforces responsibilities for seeking feedback.	• Orientation handbook and program
2.5 Improving performance	**Examples of potential evidence**	**Sources of evidence**
2.5.1 The prevocational training program identifies any prevocational doctors who are not performing to the expected level and provides them with support and remediation.	• A procedure/process for identifying underperforming prevocational doctors across terms is documented. • Welfare resources are available to assist prevocational doctors requiring support and remediation. • Remediation plans are put in place early to assist underperforming prevocational doctors.	• PTP policies • PTP assessment records • Supervisor Handbook or equivalent document • Orientation handbook and program

	• Strategies are in place to ensure struggling PGY1/2 doctors receive support when transitioning to a new placement, particularly if it is in an offsite term/location. • PGY1/2 doctors are aware of supports available to them if they are struggling. • Review of records indicates that underperforming PGY1/2 doctors receive support pathways.	
2.5.2 The assessment review panel is convened, as required, to assist with more complex remediation decisions for prevocational doctors who do not achieve satisfactory supervisor assessments.	• A procedure/process for identifying underperforming prevocational doctors is documented and includes engagement of the assessment review panel when required. • Assessment review panel develops pathways to support PGY1/2 doctors who will not achieve satisfactory assessments. • Assessment review panel members have appropriate qualifications and experience to assist in complex remediation.	• PTP policies and pathways • Assessment review panel membership • PTP assessment records • Assessment review panel meeting documents and minutes

Standard 3 - The prevocational training program – delivery

3.1 Work-based teaching and training	Examples of potential evidence	Sources of evidence
3.1.1 The prevocational training provider ensures opportunities for broad generalist clinical work-based teaching and training.	• The facility offers a broad range of training terms that cover the National requirements. • There are training terms available that have a generalist clinical focus. • There is a formal process to ensure every PGY1/2 doctor has term allocations that cover the National requirements. • Training terms outline learning objectives. • Training terms provide work-based education opportunities. • The term supervisor discusses in orientation the learning objectives of the term and education and training opportunities that will assist the PGY1/2 doctor to meet those objectives. • Training terms are mapped to the Prevocational Outcome Statements.	• Term allocation matrix • Orientation handbook and program • Term descriptors • Term-based education calendar/events
3.1.2 The prevocational training program provides clinical experience that is able to deliver the Training and assessment requirements and, for PGY1 doctors, is consistent with the Registration standard – Granting general registration on completion of intern training. The prevocational training program conforms to guidelines on opportunities to develop knowledge and skills, as outlined in 'Requirements for programs and terms' (Section 3 of National standards and	• The facility offers a broad range of training terms that cover the National requirements. • Training terms outline learning objectives. • Training terms provide work-based education opportunities. • Training terms are mapped to the Prevocational Outcome Statements. • Assessment Review Panel records indicate PGY1s are assessed as meeting registration standards. • Rosters and allocations indicate all PGY1/2s receive a clinical experience consistent with the National training environment requirements.	• Allocations matrix/mapping • Orientation handbook and program • Term descriptors • Term-based education calendar/events

requirements for programs and terms).		
3.1.3 In identifying terms for training, the prevocational training program considers the following: • complexity and volume of the unit's workload • the prevocational doctor's workload • the clinical experience prevocational doctors can expect to gain • how the prevocational doctor will be supervised, and who will supervise them.	• Term descriptors provide an overview of the term's clinical work and the volume of work that should be anticipated. • The clinical tasks that are the responsibility of the PGY1/2 doctor are outlined in the term descriptor. • Term descriptors outline learning objectives that are consistent with the PGY1/2 Prevocational Outcome Statements. • Term descriptors outline the supervisory model and supervisory team. • Term descriptors identify who will be responsible for conducting Entrustable Professional Activities (EPAs). • Term descriptors and/or term orientation outline the term's escalation pathways for managing deteriorating patients. • Term descriptors identify any pre-requisite experience required to work in the term. • There is an oversight committee responsible for reviewing term descriptors and ensuring they meet the requirements of the PGY1/2 training program. • Term descriptors are regularly reviewed for accuracy and updated. • PGY1/2 doctors are provided with opportunity to provide feedback on the term descriptors, including volume and complexity of the work.	• Allocations matrix/mapping • Orientation handbook and program • Term descriptors • Clinical training or equivalent committee meeting minutes
3.2 Supervisors and assessors – attributes, roles and responsibilities	**Examples of potential evidence**	**Sources of evidence**
3.2.1 Prevocational doctors are supervised at all times at a level and with a model that is appropriate to their experience and responsibilities.	• Term descriptors outline the supervisory model and supervisory team. • PGY1/2 job descriptions outline clinical responsibilities consistent with experience. • Prevocational doctors report (e.g., in surveys) undertaking clinical responsibilities consistent with experience.	• PTP policies • Term descriptors • Orientation program and handbook • Prevocational doctor rosters

	• Prevocational doctors report (e.g., in surveys) feeling supported by their supervisors and their workplace colleagues. • There is an oversight committee responsible for ensuring that training terms are structured to ensure appropriate supervision is in place. • There is clear information about how to access a supervisor at all times, including after hours and prevocational doctors report (e.g., in surveys) that supervisors are responsive. • Prevocational doctors are provided with information about clinical escalation pathways and report (e.g., in surveys) that these pathways achieve safe patient care.	
3.2.2 Prevocational supervisors understand their roles and responsibilities in assisting prevocational doctors to meet learning objectives and in conducting assessment processes.	• Term descriptors outline the supervisory model and supervisory team. • Supervisor responsibilities are conveyed in clinical training or equivalent committee meetings and discussion is documented in minutes. • Supervisors have a role description. • There is a supervisor handbook available that conveys information on supervisor role. • Prevocational doctor assessment records indicate they are completed appropriately by supervisors.	• MEU policies/procedures • PTP policies • Term descriptors • Staff training programs • Role descriptions • Supervisor handbook • Prevocational doctor assessment records
3.2.3 Supervision is provided by qualified medical staff with appropriate competencies, skills, knowledge and a demonstrated commitment to prevocational training.	• Term descriptors outline the supervisory model and supervisory team that indicates the supervisors meet the clinical background required of a supervisor. • Supervisor responsibilities are conveyed in clinical training or equivalent committee meetings. • There is a supervisor handbook available that conveys information on supervisor role, competencies and commitment required. • Supervisor training records indicate appropriate training for the role. • Supervisors attend clinical training or equivalent committee meetings.	• MEU policies/procedures • PTP policies • Term descriptors • Staff training programs • Role descriptions • Supervisor handbook
3.2.4 The prevocational training program includes a director of clinical training	• The organisational structure indicates there is a DCT or equivalent who has appropriate clinical and education skills.	• MEU policies/procedures • Meeting minutes

or equivalent who is a qualified and senior medical practitioner with responsibility for longitudinal educational oversight of the prevocational doctors.	• The orientation handbook/resources informs prevocational doctors of the oversight structure of the program. • There is a DCT or equivalent in attendance at clinical training or equivalent committee meetings.	• Organisational structure • ETP communications to prevocational doctors
3.2.5 The prevocational training program has processes for ensuring those assessing prevocational doctors (including registrars and assessment review panel members) have relevant capabilities and understand the required processes.	• There is information available about compilation of the assessment review panel and their experience. • There is a supervisor handbook that outlines roles and responsibilities. • There is a training program available for assessment panel members, supervisors and registrars who complete prevocational trainee assessments. • There is a system to evaluate the performance of assessors in the program.	• MEU policies/procedures • Supervisor training program • Supervisor and registrar training records • Supervisor handbook
3.3 Supervisor training and support	**Examples of potential evidence**	**Sources of evidence**
3.3.1 Staff involved in prevocational training have access to professional development activities to support quality improvement in the prevocational training program.	• There is a supervisor handbook that outlines roles and responsibilities. • There is a training program available for assessment panel members, supervisors and registrars who complete prevocational trainee assessments. • Professional development records indicate that assessment panel members, supervisors and registrars access and complete training. • There is a system to evaluate the performance of assessors and educators in the program. • There is training available for administrators within the program.	• MEU policies/procedures • Supervisor training program • Supervisor and registrar training records • Supervisor handbook
3.3.2 The prevocational training program ensures that supervisors have training in supervision, assessment and feedback, and cultural safety, including participating in	• There is a supervisor handbook that outlines roles and responsibilities. • There is a training program available for supervisors and this program covers supervision, assessment and feedback and cultural safety.	• MEU policies/procedures • Supervisor training program • Supervisor and registrar training records • Supervisor handbook

regular professional development activities to support quality improvement in the prevocational training program.	• Professional development records indicate that assessment panel members, supervisors and registrars access and complete training. • There is a system to evaluate the performance of assessors and educators in the program.	
3.3.3 The prevocational training program regularly evaluates the adequacy and effectiveness of prevocational doctor supervision.	• There are documented processes for when and how supervisors are evaluated. • There is a system to evaluate the performance of assessors and educators in the program. • There is opportunity for prevocational doctors to provide input into evaluation of supervisor performance. • The clinical training or equivalent committee minutes document review of supervisor performance.	• MEU policies/procedures • Professional development records • Supervisor handbook • Clinical training or equivalent committee minutes • Term evaluations and feedback gathered by MEU, both formal and informal
3.3.4 The prevocational training program supports supervisors to fulfil their training roles and responsibilities.	• There is regular communication between the clinical training or equivalent committee and supervisors. • There is a supervisor handbook that outlines roles and responsibilities and the support available for supervisors. • There is a training program available for supervisors and this program covers supervision, assessment and feedback and cultural safety. • Professional development records indicate that supervisors receive feedback and evaluation.	• MEU policies/procedures • Professional development records • Supervision training program • Supervisor handbook/resources • Clinical training or equivalent committee minutes
3.4 Formal education program	**Examples of potential evidence**	**Sources of evidence**
3.4.1 The training program provides PGY1 doctors with a quality formal education program that is relevant to their learning needs and supports them to meet the training outcomes that may not be available through completion of clinical activities.	• There is a formal training program operating on at least a weekly basis that covers topics of relevance to prevocational doctors. • Prevocational doctors are practically able and supported to attend the formal education program. • The education program is mapped to Prevocational Outcome Statements. • The education program is regularly evaluated and adjusted accordingly. • Prevocational doctors are provided with opportunity to provide feedback on the education program.	• MEU policies/procedures • PTP education program • Education evaluations • Prevocational doctor training records • MTS results • Clinical training or equivalent committee meeting minutes

	• The education program includes skills that might not be accessible in the clinical settings.	
3.4.2 The training program monitors and provides PGY2 doctors with access to formal education programs that are flexible and relevant to their individual learning needs. This may include specific education sessions to support PGY2 doctors meeting the training outcomes that may not be available through completion of clinical activities.	• There is a formal training program (this is not limited to the health service education program and can include education sessions run within departments) that covers topics of relevance to prevocational doctors. • Prevocational doctors are practically able and supported to attend the formal education program. • The education program is mapped to Prevocational Outcome Statements. • The education program is regularly evaluated and adjusted accordingly. • Prevocational doctors are provided with opportunity to provide feedback on the education program. • The education program includes skills that might not be accessible in the clinical settings.	• MEU policies/procedures • PTP education program • Education evaluations • Prevocational doctor training records • MTS results • Clinical training or equivalent committee meeting minutes • Term-specific education and journal club records
3.4.3 The training program provides and enables for prevocational doctors to participate in formal program and term orientation programs, which are designed and evaluated to ensure relevant learning occurs.	• There is a formal training program operating on at least a weekly basis that covers topics of relevance to prevocational doctors. • Prevocational doctors are practically able and supported to attend the formal education program. • The education program is mapped to Prevocational Outcome Statements. • The education program is regularly evaluated and adjusted accordingly. • Prevocational doctors are provided with opportunity to provide feedback on the education program. • The education program includes skills that might not be accessible in the clinical settings.	• MEU policies/procedures • PTP education program • Education evaluations • Prevocational doctor training records • MTS results • Clinical training or equivalent committee meeting minutes
3.4.4 The health service ensures protected time for the formal education program, and ensures that prevocational medical doctors are supported by supervising medical staff to attend.	• Prevocational doctors are practically able and supported to attend the formal education program. • PTP policy/procedures specifying protected time for attending the formal education program. • Process for evaluating compliance with protected time. • Prevocational doctor training program identifies pager protected times.	• PTP policies/procedures • PTP education program • Education evaluations • Clinical training or equivalent committee meeting minutes

3.5 Facilities	Examples of potential evidence	Sources of evidence
3.5.1 The prevocational training program provides the educational facilities and infrastructure to deliver prevocational training, such as access to the internet, library facilities, quiet study spaces, journals, modern technologies of learning and other learning facilities, and continuing medical education sessions.	• The physical environment on wards includes quiet space for documentation and accessing clinical resources that includes a computer and internet access. • There is accessible study space that includes a computer and internet access. • There is a library (physical or digital). • There are teaching spaces in the clinical setting and in the health service, and these spaces are appropriate for different types of learning.	• PTP list of facilities • MEU policies/procedures
3.5.2 The prevocational training program provides a safe physical environment and amenities that support prevocational doctor learning and wellbeing.	• The physical environment on wards includes quiet space for documentation and accessing clinical resources that includes a computer and internet access. • There is accessible study space that includes a computer and internet access. • There is a library (physical or digital). • There are teaching spaces in the clinical setting and in the health service, and these spaces are appropriate for different types of learning. • There is appropriate relaxation/time-out space for prevocational doctors.	• PTP list of facilities • MEU policies/procedures
3.6 E-portfolio	**Examples of potential evidence**	**Sources of evidence**
3.6.1 Once the e-portfolio system is confirmed, standards will be written, and will consider: • Systems to ensure prevocational doctors maintain their e-portfolio as an adequate record of learning and training. • Mechanisms to ensure the clinical supervisor and	• To be developed when the standards are written.	• To be developed when the standards are written.

longitudinal supervisor review the record of learning.		

Standard 4 - The prevocational training program – prevocational doctors

4.1 Appointment to program and allocation to terms	Examples of potential evidence	Sources of evidence
4.1.1 The processes for appointment of prevocational doctors to programs: • are based on the published criteria and the principles of the program concerned • are transparent, rigorous and fair • are free from racism, discrimination and bias • have clear processes where disputes arise.	• The facility has an employment process that identifies and promotes diversity. • The PTP has policies and processes to address appointment and allocation to the program, and to facilities within the program. • The PTP has policies and procedures to resolve disputes regarding allocations within the program. • Prevocational doctors indicate (e.g., in evaluation surveys or interviews) they were aware of the allocation process when applying, especially with respect to allocation to individual facilities.	• Organisation human resources manual • Vacancy advertisements for prevocational doctors • PTP procedures manual including recruitment procedures and selection policies
4.1.2 The processes for allocation of prevocational doctors to terms: • are based on the published criteria and the principles of the program concerned • are transparent, rigorous and fair • are free from racism, discrimination and bias • have clear processes where disputes arise.	• The PTP has policies and processes to address allocation to the program, facilities and terms. • There is a process to map training term allocation and to monitor every prevocational doctor's program to ensure it meets the national requirements. • The PTP policies regarding term allocations are accessible and promoted to prevocational doctors. • The PTP has policies and procedures to resolve disputes regarding allocations within the program. • Prevocational doctors indicate they were aware of the allocation process when applying, especially with respect to allocation to individual facilities. • There is a perception from prevocational doctors (e.g., in evaluation surveys or interviews) that their term allocations are fair and transparent and issues are resolved in a timely manner.	• Allocations matrix/mapping • PTP procedures manual • Prevocational doctor resources website • MTS results • Evaluation surveys

4.2 Wellbeing and support	Examples of potential evidence	Sources of evidence
4.2.1 The prevocational training provider develops, implements and promotes strategies to enable a supportive training environment and optimise prevocational doctor wellbeing.	• The PTP purpose/strategic plan refers to promoting a culturally supportive training environment. • The MEU has a program that addresses wellbeing. • The facility has policies related to work/life balance, access to leave and appropriate rostering of prevocational doctors and the rostering pattern demonstrates compliance with policy and regulations. • The MEU has strategies to identify workplace culture that is not conducive with a safe and supportive training environment, and evidence of action when concerns are identified. • Staff, including supervisors, undertake training in topics related to supportive workplace culture and environment. • Prevocational doctors receive information about supportive initiatives. • Prevocational doctors report (e.g., in evaluation surveys or interviews) feeling supported by their employer, the training program providers, their supervisors and their workplace colleagues.	• PTP strategic plan/purpose statement • MEU policies/procedures • Facility-wide/HR policies • Term descriptors • Staff training programs • PTP education program • Prevocational doctor rosters • Evaluation surveys
4.2.2 The prevocational training provider develops, implements and promotes strategies to enable a supportive training environment and to optimise Aboriginal and Torres Strait Islander prevocational doctor wellbeing and workplace safety.	• The PTP purpose/strategic plan refers to promoting a culturally supportive training environment. • The prevocational training provider prioritises recruitment of Aboriginal and Torres Strait Islander prevocational doctors. • The MEU has a program that addresses cultural safety. • The facility has policies related to work/life balance, work conditions, flexible working arrangements, and appropriate rostering that specifically address cultural considerations of Aboriginal and Torres Strait Islander prevocational doctors. • The MEU has strategies that support and encourage Aboriginal and Torres Strait Islander prevocational doctors to seek assistance available to them. • Staff, including prevocational doctors and supervisors, undertake training in cultural safety in the workplace.	• PTP strategic plan/purpose statement • MEU policies/procedures • Facility-wide/HR policies • Term descriptors • Staff training programs • PTP education program • PTP communications to prevocational doctors • Prevocational doctor rosters

	• The Assessment Review Panel consider the cultural context of Aboriginal and Torres Strait Islander prevocational doctors. • Aboriginal and Torres Strait Islander prevocational doctors report (e.g., in evaluation surveys or interviews) feeling supported by their employer, the training program providers, their supervisors and their workplace colleagues.	
4.2.3 The duties, rostering, working hours and supervision arrangements of prevocational doctors are consistent with the National standards and requirements for programs and terms and in line with principles of delivering safe and high-quality patient care.	• The organisation/facility has policies related to work/life balance and safe and appropriate rostering of prevocational. • The organisation/facility has policies related to fatigue management. • Rostering practice policies are consistent with legislation and awards. • Prevocational doctor rosters are consistent with policies, legislation, awards and safe working practices. • Prevocational doctors receive information about safe working conditions and are encouraged to report rostering that is inconsistent with same. • Prevocational doctors report work patterns that are legal, safe and prevent fatigue.	• MEU policies/procedures • Facility-wide/HR policies • Term descriptors • Prevocational doctor rosters • PTP communications to prevocational doctors • Prevocational doctor feedback and evaluation surveys
4.2.4 The prevocational training provider has and implements strategies, systems and safe reporting mechanisms to effectively identify, address and prevent bullying, harassment and discrimination (including racism). This includes policies and procedures that are publicised to prevocational doctors, their supervisors and other team members.	• The organisation/facility has policies related to workplace culture and managing bullying, harassment and discrimination in an effective way. • The MEU has policies to protect and support prevocational doctors from bullying, harassment and discrimination. • All staff, including prevocational doctors and supervisors receive training on workplace culture and implement organisation policies on bullying, harassment and discrimination. • Prevocational doctors are informed about mechanisms to report bullying, harassment and discrimination. • Stakeholders report safe workplace settings and appropriate management of bullying, harassment and discrimination should it occur.	• MEU policies/procedures • Facility-wide/HR policies • PTP education program • Staff training program • PTP communications to prevocational doctors
4.2.5 The prevocational training provider makes	• PTP has mechanisms to identify and support prevocational doctors who may require additional support.	• MEU policies/procedures • Facility-wide/HR policies

available processes to identify and support prevocational doctors who are experiencing personal and professional difficulties that may affect their training, and confidential personal counselling. These services are publicised to prevocational doctors, their supervisors and other team members.	• The MEU has initiatives to provide tailored support to prevocational doctors who require it. • Stakeholders indicate that they are aware of supports that are available and how to access them. • Prevocational doctors indicate they received support when they needed it.	• PTP communications to prevocational doctors • PTP program and/or resources • MTS results • Prevocational doctor feedback and evaluation forms
4.2.6 The procedure for accessing appropriate professional development leave is published, reasonable and practical.	• The organisation/facility has policies related to accessing professional development entitlements. • Offsite terms are aware of and implement accessing professional development entitlements. • The MEU has policies related to accessing professional development entitlements. • Prevocational doctors and their supervisors are provided with information about professional development entitlements.	• MEU policies/procedures • Facility-wide/HR policies • Secondment agreements/MOU • Evaluation survey results • Orientation handbook and program and program •
4.2.7 The prevocational training provider makes available services to provide career advice to prevocational doctors.	• Prevocational education and training program events and initiatives address career-related information and resources. • Prevocational education and training program events and initiatives expose prevocational doctors to training that supports development of non-clinical skills (e.g. leadership programs, teaching skills). • Prevocational doctors are informed about career-related information. • Prevocational doctors receive career counselling through the medical education unit and/or from their supervisors.	• MEU policies/procedures • PTP communications to prevocational doctors • PTP program and/or resources • Evaluation survey results
4.3 Communication with prevocational doctors	**Examples of potential evidence**	**Sources of evidence**
4.3.1 The prevocational training program provides clear and easily accessible information about the	• Significant details about the program (e.g. available rotations, any restrictions of facilities or terms) are transparent in advertisements and the recruitment process. • The PTP's policies and procedures are readily available	• PTP communications to medical students and/or prevocational doctors • PTP program and/or resources • Evaluation survey results

training program, including outcomes of evaluation, in a timely manner.	• Information about assessment requirements and processes are public. • Information is conveyed to prevocational doctors regarding the PTP, including the Assessment Review panel.	• Recruitment website and materials
4.3.2 The prevocational training program informs prevocational doctors about the activities of committees that deal with prevocational training in a timely manner.	• Prevocational doctors are provided with opportunities to be involved in clinical governance committees, prevocational doctor representative committee, clinical training committee and other relevant committees • Prevocational doctors are provided with outcomes from relevant committees, for example minutes, newsletter updates or reports. • Prevocational doctors are aware of mechanisms to find out about committee activities.	• Committee TOR • PTP communications to prevocational doctors • Orientation handbook and program • PTP program and/or resources • Evaluation survey results
4.4 Resolution of training problems and conflicts	**Examples of potential evidence**	**Sources of evidence**
4.4.1 The prevocational training provider has processes in place to respond to and support prevocational doctors in addressing problems with training supervision and training requirements, and other professional issues. The processes are transparent and timely, and safe and confidential for prevocational doctors.	• The MEU has policies related to accessing support for issues that arise, including an escalation pathway and dispute resolution processes. There is evidence of implementation of these policies. • Prevocational doctors are provided with information about reporting concerns and seeking assistance. • There is a strategy to identify prevocational doctors that may require additional support with supervision, training or professional issues. • There is a strategy to confidentially convey information across stakeholders (e.g. between facilities, departments) when required. • There is a strategy to identify concerns with supervision and implement remedies. • Prevocational doctors are aware of mechanisms to report concerns and seek assistance in addressing problems with training supervision, requirements or professional concerns.	• MEU policies/procedures • Escalation pathways • Appeals/dispute resolution pathways • PTP communications to prevocational doctors including orientation materials • Information from external stakeholders • Committee meeting minutes • Evaluation surveys
4.4.2 The prevocational training provider has clear, impartial pathways for timely resolution of professional and/or training-related disputes	• The MEU has policies related to accessing support for issues that arise, including an escalation pathway and dispute resolution processes. These processes provide confidentiality for the prevocational doctor and are independent from those making assessment decisions for the prevocational doctor.	• MEU policies/procedures • Escalation pathways • Appeals/dispute resolution pathways • PTP communications to prevocational doctors

between prevocational doctors and supervisors, the healthcare team or the health service.	• Prevocational doctors are provided with information about reporting concerns and seeking assistance. • Prevocational doctors are aware of mechanisms to report concerns and seek assistance in addressing problems with training supervision, requirements or professional concerns.	

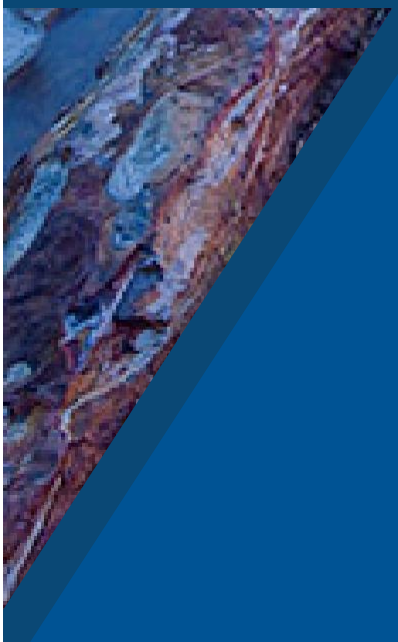
Standard 5 - Monitoring, evaluation and continuous improvement

5.1 Program monitoring and evaluation	Examples of potential evidence	Sources of evidence
5.1.1 The prevocational training provider regularly evaluates and reviews its prevocational training program and terms to ensure standards are being maintained. Its processes check program content, quality of teaching and supervision, assessment, and prevocational doctors' progress.	• The PTP has policies and processes that address ongoing evaluation and monitoring based on data from a range of sources. • There are procedures for prevocational doctors and supervisors to evaluate every training term. • There are procedures for prevocational doctors to evaluate education sessions. • Prevocational doctors and supervisors have a mechanism to provide feedback on the assessment process. • There is a process to monitor the progress of prevocational doctors and to identify those who require additional support. • The clinical training committee or equivalent uses the data collected from stakeholders to evaluate the education program being delivered, including the training terms offered to prevocational doctors.	• PTP procedures manual • Clinical training committee or equivalent committee meeting minutes • Evaluation surveys and reports
5.1.2 Those involved in prevocational training, including supervisors, contribute to monitoring and to program development. Their feedback is sought, analysed and used as part of the monitoring process.	• The PTP has policies and processes that address ongoing evaluation and monitoring based on data from a range of sources. • Prevocational doctors are involved in the evaluation and monitoring of the program (e.g. representatives on the clinical training committee or equivalent). • Supervisors are involved in the evaluation and monitoring of the program (e.g. representatives on the clinical training committee or equivalent). • Other stakeholders (e.g. consumers, medical education support officers, medical administration) are involved in the evaluation and monitoring of the program (e.g. representatives on the clinical training committee or equivalent). • Evaluation processes use a range of mechanisms to collect data from stakeholders (e.g. surveys, interviews, committee meetings, external surveys such as the MTS) and these data are used to evaluate and continuously improve the program.	• PTP procedures manual • Clinical training committee or equivalent committee meeting minutes • Evaluation surveys and reports • Supervisor feedback

	• Evaluation processes use internal data (e.g. assessment results, formal evaluation of the program and these data are used to evaluate and continuously improve the program. • All stakeholders are aware of opportunities to provide feedback on the PTP and on how to be involved in monitoring and evaluation.	
5.1.3 Prevocational doctors have regular structured mechanisms for providing confidential feedback about their training, education experiences and the learning environment in the program overall, and in individual terms.	• There is a process to receive confidential feedback from prevocational doctors on the PTP administrative processes. • There is a process to receive feedback from prevocational doctors on individual training terms. • Evaluation processes use a range of mechanisms to collect data from prevocational doctors (e.g. surveys, interviews, committee meetings, external surveys such as the MTS) and these data are used to evaluate and continuously improve the program. • Prevocational doctors report that there are mechanisms to provide feedback on the PTP and that feedback appears to be used to improve the PTP. • Prevocational doctors are involved in the evaluation and monitoring of the program (e.g. representatives on the clinical training committee or equivalent). • Evaluations of the PTP are reviewed and endorsed by the clinical training committee or equivalent and communicated to stakeholders.	• PTP procedures manual • Clinical training committee or equivalent committee meeting minutes • Evaluation surveys and reports • Communication to prevocational doctors evidencing closed loop communication following surveys and evaluations
5.1.4 The prevocational training program uses internal and external sources of data in its evaluation and monitoring activities, such as surveys and assessment data.	• The PTP has policies and processes that address ongoing evaluation and monitoring based on data from a range of sources and these are conveyed to stakeholders. • There is a process to receive confidential feedback from prevocational doctors on the PTP administrative processes. • Evaluation processes use a range of mechanisms to collect data from stakeholders (e.g. surveys, interviews, committee meetings, external surveys such as the MTS) and these data are used to evaluate and continuously improve the program. • Evaluation processes use internal data (e.g. assessment results, formal evaluation of the program and these data are used to evaluate and continuously improve the program. • Stakeholders report that there are mechanisms to provide feedback on the PTP and that feedback appears to be well received and used to improve the PTP.	• PTP procedures manual • Clinical training committee or equivalent committee meeting minutes • Evaluation surveys and reports

	• Prevocational doctors are involved in the evaluation and monitoring of the program (e.g. representatives on the clinical training committee or equivalent). • Evaluations of the PTP are reviewed and endorsed by the clinical training committee or equivalent and communicated to stakeholders.	
5.2 Evaluation outcomes and communication	**Examples of potential evidence**	**Sources of evidence**
5.2.1 The prevocational training program acts on feedback and modifies the program as necessary to improve the experience for prevocational doctors, supervisors and health care facility managers.	• The clinical training committee or equivalent uses the data collected from stakeholders to evaluate effectiveness of supervision in every term and has a mechanism to either improve supervision or change the training terms on offer. • There is a mechanism through which the clinical training committee or equivalent can escalate concerns with under-performing supervisors, teams or terms. • Supervisor performance development reviews address their role as supervisors of prevocational doctors. • There is evidence that the education plan is adapted to incorporate the feedback from prevocational doctors. • Prevocational doctors and supervisors report being involved in evaluations of the program.	• PTP procedures manual • Organisational structure/reporting lines • Clinical training committee or equivalent committee meeting minutes • Evaluation surveys and reports
5.2.2 Outcomes of evaluation activities are communicated to those involved in the prevocational training program, including prevocational doctors and supervisors.	• There are procedures that indicate how program evaluations will be reported. • The clinical training committee or equivalent committee meeting minutes indicate that evaluations are discussed and reported to prevocational doctors, supervisors, and other stakeholders. • The PTP communications plan includes evidence that evaluations are communicated to prevocational doctors, supervisors, and other stakeholders. • Supervisors report receiving feedback on their performance at least annually. • Prevocational doctors are satisfied that their feedback is being used for continuous improvement of the PTP.	• PTP procedures manual • Clinical training committee or equivalent committee meeting minutes • Evaluation surveys and reports • Supervisor performance development reviews

PREVOCATIONAL MEDICAL
ASSURANCE SERVICES



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