



HEALTH SERVICE ACCREDITATION GUIDELINE

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Purpose

This Guideline has been developed to provide information and guidance to health services on how to prepare an accreditation submission, plan for an assessment visit, responding to conditions and the mid-cycle report monitoring requirements. This Guideline is based on the *Australian Medical Council's (AMC) National Framework for Prevocational (PGY1 and PGY2) Medical Training* that describes the National Standards for the first two postgraduate years for prevocational doctors in Australia.

National Standards

Health services are required to demonstrate compliance against the *National standards and requirements for prevocational (PGY1 and PGY2) training programs and terms (the National Standards)*. The National Standards describe how prevocational doctors should be trained, assessed and sets standards that contribute to good quality medical education and training. The national accreditation standards for prevocational training programs comprise:

- > Standard 1: Organisational purpose and the context in which prevocational training is delivered
- > Standard 2: The prevocational training program – structure and content
- > Standard 3: The prevocational training program – delivery
- > Standard 4: The prevocational training program – prevocational doctors
- > Standard 5: Monitoring, evaluation and continuous improvement

The National Standards align to the *Medical Board of Australia's registration standard for granting general registration as a medical practitioner to Australian and New Zealand medical graduates on completion of postgraduate year one training* and ensures an optimal educational environment exists for the supervision and training of all prevocational doctors in South Australia.

Accreditation Process

Through the process of accreditation, the South Australian Medical Education and Training (SA MET) Unit and an independent accreditation surveyor team will formally review and assess the health service's prevocational doctor education and training program against the National Standards. The process adds value in a formative way by sharing local and interstate experience on best practice in prevocational doctor education and training and is intended to incorporate a collaborative and quality improvement approach.

The accreditation assessment process reviews the health service's education and training program, including governance and resourcing. The accreditation assessment visit can take one to three days depending on the size of facility and the number of units to be accredited. The entire accreditation process will take up to nine months from commencement to receiving the accreditation decision from the SA MET Health Advisory Council.

The health service accreditation process is outlined below and illustrated in the flowchart (Appendix 2).

1. The SA MET Unit will liaise with the health service regarding the upcoming full facility accreditation assessment visit date, submission requirements and offer ongoing support.
2. The SA MET Unit will recruit surveyor members to the accreditation assessment team ensuring there are no conflicts of interest.
3. The SA MET Unit, in conjunction with the health service, will conduct an evaluation survey of prevocational doctors employed within the health service. This evaluation data is used to guide the accreditation surveyors to areas that require review to support quality improvement. It provides a feedback mechanism and transparent approach for prevocational doctors to contribute to the accreditation process and comment on the training environment.
4. The SA MET Unit will work with the health service to support and guide the completion of the accreditation submission and address the National Standards to demonstrate compliance.
5. The health service must submit the accreditation submission and supporting documentation to the SA MET Unit at least 60 days prior to the date requested of the accreditation assessment visit.
6. The SA MET Unit will review the accreditation submission, undertake a gap analysis to ensure all necessary supporting documents are provided with the completed submission.

7. The health service will develop the visit program (Appendix 3). The accreditation visit usually takes one to three days and includes separate interviews with prevocational doctors, Chair/Members of the Education and Training Committee, Chair/Members of the Assessment Review Panel, Term Supervisors, Medical Education Officer (MEO), DCT, EDMS and the CEO.
8. The accreditation surveyors will convene to discuss the health service's submission. The SA MET Unit will follow up with the health service should further information or amendments to the program be required before the assessment visit.
9. At the assessment visit the accreditation surveyors will undertake interviews with relevant staff. It is expected that the MEO will be present to manage all the logistical aspects of the accreditation and help the accreditation surveyors with other requests if required.
10. The accreditation surveyors will convene on the final day of the assessment visit to discuss their findings, develop any commendations, recommendations and conditions. The SA MET Unit will compile the draft report and finalise with the accreditation surveyors.
11. The SA MET Unit will provide the draft accreditation report, excluding the accreditation outcomes, to the CEO, EDMS, DCT and MEO for factual checking.
12. The SA MET Unit will make any changes to the draft accreditation report as requested by the accreditation surveyors and review any feedback received from the health service.
13. The accreditation report will be considered by the SA MET Health Advisory Council Accreditation Committee (the Accreditation Committee).
14. The Accreditation Committee will provide the Advisory Council with recommendations on the outcome of the accreditation report, including the recommended period of accreditation.
15. The Advisory Council will review the accreditation report and provide a final decision on the accreditation of the health service.
16. The health services will be notified of the accreditation decision and provided with the final accreditation report. The SA MET Unit will arrange a time to review and discuss the findings and any identified conditions with the DCT and MEO.
17. The health service has a right to appeal the accreditation decision in accordance with the *SA MET Internal Review Policy and Procedure*.
18. Should no appeal be made within the 30-day appeal period, the SA MET Unit will provide the approved accreditation report to the Minister for Health and Wellbeing for noting.
19. The Executive Summary of the accreditation report and updated accredited PGY1 and PGY2 accredited posts will be uploaded to the SA MET website.
20. The SA MET Health Advisory Council will provide an update to the Medical Board of Australia through their bi-annual reporting requirements on the accreditation activities facilitated and number of PGY1 posts accredited across South Australia.

Accreditation Submission

Health services are required to submit a completed [accreditation assessment submission](#) to the SA MET Unit 60 days prior to the date of the assessment visit. The accreditation submission is crucial to the process and the health service is required to provide comprehensive information detailing evidence that demonstrates compliance against the National Standards. The *SA MET Suggested Evidence Guideline* (Appendix 1) has been developed as a resource to support health services in identifying evidence that can be submitted to demonstrate compliance against the National Standards.

Accredited posts

The SA MET Unit will prepopulate this section of the accreditation assessment submission template from its records of accredited posts. The prevocational training provider are required to review this data against their records and to include any additional posts or changes that should be considered during the accreditation process.

The way in which terms are accredited may depend on a range of factors including the clinical setting, medical staff mix, volume and acuity of patients, access to outpatient clinics, ambulatory care and other settings, as well as the designated roles and responsibilities of prevocational doctors within that term. Therefore, not all terms within the same specialty will necessarily be classified in the same way, but instead will depend on the local clinical context, patient case mix and available learning opportunities.

Term descriptions are required for each term, including secondary sites. Health services should have either separate term descriptions for PGY1 and PGY2 positions, or a combined term description that clearly differentiates between the PGY1 and PGY2 roles. Term descriptions must identify the one (maximum of two) clinical care categories, which are reviewed by the SA MET Accreditation Committee and approved by the Advisory Council as part of the prevocational accreditation process.

Outstanding conditions from previous accreditation assessment

The SA MET Unit will prepopulate this section of the accreditation assessment submission template from its records of any outstanding conditions (conditions) from previous accreditation assessments. The submission will allow for the prevocational training provider to note whether they consider any conditions identified as outstanding to be closed and will be able to provide evidence demonstrating resolution. Should the conditions remain unresolved, further investigation will occur at the assessment visit.

Chief Executive Officer Statement

The CEO is required to provide a statement that addresses executive accountability for prevocational education and training across the health service and the support provided through budget and resource allocation. The Executive Director of Medical Services should review and verify the accreditation assessment submission prior to formal submission to the SA MET Unit.

Director of Clinical Training Report

The DCT is required to provide an overview of prevocational medical education and training at the health service. The SA MET Advisory Council should be viewed as a driver of change and a tool to implement quality improvements. Issues raised within the accreditation assessment submission will be reviewed at the assessment visit and the Advisory Council will endeavour to support health services to advocate for optimal outcomes.

Term Supervisor Reports

The SA MET Unit will prepopulate the table within the accreditation assessment submission template with the current accredited terms. All Term Supervisors are required to provide an overview of the term addressing the terms' strengths, any areas of concern, planned initiatives or quality improvement strategies, any recent changes and any issues the unit considers could be improved through the accreditation process.

The DCT should provide an overview of each term that focus on strengths, weaknesses, issues the health service would like the Advisory Council to be aware of and any changes since previous assessment.

Rating Scale and Matrix

The health service is required to provide a self-assessment rating of their compliance against the National Standards, which is made up of 5 standards and a total of 74 criteria. Information should be provided on how each criterion has been achieved or the challenges associated with demonstrating compliance. The health service is encouraged to review the Suggested Evidence Guideline (Appendix 1) to assist in gathering self-assessment evidence that is required to be attached to the accreditation submission.

The below table provides guidance to use the three-point scale. 'Not Met' should be selected when the health service has significant deficiencies in addressing the criteria. 'Partially met' should be selected if the criteria is not quite met, or there are certain aspects that require improvement. 'Met' should be selected when the health service fully meets all aspects of a criteria and can demonstrate a high-level of compliance.

It is recommended that health services engage and seek approval from Director of Aboriginal Health Directorate on the Aboriginal and Torres Strait Islander components of their self-assessment.

Met	There is good evidence to show compliance with the AMC National Framework for Prevocational (PGY1 and PGY2) Medical Training. There is evidence that systems and processes to support the prevocational education and training program are integrated and observed uniformly across the health service.
Partially Met	There is evidence of systems and processes in place to support prevocational doctor education and training, but they are either not yet fully integrated or not observed uniformly across the health service.
Not Met	There is little evidence of systems and processes in place to support prevocational doctor education and training.

The accreditation surveyor team will assess how successfully the health service addressed the requirements of the National Standards and utilise the below rating matrix to support decision-making and guide the determination of compliance.

	Not Met	Partially Met	Met
Strength of evidence	There is little or poor-quality documentary or verbal evidence.	A range of documentary evidence is provided and confirmed by verbal evidence although some gaps are identified.	A range of strong documentary evidence is provided and is confirmed by verbal evidence.
Consistency of application	There are a number of circumstances where the requirements of the criteria are not met.	There is consistent application in the majority of the requirements.	There is consistent application in all circumstances.
Maintenance over time	Most achievements are the result of recent efforts.	Most achievements have been in place for some time although there is evidence of recent changes.	The achievements have been in place for some time.

**Used with permission from [NSW Health Education and Training Institute](#)*

Planning an Accreditation Assessment Visit

The health service will create a draft program of interviews (Appendix 3) scheduled for the assessment visit. The accreditation surveyor team will meet no less than three weeks before the visit to review the accreditation submission, documented evidence and the draft program. The SA MET Unit will notify the health service who the accreditation surveyor team should meet with, however the following people should be included (this is not an exclusive list):

Interviewees for a full health service assessment visit *(in addition to the below new unit interviewees)*:

- > Chief Executive Officer (CEO) or delegate
- > Executive Director of Medical Services (EDMS)
- > Chair of the Education and Training Program (ETP) Committee
- > Chair/members of the Assessment Review Panel
- > Trainee Medical Officer Unit Manager
- > Medical Administration

Interviewees for a new unit assessment visit:

- > Director/s of Clinical Training
- > Medical Education Officer/s
- > Medical Education Registrars
- > Term Supervisors
- > PGY1 and PGY2 doctors

The new unit assessment visit is an abbreviated process to that of the full health service assessment, whereby it will generally exclude Standard 1 around assessing the organisational context, purpose, ETP governance and health service wide systems, which have already been assessed in a previous full facility accreditation visit. The new unit process will focus (but not limited to) on criterion to assess the training environment, supervision, clinical exposure, educational opportunities, wellbeing support, feedback and assessment processes for both the prevocational doctors and Term Supervisors.

When developing the assessment visit program for both the full health service and a new unit visit, the following aspects should be incorporated into the program:

- > Surveyor team pre-meeting time
- > Health service tour if possible
- > Debriefing time for the surveyor team
- > Beaks with meals and refreshments provided by the health service

The accreditation assessment visit schedule should be finalised two weeks before the visit and provided to the SA MET Unit for distribution to the visit team.

Scheduling the Program

Executive level meetings should be placed at the start of the program. Strategic planning and governance is essential to understanding the health service's purpose and priority for the prevocational education and training program and resource allocation. This meeting will set the scene for the accreditation surveyors and put them in a position to understand the current issues or challenges impacting the delivery of the prevocational training program across the health service and its sites.

Meetings with the Medical Education Unit personnel including the DCT, MEO and support staff should also occur early in the visit. A meeting with medical administration should be scheduled at a similar time.

It is also critical to ensure the surveyor team discuss the governance of the education and training program with the Chair of the Education and Training Committee and the Chair of the Assessment Review Panel, although it is acknowledged that these individuals will likely overlap in their roles and responsibilities, however dedicated time to consider various aspects should be clearly scheduled.

The surveyor team should meet with prevocational doctors before they meet with Term supervisors. Prevocational doctors should also be separated into their specific cohorts of PGY1s and PGY2s.

The number of meetings arranged will vary depending on the size of the health service. Groups of PGY1 or PGY2 doctors should be representative of the terms offered by the health service, consisting of a mix across specialties covered during by the prevocational training program and include the following:

- > Term supervisors for terms specifically requested by visit team.
- > Term supervisors for all new terms and those requesting an increase in prevocational doctor numbers or changes to the clinical care categories.
- > A broad range of PGY1 and PGY2 doctors representing as many terms as possible. While it may not be possible to have one from each term, those terms where concerns have been identified must be represented.

The health service could also consider including a prevocational lunch time focus group in the program to give prevocational doctors, who may not otherwise meet with the surveyor team, the opportunity to give their views of the health service's education and training program. This option will require additional planning by the SA MET Unit and accreditation surveyor to facilitate a focus group, therefore should be identified early if this is an activity to be scheduled.

The inclusion of sites external to the health service can be facilitated over videoconference. Prevocational doctors at a primary site that have experienced a term at an external site should be interviewed rather than the surveyor team visiting an external site to interview trainees. The health service should ensure that all videoconferencing facilities are operational and the MEO must provide technical support during the visit to ensure the schedule is maintained.

It is the responsibility of health service to draft the visit program, confirm appointments with staff, ensure catering is organised and provide the final program to the SA MET Unit no less than two weeks before the scheduled assessment visit.

Accreditation Conditions

Accreditation is granted to the health service for their prevocational training program for either six-month, one year, two year or four years and can be subject to the resolution of identified conditions. Conditions are identified where the surveyor team has determined the health service has not been able to satisfactorily meet a criterion with the National Standards. Conditions must be met by an allocated timeframe stipulated within the Accreditation Report for the health service's accreditation status to be maintained.

Reporting Timeframes

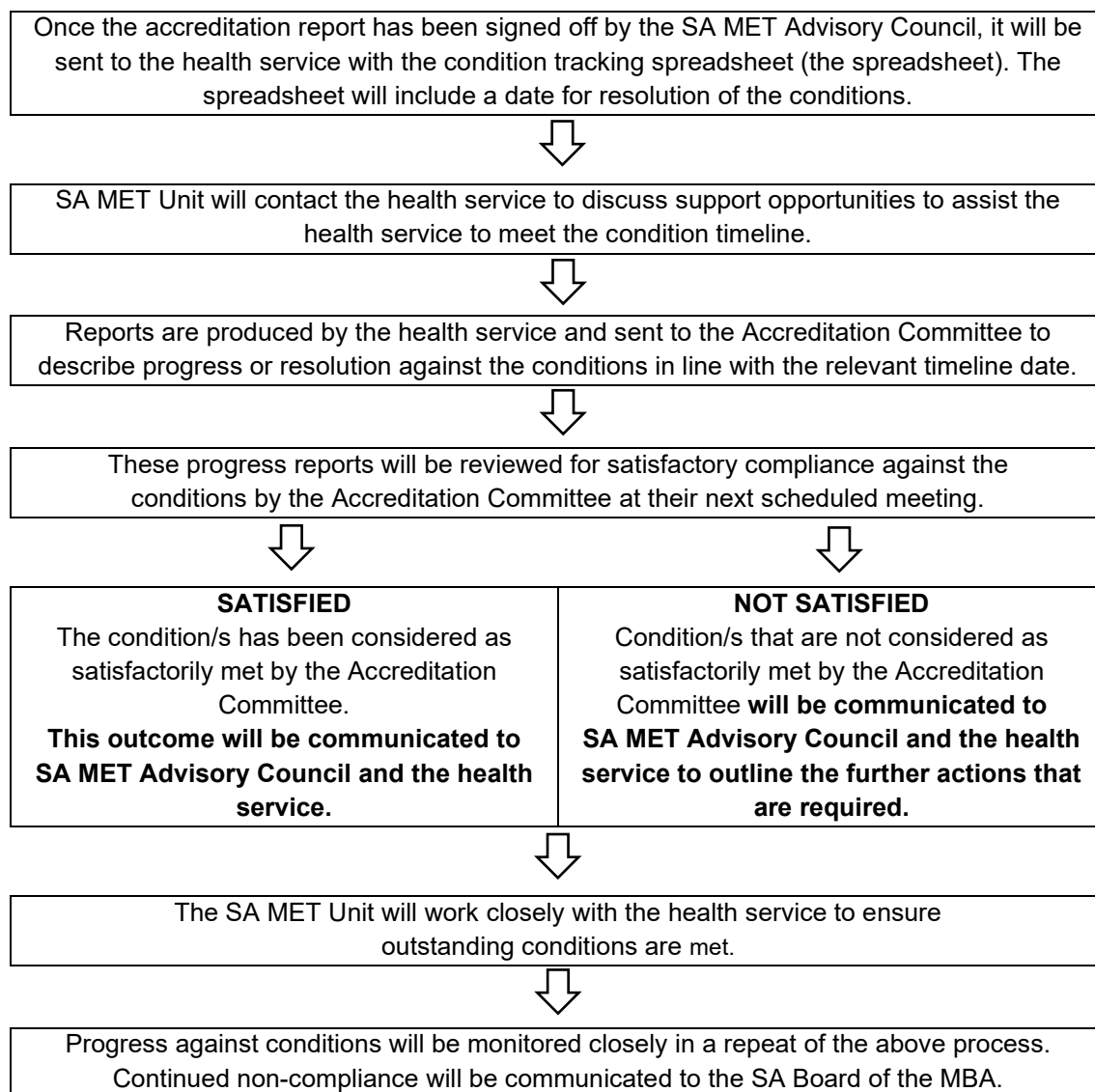
Each condition in the accreditation report will have a reporting timeframe that will be highlighted in the condition tracking spreadsheet with an appropriate date. Unless otherwise stated, the timeline commences when the final accreditation report is issued to the health service. Deadlines for reporting on conditions may be a specified number of weeks or months, for example after six months, or may fall in line with the training year terms, for example after two terms.

Reports on Progress and Resolution

The health service is required to report to the SA MET Advisory Council Accreditation Committee regarding their progress towards satisfying the conditions by the allocated date. The SA MET Unit will provide the health service with a spreadsheet that tracks the health services progress in addressing conditions. The spreadsheet is updated by the SA MET Unit after every Accreditation Committee meeting and highlight conditions that are open and or closed. The spreadsheet is often sent to the health service accompanied by a letter from the Accreditation Committee Chair notifying them of the latest meeting outcomes.

Health services are able submit their progress report on conditions directly to the SA MET accreditation team via email or through the Virtual Accreditation Manager system.

The below outlines the responding to conditions process for the health service and the Accreditation Committee.



Mid-Cycle Report Monitoring

Health services who are granted the full four year accreditation period, are required to report to the Advisory Council (via the Accreditation Committee) on their continuing compliance against the *National Standards for Prevocational (PGY1) and PGY2) Training Program and Terms* mid way through its four year accreditation status. This report monitoring process provides assurance of the ongoing viability and sustainability of the education and training of prevocational doctors.

The mid-cycle report monitoring process provides an opportunity for health services to engage with the Advisory Council and report any significant changes, such as:

- > Progress implementing the *AMC National Standards for Prevocational (PGY1) and PGY2) Training Program and Terms*.
- > Identified improvements made to the prevocational training program since the last accreditation visit.
- > Any concerns or challenges faced in providing a prevocational doctor training program and if needed, requesting advocacy from the Advisory Council to support continuous improvement.
- > A summary of the work undertaken by the Medical Education Unit and any significant changes in staff roles or staff vacancies.
- > A summary of prevocational doctor term evaluations, any identified trends and changes implemented from feedback to improve the prevocational doctor training program.

Process and Responsibilities

The below outlines the mid-cycle report monitoring process and responsibilities for the health service, SA MET Unit, Accreditation Committee and Advisory Council.

The SA MET Unit will:

1. Advise the health service of the requirement to complete and submit a mid-cycle report, two months before the two-year anniversary of the approved four-year accreditation status.
2. Provide the health service with the pre-populated *mid-cycle report monitoring template*, health services are required to complete the template and return to the SA MET accreditation team by the stipulated date to ensure it can be tabled at the appropriate Accreditation Committee meeting for consideration.
3. Liaise with the health service and provide support to complete the mid-cycle report template.
4. Review the submitted mid-cycle report and table at the next Accreditation Committee meeting.
5. Notify the health service if the Advisory Council's decision changes from the interim approval.

The SA MET Accreditation Committee will:

1. Review the tabled health service mid-cycle report.
2. Make appropriate recommendations to the Advisory Council such as any additional actions or provisos and on the continuing accreditation status.

The SA MET Advisory Council will:

1. Review the tabled health service mid-cycle report and the recommendations made by the Accreditation Committee.
2. Approve the Accreditation Committee's recommendations or choose to alter the interim decision made.

The health service has a right of appeal to accreditation decisions, according to the *SA MET Accreditation Internal Review Policy and Procedure*.

Monitoring

This guideline will be reviewed by the SA MET Unit in February 2026.

Related Documents

- > SA MET Unit Accreditation Policy and Procedure
- > SA MET Unit Accreditation Internal Review Policy and Procedure
- > Health Service Accreditation Assessment Submission Template
- > Mid-cycle Report Monitoring Template
- > Guide to Developing a Term Description
- > Term Description Template
- > Australian Medical Council National Framework for Prevocational (PGY1 and PGY2) Medical Training
- > Medical Board of Australia's Registration standard: Granting general registration as a medical practitioner to Australian and New Zealand medical graduates on completion of postgraduate year one training

Definitions

Accreditation – a quality assurance process that establishes and monitors the education and training provided for prevocational doctors to ensure high standards of clinical training. Accreditation may be granted for six months, 12 months, two years or four years.

Australian Medical Council – the Australian Medical Council's purpose is to ensure that the standards of education, training and assessment of the medical profession promote and protect the health of the Australian community.

Clinical Care Categories – are the areas of clinical experience that prevocational doctors are expected to significantly gain during a term. Term descriptions must identify one or maximum of two areas, and the categorisation approved by the SA MET Advisory Council as part of the prevocational accreditation process.

Clinical Supervisor - A medical practitioner who supervises the prevocational doctor while they are assessing and managing patients.

- Primary clinical supervisor(s) – is the supervisor with consultant level responsibility for managing patients in the relevant discipline that the prevocational doctor is caring for. The consultant in this role might change and could also be the term supervisor.
- Clinical supervisor(s) (day-to-day) is an additional supervisor who has direct responsibility for patient care, provides informal feedback, and contributes information to assessments. This occurs in many settings, and the person in this role should remain relatively constant during the term. They should be at least PGY3 level, such as a registrar.

Cultural Safety - Cultural safety is determined by Aboriginal and Torres Strait Islander individuals, families and communities. Culturally safe practice is the ongoing critical reflection of health practitioner knowledge, skills, attitudes, practising behaviours and power differentials in delivering safe, accessible and responsive healthcare free of racism. The [*National Scheme's Aboriginal and Torres Strait Islander Health and Cultural Safety Strategy 2020-2025*](#) provide further information and guidance for health services.

Director of Clinical Training (DCT) – a senior clinician with delegated responsibility for developing, coordinating, promoting and evaluating the prevocational training program at all sites. This clinician also has an important role in longitudinal oversight, advocacy and support of prevocational doctors within the program. In fulfilling the responsibility of this role, the DCT will regularly liaise with term supervisors, MEOs and trainee medical officer (TMO) manager(s), the EDMS and others involved in the Education and Training Program.

Executive Director of Medical Services (EDMS) - a senior medical administrator with responsibility for the medical workforce at a health service.

Formal Education Program - An education program that the training facility provides and delivers as part of its prevocational training program. For interns (PGY1), there are usually weekly sessions, which involve a mixture of interactive and skills-based face-to-face or online training. Education programs for PGY2 doctors are more varied and may be adapted to address the career plans of these doctors.

Health Service – a local health network, single or groups of public hospitals which have a geographical or functional connection. These organisations will usually be hospitals but may be health care centres or supervised practice locations in community settings which have met the national standards for prevocational education and training.

Medical Education Officer (MEO) – an experienced educationalist employed to assist the Director of Clinical Training in developing educational processes and procedures supportive of the Education and Training Program.

National Standards – prevocational training providers are assessed against the Australian Medical Council's National Standards for Prevocational Training.

PGY – postgraduate year, usually used with a number to indicate the number of years after graduation from medical school. PGY1 is the first postgraduate year, also known as internship, and PGY2 is the second postgraduate year.

Prevocational Doctor - A doctor completing generalist, work-based clinical training during the first two years after graduation. The term is sometimes used to refer to any recent medical graduate who has not commenced a vocational training program, including PGY3 and beyond.

Prevocational Training Program - A period of two years of generalist, work-based, clinical training after graduation. Each year (PGY1 or internship, and PGY2) comprises 47 weeks of supervised clinical training that meets the requirements set out in the National standards and requirements for prevocational (PGY1 and PGY2) training programs and terms. Each year of the program includes orientation, formal and informal education sessions, and assessment with feedback, and may be provided by one or more training providers. Also referred as the Education and Training Program (ETP).

Prevocational Training Provider - The organisation or Local Health Network that provides supervised clinical practice, education and training, and that is responsible for the standard of the prevocational training program. The program may be delivered in hospital, community health or general practice settings in both prevocational years. Additional settings are possible in PGY2 year rotations, such as pathology, medical administration, research or medical education. Providers may be a hospital, community health facility, general practice, or a combination of these.

Service Term - A term where the prevocational doctor is either (a) rostered to provide ward cover on night shifts (service nights term) or (b) rotated through a number of accredited terms for short periods of time to backfill for doctors on leave (relief service term). The two characteristics of service terms as defined by the AMC are:

1. discontinuous learning experiences, such as limited access to the formal education program or regular unit learning activities, and
2. less or discontinuous supervision, such as nights with limited staff.

South Australian Medical Education and Training Accreditation Committee – a Committee of the SA MET Health Advisory Council that is responsible for the efficient and effective prevocational accreditation process taking into account jurisdictional requirements, national program developments, and the needs of prevocational doctors undertaking a prevocational training program.

South Australian Medical Education and Training Health Advisory Council – established to improve the quality of education, training and welfare for prevocational doctors within the State; and make recommendations for the accreditation of prevocational doctor positions in health services.

South Australian Medical Education and Training Unit: Supports the functions of the SA MET Health Advisory Council and its Committees and Subcommittees. The SA MET Unit is committed to supporting the education and training of prevocational doctors in South Australia.

Term Supervisor – the person responsible for orientation and assessment during a particular term. They may also provide primary clinical supervision of the prevocational doctor for some or all of the term.

Document history

Date effective	Author/Editor	Approved by	Version	Change Reference
6 February 2013	Project Officer, Accreditation	SA MET Health Advisory Council Accreditation Subcommittee	1.1	Original document
19 June 2013	Project Officer, Accreditation	Senior Project Officer, Accreditation	11.1	Minor updates
8 August 2014	Project Officer, Accreditation	Senior Project Officer, Accreditation	11.3	Minor updates
4 February 2015	Project Officer, Accreditation	Senior Project Officer, Accreditation	12.0	Minor updates
October 2018	Project Officer, Accreditation	Manager, Education & Accreditation	12.1	Minor updates
7 February 2024	Accreditation Manager	SA MET Health Advisory Council Accreditation Committee	12.2	Minor updates to align with the AMC National Framework.

For more information:

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Appendix 1: Suggested Evidence Guideline

National Standards for Prevocational (PGY1 and PGY2) Training Programs and Terms

Suggested Evidence Guideline

The Australian Medical Council's (AMC) National Framework for Prevocational (PGY1 and PGY2) Medical Training describes how prevocational doctors are trained, assessed and sets standards that contribute to good quality medical education and training.

This document outlines suggested example evidence health services could provide to demonstrate compliance against the AMC National Standards in providing a high-quality, effective and safe medical education and training to prevocational doctors.

This resource should be read in conjunction with the [AMC's National Standards for Prevocational \(PGY1 and PGY2\) Training Program and Terms](#), which provides additional contextual information and guidance on how to interpret the AMC National Standards. Evidence required will include submission of corporate and supporting documentation as well as verbal reports obtained during interviews at the accreditation assessment visit.

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

1.1 ORGANISATIONAL PURPOSE

Criterion	Example of Corporate Evidence
1.1.1: The purpose of the health services that employ and train doctors including setting and promoting high standards of medical practice and training	<ul style="list-style-type: none">Evidence of an implemented Strategic plan and/or education strategy that incorporates prevocational medical education and training as a high priority for the health service. (links with 1.3.3)Chief Executive Officer Statement on progress and strategies that support prevocational medical education and training within their health service.
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	<ul style="list-style-type: none">An implemented Strategic/Consultation Plan/Process that recognises and aims to address the importance of the social determinants of health in a local context.Evidence of engagement and consultation to develop meaningful relationships with the health services' Aboriginal Health Division and communities to support culturally safe and efficient care to Aboriginal and Torres Strait Islander patients and their families.Data showing prevocational doctor and community feedback on place-based needs.

1.2 OUTCOMES OF THE PREVOCATIONAL TRAINING PROGRAM

1.2.1: The prevocational training provider relates its training and education functions to the health care needs of the communities it serves.	<ul style="list-style-type: none">Accredited term allocation matrix for the clinical year. (links with 2.1.2)Accredited terms that support the clinical needs and serves the community.Evidence of stakeholder and consumer engagement, through records of meetings, communications, forums or workshops that incorporates clinical service needs of the local community to the education and training program and terms.
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	<ul style="list-style-type: none">Evidence of term rotations that provide generalist clinical training opportunities across different settings and disciplines (including community settings).

	<ul style="list-style-type: none"> • Evidence of professional development activities and providing access to additional learning opportunities. • Engagement with the specialty medical colleges to encourage lifelong learning and career opportunities. • A prevocational doctor mentor program that supports professional and personal growth.
1.3 GOVERNANCE	
1.3.1: The governance of the prevocational training program, supervisory and assessment roles are defined.	<ul style="list-style-type: none"> • Evidence of clear lines of reporting such as an Education and Training Program (ETP) Committee Governance Organisational Chart <small>(links with 1.4.1)</small> • Evidence defining the responsibilities for supervisors and assessment roles. • Evidence of communicating supervisor and assessment responsibilities to staff. • ETP Committee's Terms of Reference that demonstrates its primary responsibility to oversees prevocational education, training, supervision, assessment and evaluation of the program. • ETP Committee's Annual Reports, that should include activities, achievements, challenges, evaluations, accreditation status and ongoing recommendations. • ETP Committee Meeting Minutes (previous four) that demonstrate active education and training oversight.
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.	<ul style="list-style-type: none"> • Evidence of clear lines of reporting for Clinical Governance such as an Organisational Chart • Evidence of an implemented Quality Assurance Framework (medical practice and patient care) • Evidence of clinical governance and quality system resources and/or education provided to prevocational doctors.
1.3.3: The health services give appropriate priority and resources to medical education and training and support of prevocational doctor wellbeing relative to other responsibilities.	<ul style="list-style-type: none"> • Evidence incorporating prevocational medical education and training as a high priority for the health service such as a Strategic Plan. <small>(links with 1.1.1)</small> • Evidence the education and training program has a dedicated budget that is resourced appropriately by the health service to support training and education functions. • Data showing prevocational doctors are provided quarantined time to support their learning and assessment activities.
1.3.4: The health service has documented and implemented strategies to provide a culturally safe environment that supports: <ul style="list-style-type: none"> • Aboriginal and Torres Strait Islander patients /family/community care • The recruitment and retention of an Aboriginal and Torres Strait Islander health workforce 	<ul style="list-style-type: none"> • Implemented policy documents that give priority to providing a culturally safe patient care and environments to Aboriginal and Torres Strait Islander patients and their families to improve patient safety and health outcomes. <small>(links with 1.1.2, 2.1.5)</small> • Evidence of meaningful partnerships and collaboration with the health services' Aboriginal Health Division, local community, organisations or individuals within the Indigenous health sector on education and training strategies. • Evidence of engagement with Indigenous communities to improve patient centred care for the local community. • Evidence the health service provides Aboriginal and Torres Strait Islander Cultural Safety Training or other educational opportunities for prevocational doctors to learn how to

	<p>provide effective and culturally safe care to Aboriginal and Torres Strait Islander patients and their families.</p> <ul style="list-style-type: none"> • Evidence of how the LHN has engaged and supported prevocational doctors who identify as Aboriginal and Torres Strait Islander. • Feedback from prevocational doctors or survey data/case studies on how the LHN has supported a culturally safe environment. • Evidence of recruitment of Aboriginal and Torres Strait Islander peoples in leadership roles providing advice and feedback on strategies and improvements.
1.3.5: The prevocational training program complies with relevant national, state or territory laws and regulations pertaining to prevocational training.	<ul style="list-style-type: none"> • Evidence of appropriate audit and quality assurance processes in place to demonstrate compliance with relevant prevocational training laws and regulations. • Evidence of policies, procedures and systems in place to meet requirements for the NSQHS Standards and accreditation for specialist medical training programs.
1.3.6: Prevocational doctors are involved in the governance of their training.	<ul style="list-style-type: none"> • Evidence of prevocational doctor involvement in the Education and Training Committee. • Evidence prevocational doctors have contributed to the governance process and development of their clinical training within the health service (Meeting minutes)
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.	<ul style="list-style-type: none"> • Evidence of the ETP Committee discussing patient safety and clinical governance. • Evidence of implemented policy and processes on escalating patient safety or prevocational doctors under performance concerns, includes how the ETP notifies concerns to Ahpra. • Evidence of implemented assessment and IPAP processes on identifying and managing a prevocational doctor in difficulty.
1.4 PROGRAM MANAGEMENT	
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.	<ul style="list-style-type: none"> • Evidence of clear lines of reporting such as an Education and Training Program (ETP) Committee Governance Organisational Chart (links with 1.3.1) • Provide an overview of the MEU staff involved in managing prevocational doctors, administering the training program and term allocations and rostering. This should include relevant qualifications and their specific roles and responsibilities. • Evidence of EDMS and Director of Clinical Training position descriptions outlining their accountability and responsibilities in managing and supporting the education and training program. • Evidence of signed agreements between sites / facilities where secondments or other arrangements are in place.
1.4.2: The prevocational training program documents and reports to the prevocational training accreditation authority on changes in the program, terms or rotations that may affect the program delivery meeting the national standards.	<ul style="list-style-type: none"> • Demonstrated engagement with the SA MET Unit to facilitate changes to the training program. • Demonstrated adherence to the SA MET Accreditation Policy, Change of Circumstance and New Unit Accreditation Procedures.
1.4.3: The health services have effective organisational and operational structures dedicated to managing prevocational doctors, including rostering and leave management.	<ul style="list-style-type: none"> • Documented processes for managing term allocations and rostering. • Evidence of implemented policies for managing annual, sick and professional development leave entitlements

1.5 RELATIONSHIPS TO SUPPORT MEDICAL EDUCATION	
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.	<ul style="list-style-type: none"> • Evidence of engagement with stakeholders which could include communication or stakeholder Engagement plans. • Evidence of involvement in external events, workshops, meetings or professional communities including local Aboriginal and Torres Strait Islander community groups. • Evidence of engagement with other tertiary health services, including primary and community health services. • Evidence of engagement with universities, specialty medical colleges and external training providers.
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 program coordination and management across sites.	<ul style="list-style-type: none"> • Documented evidence of how the LHN/MEU delivers education and training locally at all sites dispersed across the Network. • Term descriptions providing detailed education opportunities at community and secondary sites displaying local education provided • Evidence of policies or a training plan to support delivering education and training locally at all sites.
1.6 RECONSIDERATION, REVIEW AND APPEALS PROCESSES	
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.	<ul style="list-style-type: none"> • Documented policy or process for managing assessment appeals, including escalation, decision-making and confidential recording. • Evidence of an implemented Prevocational Assessment Appeal Policy being publicly available and accessible to relevant clinical staff involved in the prevocational assessment process. • Evidence that prevocational doctors are aware of the policy and any data showing use of the appeals process and outcomes (report confidentially).
Standard 2: The prevocational training program – structure and content	
2.1 PROGRAM STRUCTURE AND COMPOSITION	
Criterion	Example of Corporate 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.	<ul style="list-style-type: none"> • Process or evidence to support the program to meet requirements in the registration standard.
<p>2.1.2: The prevocational training program is longitudinal in nature and structured to reflect and provide the following experiences, as described in <i>'Requirements for prevocational (PGY1 and PGY2) training programs and terms'</i> (Section 3 of <i>National standards and requirements for prevocational (PGY1 and PGY2) training programs and terms</i>):</p> <ul style="list-style-type: none"> • a program length of 47 weeks • a minimum of 4 terms in different specialties in PGY1 	<ul style="list-style-type: none"> • Accredited term allocation matrix for the clinical year. <small>(links with 1.2.1)</small> • Documented processes for allocating to terms and managing prevocational doctor preferences. • Demonstrated evidence of how the ETP Committee monitors program and terms to adhere to the <i>National standards and requirements for prevocational (PGY1 and PGY2) training programs and term</i> such as Meeting Minutes (previous four) • Evidence of how the health service mapped the education and training program against the requirements.

<ul style="list-style-type: none"> • a minimum of 3 terms in PGY2 • exposure to a breadth of clinical experiences • exposure to working outside standard hours, with appropriate supervision • 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 <i>'Requirements for programs and terms' (Section 3 of the National standards and requirements for program and terms)</i> .	<ul style="list-style-type: none"> • Evidence that all accredited terms are appropriately mapped to 1 or 2 patient clinical care categories. • Evidence on how requirements (programs and terms) have been considered in development of program and terms.
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.	<ul style="list-style-type: none"> • Evidence of an implemented flexible training policy / guideline. • Examples of flexible arrangements that have been implemented within the health service.
2.1.5: The provider recognises that Aboriginal and Torres Strait Islander prevocational doctors may 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.	<ul style="list-style-type: none"> • Evidence on recognition of Aboriginal and Torres Strait Islander prevocational doctors and how the LHN provides support to the Aboriginal and Torres Strait Islander workforce to meet additional cultural obligations. • Evidence of policies/processes that support flexible practices for prevocational doctors to meet their cultural obligations such as public holiday leave, Aboriginal and Torres Strait Islander doctor cultural leave and flexible assessments. • Evidence of support to Aboriginal and Torres Strait Islander prevocational doctors to meet cultural obligations during hospital orientation. • Evidence connecting Aboriginal and Torres Strait Islander with resources and/or external organisations such as Australian Indigenous Doctors Association. • Evidence of how the health service has provided support to Aboriginal and/or Torres Strait Islander prevocational doctors and the method used to receive doctor feedback.
2.2 TRAINING REQUIREMENTS	
2.2.1: The prevocational training program is underpinned by current evidence-informed medical education principles.	<ul style="list-style-type: none"> • Evidence of how the educational program aligns with evidence based medical education principles and methodologies. E.g., the 70-20-10 learning and development model.
2.2.2: For each term, the prevocational training provider has identified and documented the training requirements (<i>see Training and assessment requirements for prevocational (PGY1 and PGY2) training programs: Section 2 – 'Prevocational training'</i>), 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.	<ul style="list-style-type: none"> • All term descriptions identify comprehensive training requirements and are reformatted on the SA MET Term Description Template. • Evidence of all Terms mapped to the Prevocational Outcome Statements.

<p>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.</p>	<ul style="list-style-type: none"> • Evidence of a process to map program content and clinical opportunities to outcome statements regarding Aboriginal and Torres Strait Islander peoples' health. • Evidence of encouraging prevocational doctors to attend Professional Development and alternative external opportunities to support Indigenous health knowledge, expanding experience and cultural safety. • Example of training opportunities available to prevocational doctors. • Data and strategies showing prevocational doctors meeting the outcomes statements regarding Aboriginal and Torres Strait Islander peoples' health. • Data showing prevocational training undertaken by prevocational doctors.
<p>2.3 ASSESSMENT REQUIREMENTS</p>	
<p>2.3.1: Prevocational doctor assessment is consistent with the Training and assessment requirements and based on prevocational doctors achieving outcomes stated in the prevocational outcome statements</p>	<ul style="list-style-type: none"> • Demonstrated implementation of the Prevocational Training Entrustable Professional Activity (EPA) Assessment Forms. • Evidence that term descriptions appropriately identify the outcomes statements that can be achieved in the term.
<p>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.</p>	<ul style="list-style-type: none"> • Demonstrated implementation of the Prevocational Training Assessment Forms. • Data showing term supervisors have completed training to undertake EPA assessments.
<p>2.3.3: Prevocational doctors and supervisors understand all components of the assessment processes.</p>	<ul style="list-style-type: none"> • Evidence of implemented Prevocational Training Assessment Policy or Procedural documentation. <small>(links with 2.4.1)</small> • Evidence of implemented Term Supervisor Guideline that includes information on the feedback and assessment processes. <small>(links with 2.4.1)</small> • Evidence of communicating orientation resources including assessment information to prevocational doctors. • Evidence term descriptions outline assessment processes. • Demonstrated information / resources for prevocational doctors and supervisors that is publicly available and accessible.
<p>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.</p>	<ul style="list-style-type: none"> • Evidence of an implemented assessment process that includes the appeals process. <small>(link with 1.6)</small> • Approved Assessment Review Panel Terms of Reference. • Evidence of the implemented the AMC's Assessment Review Panel Guideline.
<p>2.4 FEEDBACK AND SUPPORTING CONTINUOUS LEARNING</p>	
<p>2.4.1: The prevocational training program provides regular, formal and documented feedback to prevocational doctors on their performance within each term.</p>	<ul style="list-style-type: none"> • Evidence of an implemented Prevocational Training Assessment Policy or documented requirements for providing feedback to prevocational doctors. <small>(links with 2.3.3)</small> • Evidence of an implemented Term Supervisor Guideline that includes information on the feedback and assessment processes. <small>(links with 2.4.1)</small> • Examples of how performance feedback is provided to prevocational doctors.
<p>2.4.2: Prevocational doctors receive timely, progressive and informal feedback from term and clinical supervisors during every term.</p>	<ul style="list-style-type: none"> • Demonstrated evidence that term and immediate supervisors are providing regular and informal feedback to prevocational doctors on their performance.

2.4.3: The prevocational training program documents the assessment of the prevocational doctor's performance consistent with the Training and assessment requirements. For PGY1s, the assessment documentation is consistent with the Registration standard – Granting general registration on completion of intern training.	<ul style="list-style-type: none"> • Data showing recording of assessments in OTIS or equivalent (in future e-Portfolio) is occurring. • Evidence of mechanisms implemented for monitoring performance and assessment completing rates.
2.4.4: The prevocational training program implements a longitudinal approach to assessment in accordance with the Training and assessment requirements.	<ul style="list-style-type: none"> • Evidence of how the health service has implemented a process to support a longitudinal learning approach. • Evidence of methods used to monitor, evaluate and action concerns. • Evidence of communication with prevocational doctors and Term Supervisors on the assessment process.
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	<ul style="list-style-type: none"> • Evidence of methods and strategies to encourage prevocational doctors to seek feedback and take responsibility for their own performance. • Evidence of communication to support the increase staff awareness on the principles of good feedback, how to give and receive feedback etc.
2.5 IMPROVING PERFORMANCE	
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.	<ul style="list-style-type: none"> • Evidence of the Trainee in Difficulty Policy and Procedure implemented within the health service. • Evidence of an Improving Performance Action Plan form, and how it has been implemented and communicated to Term Supervisors and prevocational doctors. • Methods / strategies used to support doctors with performance concerns.
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.	<ul style="list-style-type: none"> • Evidence of an implemented assessment process and an appeals process. (links with 2.3.4) • Evidence of an Assessment Review Panel Terms of Reference. (links with 2.3.4)
Standard 3: The prevocational training program – delivery	
3.1 WORK-BASED TEACHING AND TRAINING:	
Criterion	Example of Corporate Evidence
3.1.1: The prevocational training provider ensures opportunities for broad generalist clinical work-based teaching and training.	<ul style="list-style-type: none"> • Evidence term rotations provide generalist clinical training opportunities across different settings, regions and disciplines (including GP and community settings) (links with 1.2.2) • Evidence of the Education and Training Program offering generalist and clinical work based educational opportunities, that also includes development in self-care, time management and management of stress and burn-out. • Feedback from prevocational doctors or survey data on their clinical experiences.
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	<ul style="list-style-type: none"> • Evidence intern terms are mapped to the clinical patient care categories that offer broad generalist experiences and align with the parameters stipulated with Section 3 - Requirements for programs and terms. • Evidence intern term descriptions appropriately outline the learning outcomes available on the term and identify the prevocational outcome statements.

outlined in 'Requirements for programs and terms' (Section 3 of National standards and requirements for programs and terms).	
3.1.3: In identifying terms for training, the prevocational training program considers the following: <ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • Evidence of an implemented process to identify terms appropriate for the education and training program. • Evidence of ETP Committee discussions to support monitoring and identifying terms for training.
3.2 SUPERVISORS AND ASSESSORS – ATTRIBUTES, ROLES AND RESPONSIBILITIES	
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.	<ul style="list-style-type: none"> • Evidence of an implemented supervision model where the structure is clear and explicit. • Evidence within the term description that clearly outlines the Term Supervisor and other clinical staff who contribute to the supervision of prevocational doctors. • Feedback from prevocational doctors or survey data on the availability and quality of supervision provided across all terms.
3.2.2: Prevocational supervisors understand their roles and responsibilities in assisting prevocational doctors to meet learning objectives and in conducting assessment processes.	<ul style="list-style-type: none"> • Evidence of a Term Supervisor Guideline that is aligned with the Guide to Prevocational Training in Australia – For Supervisors. • Outcomes from Term Supervisor meetings • Evidence of communication strategies to ensure term supervisors are aware of their responsibilities.
3.2.3: Supervision is provided by qualified medical staff with appropriate competencies, skills, knowledge and a demonstrated commitment to prevocational training.	<ul style="list-style-type: none"> • Evidence of an implemented Term Supervisor Recruitment Policy or Process. • Identify mechanisms undertaken by the Health Service to monitor supervisor performance.
3.2.4: The prevocational training program includes a Director of Clinical Training or equivalent who is a qualified and senior medical practitioner with responsibility for longitudinal educational oversight of the prevocational doctors.	<ul style="list-style-type: none"> • Director of Clinical Training position description that outlines the essential requirements and qualifications required to fulfill the role. • Evidence of mechanisms and reporting lines that enable longitudinal oversight.
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.	<ul style="list-style-type: none"> • Evidence of an implemented Prevocational Assessment Policy that aligns with the Guide to Assessment Review Panels. • Feedback or survey data from prevocational doctors on the quality of the assessment process, that is also reported back to the Assessment Review Panel for continuous improvement.
3.3 SUPERVISOR TRAINING AND SUPPORT	
3.3.1: Staff involved in prevocational training have access to professional development activities to support quality improvement in the prevocational training program.	<ul style="list-style-type: none"> • Evidence of professional development and training opportunities for supervising registrars and assessment panel members. • Evidence of supervisors and assessment panel member participation in prevocational medical training activities (local, regional, state, national). • Integration of staff professional development / learning into local program to support quality improvements. • Mechanisms to monitor and action staff professional development.

	<ul style="list-style-type: none"> Evidence of in-house and external Term Supervisor training opportunities.
3.3.2: The prevocational training program ensures that supervisors have training in supervision, assessment and feedback, and cultural safety, including participating in regular professional development activities to support quality improvement in the prevocational training program.	<ul style="list-style-type: none"> Data showing evidence of term supervisors completing professional development training which includes, prevocational supervision training, assessment and feedback as well as cultural safety Term Supervisor professional development training is monitored, attendance rates maintained and reviewed by DCT for all Term Supervisors. Evidence that the LHN is encouraging Term Supervisors to undertake additional training. Data showing prevocational doctor feedback is routinely sought on their Term Supervisor e.g. supervision and cultural safety of their supervisors. Feedback from Term Supervisors on how the professional development activities have been applied in practice, how it has expanded knowledge and experiences and knowledge.
3.3.3: The prevocational training program regularly evaluates the adequacy and effectiveness of prevocational doctor supervision.	<ul style="list-style-type: none"> Mechanisms are in place to actively monitor, evaluate and action identified supervision concerns from prevocational doctors. Evidence the evaluation data collected, is appropriately considered by the ETP Committee and de-identified reports provided to the Term Supervisors for all terms.
3.3.4: The prevocational training program supports supervisors to fulfill their training roles and responsibilities.	<ul style="list-style-type: none"> Mechanisms to support Term Supervisors to access training requirements. Mechanisms are in place to actively monitor, evaluate and action identified supervision concerns from Term Supervisors.
3.4 FORMAL EDUCATION PROGRAM	
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	<ul style="list-style-type: none"> Evidence of formal education program for PGY1s that aligns with the prevocational outcome statements. Should include formal simulation and practical opportunities. Evidence PGY1 term descriptions outline the educational opportunities available on the unit/term. Evidence of professional development opportunities available for prevocational doctors.
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	<ul style="list-style-type: none"> Evidence of a formal education program for PGY2s that align with the prevocational outcome statements. PGY2 term descriptions outline the educational opportunities available on the unit/term.
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	<ul style="list-style-type: none"> Evidence that formal orientation is occurring for the whole health service, each term/unit and all secondary sites. Mechanisms are in place to monitor and evaluation the health service orientation program. Evidence of the Health Service's orientation program and handbooks. Feedback from prevocational doctors that formal orientation processes to the facility and each term (unit) is occurring.
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.	<ul style="list-style-type: none"> Demonstrated attendance at formal education sessions. Evidence feedback/evaluation is sought from prevocational doctors on access and support to attend formal education.

	<ul style="list-style-type: none"> Advise strategies used to ensure formal education is recognised and prioritised in protected time. Evidence Term Descriptions stipulate protected teaching time.
3.5 FACILITIES	
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.	<ul style="list-style-type: none"> Evidence of the educational facilities and infrastructure available to deliver the training program. Examples of tools and resources available to support learning.
3.5.2: The prevocational training program provides a safe physical environment and amenities that support prevocational doctor learning and wellbeing.	<ul style="list-style-type: none"> Evidence of a safe physical environment for prevocational doctors to support their learning and wellbeing.
3.6 E-PORTFOLIO	
3.6.1: Once the e-portfolio system is confirmed, standards will be written, and will consider: <ul style="list-style-type: none"> Systems to ensure prevocational doctors maintain their e-portfolio as an adequate record of learning and training. Mechanisms to ensure the clinical supervisor and longitudinal supervisor review the record of learning. 	<ul style="list-style-type: none"> Evidence of processes in place to support recording assessments and review from a longitudinal supervisor whilst the e-portfolio is being established.
Standard 4: The prevocational training program – prevocational doctors	
4.1 APPOINTMENT TO PROGRAM AND ALLOCATION TO TERMS	
Criterion	Example of Corporate Evidence
4.1.1: The processes for appointment of prevocational doctors to programs: <ul style="list-style-type: none"> 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. 	<ul style="list-style-type: none"> Selection process is aligned with the SA MET Unit process for recruitment. Evidence of a Health service policy or process on the appointment of prevocational doctors including Aboriginal and Torres Strait Islander peoples and how the LHN assures processes are meeting requirements. Evidence of recruitment and retention policies and processes.
4.1.2: The processes for allocation of prevocational doctors to terms: <ul style="list-style-type: none"> 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. 	<ul style="list-style-type: none"> Evidence of a Health service policy or procedure setting out how the LHN allocates prevocational doctors to terms.
4.2 WELLBEING AND SUPPORT	

<p>4.2.1: The prevocational training provider develops, implements and promotes strategies to enable a supportive training environment and optimise prevocational doctor wellbeing.</p>	<ul style="list-style-type: none"> • Implemented strategies or plans to maintain and promote the health and wellbeing of prevocational doctors, that include mental health and cultural safety. • Evidence of how the LHN supports prevocational doctors transition to internship.
<p>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.</p>	<ul style="list-style-type: none"> • Evidence of strategies to enable supportive training environments for Aboriginal and Torres Strait Islander prevocational doctors. • Evidence of the health service promoting the health and wellbeing of Aboriginal and Torres Strait Islander prevocational doctors, includes mental health and cultural safety. • Evidence of wellbeing policies and how these have been communicated to Aboriginal and Torres Strait Islander prevocational doctors. • Evidence of confidential support and complaint services available for Aboriginal and Torres Strait Islander prevocational doctors. • Evidence of a wellness program and/or communicating professional development activities on topics of wellness, appropriate behaviours and cultural safety • Data showing all staff undertaking cultural safety training in addition to the orientation cultural awareness.
<p>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.</p>	<ul style="list-style-type: none"> • Evidence of a roster process aligned with national standards to delivery high-quality patient care • Evidence on how Health services prioritise the safe working hours for prevocational doctors. This include overtime and unit rostering practices are actively monitored by the ETP Committee. • Evidence of strategies and methods used to monitor duties, rostering, working hours and supervision arrangements. This should include demonstrated evidence the ETP Committee have active oversight and accountability. • Provide feedback and evaluation data from prevocational doctors on the duties, rostering, working hours and supervision (SATMOS Survey)
<p>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.</p>	<ul style="list-style-type: none"> • Evidence of strategies and mechanisms used to identify, address and prevent bullying, harassment and discrimination across the health service. • Evidence of implemented Discrimination, Bullying and Sexual Harassment Policies that are easily accessible and made known to all staff. • Provide feedback from prevocational doctors and supervisors on their awareness of policies. • Evidence of effective reporting mechanisms to escalate identified behaviours. • Evidence of a implemented conflict of interest statement or policy that provides access to support for prevocational doctors that is free from conflicts of interest such as in assessments, career progression and employment decisions. • Provide feedback from prevocational doctors on any instances of bullying, harassment, discrimination or racism experienced, and how this was escalated and resolved.
<p>4.2.5: The prevocational training provider makes available processes to identify and support prevocational doctors who are experiencing</p>	<ul style="list-style-type: none"> • Evidence of communication to prevocational doctors on publicly advertised confidential services available to support them.

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.	<ul style="list-style-type: none"> • Evidence of communication of a LHN's Trainee in Difficulty Policy. • Evidence of implemented confidential support and complaint policy or process. • Provide feedback from prevocational doctors to acknowledge their awareness of and have been able to access confidential personal counselling services.
4.2.6: The procedure for accessing appropriate professional development leave is published, reasonable and practical.	<ul style="list-style-type: none"> • Evidence of implemented policies for managing annual leave, sick leave and professional development leave. • Provide feedback from prevocational doctors on their experience accessing appropriate leave.
4.2.7: The prevocational training provider makes available services to provide career advice to prevocational doctors.	<ul style="list-style-type: none"> • Evidence of engagement with prevocational doctors on career guidance. Includes mentorship programs and support provided by the MEU or external agencies.
4.3 COMMUNICATION WITH PREVOCATIONAL DOCTORS	
4.3.1: The prevocational training program provides clear and easily accessible information about the training program, including outcomes of evaluation, in a timely manner.	<ul style="list-style-type: none"> • Evidence of an implemented communications plan or strategy. • Evidence of communication of educational and term evaluation outcomes that have led to continuous improvement strategies or development.
4.3.2: The prevocational training program informs prevocational doctors about the activities of committees that deal with prevocational training in a timely manner.	<ul style="list-style-type: none"> • Mechanism to communicate key information and outcomes from the ETP Committee. • Provide feedback from prevocational doctors on their level of awareness of the ETP Committee and their prevocational doctor representatives.
4.4 RESOLUTION OF TRAINING PROBLEMS AND CONFLICTS	
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.	<ul style="list-style-type: none"> • Evidence of communication of a published Grievance Policy to prevocational doctors, should a conflict with supervisor arise.
4.4.2: The prevocational training provider has clear, impartial pathways for timely resolution of professional and/or training-related disputes between prevocational doctors and supervisors, the healthcare team or the health service.	<ul style="list-style-type: none"> • Evidence of an implemented confidential support and complaint processes or similar. • Data showing trends of prevocational doctor complaints and feedback which resulted in resolution (confidentially reported) • Evidence of implemented dispute resolution processes.

Standard 5: The prevocational training program – evaluation and improvement

5.1 PROGRAM MONITORING AND EVALUATION

Criterion	Example of Corporate 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.	<ul style="list-style-type: none"> • Evidence of procedures, methodologies and tools used to monitor the education and training program. This includes the qualitative and quantitative evaluations of the educational sessions, presenters, supervision and the terms for quality improvement. • Evidence of procedures and mechanisms used to record and maintain evaluation data for the educational programs and terms to provide longitudinal oversight. • Evidence on how the ETP Committee actively provides oversight and monitors the evaluation outcomes to lead continuous improvements strategies.
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.	<ul style="list-style-type: none"> • Evidence on evaluation processes that include all prevocational doctors and Term Supervisors. Their feedback is sought on the educational program and quality of the terms. • Evidence on how the ETP Committee membership includes Term Supervisors and relevant stakeholders who contribute to program development. • Data showing reporting trends based on feedback / evaluation data tabled at the ETP Committee for consideration and action. • Evidence of an implemented quality improvement framework or similar.
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.	<ul style="list-style-type: none"> • Mechanisms are available for prevocational doctors to provide feedback on the education and training program and individual term experiences. • Evidence on how the LHN encourages prevocational doctors to provide feedback confidentially.
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.	<ul style="list-style-type: none"> • Evidence that external data is accessed and incorporated into the evaluation processes (For example, Ahpra's Medical Training Survey)
5.2 EVALUATION OUTCOMES AND COMMUNICATION:	
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.	<ul style="list-style-type: none"> • Examples of program development or improvement changes that have occurred as a direct result from evaluation data from both the educational program and terms. • Evidence of the ETP Committee actively monitoring feedback and evaluation that leads to quality improvements strategies (ETP Committee meeting minutes).
5.2.2: Outcomes of evaluation activities are communicated to those involved in the prevocational training program, including prevocational doctors and supervisors.	<ul style="list-style-type: none"> • Evidence of communication strategies implemented to ensure a broad reach to prevocational doctors and supervisors on evaluation outcomes.

Appendix 2: Accreditation Assessment Process Flowchart



Appendix 3: Assessment Visit Program Templates

Please review the below program templates for a health service assessment visit and a new unit assessment visit. Prevocational doctors and Term Supervisors should be grouped together according to the accredited primary clinical care categories. It is essential that prevocational doctors are interviewed in a group setting.

Larger health services will require two or three days for the assessment visit, and therefore will require a program for two assessment teams.

Visits to external locations, if necessary, will be scheduled outside the main visit according to availability.

Health Service Visit Program SA MET Accreditation for Prevocational Medical Training		
Time	Location	Interviewee
08:00 – 08:30	Board Room	Accreditation team convenes
08:30 – 09:00	Board Room	CEO (or delegate), EDMS
09:00 – 10:00	Board Room	MEU Team – DCT, MEO, ETP Chair, Assessment Review Panel Chair, Medical Education Registrar
10:00 – 10:30	Board Room	TMO Manager and Medical Administration Team
10:30 – 11:00	Board Room	Morning Tea – Assessment team discussion
11:00 – 11:45	Board Room	Interns x 6 (<i>the number of interns should increase or decrease in line with your health service size but not exceed 8 in one meeting</i>)
11:45 – 12:30	Board Room	Interns x 6
12:30 – 13:00	Board Room	Lunch – Assessment team discussion
13:00 – 13:30	TOUR	Tour of hospital including TMO lounge, sleeping quarters, library, tutorial space, simulation training facilities, some clinical wards.
13:30 – 14:00	Board Room	PGY2 x 6 (<i>the number of PGY2s should increase or decrease in line with your health service size but not exceed 8 in one meeting</i>)
14:00 – 14:30	Board Room	PGY2 x 6
14:30 – 14:30	Board Room	Afternoon Tea – Assessment team discussion
14:30 – 15:15	Board Room	Undifferentiated illness/ Chronic Illness – Term Supervisor
15:15 – 15:30	Board Room	Acute and critical illness/Peri-operative/procedural – Term Supervisor
15:30 – 15:45	Board Room	Nights/Relieving – Term Supervisors
15:45 – 16:15	Board Room	Assessment team debrief and report writing
16:15 – 16:45	Board Room	Team Leader to provide feedback to EDMS, DCT, MEO.

New Unit Accreditation Visit Program SA MET Accreditation for Prevocational Medical Training		
Time	Location	Interviewee
08:00 – 08:30	Board Room	Accreditation team convenes
08:30 – 09:30	Board Room	MEU Staff – DCT, MEO, Support staff
09:30 – 09:45	Board Room	Morning tea – Visit team discussion
09:45 – 10:30	Board Room	Interns x 4 (<i>the number of interns interviewed should increase or decrease in line with your facility size</i>)
10:30 – 11:00	Board Room	PGY2+ x 4 (<i>the number of PGY2+ interviewed should increase or decrease in line with your facility size</i>)
11:00 – 11:15	Board Room	Visit team discussion
11:15 – 12:15	Board Room	Head of Unit and Term Supervisor
12:15 – 12:30		Tour
12:30 – 13:00	Board Room	Lunch – Visit team discussion
13:00 – 13:15	Board Room	Feedback to DCT, MEO