



SOUTH AUSTRALIAN
MEDICAL EDUCATION & TRAINING
HEALTH ADVISORY COUNCIL

GUIDELINE TO ACCREDITING PREVOCATIONAL TERMS

Version 2.1

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General Overview

All health services providing training programs for prevocational doctors (PGY1 and PGY2) in South Australia are required to meet standards for the first two years of postgraduate training as described in the *Australian Medical Council's National Framework for Prevocational (PGY1 and PGY2) Medical Training*. The South Australian Medical Education and Training (SA MET) Health Advisory Council is responsible for the accreditation of prevocational training in South Australia and ensure programs and terms comply with the *National standards and requirements for prevocational (PGY1 and PGY2) training programs and terms*.

This guideline has been developed by the SA MET Health Advisory Council's Accreditation Committee to assist health services to meet the National Standards and requirements for their prevocational terms that also relates to the Medical Board of Australia's registration standards across two critical areas:

1. General registration. The standards for PGY1 align with the 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*.
2. Provisionally registered PGY1 doctors are exempt from Continuing Professional Development (CPD) requirements. PGY2 doctors enrolled in a structured prevocational or vocational program leading to a certificate of completion will also be exempt from additional CPD requirements.

Health services are encouraged to review this document in conjunction with other developed resources such as the *Health Service Accreditation Guideline, New Unit Accreditation Process, Change of Circumstance Process* and the *Accreditation Policy and Procedure*.

Identifying Terms for Prevocational Training

The Medical Education Unit are expected to identify terms that are appropriate for inclusion within the prevocational training program that consider the:

- Complexity and volume of the unit's workload,
- The prevocational doctor's workload,
- The clinical experience prevocational doctors are expected to gain (1 or 2 clinical patient care categories),
- How the prevocational doctor will be supervised and who will supervise them.

It is expected the health service's Education and Training Program Committee (or equivalent) will have oversight of the terms that are reviewed and approved for accreditation.

The *Term Description template* provides information that will assist in addressing the required criteria, and ensure it is appropriately aligned to the AMC's National standards and requirements for prevocational (PGY1 and PGY2) training programs and terms.

The Term Description document contains key areas that should be adequately addressed, providing accurate and concise information regarding the term to allocated prevocational doctors. Such as identify the knowledge, skills and experience prevocational doctors should expect to acquire during the term, including identifying the *prevocational outcome statements* and which prevocational training *Entrustable Professional Activities (EPAs)* could be assessed. The learning outcomes are used as a basis for discussions during the mid and end-of-term assessments. Term Descriptions must identify the primary (and secondary) area of clinical patient care experience that prevocational doctors are expected to significantly gain, during that term.

The development of the Term Description document is primarily the role of the Term Supervisor; however the Medical Education Officer will often provide support in the development process with final endorsement from the Director of Clinical Training. It is important that when incorporating information from other sources the text is carefully edited to ensure relevance.

Terms where the PGY2 is the most senior medical practitioner onsite, it is the responsibility of the Medical Education Unit to ensure that PGY2s are adequately prepared for this responsibility by having received appropriate training (such as Advanced Life Support training) as well as an induction to this part of their role and the escalation protocols at orientation. These requirements should be detailed within the term description as a prerequisite training requirement prior to commencement of the term.

Please review the *Guide to Developing a Term Description* for further information.

Clinical Patient Care Categories

The Medical Education Unit and the Education and Training Committee (or equivalent) are required to review the specific roles and responsibilities of prevocational doctors providing direct clinical care of patients in each term within the prevocational training program. The term description must identify the one (maximum of two) clinical care categories, that have been approved for accreditation SA MET Health Advisory Council in accordance with the *Accreditation Policy and Procedure*.

The clinical patient care categories are:

- A. undifferentiated illness patient care
- B. chronic illness patient care
- C. acute and critical illness patient care, and
- D. peri-procedural patient care (PGY1 only).

Health services are required to allocate prevocational doctors in PGY1 to terms that provide clinical experiences in A–D over the year, and during PGY2, to terms providing clinical experiences in A, B and C.

In the PGY2 year, there is also the opportunity to create terms in roles that do not involve direct patient clinical care, such as teaching, research or medical administration/education. These terms are accredited as non-direct clinical experience.

Clinical Experience A: Undifferentiated Illness Patient Care

Prevocational doctors must have experience in caring for, assessing, and managing patients with undifferentiated illness. Learning activities include admitting, formulating an assessment, presenting and clinical handover. This means the prevocational doctor has clinical involvement at the point of first presentation and when a new problem arises. This might occur working in a range of settings such as in an emergency department or in general practices.

Some ways a term may meet the requirements of Clinical Experience A

- The focus/priority of the term is to support prevocational doctors to manage patients with new episodes of care, including taking part in the initial assessment and diagnosis of patients, the development of the associated management plan and admission to hospital where relevant.
- Demonstrate the prevocational doctor has been part of the initial assessment on presentation for the current episode of care (e.g. patient case note entry).
- Provide prevocational doctors opportunities to present, discuss and handover cases (e.g. to supervisors, ward rounds, unit meetings etc).
- Provide prevocational doctor opportunities to participate in after-hours/relief roster to enhance occasions to admit new patients, undertake initial assessments and develop management plans.
- Provide opportunities for prevocational doctors to attend outpatient clinics or other clinics, (e.g. general practice, health clinics, community settings) and emergency services, allowing them to be involved in the assessment and management of patients with new episodes of care.
- Provide opportunities for prevocational doctors to assist in the assessment and stabilisation of deteriorating and acutely unwell patients including those requiring resuscitation.

Clinical Experience B: Chronic Illness Patient Care

Prevocational doctors must have experience in caring for patients with a broad range of chronic diseases and multi-morbidity, with a focus on incorporating the presentation into the longitudinal care of that patient. Learning activities include appreciating the context of the illness in the setting of the patient's co-morbidities, social circumstances and functional capacity. Experience should include working with multi-disciplinary teams to support patients, complex discharge planning and a focus on longitudinal care and engagement with ongoing community care teams. This might occur in a range of settings, such as a medical ward, general practice, outpatient clinic, rheumatology, rehabilitation or geriatric care.

Some ways a term may meet the requirements of Clinical Experience B

- The focus/priority of the term prioritises and supports prevocational doctors to manage patients with ongoing episodes of care, including being actively involved with patient reviews, working with the multi-disciplinary teams (including meetings) of admitted patients, and planning care, including discharge from hospital.
- Prevocational doctors are actively involved in the assessment of patients as part of an ongoing episode of care and the development and implementation of management plans of patients with chronic illnesses and co-morbidities, taking into account their social circumstances and functional capacity.
- Opportunities are provided to prevocational doctors to attend outpatient clinics or other clinics (e.g. emergency service, general practice, health clinics etc) with the expectation they gain insight into and participate in longitudinal patient care.
- Prevocational doctors are given opportunities to develop and review communication with community care providers and multi-disciplinary health professionals.
- Prevocational doctors are provided opportunities to be involved in home, residence or outpatient-based management of patients.
- Opportunities to present and discuss cases are provided to prevocational doctors (e.g. to supervisors, ward rounds, unit meetings etc).
- Prevocational doctors have opportunities to formulate discharge plans and letters.
- Prevocational doctors have the opportunity to be included in discussions with patients and their families around long-term care and advanced care directives.

Clinical Experience C: Acute and Critical Illness Patient Care

Prevocational doctors must have experience assessing and managing patients with acute illnesses, including participating in the care of the acutely unwell or deteriorating patient. Learning activities include to recognise, assess, escalate appropriately, and provide immediate management to deteriorating and acutely unwell patients. This experience could be gained working in a range of settings such as acute medical, surgical or emergency departments.

Some ways a term may meet the requirements of Clinical Experience C
<ul style="list-style-type: none">• The focus of the term is on prevocational doctors being actively involved in the management of patients with acute, severe, or life-threatening events as a result of disease, trauma or recovery from surgery and management is focused on curative, recovery, or stabilisation (rather than palliative or long-term care).• The prevocational doctor is involved in all aspects of patient care, including assessment and management.• The prevocational doctor is provided opportunities to participate in ward rounds, meetings, and appropriate presentations of acute and critical patients.• The term description clearly defines the role of the prevocational doctor when attending MER, MET and Code Blue calls.• The prevocational doctor has opportunities to attend and participate in management of deteriorating patients and those experiencing life-threatening events (MER, MET and Code Blue Calls).• The prevocational doctor participates in after-hours or relief roster.

Clinical Experience D: Peri-operative/Procedural Patient Care

Prevocational doctors must have experience in caring for patients undergoing procedures, including pre-, peri-, and post-operative phases of care. Clinical experience should include all care phases for a range of common surgical conditions/procedures. Learning activities include preadmission, interoperative care/attendance in theatre, peri-operative management, post-operative care, and longitudinal outpatient follow-up. This might occur working in a range of settings such as in interventional cardiology, radiology, anaesthetic units, or surgical units.

Some ways a term may meet the requirements of Clinical Experience D
<ul style="list-style-type: none">• The focus/priority of the term is on prevocational doctors being actively involved in the assessment and management of procedures of surgical, obstetric, gynaecological, ophthalmological and dermatological patients, including pre-, peri- and post operative stages.• Prevocational doctors provided opportunities to attend and have a role in scheduled weekly operating theatre sessions• Prevocational doctors have the potential to admit, assess and follow-up procedural patients.• Prevocational doctors are provided opportunities to present and discuss cases (e.g. ward rounds, meetings etc.)• Prevocational doctors given opportunities to develop new skills in the management of surgical procedures (e.g. intravenous cannulation, catheterisation etc.)• Prevocational doctors have the opportunity to be involved in rural generalist procedural treatments in a primary care setting.• Prevocational doctors have opportunities to formulate discharge plans and letters.

Service Terms

A services term where the prevocational doctor is either a) rostered to provide ward cover on night shifts (service night term) or b) rotated through a number of accredited terms for short periods of time to backfill for doctors on leave (relief service term). Maximum time spent in service terms for the clinical year is 20% in PGY1 and 25% in PGY2.

The two characteristics of service terms are:

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

Service terms are not eligible to be accredited against the clinical patient care categories, unless the below minimum criteria can be demonstrated.

Service terms should only include rostering to terms that are already accredited by the SA MET Health Advisory Council and are supported by a dedicated term description available to prevocational doctors.

Example of how a Service Term might be accredited for a Clinical Care Category

The SA MET Health Advisory Council encourages health services to minimise the number of service terms and consider how hospital service requirements can be facilitated under a Clinical Care Category.

Minimum Criteria for accreditation of Service Terms
<ul style="list-style-type: none">• Supervision of prevocational doctors:<ul style="list-style-type: none">– is clearly defined in the term description/s and understood by supervisors.– is clearly defined and explained to the prevocational doctor during unit orientation/s.– must be accessible to support prevocational doctors at all times.– a Term Supervisor must be appointed who has clearly defined and regular interactions with prevocational doctors for debriefing and education.• The prevocational doctor must have the opportunity to discuss and review cases regularly.• Hospital escalation of patient care must be clearly defined within the term description.• Unit orientation/s must be robust and ensure the prevocational doctor is informed of and understands the supervision to expect and the process of escalation of patient care.• The prevocational doctor's whole years' experience (in the context of nights/relief work performed on other terms) must be taken into consideration. Time spent in service term is a maximum of one term per clinical year.• The term should be in one specialty discipline to promote and encourage longitudinal feedback and learning. For example, Acute Medical Relieving, Surgical Nights.• The prevocational doctor will undertake duties appropriate for their skill level.

Six-Month Terms

The AMC supports innovation in prevocational education and training. The program and term requirements for PGY2 allow for more flexible approaches. During the 47-week year, prevocational doctors are required to complete a minimum of 3 terms of 10 weeks to 6 months in different subspecialties that provide exposure clinical care categories A, B and C.

The SA MET Health Advisory Council acknowledges that some health services or training programs offer six-month terms as part of their PGY2 programs that provide greater patient care continuity and service provision. The below guidelines outline the circumstances where this may continue to be offered, with endorsement from the SA MET Health Advisory Council.

Criteria for accreditation of six-month terms

- The six-month term includes allocation to a specialty that comprises two sub-specialty modules.
- There is a requirement to work for six months in the terms at PGY2 level for entrance into a specialty program.
- Over the 12-month PGY2 experience the prevocational doctor is exposed to a combination of clinical patient care experiences A, B and C.
- The SA MET Health Advisory Council must approve the program to incorporate two six-month terms in the PGY2 clinical year.

General Practice Terms

When accrediting primary care terms within a General Practice setting, in addition to the requirements set out by the National standard and requirement for programs and term, the general practice must be accredited by a recognised training organisation (Royal Australian College of General Practitioners/Australian College of Rural and Remote Medicine), and meet the follow criteria.

Criteria for accreditation of a General Practice Term

- There is a formal agreement between the primary care site and the employing hospital or relevant party, outlining the roles and responsibilities of the term, the hospital, and the supervisors (e.g. a Memorandum of Understanding, Service Agreement).
- The supervising General Practitioner must be a Fellow of the Royal Australian College of General Practitioners and/or the Australian College of Rural and Remote Medicine.
- Parallel consulting must be provided by the supervising General Practitioner on all patient consultations, management plans, documentation, and prescriptions. (Parallel supervision – a supervisor is allocated and readily accessible to the prevocational doctor during patient consultation. Following the consultation, the patient will be seen and physically reviewed by the supervisor and findings discussed with the prevocational doctor).
- Patients seen by prevocational doctors must be scheduled at 30-minute intervals.
- If a prevocational doctor is reviewing patients in community and residential settings, the supervisor will be onsite, and all patients will be discussed.
- For hybrid term across primary and tertiary care settings, when the prevocational doctor is reviewing undifferentiated patients in the emergency department, a clinical supervisor must be assigned and onsite, including afterhours.
- The prevocational doctor is given opportunities to build on existing skills and develop new ones (e.g. taking an accurate history, appropriate physical examination, formulating a differential diagnosis, formulating a management plan, ordering appropriate investigations, arranging referrals to Specialists, and observe and perform basic clinical and minor surgical procedures).
- Prevocational doctors are provided opportunities to regularly participate in the formal education program delivered by the employing health service.

Leading Medical Emergency Response Calls

Health services seeking accreditation of PGY2 terms that include expectations to lead MER calls, without onsite senior medical supervision, will be reviewed by the SA MET Accreditation Committee. It is expected that the below guiding principles are implemented and clearly articulated within the accreditation application, the term description, unit handbook and any other relevant resources.

1. Education and Simulation Training

- Advanced Life Support (ALS2) training is mandatory and recommended it is funded by the health service, rather than the prevocational doctor's professional development budget.
- It is recommended that PGY2 prevocational doctors have had previous experience working within a critical care term.
- Simulation-based learning and/or practical supervised experience to build confidence in leading emergency response teams.
- Medical Education Units should ensure allocated PGY2 prevocational doctors are suitable to undertake the role and expectations, and that the education and training components of the term are completed.

2. Clinical Escalation Protocols

- Site specific clinical escalation protocols are available and well-known, that includes clear up-transfer or SAAS escalation.
- Consultation with senior medical practitioners who are available on remote call. Clinical decision making should be limited to stabilisation with definitive treatment decisions led by a more senior clinician.

3. System Readiness

- Facility ensures the appropriate number of medical and nursing clinicians are rostered to support a timely response to manage episodes of acute deterioration.
- It is recommended that two PGY2 prevocational doctors be rostered on after-hours shifts to provide enhanced medical support. The MER team should include at least one clinician, who is either onsite or in close proximity, that is trained to deliver advanced life support.

4. Role Clarity and Decision-Making Authority

- Clear protocols, term descriptions and unit orientation documents that stipulates the role and expectation of the PGY2 prevocational doctor to lead MER calls is required.
- PGY2s must have clear instructions on what decisions they are expected (and not expected) to make, and during which times (day shifts, after hours, nights etc).

5. Debriefing and Emotional Support

- Routine debriefing after critical incidents is coordinated by the consultant.
- Formal wellbeing support services is offered by the facility and are encouraged to be used.

6. Ongoing Monitoring and Quality Assurance

- Collection of end-of-term evaluation data to assess the quality of the clinical education and training experienced by PGY2 prevocational doctors undertaken. The data should include feedback to questions specifically pertaining to the PGY2s experience of leading MER calls.

7. MET/ MER call activity

- Collection of MER call activity data and reporting so as to monitor MER call numbers, outcomes and patient case mix. Hospitals evolve over time in terms of patient volume and case mix, and these changes can occur rapidly. Roles and responsibilities that may be appropriate for a PGY2 at present may no longer be suitable in the future.

Responding to Challenging Behaviours

Health services must ensure that prevocational doctors are appropriately informed and provided with education and training to support their involvement in medical review and de-escalation strategies when responding to patients presenting with challenging behaviours.

Health services should have clinical protocols aligned with [SA Health's Challenging Behaviour Strategic Framework](#), which outlines the education and training required for staff to prevent, recognise, respond to, and manage challenging behaviour.

Prevocational doctors must be clearly informed of their expected role in challenging behaviour incidents. Formal education and training modules, along with relevant information within the orientation program and term descriptions, should be provided through the prevocational training program.

Under [SA Health's Challenging Behaviour Toolkit: Education and Training Framework](#), prevocational doctors are classified as Category 2 health care workers. This category includes clinicians who provide direct patient care *under supervision*, such as ambulance officers, nurses, interns, resident medical officers, and allied health workers. Prevocational doctors are required to apply least restrictive practices and utilise early intervention strategies to identify risk and de-escalate difficult situations. Where challenging behaviour continues to escalate, a Code Black incident is initiated, prompting attendance by the Emergency Response Team. The response is led by a senior clinician, who is responsible for authorising any restraint or seclusion.

Document History

Date effective	Author/Editor	Approved by	Version	Change Reference
11 December 2024	Manager, Accreditation	SA MET Accreditation Committee	v1.0	Original version.
4 February 2026	Manager, Accreditation	SA MET Accreditation Committee	v2.0	Amended principles for General Practice terms, and added Responding to Challenging Behaviours.
21 May 2026	Manager, Accreditation	SA MET Health Advisory Council	V2.1	Incorporated principles to support PGY2s leading MER calls