

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

Transitioning Accreditation Standards

This resource aims to demonstrate how the previous SA MET Accreditation Standards align to the new Australian Medical Council's (AMC) National Framework for Prevocational (PGY1 and PGY2) Medical Training. The references to the previous SA MET Accreditation Standards note either a full standard in its entirety or parts of a standard align with the new National Standards.

This resource should be read in conjunction with the [AMC's National Standards for Prevocational \(PGY1 and PGY2\) Training Program and Terms](#) that provide additional contextual information and guidance on how to interpret the national standards.

AMC National Standards for Prevocational (PGY1 and PGY2) Training Programs and Terms Standards		Previous Accreditation Standard(s)
Standard 1: Organisational purpose and the context in which prevocational training is delivered		
1.1.1	The Purpose of the health services that employ and train prevocational doctors includes setting and promoting high standards of medical practice and training	1.1.2
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.	New
1.2.1	The Prevocational Training provider relates its training and education functions to the health care needs of the communities it serves.	New
1.2.2	The training provides generalist clinical training that prepares prevocational doctors with an appropriate foundation for lifelong learning and for further postgraduate training.	3.1.3, 3.1.4
1.3.1	The governance of the prevocational training program, supervisory and assessment roles are defined.	1.1.1, 1.1.3
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.	1.1.3, 1.1.4, 1.2.3, 1.3.1, 1.3.2
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.	1.1.2, 1.2.1, 1.2.4, 1.2.5
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 	New
1.3.5	The prevocational training program complies with relevant national, state or territory laws and regulations pertaining to prevocational training.	1.3.5, 3.1.4, 3.2.1
1.3.6	Prevocational doctors are involved in the governance of their training.	1.3.3, 1.3.4, 2.1.2, 2.1.3
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.	1.1.4, 6.1.3
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.	1.1.1, 1.1.3, 1.2.3, 1.3.1, 1.3.2, 1.3.3

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.	1.3.5
1.4.3	The health services have effective organisational and operational structures dedicated to managing prevocational doctors, including rostering and leave management.	1.1.3, 6.1.6
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.	2.1.6
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.	New
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.	5.1.6, 6.1.7
Standard 2: The prevocational training program – structure and content		
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.	3.1.3, 3.1.4, 3.2.1, 3.2.2, 5.1.7, 5.1.8
2.1.2	The prevocational training program is longitudinal in nature and structured to reflect and provide the following experiences, as described in 'Requirements for prevocational (PGY1 and PGY2) training programs and terms' (Section 3 of National standards and requirements for prevocational (PGY1 and PGY2) training programs and terms): <ul style="list-style-type: none"> • 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 	3.1.3, 3.1.4, 3.2.1, 3.2.2, 5.1.7, 5.1.8
2.1.3	Prevocational training terms are structured to reflect and provide exposure to one or two of the required clinical experiences as described in 'Requirements for programs and terms' (Section 3 of National standards and requirements for programs and terms).	New
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.	6.1.8
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.	New
2.2.1	The prevocational training program is underpinned by current evidence-informed medical education principles.	New
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.	3.2.3

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.	New
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.	5.1.3, 5.1.4, 5.1.7, 5.1.8
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.	5.1.3, 5.1.4, 5.1.7, 5.1.8
2.3.3	Prevocational doctors and supervisors understand all components of the assessment processes.	3.2.8, 4.1.3, 4.1.4, 5.1.1, 5.1.2
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.	5.1.7, 5.1.8
2.4.1	The prevocational training program provides regular, formal and documented feedback to prevocational doctors on their performance within each term.	4.1.7, 5.1.3, 5.1.4, 5.1.5, 5.1.8
2.4.2	Prevocational doctors receive timely, progressive and informal feedback from term and clinical supervisors during every term.	4.1.7, 5.1.1
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.	5.1.7, 5.1.8
2.4.4	The prevocational training program implements a longitudinal approach to assessment in accordance with the Training and assessment requirements.	New
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.	5.1.1
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.	5.1.6
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.	6.1.4, 6.1.7
Standard 3: The prevocational training program – delivery		
3.1.1	The prevocational training provider ensures opportunities for broad generalist clinical work-based teaching and training.	3.1.3, 3.2.1, 3.2.2
3.1.2	The prevocational training program provides clinical experience that is able to deliver the Training and assessment requirements and, for PGY1 doctors, is consistent with the Registration standard – Granting general registration on completion of intern training. The prevocational training program conforms to guidelines on opportunities to develop knowledge and skills, as outlined in 'Requirements for programs and terms' (Section 3 of National standards and requirements for programs and terms)	3.2.1, 3.2.2
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 	3.2.3
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.	4.1.1
3.2.2	Prevocational supervisors understand their roles and responsibilities in assisting prevocational doctors to meet learning objectives and in conducting assessment processes.	4.1.2, 4.1.3

3.2.3	Supervision is provided by qualified medical staff with appropriate competencies, skills, knowledge and a demonstrated commitment to prevocational training.	4.1.3, 4.1.5, 4.1.6
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.	1.2.3
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.	4.1.6, 5.1.2
3.3.1	Staff involved in prevocational training have access to professional development activities to support quality improvement in the prevocational training program.	4.1.6
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.	4.1.3, 4.1.6
3.3.3	The prevocational training program regularly evaluates the adequacy and effectiveness of prevocational doctor supervision.	2.1.2, 4.1.1, 2.1.3, 2.1.4, 2.1.5
3.3.4	The prevocational training program supports supervisors to fulfill their training roles and responsibilities.	4.1.2, 4.1.3, 4.1.6
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.	3.1.1, 3.1.3, 3.1.4
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.	3.1.1, 3.1.3, 3.1.4
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.	3.1.1, 3.1.2, 3.1.6, 3.2.9, 3.2.11
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.	3.1.2, 3.1.6
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.	1.2.1, 1.2.2, 1.2.5
3.5.2	The prevocational training program provides a safe physical environment and amenities that support prevocational doctor learning and wellbeing.	1.2.5
3.6.1	Once the e-portfolio system is confirmed, standards will be written: <ul style="list-style-type: none"> • Systems to ensure prevocational doctors maintain their e-portfolio. • Mechanisms to ensure the clinical supervisor and longitudinal supervisor review the record of learning. 	New (Pending)
Standard 4: The prevocational training program – prevocational doctors		
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 	New
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. 	1.1.6

4.2.1	The prevocational training provider develops, implements and promotes strategies to enable a supportive training environment and optimise prevocational doctor wellbeing.	6.1.1, 6.1.2, 6.1.3, 6.1.6
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.	6.1.1, 6.1.2, 6.1.3, 6.1.6
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.	4.1.1, 4.1.2, 6.1.1, 6.1.3
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.	6.1.2, 6.1.3
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.	6.1.3, 6.1.4
4.2.6	The procedure for accessing appropriate professional development leave is published, reasonable and practical.	6.1.6
4.2.7	The prevocational training provider makes available services to provide career advice to prevocational doctors.	3.1.5
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.	1.1.5, 1.3.4, 1.3.5
4.3.2	The prevocational training program informs prevocational doctors about the activities of committees that deal with prevocational training in a timely manner.	1.3.4
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.	1.1.5
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.	6.1.7
Standard 5: The prevocational training program – evaluation and improvement		
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.	2.1.1, 2.1.3, 2.1.4
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.	2.1.2, 2.1.3, 2.1.4, 2.1.5
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.	2.1.3
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.	2.1.2, 2.1.3, 2.1.4, 2.1.6
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.	2.1.5
5.2.2	Outcomes of evaluation activities are communicated to those involved in the prevocational training program, including prevocational doctors and supervisors.	1.3.4, 1.3.5