

Mapping of Prevocational Accreditation Standards to the revised AMC National Framework					
AMC National Framework for Prevocational Medical Training		Assessed (New, Extended, Covered)	SA MET Accreditation Standards	Current Evidence	Additional Notes
1.1 Organisational Purpose	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.	Extended	1.1.1 Facilities have a strategic plan for TMO education and training, endorsed by the LHN CEO. The LHN CEO is responsible for providing adequate resources to meet this plan.	* Strategic Plan and budget for TMO training within the facility. * Interview: Individuals involved in implementing TMO training can outline their roles in strategic planning	LHNs to address the healthcare needs of the communities they serve and reduce health disparities in those communities, particularly for Aboriginal and Torres Strait Island Peoples of Australia.
	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			LHNs should include education and training strategies that aim to improve the education of practitioners in Indigenous health.
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.	New			In addition to ensuring high-quality education and training, those who develop the medical workforce have a shared responsibility to help education and training meet health needs of the community.
	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.	New			Providing prevocational doctors with exposure to a range of clinical experiences supports their development of generalist and foundational skills. These experiences should be across different settings and disciplines with appropriate supervision and structured learning opportunities.
1.3 Governance	1.3.1 The governance of the prevocational training program, supervisory and assessment roles are defined.	Extended	1.3.1 Facilities have an Education and Training Program Committee which is adequately resourced, empowered and supported to advocate for TMO education and training. 1.3.2 The Education and Training Program Committee oversees and evaluates all aspects of TMO education and training and is responsible for determining and monitoring changes to education and training.	* Strategic Plan noting the setup of an Education and Training Program Committee * Terms of Reference (TOR) * CEO or DCT Undertaking on resources and function of the Committee * Education & Training Prevocational Committee Annual report * Meeting minutes for the past 12 months * Terms of Reference * Interview: What the Committee has improved from TMO feedback	Teaching, training, supervising, appraising and assessing doctors are critical functions in caring for patients now, and for developing a highly skilled workforce to meet community needs for the future. It is expected that health services recognise and resource these training and education functions. This should include quarantined time to support learning and assessment activities.
	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.	Covered	1.1.3 An organisational structure is in place to support TMO education and training, including a delegated manager with executive accountability for meeting postgraduate education and training standards for example a Director of Medical Services. 1.1.4 Facilities have patient safety policies to ensure TMOs work within their scope of practice. TMOs are made aware of these policies. 1.2.3 Appropriate full time equivalent levels of qualified staff, including a DCT, MEO and administrative staff, are employed to manage, organise and support education and training. This is underpinned by regular appraisal of the unit and its personnel by	* Organisational structure outlining roles and responsibilities relevant to TMO training * Identified accountable Officer(s) for Standards and written delegations able to deliver Standards * Staffing is declared sufficient within the MEU to satisfy the Education and Training program at the facility and adequate TMO support is provided. * Interview: Individuals involved in TMO training can outline their training roles and responsibilities * Policies and processes relevant to TMO Training	Each prevocational training program should have a governance structure that includes a clinical training committee (or equivalent) with the primary responsibility to oversee prevocational (PGY1 And PGY2) education, training and supervision, including evaluation of the program. In addition, for prevocational training providers that are networked, there should be a governance committee with representatives from all participating health services in that network, and with responsibility to oversee and coordinate the network's prevocational training program.
	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.	Covered	1.1.2 Facilities are funded as teaching and training organisations, and therefore give high priority to medical education. 1.2.1 Facilities provide the physical, ICT, library and educational resources necessary for supporting TMO education and training. 1.2.4 Facilities have a dedicated budget to support and develop TMO education and training. 1.2.5 TMOs are provided with a safe, secure and comfortable area away from clinical workspaces.	* Budget for TMO Training within the facility * Education and Training Strategic Plan * Consideration of physical and educational infrastructure in strategic plan * Orientation information provided to TMOs with the facilities available to support their education and training. Interview: On-site demonstration of the physical and educational infrastructure e.g. dedicated teaching and office space for TMO training staff, library facilities, internet access * A dedicated budget for TMO training within the facility. * A LHN Chief Executive Officer Undertaking of available budget. * Map of the facility showing the TMO area. * An MEU explanation/overview of the TMO areas away from clinical work spaces.	
	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.	New			LHNs should implement strategies to establish effective partnerships with relevant local communities, organisations and individuals in the Indigenous health sector. These partnerships recognise the unique challenges the sector faces and acknowledge that promoting cultural safety is an important strategy in improving patient safety and outcomes for Aboriginal and Torres Strait Islander peoples. Useful available guides include the National Safety and Quality Health Service NSQHS Standards User guide for Aboriginal and Torres Strait Islander health.
	1.3.5 The prevocational training program complies with relevant national, state or territory laws and regulations pertaining to prevocational training.	Covered	1.3.5 Facilities report changes to the program, units or terms, that may affect the delivery of the program, to SA MET in line with the Process for Accrediting a Change of Circumstance. 3.1.4 The education and training program is structured to reflect the requirements of the registration standard for granting general registration as a medical practitioner to Australian and New Zealand medical graduates on completion of intern training. 3.2.1 Facilities provide TMOs with a program of terms that enables the attainment of ACF competencies, including relevant skills and procedures. Intern terms should reflect the requirements of the registration standard for granting general registration as a medical practitioner to Australian and New Zealand medical graduates on completion of intern training.	* Process to submit New and Change of Circumstance requests to the SA MET Unit * Statement that the facility provides all changes to intern and PGY2+ rotations to the SA MET Unit * Established working relationship with the SA MET Unit accreditation team ensuring all requests are submitted via VAM. * Facility procedure setting out the education and training program structured to meet registration standards * Minutes from the Education and Training Program committee on meeting registration standards * List of all current terms and numbers of Prevocational and Vocational Trainees allocated to terms * Year term allocation for each Trainee which demonstrates length of terms * Term Descriptions for the Unit or for each Unit within the Facility, including the clinical Casemix, workload and mapping of educational opportunities to the ACF and/or to College curricula as appropriate * Process documentation	Prevocational training providers must comply with laws and regulations as businesses, employers and healthcare providers. They therefore have policies, procedures and systems in place to meet requirements under laws, regulations or other accreditation standards, such as the NSQHS Standards or accreditation for specialist medical training programs. This includes audit systems and quality assurance processes to demonstrate compliance with laws and regulations. All these existing policies, procedures and systems include may also meet requirements for prevocational training.
1.3.6 Prevocational doctors are involved in the governance of their training.	Covered	1.3.3 The Education and Training Program Committee has Terms of Reference that outline its functions, reporting lines, powers and membership, which includes TMOs. 1.3.4 Education and Training Program Committee outcomes are regularly communicated to TMOs. 2.1.2 TMOs have the opportunity and are encouraged to provide feedback in confidence on all aspects of their education and training. 2.1.3 Facilities use TMO evaluations of orientation, education sessions, supervision, terms and assessments to develop the education and training program.	* ETP committee Terms of Reference (TOR), including membership * Trainee education policies * Process to provide Education and Training Committee outcomes to TMOs * Minutes from TMO meetings with regular ETPC agenda item * Form of communication to TMOs with outcomes from the Committee Interview: Feedback that regular communication of ETPC outcomes occur * Program evaluations, with recommended changes for the Facility, program for the following year and for term programs at least annually. * Processes in place to encourage TMOs to provide feedback on all aspects of their experience e.g. through term evaluations. Interview: TMOs were provided with an opportunity to provide feedback and how this feedback supported improvements * Evaluation tool used to evaluate both formal ETP sessions, orientation, supervision, assessment process and the term. Interview: Trainees are aware of evaluation tools and complete formal ETP session and term evaluations	Prevocational doctors' performance is assessed and reviewed to meet both their registration and employment requirements. When safety concerns are raised, clear procedures are important for those responsible for the prevocational training program to inform both the employer and the regulator, where appropriate. LHNs must be aware of the Health Practitioner Regulation National Law. This requires registered health practitioners and employers to notify about registered medical practitioners who have engaged in 'notifiable conduct' as defined in the National Law.	
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.	Covered	1.1.4 Facilities have patient safety policies to ensure TMOs work within their scope of practice. TMOs are made aware of these policies. 6.1.3 Facilities have written policies and processes in place, with appropriate reference to local and national jurisdictional guidelines, to manage welfare, workload, safety and substandard performance of TMOs.	* Policies and processes relevant to TMO Training * Policies and procedures * Declaration noting the facility utilises the SA MET Trainee in Difficulty resource and other resources		
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.	Covered	1.1.1 Facilities have a strategic plan for TMO education and training, endorsed by the LHN CEO. The LHN CEO is responsible for providing adequate resources to meet this plan. 1.1.3 An organisational structure is in place to support TMO education and training, including a delegated manager with executive accountability for meeting postgraduate education and training standards for example a Director of Medical Services. 1.2.3 Appropriate full time equivalent levels of qualified staff, including a DCT, MEO and administrative staff, are employed to manage, organise and support education and training. This is underpinned by regular appraisal of the unit and its personnel by 1.3.1 Facilities have an Education and Training Program Committee which is adequately resourced, empowered and supported to advocate for TMO education and training. 1.3.2 The Education and Training Program Committee oversees and evaluates all aspects of TMO education and training and is responsible for determining and monitoring changes to education and training. 1.3.3 The Education and Training Program Committee has Terms of Reference that outline its functions, reporting lines, powers and membership, which includes TMOs.	* Strategic Plan and budget for TMO training within the facility. * Interview: Individuals involved in implementing TMO training can outline their roles in strategic planning * Organisational structure outlining roles and responsibilities relevant to TMO training * Identified accountable Officer(s) for Standards and written delegations able to deliver Standards * Staffing is declared sufficient within the MEU to satisfy the Education and Training program at the facility and adequate TMO support is provided. * Interview: Individuals involved in TMO training can outline their training roles and responsibilities * The Facility should be able to provide the names, qualifications and FTE allocations of staff appropriate to support TMOs * Overview of the processes by the MEU to ensure regular appraisal of the unit/staff * Strategic Plan noting the setup of an Education and Training Program Committee * Terms of Reference (TOR) * CEO or DCT Undertaking on resources and function of the Committee * Education & Training Prevocational Committee Annual report * Meeting minutes for the past 12 months * Terms of Reference * Interview: What the Committee has improved from TMO feedback * ETP committee Terms of Reference (TOR), including membership * Trainee education policies	Program management normally includes a delegated senior executive with accountability for meeting prevocational education and training standards – for example, in a hospital, the executive director of medical services (EDMS). In addition, prevocational training providers will have a senior clinician – a director of clinical training (DCT) or equivalent – who is responsible for the training and education program quality and the longitudinal oversight of prevocational doctors, working in collaboration with clinical and term supervisors. Staff involved in managing prevocational doctors and administering the training program (including term allocations and rostering) should have appropriate seniority and skills and be adequately resourced to carry out their roles and responsibilities. This includes having a sound understanding of efficient and equitable rostering practices, including rostering methodology, wellbeing and fatigue management.
	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.	Covered	1.3.5 Facilities report changes to the program, units or terms, that may affect the delivery of the program, to SA MET in line with the Process for Accrediting a Change of Circumstance.	* Process to submit New and Change of Circumstance requests to the SA MET Unit * Statement that the facility provides all changes to intern and PGY2+ rotations to the SA MET Unit * Established working relationship with the SA MET Unit accreditation team ensuring all requests are submitted via VAM.	LHNs to notify the SA MET Accreditation Committee of any significant changes that may impact or potentially impact the training program, that may include: • Absence or changes to senior staff with important roles in prevocational training, such as a DMS, term supervisor, MEO or junior medical officer (JMO) manager. • Plans for significant redesign or restructure of the health service that impacts on prevocational doctors, such as a change to clinical services that changes case load and case mix for a term. • Workforce or rostering changes to the term that significantly change the access and level of supervision and/or educational opportunities. • Resource changes that significantly reduce available administrative support, facilities or educational programs.
	1.4.3 The health services have effective organisational and operational structures dedicated to managing prevocational doctors, including rostering and leave management.	Covered	1.1.3 An organisational structure is in place to support TMO education and training, including a delegated manager with executive accountability for meeting postgraduate education and training standards for example a Director of Medical Services. 6.1.6 Facilities have published, fair and practical policies for managing annual leave, sick leave and professional development leave.	* Organisational structure outlining roles and responsibilities relevant to TMO training * Identified accountable Officer(s) for Standards and written delegations able to deliver Standards * Staffing is declared sufficient within the MEU to satisfy the Education and Training program at the facility and adequate TMO support is provided. * Interview: Individuals involved in TMO training can outline their training roles and responsibilities * Policies and processes for managing annual leave, sick leave and PD leave.	
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.	Covered	2.1.6 Facilities form constructive working relationships with other agencies and facilities to support education and training.	* Outline the external relationships established to support TMO education and training Interview: Individually provide the external relationships experienced through the education and training program	The prevocational training provider should implement strategies to establish effective partnerships with relevant local communities, organisations and individuals in the Indigenous health sector to promote the education and training of prevocational doctors. These partnerships should recognise the unique challenges faced by this sector.
	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 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.	Covered	5.1.6 Facilities have a process to assist with decisions on the remediation of TMOs who do not achieve satisfactory supervisor assessments.	* Policies/process on remediation and trainee in difficulty Interview: How does the MEU support TMOs who do not achieve satisfactory assessments?	To inform decision-making conduct, the grounds for appeal may include: • an error in law or in due process in forming the original decision • relevant and significant information was not considered, or not properly considered, whether this information was available at the time of the original decision or became available subsequently • irrelevant information was considered in making the original decision • procedures that were required by the organisation's policies to be observed in making the decision were not observed • the original decision was made for a purpose other than a purpose for which the power was conferred • the original decision was made according to a rule or policy without regarding the merits of the particular case • the original decision was clearly inconsistent with the evidence and arguments put before the body making the original decision. Elements of a strong and effective appeals process include incorporating the principles of procedural fairness, natural justice, timeliness and transparency of decision-making.
			6.1.7 Facilities have clear, impartial and confidential pathways for the timely resolution of training-related disputes between TMOs and supervisors, or TMOs and the facility.	* Policies on dispute resolution * Examples of past experiences Interview: TMO - Whom do you speak with if you have a concern about your term supervisor. MEU - How do you support a TMO who has a concern with their term supervisor?	
2.1 Program structure and composition	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.	Revised	3.1.3 The education and training program offered is mapped to the ACF and covers topics relevant to TMO training.	* ETP Plan and timetable * Detail of mapping of the ETP to the ACF * Minutes from the Education and Training Program Committee * Term Description with completed ACF mapping tool Interview: Discussion to ensure ETP is relevant to Trainees	
			3.1.4 The education and training program is structured to reflect the requirements of the registration standard for granting general registration as a medical practitioner to Australian and New Zealand medical graduates on completion of intern training.	* Facility procedure setting out the education and training program structured to meet registration standards * Minutes from the Education and Training Program committee on meeting registration standards	

Mapping of Prevocational Accreditation Standards to the revised AMC National Framework				
AMC National Framework for Prevocational Medical Training	Assessed (New, Extended, Covered)	SA MET Accreditation Standards	Current Evidence	Additional Notes
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 	Revised	3.2.1 Facilities provide TMOs with a program of terms that enables the attainment of ACF competencies, including relevant skills and procedures. Intern terms should reflect the requirements of the registration standard for granting general registration as a medical practitioner to Australian and New Zealand medical graduates on completion of intern training.	* List of all current terms and numbers of Prevocational and Vocational Trainees allocated to terms * Year term allocation for each Trainee which demonstrates length of terms * Term Descriptions for the Unit or for each Unit within the Facility, including the clinical Casemix, workload and mapping of educational opportunities to the ACF and/or to College curricula as appropriate * Process documentation	
		3.2.2 Facilities ensure TMOs are able to participate in learning opportunities appropriate to each term, including practical experience in each specialty undertaken with the opportunity to improve their practical skills. This includes exposure to theatre time during surgical terms. Intern terms should take into account the Australian Medical Council Guidelines for intern terms.	* Year rosters for each intern outlining terms and durations (including, where applicable, secondment terms) * Processes to ensure TMOs receive appropriate learning opportunities each term. * Term Description noting the different learning opportunities on the term. Interview: Seek feedback from TMOs and their ability to attend all learning opportunities on a particular term. Term Supervisor - learning opportunities available to TMOs on the term.	
		5.1.7 Facilities implement and document assessments of TMO performance consistent with the registration standard for granting general registration as a medical practitioner to Australian and New Zealand medical graduates on completion of intern training. 5.1.8 Intern assessment is consistent with the guidelines in the AMC's Intern training - Assessing and certifying completion, and based on interns achieving outcomes stated in the AMC's Intern training - Intern outcome statements.	* Policies and procedures on documenting TMO assessments to support meeting general registration. * Assessment processes * Minutes of meeting discussing assessment procedures & results	
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.	Covered	6.1.8 Facilities guide and support supervisors and TMOs in the implementation and review of flexible training arrangements. Available arrangements for interns are consistent with the registration standard for granting	* Policies and procedures on flexible working arrangements Interview: Experience and overview of previous flexible working opportunities provided	Flexible training means training that fits within the 'specific circumstances' described in the Registration standard - Granting general registration on completion of intern training. This relates to part-time training. Policies about flexible training should be readily available to supervisors and prevocational doctors. Providers should guide and support supervisors and prevocational doctors on implementing and reviewing flexible training arrangements, which may cover a range of circumstances such as prevocational doctors with parental responsibilities, or with a medical condition or disability.
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			LHNS should attend to the specific needs of Aboriginal and Torres Strait Islander prevocational doctors, who are likely to: <ul style="list-style-type: none"> be expected to meet family and community roles and responsibilities be expected to engage with the Aboriginal and Torres Strait Islander health professional bodies, and health research communities be expected to support or lead cultural safety education or professional development within their health settings - they may also be expected to lead or facilitate cultural protocols and processes alongside the health provider or local Aboriginal and Torres Strait Islander communities be expected to contribute to national and international Indigenous policy, teachings and learnings.
2.2 Training Requirements				
2.2.1 The prevocational training program is underpinned by current evidence-informed medical education principles.	New			Education principles include an understanding of teaching and learning practices, common terminology and assessment methods in medical education; and educational supervision.
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.	Revised	3.2.3 In identifying terms for training, facilities consider the following: <ul style="list-style-type: none"> complexity and volume of the unit's workload the TMO's workload the experience TMOs can expect to gain how the TMO will be supervised, and who will supervise them. 	* Processes on how MEU identify terms for training. * Processes on how the MEU review the terms for training.	The prevocational outcome statements are set at a higher level for postgraduate year 1 (PGY1) and postgraduate year 2 (PGY2), reflecting the additional training and experience of the doctor completing their two-year prevocational program. Although the outcomes statements apply to both PGY1 and PGY2, the level of expectation, responsibility, supervision and entrustability of the outcomes will be different between the two years. The prevocational doctor should be consolidating and applying the knowledge gained in medical school.
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			Prevocational doctors are expected to consolidate and apply knowledge of the culture, spirituality and relationship to land of Aboriginal and Torres Strait Islander peoples to clinical practice and advocacy. Where interactions occur with Indigenous people, prevocational doctors should be encouraged to apply their knowledge to practise in culturally competent ways; for example, to establish whether and how a person identifies as Indigenous. While the prevocational training program may not be able to provide opportunities for an individual prevocational doctor to demonstrate all the elements of caring for Aboriginal and Torres Strait Islander peoples, the prevocational training provider is expected to ensure alternative opportunities (such as attending a course) for prevocational doctors to demonstrate they have attained the outcomes.
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.	Revised	5.1.3 Interns undergo valid and reliable formative mid-term assessments for all terms exceeding five weeks. Ideally, this will also occur for all other TMOs. 5.1.4 TMOs undergo valid and reliable summative end-of-term assessments for all terms. The supervisor should consult with other team members to maximise reliability. These assessments are discussed with TMOs, who have the opportunity to comment on their performance. 5.1.7 Facilities implement and document assessments of TMO performance consistent with the registration standard for granting general registration as a medical practitioner to Australian and New Zealand medical graduates on completion of intern training. 5.1.8 Intern assessment is consistent with the guidelines in the AMC's Intern training - Assessing and certifying completion, and based on interns achieving outcomes stated in the AMC's Intern training - Intern outcome statements.	* Record of mid term assessment completion Interview: Trainee feedback on midterm assessment process * Facility end of term assessment tool Interview: Trainees are provided the opportunity to formally comment on summative assessment forms prior to them being placed on their permanent file * Policies and procedures on documenting TMO assessments to support meeting general registration. * Assessment processes * Minutes of meeting discussing assessment procedures & results	Assessment process requirements can be found in the Training and assessment requirements document. This includes regular performance assessment against the prevocational outcome statements, managing progression and remediation (where relevant), and certifying completion of prevocational training. The requirements are described in 'Prevocational assessment' (Section 3 of Training and assessment requirements) in the following parts: A. Assessment approach B. Improving performance C. Certifying completion of PGY1 and PGY2 training D. National assessment forms (Prevocational training term assessment form and the Prevocational training entrustable professional activity (EPA) assessment forms)
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.		Revised	5.1.1 TMOs are encouraged to take responsibility for their own performance, and to seek feedback from their supervisors in relation to their performance. 5.1.2 Term supervisors outline unit-specific assessment processes at the start of each term, identifying team members involved in assessing TMOs.	* Completed Term description with TMO responsibilities Interview: Feedback from TMOs on their rotation experiences * Assessment process including schedule, tools and feedback method * Unit orientation processes Interview: Trainees understand the process for assessment within the unit and was this discussed at the beginning of term?
2.3.3 Prevocational doctors and supervisors understand all components of the assessment processes.	Revised			
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.	New			
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.	Covered	4.1.7 Supervisors are responsible for providing TMOs with regular constructive feedback. 5.1.3 Interns undergo valid and reliable formative mid-term assessments for all terms exceeding five weeks. Ideally, this will also occur for all other TMOs. 5.1.4 TMOs undergo valid and reliable summative end-of-term assessments for all terms. The supervisor should consult with other team members to maximise reliability. These assessments are discussed with TMOs, who have the opportunity to comment on their performance. 5.1.5 TMO assessments are confidential and are not released by a facility for any human resources purposes, including employment applications. A copy of all assessments should be provided to the TMO. 5.1.8 Intern assessment is consistent with the guidelines in the AMC's Intern training - Assessing and certifying completion, and based on interns achieving outcomes stated in the AMC's Intern training - Intern outcome statements.	* Survey results * Supervision policy * Completed Term Description noting the use for regular constructive feedback Interview: Survey results from TMOs on their experiences * Record of mid term assessment completion Interview: Trainee feedback on midterm assessment process * Facility end of term assessment tool Interview: Trainees are provided the opportunity to formally comment on summative assessment forms prior to them being placed on their permanent file * Confidentiality process for Trainees providing evaluation reports * Assessment processes * Minutes of meeting discussing assessment procedures & results	
2.4.2 Prevocational doctors receive timely, progressive and informal feedback from term and clinical supervisors during every term.		Covered	4.1.7 Supervisors are responsible for providing TMOs with regular constructive feedback. 5.1.1 TMOs are encouraged to take responsibility for their own performance, and to seek feedback from their supervisors in relation to their performance.	* Survey results * Supervision policy * Completed Term Description noting the use for regular constructive feedback Interview: Survey results from TMOs on their experiences * Completed Term description with TMO responsibilities Interview: Feedback from TMOs on their rotation experiences
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.	Covered	5.1.7 Facilities implement and document assessments of TMO performance consistent with the registration standard for granting general registration as a medical practitioner to Australian and New Zealand medical graduates on completion of intern training. 5.1.8 Intern assessment is consistent with the guidelines in the AMC's Intern training - Assessing and certifying completion, and based on interns achieving outcomes stated in the AMC's Intern training - Intern outcome statements.	* Policies and procedures on documenting TMO assessments to support meeting general registration. * Assessment processes * Minutes of meeting discussing assessment procedures & results	
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.	Covered	5.1.1 TMOs are encouraged to take responsibility for their own performance, and to seek feedback from their supervisors in relation to their performance.	* Completed Term description with TMO responsibilities Interview: Feedback from TMOs on their rotation experiences	
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.	Covered	5.1.6 Facilities have a process to assist with decisions on the remediation of TMOs who do not achieve satisfactory supervisor assessments.	* Policies/process on remediation and trainee in difficulty Interview: How does the MEU support TMOs who do not achieve satisfactory assessments?	
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.	Revised	6.1.4 Facilities identify underperforming TMOs in a timely fashion and have appropriate processes to support and manage these TMOs. TMOs are informed of concerns regarding their practice to enable this to be remedied before the end of the training year wherever possible. 6.1.7 Facilities have clear, impartial and confidential pathways for the timely resolution of training-related disputes between TMOs and supervisors, or TMOs and the facility.	* Policy for informing Trainees of serious concerns and for managing substandard performance. * Policy to manage trainees in difficulty Interview: How does the MEU monitor TMO performance to address before mid or end of term assessments? * Policies on dispute resolution * Examples of past experiences Interview: TMO - Whom do you speak with if you have a concern about your term supervisor. MEU - How do you support a TMO who has a concern with their term supervisor?	When decisions about the performance of individual prevocational doctors needs review, processes to be followed are outlined in 'Improving performance' (Section 3B of Training and assessment requirements). Each prevocational training provider must establish an assessment review panel, which will be responsible for overseeing individual prevocational doctors' performance and progression, as outlined in 'Certifying completion of PGY1 and PGY2 training' (Section 3C of Training and assessment requirements).
3.1 Work-based teaching and training				
3.1.1 The prevocational training provider ensures opportunities for broad generalist clinical work-based teaching and training.	Revised	3.1.3 The education and training program offered is mapped to the ACF and covers topics relevant to TMO training. 3.2.1 Facilities provide TMOs with a program of terms that enables the attainment of ACF competencies, including relevant skills and procedures. Intern terms should reflect the requirements of the registration standard for granting general registration as a medical practitioner to Australian and New Zealand medical graduates on completion of intern training. 3.2.2 Facilities ensure TMOs are able to participate in learning opportunities appropriate to each term, including practical experience in each specialty undertaken with the opportunity to improve their practical skills. This includes exposure to theatre time during surgical terms. Intern terms should take into account the Australian Medical Council Guidelines for intern terms.	* ETP Plan and timetable * Detail of mapping of the ETP to the ACF * Minutes from the Education and Training Program Committee * Term Description with completed ACF mapping tool Interview: Discussion to ensure ETP is relevant to Trainees * List of all current terms and numbers of Prevocational and Vocational Trainees allocated to terms * Year term allocation for each Trainee which demonstrates length of terms * Term Descriptions for the Unit or for each Unit within the Facility, including the clinical Casemix, workload and mapping of educational opportunities to the ACF and/or to College curricula as appropriate * Process documentation * Year rosters for each intern outlining terms and durations (including, where applicable, secondment terms) * Processes to ensure TMOs receive appropriate learning opportunities each term. * Term Description noting the different learning opportunities on the term. Interview: Seek feedback from TMOs and their ability to attend all learning opportunities on a particular term. Term Supervisor - learning opportunities available to TMOs on the term.	Prevocational programs should provide prevocational doctors with broad generalist clinical experiences in line with national strategic objectives for the medical workforce, and to prepare them for future practice and meeting the health needs of the community. Prevocational training should ideally take place in a variety of health care settings, which may be located in metropolitan, regional and rural settings, including hospitals, general practices and community-based medical services.
3.1.2 The prevocational training provider 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)		Revised	3.2.1 Facilities provide TMOs with a program of terms that enables the attainment of ACF competencies, including relevant skills and procedures. Intern terms should reflect the requirements of the registration standard for granting general registration as a medical practitioner to Australian and New Zealand medical graduates on completion of intern training. 3.2.2 Facilities ensure TMOs are able to participate in learning opportunities appropriate to each term, including practical experience in each specialty undertaken with the opportunity to improve their practical skills. This includes exposure to theatre time during surgical terms. Intern terms should take into account the Australian Medical Council Guidelines for intern terms.	* List of all current terms and numbers of Prevocational and Vocational Trainees allocated to terms * Year term allocation for each Trainee which demonstrates length of terms * Term Descriptions for the Unit or for each Unit within the Facility, including the clinical Casemix, workload and mapping of educational opportunities to the ACF and/or to College curricula as appropriate * Process documentation * Year rosters for each intern outlining terms and durations (including, where applicable, secondment terms) * Processes to ensure TMOs receive appropriate learning opportunities each term. * Term Description noting the different learning opportunities on the term. Interview: Seek feedback from TMOs and their ability to attend all learning opportunities on a particular term. Term Supervisor - learning opportunities available to TMOs on the term.

Mapping of Prevocational Accreditation Standards to the revised AMC National Framework					
AMC National Framework for Prevocational Medical Training	Assessed (New, Extended, Covered)	SA MET Accreditation Standards	Current Evidence	Additional Notes	
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 	Covered	3.2.3 In identifying terms for training, facilities consider the following: <ul style="list-style-type: none"> complexity and volume of the unit's workload the TMO's workload the experience TMOs can expect to gain how the TMO will be supervised, and who will supervise them. 	<ul style="list-style-type: none"> Processes on how MEU identify terms for training. Processes on how the MEU review the terms for training. 	Programs should include placements that are long enough to allow prevocational doctors to become members of the team and allow team members to make reliable judgements about the prevocational doctor's abilities, performance and progress.	
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.	Covered	4.1.1 TMOs are supervised at all times at a level appropriate to their experience and responsibilities.	<ul style="list-style-type: none"> Supervision Policy and resources available to Term Supervisors Completed term description Survey results from TMOs on their supervision experience. Interview: TS - Where does the Term Supervisor go to for support? TMO - Supervision available to them.	Supervision is an accreditation requirement for PGY1 and PGY2, and also a provisional registration requirement for PGY1.	
3.2.2 Prevocational supervisors understand their roles and responsibilities in assisting prevocational doctors to meet learning objectives and in conducting assessment processes.	Extended	4.1.2 Facilities have a supervision guideline that is understood and adhered to by supervisors.	<ul style="list-style-type: none"> Facility supervision policy List of term supervisors and their individual relevant appointment(s) Interview: Supervisors and Trainees indicate effective supervision Interview: Discussion of attendance by term and other supervisors at professional development and a list of supervisor professional development opportunities offered by the Facility. Document review and interview		
3.2.3 Supervision is provided by qualified medical staff with appropriate competencies, skills, knowledge and a demonstrated commitment to prevocational training.	Covered	4.1.3 Supervisors have the competencies, skills, knowledge, authority, time and resources to enable adequate supervision of TMOs at all times.	<ul style="list-style-type: none"> Supervision Policy Interview: Those supporting TMO training demonstrate appropriate abilities and attitudes to fulfil their roles Interview: Evidence that personnel are supported and participate in professional development relevant to the role of educator and mentor Interview: Evidence of effective teaching performance appraisal (where appropriate) Interview: How does the MEU support term supervisors to ensure this supervision?		
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.	Covered	1.2.3 Appropriate full time equivalent levels of qualified staff, including a DCT, MEO and administrative staff, are employed to manage, organise and support education and training. This is underpinned by regular appraisal of the unit and its personnel by	<ul style="list-style-type: none"> The Facility should be able to provide the names, qualifications and FTE allocations of staff appropriate to support TMOs. Overview of the processes by the MEU to ensure regular appraisal of the unit/staff. 		
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.	New			It is important that staff supervising prevocational doctors have the appropriate competencies, skills, knowledge and commitment to prevocational training. The educational roles of supervisor and assessor are critical to the success of the prevocational training program. Adequate training and resources to support these roles is therefore essential. Those filling supervisory roles should know the program requirements, understand the principles of adult learning, be able to provide constructive feedback, and respond appropriately to identified concerns. All supervisors of prevocational doctors need clear guidance on their responsibilities to prevocational doctors, including how to escalate concerns about patient safety in the event the prevocational doctor is experiencing difficulty.	
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.	Revised	5.1.2 Term supervisors outline unit-specific assessment processes at the start of each term, identifying team members involved in assessing TMOs.	<ul style="list-style-type: none"> Assessment process including schedule, tools and feedback method Unit orientation processes Interview: Trainees understand the process for assessment within the unit and was this discussed at the beginning of term?	<p>LHNs should have processes in place to monitor the professional development needs and activities of term supervisors. Providers should also provide training for term supervisors to address any identified knowledge or skill gaps.</p> <p>LHNs should offer prevocational training supervisors training in performance management and communication skills. This should include support for registrars who often undertake a large proportion of day-to-day supervision of prevocational doctors.</p>	
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.	New			<p>Term supervisor training under these revised standards will become mandatory within three years from when the revised prevocational National Framework is implemented. LHNs should have:</p> <ul style="list-style-type: none"> systems in place to monitor and record attendance at supervisor training processes in place to train supervisors on prevocational-specific requirements – these processes should include recognising prior learning for supervisors who have completed relevant courses through medical school or college programs opportunities to meet the expectation that supervisors have training and professional development in cultural safety in Aboriginal and Torres Strait Islander health, to ensure their capacity to support prevocational doctors to meet the learning outcomes statements regarding Aboriginal and Torres Strait Islander health and support safe learning environments. 	
3.3.3 The prevocational training program regularly evaluates the adequacy and effectiveness of prevocational doctor supervision.	Covered	2.1.5 Mechanisms are in place to access feedback from supervisors to inform program monitoring and continuous improvement.	<ul style="list-style-type: none"> Evaluation tool for Term Supervisors to evaluate the term Interview: Term Supervisors are aware of evaluation tools and how has feedback impacted the term?		
3.3.4 The prevocational training program supports supervisors to fulfill their training roles and responsibilities.	Covered	4.1.6 Facilities provide appropriate support and professional development opportunities to supervisors for their roles.	<ul style="list-style-type: none"> Supervision Policy Interview: Evidence that term supervisors are supported and participate in professional development relevant to the role of educator and mentor Interview: Evidence of effective teaching performance appraisal (where appropriate) Interview: Where does the Term Supervisor go to seek support?		
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.	Covered	3.1.1 All TMOs can access the education and training program provided and supplementary training activities offered on all terms.	<ul style="list-style-type: none"> Term roster and Term Descriptions detailing all hospital wide and unit education commitments Policy for review of formal ETP session attendance rates from individual terms to ensure that particular terms do not unreasonably limit ETP access Policy and procedures regarding protected time for education Interview: Trainees are able to access ETP during work hours Interview: Trainees are able to access supplementary educational opportunities	<p>Formal education programs normally include:</p> <ul style="list-style-type: none"> a program that is guided by the prevocational outcome statements sessions with senior medical practitioners and other health professionals opportunities to develop and practice clinical skills within a simulated environment orientation to the overall program and site, which occurs at the beginning of the year. 	
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.	Covered	3.1.3 The education and training program offered is mapped to the ACF and covers topics relevant to TMO training.	<ul style="list-style-type: none"> ETP Plan and timetable Detail of mapping of the ETP to the ACF Minutes from the Education and Training Program Committee Term Description with completed ACF mapping tool Interview: Discussion to ensure ETP is relevant to Trainees		
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.	Covered	3.1.1 All TMOs can access the education and training program provided and supplementary training activities offered on all terms.	<ul style="list-style-type: none"> Term roster and Term Descriptions detailing all hospital wide and unit education commitments Policy for review of formal ETP session attendance rates from individual terms to ensure that particular terms do not unreasonably limit ETP access Policy and procedures regarding protected time for education Interview: Trainees are able to access ETP during work hours Interview: Trainees are able to access supplementary educational opportunities	<p>At the term orientation, prevocational doctors should receive an outline of the term, including information specific to that term on:</p> <ul style="list-style-type: none"> roles and responsibilities of prevocational doctor training and verifications of clinical skills supervision arrangements and key contact people training and education opportunities for the term assessment processes for the term. 	
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.	Covered	3.1.2 Formal education and training program sessions are designated protected time.	<ul style="list-style-type: none"> Policy and procedures noting designated protected time for TMOs Term Descriptions noting the protected time for TMOs in their rotation Interview: An individual's experience in attending training within protected 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.	Covered	1.2.1 Facilities provide the physical, ICT, library and educational resources necessary for supporting TMO education and training.	<ul style="list-style-type: none"> Outline of formal and additional education opportunities offered by the term Educational program schedules Survey results from TMOs on the educational opportunities provided during the term Interview: TMO account on the educational opportunities provided	<p>The physical environment and infrastructure requirements may include:</p> <ul style="list-style-type: none"> quiet study spaces teaching rooms library facilities internet access appropriate meeting or training venues common rooms overnight accommodation (where required due to safety concerns when prevocational doctors are on-call or rostered for after-hours work) long-term accommodation (where required for prevocational doctors on secondment – this should be appropriate, secure and comfortable, in line with relevant jurisdictional industrial and health policy requirements). 	
3.5.2 The prevocational training program provides a safe physical environment and amenities that support prevocational doctor learning and wellbeing.	Covered	1.2.5 TMOs are provided with a safe, secure and comfortable area away from clinical workspaces.	<ul style="list-style-type: none"> Map of the facility showing the TMO area. An MEU explanation/overview of the TMO areas away from clinical workspaces. 		
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. 	New				
4.1 Appointment to program and allocation to terms					
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 	Revised	1.1.6 Facilities allocate TMOs within the program through a transparent, rigorous and fair process which is based on published criteria and the principles of the program.	<ul style="list-style-type: none"> Protocols & Procedures on how TMOs are appointed to rotations Minutes of meetings noting the discussion on the allocation process for the next year 	<p>These standards deal only with the processes for allocating prevocational doctors to terms and health services within the prevocational training program.</p> <p>The processes for selecting prevocational doctors for employment purposes are outside the scope of these standards. LHNs are expected to proactively recruit Aboriginal and Torres Strait Islander doctors in line with the National Agreement on Closing the Gap.</p>	
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. 	Revised	1.1.6 Facilities allocate TMOs within the program through a transparent, rigorous and fair process which is based on published criteria and the principles of the program.	<ul style="list-style-type: none"> Protocols & Procedures on how TMOs are appointed to rotations Minutes of meetings noting the discussion on the allocation process for the next year 		
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.	New			<p>LHNs should provide a supportive learning environment through a range of mechanisms including:</p> <ul style="list-style-type: none"> promoting strategies to maintain health and wellbeing including mental health and cultural safety providing professional development activities to enhance understanding of wellness and appropriate behaviours, and ensuring availability of confidential support and complaint services. <p>The transfer of information between medical schools and health services will occur most effectively when there is a safe and supportive culture to receive and confidentially manage the information.</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.	New			LHNs are expected to have developed a specific cultural safety training program for all staff to reduce the cultural loading on Aboriginal and Torres Strait Islander prevocational doctors.	
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.	Covered	6.1.1 The duties, working hours and supervision of TMOs are consistent with the delivery of high-quality, safe patient care and TMO welfare.	<ul style="list-style-type: none"> Procedures on Facility TMO welfare Completed Term Description Strategic Plan noting the Facility responsibilities for education and training program Policies and procedures in relation to high quality safe patient care and TMO welfare Interview: TMO experiences	Prevocational training programs and prevocational doctors should take account of the relevant jurisdictional, industrial and health policy requirements in relation to workplace safety.	

Mapping of Prevocational Accreditation Standards to the revised AMC National Framework				
AMC National Framework for Prevocational Medical Training	Assessed (New, Extended, Covered)	SA MET Accreditation Standards	Current Evidence	Additional Notes
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.	New			LHNS should have mechanisms for identifying, managing and supporting prevocational doctors who have experienced or witnessed discrimination, bullying and sexual harassment. This process should make all efforts to ensure confidentiality in line with the relevant health service policy. LHNS should make all efforts to ensure that there are no adverse repercussions for prevocational doctors reporting concerns about experienced or witnessed discrimination, bullying and sexual harassment. The prevocational training provider should include information about these mechanisms in their education program.
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.	Covered	6.1.3 Facilities have written policies and processes in place, with appropriate reference to local and national jurisdictional guidelines, to manage welfare, workload, safety and substandard performance of TMOs. 6.1.4 Facilities identify underperforming TMOs in a timely fashion and have appropriate processes to support and manage these TMOs. TMOs are informed of concerns regarding their practice to enable this to be remedied before the end of the training year wherever possible.	* Policies and procedures * Declaration noting the facility utilises the SA MET Trainee in Difficulty resource and other resources * Policy for informing Trainees of serious concerns and for managing substandard performance. * Policy to manage trainees in difficulty Interview: How does the MEU monitor TMO performance to address before mid or end of term assessments?	
4.2.6 The procedure for accessing appropriate professional development leave is published, reasonable and practical.	Covered	6.1.6 Facilities have published, fair and practical policies for managing annual leave, sick leave and professional development leave.	* Policies and processes for managing annual leave, sick leave and PD leave.	
4.2.7 The prevocational training provider makes available services to provide career advice to prevocational doctors.	Covered	3.1.5 Facilities provide guidance to TMOs to inform career choices and how to access these careers.	* Orientation package information * Policy documents/Strategic Plan of the MEO * Annual Report from Education and Training Program Committee on the career choice opportunities undertaken in the previous year. Interview: How has the MEU provided TMO career choice opportunities Interview: TMO How did the MEU provide career advice to TMOs.	
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.	Covered	1.1.5 Facilities provide clear and easily accessible information about the education and training program to TMOs.	* Flyers regarding grand rounds and journal clubs * Information about Education and Training program * Calendar Events * Procedures in relation to distributing education and training program to TMOs Interviews: Individuals advising the education and training available and how TMOs are aware of the program * Information provided through the unit/hospital orientation	
4.3.2 The prevocational training program informs prevocational doctors about the activities of committees that deal with prevocational training in a timely manner.	Covered	1.3.4 Education and Training Program Committee outcomes are regularly communicated to TMOs.	* Process to provide Education and Training Committee outcomes to TMOs * Minutes from TMO meetings with regular ETPC agenda item * Form of communication to TMOs with outcomes from the Committee Interview: Feedback that regular communication of ETPC outcomes occur	
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.	New			The prevocational training provider will have a published grievance policy that considers issues that are relevant to prevocational doctors. This should include clear advice to prevocational doctors on what they should do in the event of conflict with their supervisor or any other person involved in their training. Clear policies and procedures are intended to remove the barriers for prevocational doctors to raise concerns about their training or employment. Processes that allow prevocational doctors to safely raise issues would generally be those that give prevocational doctors confidence that the provider will act fairly and transparently, that prevocational doctors will not be disadvantaged by raising legitimate concerns, and that their complaint will be acted on in a timely manner. This should also include managing potential or actual conflicts of interest where a prevocational doctor raises a grievance about a supervisor.
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.	Covered	6.1.7 Facilities have clear, impartial and confidential pathways for the timely resolution of training-related disputes between TMOs and supervisors, or TMOs and the facility.	* Policies on dispute resolution * Examples of past experiences Interview: TMO - Whom do you speak with if you have a concern about your term supervisor. MEU - How do you support a TMO who has a concern with their term supervisor?	
5.1 Program Monitoring and evaluation				
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.	Extended	2.1.1 Facilities have processes to monitor and evaluate the quality of TMO education and training.	* Process for monitoring and evaluating education and training * Survey outcomes from TMO Feedback and how these implemented change * Evaluation tool used to evaluate both formal education and training sessions and the term * What initiatives have been implemented through evaluation and feedback? Interview: Trainees are aware of evaluation tools and complete formal ETP session and term evaluations	Monitoring and evaluation should include collection and consideration of data from a range of sources and people involved in training including: • Feedback from prevocational doctors. This must include opportunities to provide confidential feedback. • Feedback from those involved in delivering the program including directors of clinical training (or equivalent) and supervisors (including registrars). • External evaluation such as accreditation activities and the Medical Board of Australia's medical training survey results. • Internal data such as assessment data or evaluation of the formal education program.
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.	Extended	2.1.4 Mechanisms are in place to access feedback from supervisors to inform program monitoring and continuous improvement.	* Policy, guidelines and tools seeking feedback to monitor programs and continuous improvement. * Evidence of how the ETP committee has reviewed the formal ETP, and individual term evaluation and any recommendations made to units. * Appropriately de-identified examples should be provided Interview: Formal ETP program convenor(s) and term supervisors can outline benefits and actions resulting from evaluations	
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.	Covered	2.1.2 TMOs have the opportunity and are encouraged to provide feedback in confidence on all aspects of their education and training.	* Program evaluations, with recommended changes for the Facility, program for the following year and for term programs at least annually. * Processes in place to encourage TMOs to provide feedback on all aspects of their experience e.g. through term evaluations. Interview: TMOs were provided with an opportunity to provide feedback and how this feedback supported improvements	
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.	Extended	2.1.3 Facilities use TMO evaluations of orientation, education sessions, supervision, terms and assessments to develop the education and training program.	* Evaluation tool used to evaluate both formal ETP sessions, orientation, supervision, assessment process and the term. Interview: Trainees are aware of evaluation tools and complete formal ETP session and term	
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.	Covered	2.1.5 Facilities act on feedback and modify the education and training program as necessary to improve the TMO experience, using innovative approaches as appropriate.	* Evaluation tool for Term Supervisors to evaluate the term Interview: Term Supervisors are aware of evaluation tools and how has feedback impacted the term?	The evaluation processes should enable a response to information and feedback received in the monitoring processes. Such responses include modifying the training program where required, overseen by the clinical training committee (or equivalent).
5.2.2 Outcomes of evaluation activities are communicated to those involved in the prevocational training program, including prevocational doctors and supervisors.	Extended	1.3.4 Education and Training Program Committee outcomes are regularly communicated to TMOs.	* Process to provide Education and Training Committee outcomes to TMOs * Minutes from TMO meetings with regular ETPC agenda item * Form of communication to TMOs with outcomes from the Committee Interview: Feedback that regular communication of ETPC outcomes occur	