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

Suggested Evidence Requirement Guideline

The Australian Medical Council's National Framework for Prevocational (PGY1 and PYG2) Medical Training describes how prevocational doctors are trained, assessed and sets standards that contribute to good quality medical education and training.

This document outlines example evidence health services could provide to demonstrate compliance against the National Standards in providing a high-quality, effective and safe 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 and the Health Service Assessment Submission Template that provides additional contextual information and guidance on how to interpret the national standards. Evidence required will include submission of corporate and supporting documentation as well as verbal reports obtained during interviews at an accreditation assessment visit. NB: Each LHN will have differing supporting documentation depending on their practices and activity.

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	• 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	• 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.	• 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	• Evidence of term rotations that provide generalist clinical training opportunities across different settings and disciplines (including community settings). • 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.	• Evidence of clear lines of reporting such as an Education and Training Program (ETP) Committee Governance Organisational Chart (links with 1.4.1) • 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, which 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.	• 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.	• Evidence incorporating prevocational medical education and training as a high priority for the health service such as a Strategic Plan. (links with 1.1.1) • 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: • Aboriginal and Torres Strait Islander patients /family/community care • The recruitment and retention of an Aboriginal and Torres Strait Islander health workforce	• 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. (inks with 1.1.2, 2.1.5) • 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 provide effective and culturally safe care to Aboriginal and Torres Strait Islander patients and their families. • 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.	• 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.	• 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.	• 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.	• 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.	• 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.	• 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.	• 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.	• 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.	• 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.	• Process or evidence to support the program to meet requirements in the registration standard.
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)*	• Accredited term allocation matrix for the clinical year. (links with 1.2.1) • Documented processes for allocating to terms and managing prevocational doctor preferences.

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 • 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	• Demonstrated evidence of how the ETP Committee monitors program and terms to adhere to the *National standards and requirements for prevocational (PGY1 and PGY2) training programs and term* such as Meeting Minutes (previous four) • Evidence of how the health service mapped the education and training program against the requirements.
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 the National standards and requirements for program and terms*).	• 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	• 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.	• 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 LHN has provided support to Aboriginal and/or Torres Strait Islander prevocational doctors and the method used by the health service to receive doctor feedback.

2.2 TRAINING REQUIREMENTS	
2.2.1: The prevocational training program is underpinned by current evidence-informed medical education principles.	• 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 *(see Training and assessment requirements for prevocational (PGY1 and 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.	• 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.
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.	• 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.
2.3 ASSESSMENT REQUIREMENTS	
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	• 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.
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.	• Demonstrated implementation of the Prevocational Training Assessment Forms. • Data showing term supervisors have completed training to undertake EPA assessments.
2.3.3: Prevocational doctors and supervisors understand all components of the assessment processes.	• Evidence of implemented Prevocational Training Assessment Policy or Procedural documentation. (links with 2.4.1) • Evidence of implemented Term Supervisor Guideline that includes information on the feedback and assessment processes. (links with 2.4.1) • 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.
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.	• Evidence of an implemented assessment process that includes the appeals process. (link with 1.6) • Approved Assessment Review Panel Terms of Reference • Evidence of how the Health Service implemented the AMC's Assessment Review Panel Guideline.

2.4 FEEDBACK AND SUPPORTING CONTINUOUS LEARNING	
2.4.1: The prevocational training program provides regular, formal and documented feedback to prevocational doctors on their performance within each term.	• Evidence of an implemented Prevocational Training Assessment Policy or Procedural documentation setting out the requirements for providing feedback to prevocational doctors. (links with 2.3.3) • Evidence of an implemented Term Supervisor Guideline that includes information on the feedback and assessment processes. (links with 2.4.1) • Examples of how performance feedback is provided to prevocational doctors.
2.4.2: Prevocational doctors receive timely, progressive and informal feedback from term and clinical supervisors during every term.	• 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. Additionally, in PGY1, the assessment documentation is consistent with the Registration standard – Granting general registration on completion of intern training.	• Data showing recording of assessments in OTIS (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.	• Evidence of how the LHN 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 supervisors on 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	• 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.	• Evidence of implemented Trainee in Difficulty Policy and Procedure. • Evidence of an Improving Performance Action Plan form. • Evidence of how an Improving Performance Action Plan form was implemented and communicated to Term Supervisors, prevocational doctors and staff. • Methods / strategies used to support doctors with performance concerns. • Data showing the percentage of prevocational doctors requiring support (confidentially reported).
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.	• 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.	• 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 outlined in 'Requirements for programs and terms'.	• 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.
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.	• 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.	• 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.	• Evidence of a Term Supervisor Guideline that is aligned with the Guide to Prevocational Training in Australia – For Supervisors. • Evidence or outcomes from Term Supervisor meetings, workshops or training. • 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.	• 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.	• 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.	• 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, which 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.	• 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. • 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.	• 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 Term Supervisors are encouraged 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.
3.3.3: The prevocational training program regularly evaluates the adequacy and effectiveness of prevocational doctor supervision.	• 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.	• 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	• Evidence of formal education program for PGY1s that aligns with the prevocational outcome statements. Should include formal simulation and practical opportunities.

supports them to meet the training outcomes that may not be available through completion of clinical activities	• 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	• 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	• 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.	• Demonstrated attendance at formal education sessions. • Evidence feedback/evaluation is sought from prevocational doctors on access and support to attend formal education. • 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.	• 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.	• 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: • 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.	• 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: • 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.	• 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: • 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.	• Evidence of a policy or procedure setting out how the LHN allocates prevocational doctors to terms.
4.2 WELLBEING AND SUPPORT	
4.2.1: The prevocational training provider develops, implements and promotes strategies to enable a supportive training environment and optimise prevocational doctor wellbeing.	• Implemented strategies or plans to maintain and promote the health and wellbeing of prevocational doctors, which include mental health and cultural safety. • Evidence of how the LHN supports prevocational doctors transition to internship.
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.	• 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, that includes mental health and minimising the cultural load. • 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.
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.	• Evidence of a roster process aligned with national standards to deliver 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)
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.	• 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.
4.2.5: The prevocational training provider makes 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.	• Evidence of communication to prevocational doctors on publicly advertised confidential services available to support them. • 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.	• 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.	• 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.	• 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.	• 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.	• 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.	• Evidence of a 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.	• 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.	• 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.	• 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.	• 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.	• 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 Committing 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.	• Evidence of communication strategies implemented to ensure a broad reach to prevocational doctors and supervisors on evaluation outcomes.