



ACCREDITATION SURVEYOR GUIDELINE

Version: 4.5 (2024)

Contents

- Scope 3**
- Context 3**
- National Standards 3**
- The Accreditation Process 3**
 - Accreditation Preparation 3
 - Submission Assessment Analysis 4
 - Accreditation Assessment Visit 4
 - Accreditation Status Approval 4
- The Accreditation Survey Team 5**
 - Becoming an Accreditation Surveyor 5
 - Composition of a Survey Team 5
- Surveyor Roles 5**
 - Surveyors 5
 - Lead Surveyor 5
 - Observers 6
- Surveyor Responsibilities 6**
 - Review Documentation 6
 - Attend the Pre-Meeting 7
 - Remain Objective 7
 - Communicate 7
 - Debrief 7
 - Report Development 8
 - Feedback 8
- SA MET Unit Responsibilities 8**
- Attendance Arrangements 8**
 - Local 8
 - Interstate 8
 - Accommodation and Meals 9
 - Payment for Surveyors 9
 - Release from Duties 9
- Responding to Concerns received during an Accreditation Visit 9**
- Ethical Issues and Confidentiality 9**
- Internal Review Policy and Procedure 9**
- Related Documents 10**
- Definitions 10**
- Appendix 1: Accreditation Assessment Process Flowchart 12**
- Appendix 2: Suggested Evidence Guideline 13**
- Appendix 3: Accreditation Rating Scale and Matrix 27**
- Appendix 4: Sample Interview Questions 28**
- Appendix 4: Pre-Visit Meeting – Agenda Template 38**
- Appendix 5: Debrief Meeting – Agenda Template 39**
- Appendix 6: Confidentiality Agreement and Conflict of Interest Declaration 40**

Scope

This guide is for all surveyors of accreditation survey teams attending health services on behalf of the South Australian Medical Education and Training (SA MET) Health Advisory Council (the Advisory Council).

The guideline outlines of the role and responsibilities of accreditation surveyors, the necessary information and tools to conduct an assessment of prevocational doctor education, training and wellbeing.

Context

The SA MET Health Advisory Council (the Advisory Council) is the Intern Accreditation Authority for South Australia. The Minister for Health and Wellbeing established the Advisory Council pursuant to section 15 of the *Health Care Act 2008* to make recommendations for the accreditation of trainee medical officer positions in health services.

The Australian Medical Council (AMC) on behalf of the Board of the Medical Board of Australia has accredited the Advisory Council to undertake the accreditation of prevocational doctor positions in South Australia. The Advisory Council receive recommendations for approval regarding accreditation of prevocational doctor positions from the Accreditation Committee. The Accreditation Committee is responsible for delivering effective accreditation processes and facilitating accreditation assessment visited by trained and experienced accreditation surveyors.

National Standards

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

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

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

The Accreditation Process

Through the process of accreditation, an accreditation survey team using the National Standards, formally assesses the health services that employ prevocational doctors.

An assessment visit date is agreed upon in collaboration with the SA MET Unit and the health service's Medical Education Unit. The assessment visit date is then formally communicated to the Chief Executive Officer, and the SA MET Unit can proceed to coordinate an accreditation survey team. An overview of the accreditation process flowchart (Appendix 1).

Accreditation Preparation

Prior to an assessment visit being conducted, the health service is required to complete and provide an accreditation submission and supporting evidence documentation that demonstrates their compliance against the National standards and requirements for prevocational training programs and terms. The health services are required to provide a self-assessment rating of their compliance against the National Standards, which is made up of 5 standards and a total of 74 criteria. Information should be provided on how each criterion has been achieved or the challenges associated with demonstrating compliance. The health service is encouraged to review the Suggested Evidence Guideline (Appendix 2) to assist in gathering self-assessment evidence that a required to be attached to the accreditation submission.

The completed submission is to be returned to the SA MET Unit 60 days prior to the assessment visit.

The submission and evidence documentation will be available to all surveyors for review, but otherwise kept confidential.

The SA MET Unit will coordinate evaluation survey data from prevocational doctors who've undertaken a term at the health service to gain feedback on their experiences to assist with guiding the visit to focus on areas of concern.

Submission Assessment Analysis

Surveyors will be provided with a preliminary assessment of the health's service submission against the National Standards utilising the accreditation rating scale (Appendix 3). The SA MET Unit's accreditation team will thoroughly review the evidence provided and summarise the key findings that includes recommendations for potential commendations, conditions and identified gaps requiring clarification.

The summarised preliminary assessment, submission and documentation evidence is considered by the assessment team at a pre-meeting to ascertain the level of compliance.

Accreditation Assessment Visit

The accreditation assessment team will visit the health service under consideration and conduct a comprehensive review of the supervision, education, training and wellbeing received by prevocational doctors against the National Standards. The interviewees for an assessment visit will include:

- > Chief Executive Officer or delegate
- > Executive Director of Medical Services
- > Director/s of Clinical Training
- > Medical Education Officer/s
- > Term Supervisors
- > Medical Education Registrars
- > Chair/members of the Assessment Review Panel
- > Chair/members of the Education and Training Program (ETP) Committee
- > Trainee Medical Officer Unit Manager
- > Medical Administration
- > Prevocational doctors

The accreditation assessment team will assess how successfully the health service addressed the requirements of the National Standards and utilise the rating matrix (Appendix 4) to support decision-making and guide the determination of compliance.

Accreditation Status Approval

The assessment team will make a recommendation to the Accreditation Committee regarding the accreditation status. The Accreditation Committee will then endorse the recommendation or make its own recommendation, based on the findings within the accreditation report. The Accreditation Committee's recommendation will be considered and either endorsed or amended by the Advisory Council.

Accreditation status is only granted by the Advisory Council (through recommendation from the Accreditation Committee), as delegated by the South Australian Board of the Medical Board of Australia. The health service is advised formally of an accreditation decision by the Presiding Member of the Advisory Council or the Chair of the Accreditation Committee.

The Advisory Council can make the following accreditation decisions:

- > **Four-year accreditation.** This indicates substantial compliance with the majority of the National Standards. The Advisory Council or Accreditation Committee may require subsequent verification or clarification of issues raised by the accreditation team.
- > **Two-year accreditation.** This will be granted to a health service that meets most of the National Standards but has significant deficiencies warranting attention.
- > **12-month accreditation:** This may be granted to a health service or unit that has not previously employed prevocational doctors or has significant deficiencies warranting attention.
- > **Six-month accreditation.** This will be granted to health services that require immediate action to correct deficiencies identified in the assessment visit.
- > **Withdrawal** of accreditation from certain units or an entire health service.

The SA MET Unit will then forward the final report to the health service, the Minister for Health and Wellbeing and upload the Executive Summary to the [SA MET Unit](#) website.

The Accreditation Survey Team

Becoming an Accreditation Surveyor

Surveyors may be recruited in one of the following ways:

- > Nomination by professional body or organisation
- > Registering an expression of interest with SA MET Unit
- > Invitation from SA MET Unit
- > Completion of the Accreditation Surveyor Training

Composition of a Survey Team

The composition and number of members on a survey team will depend on the size of the health service. Special expertise may be sought if particular issues have been identified prior to the accreditation assessment visit.

An accreditation surveyor team will consist of 4-6 members and can comprise:

- > Senior Clinician
- > Medical Education Registrar
- > Medical Education Officer
- > Medical Education specialist
- > Medical Administrators
- > Aboriginal and/or Torres Strait Islander Representative
- > Prevocational doctors
- > Consumer
- > Observer

The survey team undertaking assessment visits to large facilities will include, where possible, an experienced surveyor from interstate or an external organisation such as a Postgraduate Medical Council.

One of the surveyors will be appointed as the lead surveyor on the basis that they have participated in accreditation assessment visits, have extensive subject knowledge and have attended the lead surveyor online training session.

The assigned survey team will be tabled at the Accreditation Committee for review and endorsement to ensure the experience, knowledge and skills are appropriate and meet the needs of the health service undergoing the assessment visit.

Surveyor Roles

Surveyors are representatives of the SA MET Advisory Council and are expected to act in a courteous, professional and non-judgemental manner, maintaining a professional standard of behaviour.

Surveyors

All surveyors are required to:

- > Respect other surveyors and the surveyor lead and any differing opinions
- > Review and contribute to the developed of the accreditation report in a relevant, timely and accurate manner. Providing comprehensive information on the findings for the Accreditation Committee to make a well-informed decision on the accreditation status
- > Liaise with SA MET accreditation team for support and guidance on alignment to the National Standards

Lead Surveyor

The lead surveyor will:

- > Chair the meetings and interviews
- > Introduce the survey team and outline the purpose of the assessment visit to interviewees
- > Invite other surveyors to introduce themselves
- > Ensure prevocational doctor surveyors are empowered to participate fully in the accreditation assessment visits and are able to challenge the views expressed by senior surveyors
- > Seek consensus from surveyors on major issues affecting accreditation ensuring that all surveyors have had their opinions considered
- > Brief the Accreditation Committee, either by videoconference or in person, on the outcomes and themes from the accreditation assessment visit.

Observers

The SA MET Unit may include observers on accreditation assessment visit for the purpose of training new surveyors, SA MET Unit or health service staff. An observer's attendance may be initiated by invitation from the SA MET Unit, or through request from a surveyor or a health service.

The following points must be followed to ensure appropriate participation of observers:

- > Any identified conflict of interest should be declared to the SA MET Unit and may, at the discretion of the Chair of the Accreditation Committee, disqualify an observer from participating.
- > The surveyor lead will be advised when an observer will be attending and will have the opportunity to refuse their participation.
- > The health service will be informed of the name of the observer along with confirmation of the composition of the survey team.
- > The observer should not communicate with the health service on any matter arising from an accreditation assessment visit. Communication should be directed through the SA MET Unit.
- > Observers will generally be present for the duration of an accreditation assessment visit, including survey team meetings pre and post assessment visit.
- > Observers should familiarise themselves with all relevant documents and the National Standards, as provided by the SA MET Unit.
- > Observers must treat all documentation and information gathered confidentially and are required to sign a Confidentiality Agreement and Conflict of Interest Declaration. All documentation and notes must be returned to the SA MET Unit after the assessment visit.
- > Observers will be present at accreditation interviews with health service staff but may not independently pose questions to staff as part of the accreditation process.
- > Observers can feel free to contribute to discussions in closed survey team meetings and can be present at the formulation of the accreditation report but should not influence the accreditation decision.
- > The surveyor team leader/s may, at their discretion, assign duties to the observer to assist the survey members while on the visit.
- > As part of the SA MET quality assurance process, observers may be requested to provide feedback on the visit or the accreditation process. This feedback will be treated as confidential and not divulged without prior consent.
- > Observers will not be asked to audit the performance of SA MET Unit.
- > It is expected that observers or their organisation will meet any costs associated with participation.

Surveyor Responsibilities

BEFORE THE ASSESSMENT VISIT

Review Documentation

Before undertaking an assessment visit, surveyors should familiarise themselves with the *National standards and requirements for prevocational (PGY1 and PGY2) training programs and terms*. This can be achieved by completing the SA MET online training module and attending a practical training session.

Surveyors must read the *SA MET Accreditation Conflict of Interest Policy and Procedure* and declare any actual or potential conflicts of interest prior to the assessment visit and sign a SA MET Confidentiality Agreement and Conflict of Interest Declaration (Appendix 6).

Surveyors should carefully review the accreditation submission, summary notes and supporting documentation in the weeks before the assessment visit and identify areas that may require further clarification, or areas where there is demonstrated excellence beyond the minimum standard.

Any outstanding conditions from a previous accreditation assessment for the health service will be addressed in the submission and actions taken should be noted. Surveyors should be clear to identify what progress has been made since the last visit as this may require review.

Attend the Pre-Meeting

Surveyors will meet before the visit to identify areas that need to be explored and may request further information in advance of the assessment visit. The survey team will also develop a plan for the assessment visit at this meeting, including division of responsibilities during the visit (Appendix 5).

The SA MET Unit will work with the health service and the survey team to determine the visit program. Sufficient time should be allocated to discussions with prevocational doctors, term supervisors, the Executive Director of Medical Services (EDMS), Director of Clinical Training (DCT), Medical Education Officer (MEO) and other relevant hospital staff as well as additional tasks the team may have identified prior to the visit. The lead surveyor should then review this with input from other surveyor members.

When a team of four or more surveyors undertakes a health service assessment visit, it is more efficient for the team to divide the National Standards to undertake a board evaluation and conduct interviews. At the pre-visit meeting the survey team will decide the composition of responsibilities.

Each survey member should have the opportunity to lead interviews during the site visit.

DURING THE ASSESSMENT VISIT

It is important for the lead surveyor to ensure introductions are made at each interview and the purpose of the visit is explained. It should be stressed that the information provided is treated as confidential and anything used in reports will be de-identified.

Surveyors should use open-ended questions that relate to the National Standards and gather further information on areas of concern. A broad range of sample interview questions (Appendix 4) have been developed that are aligned to the National Standards.

Remain Objective

The survey team is representing the Advisory Council. All comments and observations should align with the National Standards and SA MET policies and guidelines; and not that of individual expectations.

Recommendations and decisions regarding accreditation compliance must be based on sound evidence using the accreditation rating matrix to guide decision-making (Appendix 3). Every effort should be made to triangulate evidence by gaining information from three separate sources. The three sources of information used to triangulate evidence could be, for example, the submission, prevocational doctor/s and the term supervisor, or alternatively two separate groups of prevocational doctors and the term supervisor.

It is often beneficial to discuss any concerns that are raised during the assessment visit with either the DCT or EDMS, so that they may have the opportunity to respond before the assessment visit is completed.

Surveyors should seek only to ascertain whether the National Standards are being met and should refrain from making comparisons with their own hospital or related to their own experiences.

Communicate

Surveyors must effectively communicate with each other regarding their perception of the submission and supporting documentation, and the SA MET Unit regarding the requirements for the visit itself.

Surveyors should not have direct communication with the health service staff without SA MET Unit presence before, during or after an accreditation assessment visit. This protects surveyors, the SA MET Unit and the accreditation process from challenge.

Contact can be made at any time with the SA MET Unit before, during or after the visit to clarify issues or request information.

Debrief

The survey lead is responsible for providing a debrief to the health service. The focus of debriefing should be to provide feedback to the health service on the survey team's overall observations, themes and general findings, for example the positive aspects of the health service education and training program (Appendix 6). However, it is also an important opportunity to give the health service an indication of any problems identified. There should be no surprises for the health service in the final accreditation report.

The purpose of the debrief session is to provide feedback on the visit to the CEO, EDMS, DCT and MEO, rather than enter into further discussions. If clarification on issues is required, this should be clearly articulated to be separate from the debrief. The debrief can then follow any clarification discussion.

The recommended accreditation status will not be advised at the debriefing meeting.

AFTER THE ASSESSMENT VISIT

Report Development

Following the assessment visit, the survey team will meet again, either in person or videoconference to review a draft report and agree on conditions and commendations. The team should complete the draft accreditation report within one month of the assessment visit.

The SA MET Unit will finalise the accreditation report from the compiled input from the surveyors, who should provide notes from the assessment visit to the SA MET Unit. In the event that consensus is not reached on a point or condition in the report, the lack of agreement should be noted in the report and the surveyor lead will make the final decision.

The surveyor lead will be invited to attend the Accreditation Committee to brief members on any significant outcomes and proposed conditions from the assessment visit. If the surveyor lead is unable to attend the meeting, another surveyor may be nominated in their place.

The accreditation report should make a recommendation regarding the accreditation status and duration of accreditation and should contain enough commentary to substantiate any constructive recommendations regarding how the health service's performance could be improved.

The report will be sent to the health service for fact checking prior to review by the Accreditation Committee.

Feedback

The SA MET Unit will send an evaluation survey to all surveyors for their feedback on the performance of the SA MET Unit and other surveyors after the visit. The SA MET Unit will collate returned forms into a de-identified summary and email to each surveyor, the summary of all visits during a year will be provided to the Accreditation Committee for their information. The feedback collected will be filed confidentially.

SA MET Unit Responsibilities

The responsibilities of the SA MET Unit in the accreditation process are to:

- > Establish an appropriately trained accreditation survey team
- > Liaise with the health service and the survey team to find a mutually acceptable date for the visit to occur and to develop the program for the visit
- > Convene pre and post visit team survey meetings
- > Ensure consistency in the application of the National Standards across all health services
- > Support the survey team before, during and after the visit through:
 - providing documentation to the survey team including the preliminary summary assessment, accreditation submission, supporting evidence, guidance notes, prevocational term evaluation data and outcomes of past accreditation assessments
 - note taking at the assessment visit, allowing the survey team to focus on the discussions
 - collating surveyors notes to support the development of the accreditation report
 - providing advice on the suitability of conditions and commendations and the evidence required to support these
 - redrafting reports and coordinating the iterations of reports to ensure version control

Attendance Arrangements

Local

It is expected that surveyors will make their own arrangements to attend the health service for the assessment visit. The SA MET Unit will reimburse for the costs of taxi's using electronic cabcharges.

In the event a surveyor is required to visit a health service in regional South Australia, SA MET will arrange travel or transportation as required.

Interstate

Should a team member need to travel from interstate, the SA MET Unit will make the necessary arrangements.

Accommodation and Meals

The SA MET Unit will make accommodation bookings for team members travelling interstate, or to regional South Australia.

Reimbursement for meals will be in line with the current determination by the Office for the Public Sector Employment. The SA MET Unit staff will advise team members of the current rates.

Payment for Surveyors

It is expected that surveyors in full-time government employment, who are given absence on duty leave for accreditation activities, will not make a claim for payment from the SA MET Unit. However, surveyors who forfeit time in their private practice to participate in an accreditation assessment visit may invoice the SA MET Unit for an honorarium of \$750.00 per day excluding GST.

Release from Duties

The SA MET Unit will, on behalf of all surveyors who are SA Health employees, especially prevocational doctors, negotiate with hospitals their release from usual duties in paid time in order to participate in the SA MET Unit accreditation activities, consistent with the SA Health Absence on Duty Guideline.

Responding to Concerns received during an Accreditation Visit

If the survey team encounters a patient and/or prevocational doctor safety issue, it has a duty to investigate this to the best of its ability and inform the relevant authorities at the health service before the assessment visit concludes.

When a concern or complaint is identified within an accreditation assessment visit, the survey team will follow the *Responding to Concern Guidance* to address the concern appropriately.

Ethical Issues and Confidentiality

Information gathered in relation to an accreditation assessment visit must be treated by surveyors and external observers in confidence. Matters concerning accreditation should only be discussed with the health service personnel concerned, Accreditation Committee members and the Chief Executive Officer of the health service.

Surveyors and members of the Accreditation Committee are required to complete and sign a *Confidentiality Agreement and Conflict of Interest Declaration* prior to undertaking any accreditation functions.

At the completion of the accreditation process, all documentation and any notes should be sent to the SA MET Unit for confidential filing or destruction.

Internal Review Policy and Procedure

The outcome of an accreditation visit should not come as a surprise to a health service as:

- > A debrief session is held at the conclusion of an accreditation assessment visit to provide feedback to the health service on general findings and give an indication of any concerns identified. The debrief is also an opportunity for the visit team to clarify any matters that arise during the visit.
- > Following the assessment visit a copy of the report, excluding accreditation status recommendation and conditions, is provided to the health service for checking of factual accuracy.

These two measures are intended to ensure the accreditation report and recommendation are based on accurate information and that there has been an opportunity to clarify uncertainties.

However, should a health service be dissatisfied with an accreditation status outcome, they are able to submit an appeal as outlined with the *SA MET Accreditation Internal Review Policy and Procedure*.

Monitoring

The SA MET Unit will review the effectiveness of this guideline in February 2024.

Related Documents

- > AMC National Framework for Prevocational (PGY1 and PGY2) Medical Training
- > National standards and requirements for prevocational (PGY1 and PGY2) training programs and terms
- > Medical Board of Australia's registration standard for granting general registration as a medical practitioner to Australian and New Zealand medical graduates on completion of postgraduate year one training
- > Accreditation Policy and Procedure
- > Health Service Accreditation Guideline
- > Accreditation Conflict of Interest Policy and Procedure
- > Accreditation Internal Review Policy and Procedure
- > SA Health Absence on Duty for Medical Officers to attend Professional Commitments Guideline
- > Responding to Concerns Guideline

Definitions

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

Assessment Review Panel - the panel that recommends whether a prevocational doctor can progress to the next stage of training, based on a global judgement of the doctor's achievement of the prevocational outcome statements. The panel members have a sound understanding of procedural fairness and prevocational training requirements. The panel must have at least three members, who may include the DCT, EDMS, MEO, an individual with HR expertise, experienced supervisor/s, or a consumer.

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

Chief Executive Officer – the highest-ranking employee with the health service and is ultimately responsible for ensuring health services meet the National Standards and should be informed of the process through appropriate reporting lines.

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

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

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

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

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

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

Prevocational Training Program - A period of two years of generalist, work-based, clinical training after graduation. Each year (PGY1 or internship, and PGY2) comprises 47 weeks of supervised clinical training that meets the requirements set out in the National standards and requirements for prevocational

(PGY1 and PGY2) training programs and terms. Each year of the program includes orientation, formal and informal education sessions, and assessment with feedback, and may be provided by one or more training providers. Also referred as the Education and Training Program (ETP).

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

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

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

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

For more information:

South Australian Medical Education and Training Unit

Telephone: 08 8226 7231

Email: healthSAMETAccreditation@sa.gov.au

Website: www.samet.org.au

Document history

Date effective	Author/Editor	Approved by	Version	Change Reference
September 2010	Project Officer, Accreditation	SA MET Accreditation Subcommittee	v1.0	Original document
June 2013	Project Officer, Accreditation	Senior Project Officer, Accreditation	v1.4	Reviewed. Minor updates.
February 2014	Project Officer, Accreditation	SA MET Accreditation Committee	v3.0	Reviewed. Minor updates.
February 2015	Project Officer, Accreditation	SA MET Accreditation Committee	v4.2	Reviewed. Minor updates.
October 2018	Project Officer Accreditation	Manager, Accreditation	v4.4	Reviewed. Minor updates.
14 February 2024	Manager, Accreditation	SA MET Accreditation Committee Working Group	v4.5	Reviewed to align with AMC National Standards.

Appendix 1: Accreditation Assessment Process Flowchart



Appendix 2: Suggested Evidence Guideline

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

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

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

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

Standard 1: Organisational purpose and the context in which prevocational training is delivered	
1.1 ORGANISATIONAL PURPOSE	
Criterion	Example of Corporate Evidence
1.1.1: The purpose of the health services that employ and train doctors including setting and promoting high standards of medical practice and training	<ul style="list-style-type: none"> Evidence of an implemented Strategic plan and/or education strategy that incorporates prevocational medical education and training as a high priority for the health service. <small>(links with 1.3.3)</small> Chief Executive Officer Statement on progress and strategies that support prevocational medical education and training within their health service.
1.1.2: The employing health service's purpose identifies and addresses Aboriginal and Torres Strait Islander communities' place-based needs and their health in collaboration with those communities	<ul style="list-style-type: none"> An implemented Strategic/Consultation Plan/Process that recognises and aims to address the importance of the social determinants of health in a local context. Evidence of engagement and consultation to develop meaningful relationships with the health services' Aboriginal Health Division and communities to support culturally safe and efficient care to Aboriginal and Torres Strait Islander patients and their families. Data showing prevocational doctor and community feedback on place-based needs.
1.2 OUTCOMES OF THE PREVOCATIONAL TRAINING PROGRAM	
1.2.1: The prevocational training provider relates its training and education functions to the health care needs of the communities it serves.	<ul style="list-style-type: none"> Accredited term allocation matrix for the clinical year. <small>(links with 2.1.2)</small> Accredited terms that support the clinical needs and serves the community. Evidence of stakeholder and consumer engagement, through records of meetings, communications, forums or workshops that incorporates clinical service needs of the local community to the education and training program and terms.

<p>1.2.2: The training program provides generalist clinical training that prepares prevocational doctors with an appropriate foundation for lifelong learning and for further postgraduate training</p>	<ul style="list-style-type: none"> • Evidence of term rotations that provide generalist clinical training opportunities across different settings and disciplines (including community settings). • Evidence of professional development activities and providing access to additional learning opportunities. • Engagement with the specialty medical colleges to encourage lifelong learning and career opportunities. • A prevocational doctor mentor program that supports professional and personal growth.
<p>1.3 GOVERNANCE</p>	
<p>1.3.1: The governance of the prevocational training program, supervisory and assessment roles are defined.</p>	<ul style="list-style-type: none"> • Evidence of clear lines of reporting such as an Education and Training Program (ETP) Committee Governance Organisational Chart <small>(links with 1.4.1)</small> • Evidence defining the responsibilities for supervisors and assessment roles. • Evidence of communicating supervisor and assessment responsibilities to staff. • ETP Committee's Terms of Reference that demonstrates its primary responsibility to oversees prevocational education, training, supervision, assessment and evaluation of the program. • ETP Committee's Annual Reports, that should include activities, achievements, challenges, evaluations, accreditation status and ongoing recommendations. • ETP Committee Meeting Minutes (previous four) that demonstrate active education and training oversight.
<p>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.</p>	<ul style="list-style-type: none"> • Evidence of clear lines of reporting for Clinical Governance such as an Organisational Chart • Evidence of an implemented Quality Assurance Framework (medical practice and patient care) • Evidence of clinical governance and quality system resources and/or education provided to prevocational doctors.
<p>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.</p>	<ul style="list-style-type: none"> • Evidence incorporating prevocational medical education and training as a high priority for the health service such as a Strategic Plan. <small>(links with 1.1.1)</small> • Evidence the education and training program has a dedicated budget that is resourced appropriately by the health service to support training and education functions. • Data showing prevocational doctors are provided quarantined time to support their learning and assessment activities.
<p>1.3.4: The health service has documented and implemented strategies to provide a culturally safe environment that supports:</p> <ul style="list-style-type: none"> • Aboriginal and Torres Strait Islander patients /family/community care 	<ul style="list-style-type: none"> • Implemented policy documents that give priority to providing a culturally safe patient care and environments to Aboriginal and Torres Strait Islander patients and their families to improve patient safety and health outcomes. <small>(inks with 1.1.2, 2.1.5)</small>

<ul style="list-style-type: none"> The recruitment and retention of an Aboriginal and Torres Strait Islander health workforce 	<ul style="list-style-type: none"> Evidence of meaningful partnerships and collaboration with the health services' Aboriginal Health Division, local community, organisations or individuals within the Indigenous health sector on education and training strategies. Evidence of engagement with Indigenous communities to improve patient centred care for the local community. Evidence the health service provides Aboriginal and Torres Strait Islander Cultural Safety Training or other educational opportunities for prevocational doctors to learn how to provide effective and culturally safe care to Aboriginal and Torres Strait Islander patients and their families. Evidence of how the LHN has engaged and supported prevocational doctors who identify as Aboriginal and Torres Strait Islander. Feedback from prevocational doctors or survey data/case studies on how the LHN has supported a culturally safe environment. Evidence of recruitment of Aboriginal and Torres Strait Islander peoples in leadership roles providing advice and feedback on strategies and improvements.
<p>1.3.5: The prevocational training program complies with relevant national, state or territory laws and regulations pertaining to prevocational training.</p>	<ul style="list-style-type: none"> Evidence of appropriate audit and quality assurance processes in place to demonstrate compliance with relevant prevocational training laws and regulations. Evidence of policies, procedures and systems in place to meet requirements for the NSQHS Standards and accreditation for specialist medical training programs.
<p>1.3.6: Prevocational doctors are involved in the governance of their training.</p>	<ul style="list-style-type: none"> Evidence of prevocational doctor involvement in the Education and Training Committee. Evidence prevocational doctors have contributed to the governance process and development of their clinical training within the health service (Meeting minutes)
<p>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.</p>	<ul style="list-style-type: none"> Evidence of the ETP Committee discussing patient safety and clinical governance. Evidence of implemented policy and processes on escalating patient safety or prevocational doctors under performance concerns, includes how the ETP notifies concerns to Ahpra. Evidence of implemented assessment and IPAP processes on identifying and managing a prevocational doctor in difficulty.
<p>1.4 PROGRAM MANAGEMENT</p>	
<p>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.</p>	<ul style="list-style-type: none"> Evidence of clear lines of reporting such as an Education and Training Program (ETP) Committee Governance Organisational Chart <small>(links with 1.3.1)</small> Provide an overview of the MEU staff involved in managing prevocational doctors, administering the training program and term allocations and rostering. This should include relevant qualifications and their specific roles and responsibilities. Evidence of EDMS and Director of Clinical Training position descriptions outlining their accountability and responsibilities in managing and supporting the education and training program.

	<ul style="list-style-type: none"> Evidence of signed agreements between sites / facilities where secondments or other arrangements are in place.
<p>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.</p>	<ul style="list-style-type: none"> Demonstrated engagement with the SA MET Unit to facilitate changes to the training program. Demonstrated adherence to the SA MET Accreditation Policy, Change of Circumstance and New Unit Accreditation Procedures.
<p>1.4.3: The health services have effective organisational and operational structures dedicated to managing prevocational doctors, including rostering and leave management.</p>	<ul style="list-style-type: none"> Documented processes for managing term allocations and rostering. Evidence of implemented policies for managing annual, sick and professional development leave entitlements
<p>1.5 RELATIONSHIPS TO SUPPORT MEDICAL EDUCATION</p>	
<p>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.</p>	<ul style="list-style-type: none"> Evidence of engagement with stakeholders which could include communication or stakeholder Engagement plans. Evidence of involvement in external events, workshops, meetings or professional communities including local Aboriginal and Torres Strait Islander community groups. Evidence of engagement with other tertiary health services, including primary and community health services. Evidence of engagement with universities, specialty medical colleges and external training providers.
<p>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.</p>	<ul style="list-style-type: none"> Documented evidence of how the LHN/MEU delivers education and training locally at all sites dispersed across the Network. Term descriptions providing detailed education opportunities at community and secondary sites displaying local education provided Evidence of policies or a training plan to support delivering education and training locally at all sites.
<p>1.6 RECONSIDERATION, REVIEW AND APPEALS PROCESSES</p>	
<p>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.</p>	<ul style="list-style-type: none"> Documented policy or process for managing assessment appeals, including escalation, decision-making and confidential recording. Evidence of an implemented Prevocational Assessment Appeal Policy being publicly available and accessible to relevant clinical staff involved in the prevocational assessment process. Evidence that prevocational doctors are aware of the policy and any data showing use of the appeals process and outcomes (report confidentially).
<p>Standard 2: The prevocational training program – structure and content</p>	
<p>2.1 PROGRAM STRUCTURE AND COMPOSITION</p>	
<p>Criterion</p>	<p>Example of Corporate Evidence</p>

<p>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.</p>	<ul style="list-style-type: none"> • Process or evidence to support the program to meet requirements in the registration standard.
<p>2.1.2: The prevocational training program is longitudinal in nature and structured to reflect and provide the following experiences, as described in <i>‘Requirements for prevocational (PGY1 and PGY2) training programs and terms’ (Section 3 of National standards and requirements for prevocational (PGY1 and PGY2) training programs and terms)</i>:</p> <ul style="list-style-type: none"> • a program length of 47 weeks • a minimum of 4 terms in different specialties in PGY1 • 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 	<ul style="list-style-type: none"> • Accredited term allocation matrix for the clinical year. <small>(links with 1.2.1)</small> • Documented processes for allocating to terms and managing prevocational doctor preferences. • Demonstrated evidence of how the ETP Committee monitors program and terms to adhere to the <i>National standards and requirements for prevocational (PGY1 and PGY2) training programs and term</i> such as Meeting Minutes (previous four) • Evidence of how the health service mapped the education and training program against the requirements.
<p>2.1.3: Prevocational training terms are structured to reflect and provide exposure to one or two of the required clinical experiences as described in <i>‘Requirements for programs and terms’ (Section 3 of the National standards and requirements for program and terms)</i>.</p>	<ul style="list-style-type: none"> • Evidence that all accredited terms are appropriately mapped to 1 or 2 patient clinical care categories. • Evidence on how requirements (programs and terms) have been considered in development of program and terms.
<p>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</p>	<ul style="list-style-type: none"> • Evidence of an implemented flexible training policy / guideline. • Examples of flexible arrangements that have been implemented within the health service.
<p>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.</p>	<ul style="list-style-type: none"> • Evidence on recognition of Aboriginal and Torres Strait Islander prevocational doctors and how the LHN provides support to the Aboriginal and Torres Strait Islander workforce to meet additional cultural obligations. • Evidence of policies/processes that support flexible practices for prevocational doctors to meet their cultural obligations such as public holiday leave, Aboriginal and Torres Strait Islander doctor cultural leave and flexible assessments. • Evidence of support to Aboriginal and Torres Strait Islander prevocational doctors to meet cultural obligations during hospital orientation.

	<ul style="list-style-type: none"> • Evidence connecting Aboriginal and Torres Strait Islander with resources and/or external organisations such as Australian Indigenous Doctors Association. • Evidence of how the LHN has provided support to Aboriginal and/or Torres Strait Islander prevocational doctors and the method used by the health service to receive doctor feedback.
2.2 TRAINING REQUIREMENTS	
2.2.1: The prevocational training program is underpinned by current evidence-informed medical education principles.	<ul style="list-style-type: none"> • Evidence of how the educational program aligns with evidence based medical education principles and methodologies. For example: the 70-20-10 learning and development model.
2.2.2: For each term, the prevocational training provider has identified and documented the training requirements (<i>see Training and assessment requirements for prevocational (PGY1 and PGY2) training programs: Section 2 – ‘Prevocational training’</i>), including the prevocational outcome statements that are relevant, the skills and procedures that can be achieved, and the nature and range of clinical experience available to meet these objectives.	<ul style="list-style-type: none"> • All term descriptions identify comprehensive training requirements and are reformatted on the SA MET Term Description Template. • Evidence of all Terms mapped to the Prevocational Outcome Statements.
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.	<ul style="list-style-type: none"> • Evidence of a process to map program content and clinical opportunities to outcome statements regarding Aboriginal and Torres Strait Islander peoples’ health. • Evidence of encouraging prevocational doctors to attend Professional Development and alternative external opportunities to support Indigenous health knowledge, expanding experience and cultural safety. • Example of training opportunities available to prevocational doctors. • Data and strategies showing prevocational doctors meeting the outcomes statements regarding Aboriginal and Torres Strait Islander peoples’ health. • Data showing prevocational training undertaken by prevocational doctors.
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	<ul style="list-style-type: none"> • Demonstrated implementation of the Prevocational Training Entrustable Professional Activity (EPA) Assessment Forms. • Evidence that term descriptions appropriately identify the outcomes statements that can be achieved in the term.
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.	<ul style="list-style-type: none"> • Demonstrated implementation of the Prevocational Training Assessment Forms. • Data showing term supervisors have completed training to undertake EPA assessments.
2.3.3: Prevocational doctors and supervisors understand all components of the assessment processes.	<ul style="list-style-type: none"> • Evidence of implemented Prevocational Training Assessment Policy or Procedural documentation. <small>(links with 2.4.1)</small>

	<ul style="list-style-type: none"> • Evidence of implemented Term Supervisor Guideline that includes information on the feedback and assessment processes. <small>(links with 2.4.1)</small> • Evidence of communicating orientation resources including assessment information to prevocational doctors. • Evidence term descriptions outline assessment processes. • Demonstrated information / resources for prevocational doctors and supervisors that is publicly available and accessible.
<p>2.3.4: The prevocational training program has an established assessment review panel to review prevocational doctors' longitudinal assessment information and make decisions regarding progression in each year.</p>	<ul style="list-style-type: none"> • Evidence of an implemented assessment process that includes the appeals process. <small>(link with 1.6)</small> • Approved Assessment Review Panel Terms of Reference. • Evidence of how the Health Service implemented the AMC's Assessment Review Panel Guideline.
<p>2.4 FEEDBACK AND SUPPORTING CONTINUOUS LEARNING</p>	
<p>2.4.1: The prevocational training program provides regular, formal and documented feedback to prevocational doctors on their performance within each term.</p>	<ul style="list-style-type: none"> • Evidence of an implemented Prevocational Training Assessment Policy or documented requirements for providing feedback to prevocational doctors. <small>(links with 2.3.3)</small> • Evidence of an implemented Term Supervisor Guideline that includes information on the feedback and assessment processes. <small>(links with 2.4.1)</small> • Examples of how performance feedback is provided to prevocational doctors.
<p>2.4.2: Prevocational doctors receive timely, progressive and informal feedback from term and clinical supervisors during every term.</p>	<ul style="list-style-type: none"> • Demonstrated evidence that term and immediate supervisors are providing regular and informal feedback to prevocational doctors on their performance.
<p>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.</p>	<ul style="list-style-type: none"> • Data showing recording of assessments in OTIS or equivalent (in future e-Portfolio) is occurring. • Evidence of mechanisms implemented for monitoring performance and assessment completing rates.
<p>2.4.4: The prevocational training program implements a longitudinal approach to assessment in accordance with the Training and assessment requirements.</p>	<ul style="list-style-type: none"> • Evidence of how the health service has implemented a process to support a longitudinal learning approach. • Evidence of methods used to monitor, evaluate and action concerns. • Evidence of communication with prevocational doctors and Term Supervisors on the assessment process.
<p>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</p>	<ul style="list-style-type: none"> • Evidence of methods and strategies to encourage prevocational doctors to seek feedback and take responsibility for their own performance. • Evidence of communication to support the increase staff awareness on the principles of good feedback, how to give and receive feedback etc.
<p>2.5 IMPROVING PERFORMANCE</p>	

<p>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.</p>	<ul style="list-style-type: none"> • Evidence of the Trainee in Difficulty Policy and Procedure implemented within the health service. • Evidence of an Improving Performance Action Plan form, and how it has been implemented and communicated to Term Supervisors and prevocational doctors. • Methods / strategies used to support doctors with performance concerns.
<p>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.</p>	<ul style="list-style-type: none"> • Evidence of an implemented assessment process and an appeals process. <small>(links with 2.3.4)</small> • Evidence of an Assessment Review Panel Terms of Reference. <small>(links with 2.3.4)</small>
<p>Standard 3: The prevocational training program – delivery</p>	
<p>3.1 WORK-BASED TEACHING AND TRAINING:</p>	
<p>Criterion</p>	<p>Example of Corporate Evidence</p>
<p>3.1.1: The prevocational training provider ensures opportunities for broad generalist clinical work-based teaching and training.</p>	<ul style="list-style-type: none"> • Evidence term rotations provide generalist clinical training opportunities across different settings, regions and disciplines (including GP and community settings) <small>(links with 1.2.2)</small> • Evidence of the Education and Training Program offering generalist and clinical work based educational opportunities, that also includes development in self-care, time management and management of stress and burn-out. • Feedback from prevocational doctors or survey data on their clinical experiences.
<p>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).</p>	<ul style="list-style-type: none"> • Evidence intern terms are mapped to the clinical patient care categories that offer broad generalist experiences and align with the parameters stipulated with Section 3 - Requirements for programs and terms. • Evidence intern term descriptions appropriately outline the learning outcomes available on the term and identify the prevocational outcome statements.
<p>3.1.3: In identifying terms for training, the prevocational training program considers the following:</p> <ul style="list-style-type: none"> • complexity and volume of the unit’s workload • the prevocational doctor’s workload • the clinical experience prevocational doctors can expect to gain • how the prevocational doctor will be supervised, and who will supervise them 	<ul style="list-style-type: none"> • Evidence of an implemented process to identify terms appropriate for the education and training program. • Evidence of ETP Committee discussions to support monitoring and identifying terms for training.
<p>3.2 SUPERVISORS AND ASSESSORS – ATTRIBUTES, ROLES AND RESPONSIBILITIES</p>	
<p>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.</p>	<ul style="list-style-type: none"> • Evidence of an implemented supervision model where the structure is clear and explicit. • Evidence within the term description that clearly outlines the Term Supervisor and other clinical staff who contribute to the supervision of prevocational doctors.

	<ul style="list-style-type: none"> Feedback from prevocational doctors or survey data on the availability and quality of supervision provided across all terms.
3.2.2: Prevocational supervisors understand their roles and responsibilities in assisting prevocational doctors to meet learning objectives and in conducting assessment processes.	<ul style="list-style-type: none"> Evidence of a Term Supervisor Guideline that is aligned with the Guide to Prevocational Training in Australia – For Supervisors. Outcomes from Term Supervisor meetings Evidence of communication strategies to ensure term supervisors are aware of their responsibilities.
3.2.3: Supervision is provided by qualified medical staff with appropriate competencies, skills, knowledge and a demonstrated commitment to prevocational training.	<ul style="list-style-type: none"> Evidence of an implemented Term Supervisor Recruitment Policy or Process. Identify mechanisms undertaken by the Health Service to monitor supervisor performance.
3.2.4: The prevocational training program includes a Director of Clinical Training or equivalent who is a qualified and senior medical practitioner with responsibility for longitudinal educational oversight of the prevocational doctors.	<ul style="list-style-type: none"> Director of Clinical Training position description that outlines the essential requirements and qualifications required to fulfill the role. Evidence of mechanisms and reporting lines that enable longitudinal oversight.
3.2.5: The prevocational training program has processes for ensuring those assessing prevocational doctors (including registrars and assessment review panel members) have relevant capabilities and understand the required processes.	<ul style="list-style-type: none"> Evidence of an implemented Prevocational Assessment Policy that aligns with the Guide to Assessment Review Panels. Feedback or survey data from prevocational doctors on the quality of the assessment process, that is also reported back to the Assessment Review Panel for continuous improvement.
3.3 SUPERVISOR TRAINING AND SUPPORT	
3.3.1: Staff involved in prevocational training have access to professional development activities to support quality improvement in the prevocational training program.	<ul style="list-style-type: none"> Evidence of professional development and training opportunities for supervising registrars and assessment panel members. Evidence of supervisors and assessment panel member participation in prevocational medical training activities (local, regional, state, national). Integration of staff professional development / learning into local program to support quality improvements. Mechanisms to monitor and action staff professional development. Evidence of in-house and external Term Supervisor training opportunities.
3.3.2: The prevocational training program ensures that supervisors have training in supervision, assessment and feedback, and cultural safety, including participating in regular professional development activities to support quality improvement in the prevocational training program.	<ul style="list-style-type: none"> Data showing evidence of term supervisors completing professional development training which includes, prevocational supervision training, assessment and feedback as well as cultural safety Term Supervisor professional development training is monitored, attendance rates maintained and reviewed by DCT for all Term Supervisors. Evidence that the LHN is encouraging Term Supervisors to undertake additional training. Data showing prevocational doctor feedback is routinely sought on their Term Supervisor e.g. supervision and cultural safety of their supervisors.

	<ul style="list-style-type: none"> Feedback from Term Supervisors on how the professional development activities have been applied in practice, how it has expanded knowledge and experiences and knowledge.
3.3.3: The prevocational training program regularly evaluates the adequacy and effectiveness of prevocational doctor supervision.	<ul style="list-style-type: none"> Mechanisms are in place to actively monitor, evaluate and action identified supervision concerns from prevocational doctors. Evidence the evaluation data collected, is appropriately considered by the ETP Committee and de-identified reports provided to the Term Supervisors for all terms.
3.3.4: The prevocational training program supports supervisors to fulfill their training roles and responsibilities.	<ul style="list-style-type: none"> Mechanisms to support Term Supervisors to access training requirements. Mechanisms are in place to actively monitor, evaluate and action identified supervision concerns from Term Supervisors.
3.4 FORMAL EDUCATION PROGRAM	
3.4.1: The training program provides PGY1 doctors with a quality formal education program that is relevant to their learning needs and supports them to meet the training outcomes that may not be available through completion of clinical activities	<ul style="list-style-type: none"> Evidence of formal education program for PGY1s that aligns with the prevocational outcome statements. Should include formal simulation and practical opportunities. Evidence PGY1 term descriptions outline the educational opportunities available on the unit/term. Evidence of professional development opportunities available for prevocational doctors.
3.4.2: The training program monitors and provides PGY2 doctors with access to formal education programs that are flexible and relevant to their individual learning needs. This may include specific education sessions to support PGY2 doctors meeting the training outcomes that may not be available through completion of clinical activities	<ul style="list-style-type: none"> Evidence of a formal education program for PGY2s that align with the prevocational outcome statements. PGY2 term descriptions outline the educational opportunities available on the unit/term.
3.4.3: The training program provides and enables for prevocational doctors to participate in formal program and term orientation programs, which are designed and evaluated to ensure relevant learning occurs	<ul style="list-style-type: none"> Evidence that formal orientation is occurring for the whole health service, each term/unit and all secondary sites. Mechanisms are in place to monitor and evaluation the health service orientation program. Evidence of the Health Service's orientation program and handbooks. Feedback from prevocational doctors that formal orientation processes to the facility and each term (unit) is occurring.
3.4.4: The health service ensures protected time for the formal education program and ensures that prevocational medical doctors are supported by supervising medical staff to attend.	<ul style="list-style-type: none"> Demonstrated attendance at formal education sessions. Evidence feedback/evaluation is sought from prevocational doctors on access and support to attend formal education. Advise strategies used to ensure formal education is recognised and prioritised in protected time. Evidence Term Descriptions stipulate protected teaching time.
3.5 FACILITIES	

<p>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.</p>	<ul style="list-style-type: none"> • Evidence of the educational facilities and infrastructure available to deliver the training program. • Examples of tools and resources available to support learning.
<p>3.5.2: The prevocational training program provides a safe physical environment and amenities that support prevocational doctor learning and wellbeing.</p>	<ul style="list-style-type: none"> • Evidence of a safe physical environment for prevocational doctors to support their learning and wellbeing.
<p>3.6 E-PORTFOLIO</p>	
<p>3.6.1: Once the e-portfolio system is confirmed, standards will be written, and will consider:</p> <ul style="list-style-type: none"> • Systems to ensure prevocational doctors maintain their e-portfolio as an adequate record of learning and training. • Mechanisms to ensure the clinical supervisor and longitudinal supervisor review the record of learning. 	<ul style="list-style-type: none"> • Evidence of processes in place to support recording assessments and review from a longitudinal supervisor whilst the e-portfolio is being established.
<p>Standard 4: The prevocational training program – prevocational doctors</p>	
<p>4.1 APPOINTMENT TO PROGRAM AND ALLOCATION TO TERMS</p>	
<p>Criterion</p>	<p>Example of Corporate Evidence</p>
<p>4.1.1: The processes for appointment of prevocational doctors to programs:</p> <ul style="list-style-type: none"> • are based on the published criteria and the principles of the program concerned • are transparent, rigorous and fair • are free from racism, discrimination and bias • have clear processes where disputes arise. 	<ul style="list-style-type: none"> • Selection process is aligned with the SA MET Unit process for recruitment. • Evidence of a Health service policy or process on the appointment of prevocational doctors including Aboriginal and Torres Strait Islander peoples and how the LHN assures processes are meeting requirements. • Evidence of recruitment and retention policies and processes.
<p>4.1.2: The processes for allocation of prevocational doctors to terms:</p> <ul style="list-style-type: none"> • are based on the published criteria and the principles of the program concerned • are transparent, rigorous and fair • are free from racism, discrimination and bias • have clear processes where disputes arise. 	<ul style="list-style-type: none"> • Evidence of a Health service policy or procedure setting out how the LHN allocates prevocational doctors to terms.
<p>4.2 WELLBEING AND SUPPORT</p>	

<p>4.2.1: The prevocational training provider develops, implements and promotes strategies to enable a supportive training environment and optimise prevocational doctor wellbeing.</p>	<ul style="list-style-type: none"> • Implemented strategies or plans to maintain and promote the health and wellbeing of prevocational doctors, that include mental health and cultural safety. • Evidence of how the LHN supports prevocational doctors transition to internship.
<p>4.2.2: The prevocational training provider develops, implements and promotes strategies to enable a supportive training environment and to optimise Aboriginal and Torres Strait Islander prevocational doctor wellbeing and workplace safety.</p>	<ul style="list-style-type: none"> • Evidence of strategies to enable supportive training environments for Aboriginal and Torres Strait Islander prevocational doctors. • Evidence of the health service promoting the health and wellbeing of Aboriginal and Torres Strait Islander prevocational doctors, includes mental health and cultural safety. • Evidence of wellbeing policies and how these have been communicated to Aboriginal and Torres Strait Islander prevocational doctors. • Evidence of confidential support and complaint services available for Aboriginal and Torres Strait Islander prevocational doctors. • Evidence of a wellness program and/or communicating professional development activities on topics of wellness, appropriate behaviours and cultural safety • Data showing all staff undertaking cultural safety training in addition to the orientation cultural awareness.
<p>4.2.3: The duties, rostering, working hours and supervision arrangements of prevocational doctors are consistent with the National standards and requirements for programs and terms and in line with principles of delivering safe and high-quality patient care.</p>	<ul style="list-style-type: none"> • Evidence of a roster process aligned with national standards to delivery high-quality patient care • Evidence on how Health services prioritise the safe working hours for prevocational doctors. This include overtime and unit rostering practices are actively monitored by the ETP Committee. • Evidence of strategies and methods used to monitor duties, rostering, working hours and supervision arrangements. This should include demonstrated evidence the ETP Committee have active oversight and accountability. • Provide feedback and evaluation data from prevocational doctors on the duties, rostering, working hours and supervision (SATMOS Survey)
<p>4.2.4: The prevocational training provider has and implements strategies, systems and safe reporting mechanisms to effectively identify, address and prevent bullying, harassment and discrimination (including racism). This includes policies and procedures that are publicised to prevocational doctors, their supervisors and other team members.</p>	<ul style="list-style-type: none"> • Evidence of strategies and mechanisms used to identify, address and prevent bullying, harassment and discrimination across the health service. • Evidence of implemented Discrimination, Bullying and Sexual Harassment Policies that are easily accessible and made known to all staff. • Provide feedback from prevocational doctors and supervisors on their awareness of policies. • Evidence of effective reporting mechanisms to escalate identified behaviours. • Evidence of a implemented conflict of interest statement or policy that provides access to support for prevocational doctors that is free from conflicts of interest such as in assessments, career progression and employment decisions. • Provide feedback from prevocational doctors on any instances of bullying, harassment, discrimination or racism experienced, and how this was escalated and resolved.

<p>4.2.5: The prevocational training provider makes available processes to identify and support prevocational doctors who are experiencing 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.</p>	<ul style="list-style-type: none"> • Evidence of communication to prevocational doctors on publicly advertised confidential services available to support them. • Evidence of communication of a LHN's Trainee in Difficulty Policy. • Evidence of implemented confidential support and complaint policy or process. • Provide feedback from prevocational doctors to acknowledge their awareness of and have been able to access confidential personal counselling services.
<p>4.2.6: The procedure for accessing appropriate professional development leave is published, reasonable and practical.</p>	<ul style="list-style-type: none"> • Evidence of implemented policies for managing annual leave, sick leave and professional development leave. • Provide feedback from prevocational doctors on their experience accessing appropriate leave.
<p>4.2.7: The prevocational training provider makes available services to provide career advice to prevocational doctors.</p>	<ul style="list-style-type: none"> • Evidence of engagement with prevocational doctors on career guidance. Includes mentorship programs and support provided by the MEU or external agencies.
<p>4.3 COMMUNICATION WITH PREVOCATIONAL DOCTORS</p>	
<p>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.</p>	<ul style="list-style-type: none"> • Evidence of an implemented communications plan or strategy. • Evidence of communication of educational and term evaluation outcomes that have led to continuous improvement strategies or development.
<p>4.3.2: The prevocational training program informs prevocational doctors about the activities of committees that deal with prevocational training in a timely manner.</p>	<ul style="list-style-type: none"> • Mechanism to communicate key information and outcomes from the ETP Committee. • Provide feedback from prevocational doctors on their level of awareness of the ETP Committee and their prevocational doctor representatives.
<p>4.4 RESOLUTION OF TRAINING PROBLEMS AND CONFLICTS</p>	
<p>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.</p>	<ul style="list-style-type: none"> • Evidence of communication of a published Grievance Policy to prevocational doctors, should a conflict with supervisor arise.
<p>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.</p>	<ul style="list-style-type: none"> • Evidence of an implemented confidential support and complaint processes or similar. • Data showing trends of prevocational doctor complaints and feedback which resulted in resolution (confidentially reported) • Evidence of implemented dispute resolution processes.

Standard 5: The prevocational training program – evaluation and improvement

5.1 PROGRAM MONITORING AND EVALUATION

Criterion	Example of Corporate Evidence
5.1.1: The prevocational training provider regularly evaluates and reviews its prevocational training program and terms to ensure standards are being maintained. Its processes check program content, quality of teaching and supervision, assessment, and prevocational doctors' progress.	<ul style="list-style-type: none"> • Evidence of procedures, methodologies and tools used to monitor the education and training program. This includes the qualitative and quantitative evaluations of the educational sessions, presenters, supervision and the terms for quality improvement. • Evidence of procedures and mechanisms used to record and maintain evaluation data for the educational programs and terms to provide longitudinal oversight. • Evidence on how the ETP Committee actively provides oversight and monitors the evaluation outcomes to lead continuous improvements strategies.
5.1.2: Those involved in prevocational training, including supervisors, contribute to monitoring and to program development. Their feedback is sought, analysed and used as part of the monitoring process.	<ul style="list-style-type: none"> • Evidence on evaluation processes that include all prevocational doctors and Term Supervisors. Their feedback is sought on the educational program and quality of the terms. • Evidence on how the ETP Committee membership includes Term Supervisors and relevant stakeholders who contribute to program development. • Data showing reporting trends based on feedback / evaluation data tabled at the ETP Committee for consideration and action. • Evidence of an implemented quality improvement framework or similar.
5.1.3: Prevocational doctors have regular structured mechanisms for providing confidential feedback about their training, education experiences and the learning environment in the program overall, and in individual terms.	<ul style="list-style-type: none"> • Mechanisms are available for prevocational doctors to provide feedback on the education and training program and individual term experiences. • Evidence on how the LHN encourages prevocational doctors to provide feedback confidentially.
5.1.4: The prevocational training program uses internal and external sources of data in its evaluation and monitoring activities, such as surveys and assessment data.	<ul style="list-style-type: none"> • Evidence that external data is accessed and incorporated into the evaluation processes (For example, Ahpra's Medical Training Survey)
5.2 EVALUATION OUTCOMES AND COMMUNICATION:	
5.2.1: The prevocational training program acts on feedback and modifies the program as necessary to improve the experience for prevocational doctors, supervisors and health care facility managers.	<ul style="list-style-type: none"> • Examples of program development or improvement changes that have occurred as a direct result from evaluation data from both the educational program and terms. • Evidence of the ETP Committing actively monitoring feedback and evaluation that leads to quality improvements strategies (ETP Committee meeting minutes).
5.2.2: Outcomes of evaluation activities are communicated to those involved in the prevocational training program, including prevocational doctors and supervisors.	<ul style="list-style-type: none"> • Evidence of communication strategies implemented to ensure a broad reach to prevocational doctors and supervisors on evaluation outcomes.

Appendix 3: Accreditation Rating Scale and Matrix

Rating Scale

The health service has been assessed against each of the criteria outlined in the *National Standards* using a three-point rating scale.

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

Rating Matrix

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

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

**Used with permission from Health Education and Training Institute.*

Accreditation Assessment Sample Interview Questions

This guide supports the accreditation assessment process by identifying sample questions for accreditation surveyors to ask at accreditation assessment visits. These are sample questions, and surveyors will be provided with specifically refined interview questions for the health service assessment undertaken.

The questions align with the *Australian Medical Council's National Standards and requirements for programs and terms* and aims to validate the evidence provided by a health service as part of their self-assessment to determine the level of compliance against the National Standards.

Chief Executive Officer/Executive Director of Medical Services

Opening Questions
<ul style="list-style-type: none"> • What are the good things in medical education and training at this health service? • What are the challenges?
1.1 Organisational Purpose
<ul style="list-style-type: none"> • How important is it to deliver a high-quality prevocational doctor education and training program? • How does the Executive structure support the education and training needs of prevocational doctors? • What processes have been established to co-design services and solutions that address place-based needs of Aboriginal and Torres Strait Islander communities within the Health Service? • How does the health service strategic plan address the health care needs of the community in particular reducing health disparities of consumers?
1.2 Outcomes of the Prevocational Training Program
<ul style="list-style-type: none"> • How do you define the healthcare needs of your community? How has the education and training program been developed in line with the needs of the community? • How is the DCT's role positioned within the organisation to take responsibility for the longitudinal oversight of prevocational doctors?
1.3 Governance
<ul style="list-style-type: none"> • How do you ensure the overall quality of the junior doctor education and training program. How is Executive notified of clinical governance and quality assurance outcomes from the ETP? • How does the health service provide priority and resources to the education and training program and prevocational doctor wellbeing? • What strategies are implemented to provide health service wide culturally safe education, training and within the working environment? • What system/s are being employing to capture, report and address patient safety concerns related to a prevocational doctor's performance? How are incidents escalated appropriately? • How are you made aware of prevocational doctor actions that have impacted patient care? • Does the health service have strategies to support Aboriginal and/or Torres Strait Islander patients, families and doctors? • What recruitment and retention workforce strategies are in place to prioritise Aboriginal and/or Torres Strait Islander doctors?

Education and Training Program Committee Chair and Members

Opening Questions

- What are the good things in medical education and training at this facility?
- What are the challenges?

1.3 Governance

- What is the Education and Training Program Committee accountable and responsible for? (*oversee prevocational education, training, supervision and evaluation*)
- How do you know the ETP Committee is effective? How often do you meet? Attendance rates?
- Are there any vacancies, how do you fill them?
- Explain the clinical governance and quality assurance structures of the education and training program? How is the ETP included within the structure?
- What governance practices are in place to support the ETP to oversee the education and training program? Who does the ETP report to and how frequently?
- How does the ETP provide direction and leadership for the development of the program?
- What is the escalation process to raise concerns and issues through reporting lines?
- How is the ETP ensuring that prevocational doctors are involved in the education and training program governance structure?
- What mechanism are in place to capture, report and address any training concerns? Inappropriate supervision, patient safety concerns or excessive overtime?
- How is the ETP made aware of underperforming prevocational doctors?
- How are these incidents escalated to the CEO and/or regulator when appropriate?
- How was the Assessment Review Panel established? (e.g. Terms of Reference (Scope), membership and how decisions will be informed, appeal processes)
- How regular are panel meetings to ensure regular support, assessment and remediation for prevocational doctors?
- What ETP processes are in place to ensure the health service complies with prevocational training national, state or territory laws and regulations?
- How are prevocational doctors made aware of the structures and mechanisms within the health service?
- How is the ETP involved in program development through feedback?
- How is feedback reported to the ETP/committees for identified trends/themes that could be used to improve the quality of the program?
- What education and training evaluation data is tabled at the ETP Committee?
- Provide an example of where prevocational doctor feedback has impacted change to the education and training program?

Director of Clinical Training/Medical Education Officer

Opening questions
<ul style="list-style-type: none">• What are the good things in medical education and training at this health service?• What are the challenges?
1.3 Governance
<ul style="list-style-type: none">• Do you have any plans to improve the education and training program? What support and resources are available for this to occur?• Are you well-resourced to fulfil the requirements for the successful delivery of your education and training program?• How is the health service ensuring that prevocational doctors, not just interns, are involved in the education and training program governance structure?
1.4 Program Management
<ul style="list-style-type: none">• What are the processes in place to ensure appropriately qualified and experienced staff administer and manage the education and training program?• Has the education and training program been mapped to the learning outcomes outlined in the AMC National Framework for Prevocational Training?• What dedicated structures are used to oversee and manage prevocational doctors?• How does the MEU monitor the effectiveness of management? Describe the process for performance appraisals of MEU staff?• What avenues/processes exist for doctor preference/swaps/suggested improvements?
1.5 Relationships to Support Medical Education
<ul style="list-style-type: none">• What is your relationship with your local Aboriginal Health Directorate?• What working relationships do you have with other agencies such as medical schools, specialist education providers and health facilities to support the education and training program?• What involvement do members of the Education and Training Committee have with interns, external stakeholders and communities?
1.6 Reconsideration, Review and Appeals Process
<ul style="list-style-type: none">• What appeal processes do you have in place to reconsider and review decisions? Please explain an example (if applicable) where a decision has been overturned following this practice?• How is information about these processes distributed to all relevant stakeholders?• How do you maintain confidentiality in undertaking these processes?• How are you assured that the processes are working as intended?
2.1 Program Structure and Composition
<ul style="list-style-type: none">• What mechanisms are in place to ensure the prevocational training program is longitudinal and provides prevocational doctors with the appropriate clinical experiences?• What was the process to decide on the appropriate clinical care categories for a term? How is this monitored to ensure the clinical context remains appropriate?• What policies are in place to support Term Supervisors and Aboriginal and/or Torres Strait Islander prevocational doctors on implementing or reviewing flexible training arrangements?• What practices exist to support Aboriginal and Torres Strait Islander workforce to meet their cultural obligations and support them in their roles?• How are employees made aware of the flexible processes?• What support is provided/can be provided upon return to work?
2.2 Training Requirements
<ul style="list-style-type: none">• How does the MEU use evidence-based principles to inform their program planning, monitoring and review?• How are the prevocational outcome statements used in planning and monitoring each term?• What professional development and clinical opportunities are available to further develop or enhance prevocational doctor experiences in relation to Indigenous peoples' health?• What is the term description review process? How often are term descriptions reviewed?• How do you keep in touch with term supervisors to review prevocational doctor term descriptions?• How did you align the term descriptions to the outcomes statements to be achieved?

2.3 Assessment Requirements
<ul style="list-style-type: none"> • How is assessment linked to the prevocational outcome statements? • What monitoring mechanisms are in place for ensuring assessment requirements are being met? • How will the health service engage with supervisors and prevocational doctors to ensure they receive the information they need to understand all components of the assessment process? • What is the selection process and responsibilities for assessment review panel members? • How are assessment decision managed in terms of appeals from prevocational doctors? • How are prevocational doctors be made aware of assessment review panel processes? • How are prevocational doctor assessments and EPAs documented? • What records are kept of discussions related to prevocational doctor performance? How is confidentiality maintained? • How will the health service engage with supervisors and prevocational doctors to ensure they receive the information they need to understand all components of the assessment processes?
2.4 Feedback and supporting continuous learning
<ul style="list-style-type: none"> • How do you know that performance feedback is regularly provided to prevocational doctors? • What is the process for handover of prevocational doctor performance across terms? • What mechanisms exist to encourage and support prevocational doctors to take responsibility for their own performance and seek feedback from supervisors?
2.5 Improving Performance
<ul style="list-style-type: none"> • What structures and mechanisms exist to identify, support and remediate underperforming prevocational doctors? • Confidentially explain a situation where underperforming processes have been successful to support a prevocational doctor? • What is the process for remediation of prevocational doctors who do not receive satisfactory assessments?
3.1 Work-based teaching and training
<ul style="list-style-type: none"> • What opportunities exist for broad generalist clinical experiences? • How are the clinical experiences assessed regarding their ability to provide appropriate opportunities for prevocational doctors to develop the knowledge and skills outlined in Section 3 - Requirements for programs and terms? • How do you ensure placements are long enough for prevocational doctors to become members of the team and allow team members to make reliable judgements about their abilities, performance and progress? • How does the health service manage prevocational doctor welfare, safety, workload and performance?
3.2 Supervisors and assessors – attributes, roles and responsibilities
<ul style="list-style-type: none"> • What policies and procedures does the health service implemented to support supervisors and ensure prevocational doctors' supervision and assessment requirements are met? • How do you ensure appropriate supervision is provided for each term? • What policies are in place providing you with clear supervision responsibilities? • How are supervisors made aware of supervision requirements? Undertaken the mandatory prevocational training modules? How is this monitored by the MEU to ensure compliance? • How do you ensure supervisors have the appropriate competencies, skills and knowledge to support the medical education and training of prevocational doctors? • How are registrars included in training / provided resources on supervision?
3.3 Supervisor training and support
<ul style="list-style-type: none"> • What professional development activities are available to prevocational training program staff (including registrars) to increase their supervision skills and knowledge? Does this include cultural safety training? • How do you monitor the professional development needs of term supervisors? • How is supervision monitored and evaluated?

3.4 Formal Education Program
<ul style="list-style-type: none"> • How does the program assess the learning outcomes available through clinical and non-clinical activities and identify gaps that may exist and then translate into the formal education program? • How is the assessment of PGY1 and PGY2 doctor learning needs used to develop the formal education program? • How are prevocational doctors supported to attend orientation programs at start of employment and at the start of each term? • How are these programs developed (needs assessment), evaluated and improved year to year? • How does the health service ensure that formal education time is protected? What systems enable this? • How are supervisors (not just senior medical staff) involved in these systems of support to prevocational doctors?
3.5 Facilities
<ul style="list-style-type: none"> • What resources are available to prevocational doctors beyond a library setting? • How are continuing medical education sessions enabled through the use of modern technology? • What physical structures enable a safe environment for the learning and wellbeing needs of prevocational doctors?
3.6 E-Portfolio
<ul style="list-style-type: none"> • Whilst e-portfolio is not yet operational, how does the MEU maintain an adequate record of learning?
4.1 Appointment to program and allocation to terms
<ul style="list-style-type: none"> • What are the policies/procedures used to appoint and allocate prevocational doctors to programs and terms, including any dispute procedures? • How are these publicised and practiced ensuring transparency in process? • How is impartiality and fairness demonstrated in appointing and allocating doctors to programs and terms? • How does the health service actively recruit Aboriginal and Torres Strait Islander doctors in line with the National Agreement on Closing the Gap? • How are prevocational doctors made aware of any dispute processes? • How are prevocational doctors allocated to terms?
4.2 Wellbeing and support
<ul style="list-style-type: none"> • What strategies exist on a local level to support prevocational doctors and Aboriginal and Torres Strait Islander doctors to ensure their wellbeing? • How are prevocational doctors made aware of the resources that available to support their wellbeing? • How is the health service made aware of wellbeing concerns and providing support? • What specific cultural safety training program is implemented to support cultural loading on Aboriginal and Torres Strait Islander prevocational doctors? • How are rosters planned and implemented according to the National standards and requirements for programs and terms? What level of overtime across the terms are you aware of? • How are rosters reviewed and working conditions assessed to ensure patient safety and prevocational doctor wellbeing are considered? • What policies and procedures exist locally that address discrimination, bullying and sexual harassment? How are they implemented to support professional conduct? • How are prevocational doctors made aware of the avenues of addressing such issues and what support structures exist? • How does the health service identify if bullying, harassment and discrimination are present? • What process are in place to support a prevocational doctor who advised they'd witnessed or experienced discrimination, bullying and sexual harassment? Have you had such an experience? • What processes does the health have to identify and support prevocational doctors who are experiencing personal and professional difficulties that may affect their training or performance? • How are prevocational doctors made aware of these processes and support? • What procedures exist for professional development leave for prevocational doctors?

<ul style="list-style-type: none"> • How is this communicated to prevocational doctors? • What resources/services/opportunities are available to prevocational doctors regarding career advice?
4.3 Communication with Prevocational Doctors
<ul style="list-style-type: none"> • How are prevocational doctors informed of the education, training and experiences available? • How are evaluation outcomes and implemented changes due to prevocational doctor feedback communicated broadly? Including outcomes from the ETP Committee?
4.4 Resolution of Training Problems and Conflicts
<ul style="list-style-type: none"> • What processes exist for addressing concerns and disputes raised by prevocational doctors in regard to their supervision, the educational program or meeting their term requirements? • How are these communicated to all stakeholders? • If disputes arise during such processes, what escalation procedures are in place to manage an independent review (if necessary)? • What pathways exist for escalation if necessary?
5.1 Program monitoring and evaluation
<ul style="list-style-type: none"> • How does the health service evaluate the terms and educational program? • Are prevocational doctors able to provide feedback anonymously? • How is this evaluation data used to drive quality improvement and change? • Is this evaluation data routinely reviewed and monitored by the ETP Committee? • How is feedback sought from Term Supervisor on the education delivered and development of the program? • How does the health service utilise the Medical Board of Australia's medical training survey data to support your own evaluation processes?
5.2 Evaluation outcomes and communication
<ul style="list-style-type: none"> • Once evaluation data is collected and analysed, how does the health service use this data to identify areas for improvement? • How are those improvement initiatives being tracked/monitored? • What escalation processes are used within these quality improvement cycles? • What improvements have been made to programs as a result of prevocational doctor feedback? • How are evaluation activities/outcomes collated and summarised? • What channels are being used to disseminate these results?

Prevocational Doctors (PGY1 and PGY2)

Opening Questions
<ul style="list-style-type: none">• What are the good things in medical education and training at this health service?• What are the challenges?
1.3 Governance
<ul style="list-style-type: none">• Do you know who your prevocational doctor representatives are on the ETP Committee?• Are you aware of policies around cultural safety and education to support you in providing culturally safe health care to Aboriginal and Torres Strait Islander patients and their families?• What cultural safety support or education has the health service provided you in your role? <i>[Aboriginal and/or Torres Strait Islander Prevocational Doctor]</i>• Are you aware of policies in relation to managing prevocational doctor rostering and leave?• Are you aware of appeals processes related to prevocational training decision-making e.g. end of term assessment outcomes.
1.4 Program Management
<ul style="list-style-type: none">• Are you aware of what support the Medical Administration team provides?• Have you been able to access annual and sick leave appropriately?
2.1 Program Structure and Composition
<ul style="list-style-type: none">• How has the health service been flexible to support you or your colleagues in your training?• How has the health service been flexible and provided you with support to attend cultural requirements during the term? <i>[Aboriginal and/or Torres Strait Islander Prevocational Doctor]</i>
2.2 Training Requirements
<ul style="list-style-type: none">• Are you aware of the term description for the term you've undertaken. Did it describe the skills and procedures you'll be exposure to during the term?• Did you receive clinical experiences or professional development to support your knowledge and understanding of Indigenous Health?
2.3 Assessment Requirements
<ul style="list-style-type: none">• What is the process for your formal mid and end of term assessments, what information did you receive about how these are facilitated?• Did your term orientation include information on the assessment processes, who will undertake your assessments, who will contribute to assessments and how the information will be collected?• Are you aware of the Assessment Review Panel? Do you know their purpose?
2.4 Feedback and supporting continuous learning
<ul style="list-style-type: none">• Explain how your mid and end assessments were undertaken? Did you receive a mid and end of term assessment? Did you find the process useful?• What is your responsibility in ensuring assessments occur?• Have you received copies of your assessments?• Were you able to undertake two EPAs during the term? What are your experiences in completing your EPAs and connecting them to meet your outcome statements?• Do you have any difficulty having a supervisor or appropriate assessor conduct an EPA with you?• Do you regularly receive informal feedback? Form who?• Do you feel you have gained good quality feedback that has supported your development?
3.1 Work-based teaching and training
<ul style="list-style-type: none">• Tell us about your clinical experiences on your term. Complexity, patient acuity and volume, is the workload is reasonable? Did you ever feel you worked outside your scope of practice?• Have you been provided the opportunity to provide feedback on your experiences?• What has been an educational highlight for you during this term, did it meet your expectations?• Are there any skills, procedural or knowledge gaps that you considered did not meet your learning expectations or aligned with the learning outcomes of the term?

3.2 Supervisors and assessors – attributes, roles and responsibilities
<ul style="list-style-type: none"> • Do you know who your term supervisor is, how often do you interact? • How well did you feel supported by your daily clinical supervisor and your term supervisor? • Is the supervision provided during the term clearly set out in your term description? • Explain any supervision challenges or good experiences on your term? • Have you been given the opportunity to provide feedback on the quality of your supervision?
3.4 Formal education program
<ul style="list-style-type: none"> • Tell us about the formal educational opportunities at the health service. Network wide education (Tutorial/grand rounds) and unit specific education (meetings/journal clubs). • How often are you able to attend formal education sessions? What are the barriers to ensure your attendance? (workload, relevancy, timing, location?) • How often do you receive information about education and training opportunities available? • Are there any other educational or training opportunities are available to prevocational doctors? Such as conference attendance, external agencies workshops etc • Can you tell us about the formal health service orientation you received? Did you find it useful? • Can you tell us about your term/unit orientation you received and who provided this to you? Did you find it useful? • Did you discuss your role and learning objectives with the term supervisor at the start of the term? • Were you given an opportunity to provide feedback on your orientation programs? • Was your formal education program within protected time for each term? Were there any challenges in you attending within protected time?
3.5 Facilities
<ul style="list-style-type: none"> • Where do you go if you need to be away from clinical work areas? TMO lounge facilities? • What resources does the health service provide to support your education and training e.g., internet, library, computer, study locations. • If rotating out to a regional location, does the health service provide you with accommodation?
4.1 Appointment to program and allocation to terms
<ul style="list-style-type: none"> • What was your experience of how the MEU allocated you to terms? • Were you provided with sufficient information on the terms and the clinical experiences available?
4.2 Wellbeing and support
<ul style="list-style-type: none"> • Do you know if the health service has any wellbeing strategies or initiatives? • Do you know if the health service has wellbeing strategies or initiatives aimed at Aboriginal and Torres Strait Islander prevocational doctors to support you in your career and reduce the cultural loading? <i>[Aboriginal and/or Torres Strait Islander Prevocational Doctor]</i> • What information have you been given regarding wellbeing support and looking after yourself? • How does the health service support you to ensure you are working safe working hours? • Where would you go if you had issues related to your workload, supervision or training? • Are you aware of any policies addressing bullying, harassment and discrimination? • Have you experienced or witnessed discrimination, bullying and sexual harassment? How would you, or did you escalate this? Did you feel safe to raise this concern? Was it resolved? • If you were experiencing personal or professional difficulties, who would you go to for support? • Are you aware of processes in relation to accessing professional development leave? • Have you experienced any difficulties in obtaining professional development leave? • What information has been provided to you in relation to your career choices?
4.3 Communication with Prevocational Doctors
<ul style="list-style-type: none"> • Have you seen positive improvements made from prevocational doctor feedback in relation to training, supervision or the education and training program as a whole? • How are outcomes from the ETP Committee communicated to prevocational doctors?
5.1 Program monitoring and evaluation
<ul style="list-style-type: none"> • Are you given opportunities to provide feedback on the education session and at end-of-term? • How do you receive the evaluation forms?
5.2 Evaluation outcomes and communication
<ul style="list-style-type: none"> • Have you seen any changes as a result from prevocational doctor feedback? • How does the health service communicate changes to the program to improve your experience?

Term Supervisor

Opening Questions
<ul style="list-style-type: none">• Tell us about your role as a term supervisor and your unit.• What are the good things in medical education and training at this health service?• What are the challenges?
1.3 Governance
<ul style="list-style-type: none">• What input do you have in the governance structure in relation to supervision of prevocational doctors?• Are you aware of the ETP Committee or Assessment Review Panel?• What clinical governance responsibility do you have for supervision of prevocational doctors?• What strategies has the health service implemented to provide a culturally safe environment?
1.4 Program Management
<ul style="list-style-type: none">• Where would you go if wanted advice regarding planning, implementing and reviewing prevocational education and training within your unit or team?• What processes do you undertake to ensure appropriate rostering for prevocational doctors?• Who manages prevocational doctor leave in your unit? Have there been any issues?
2.1 Program Structure and Composition
<ul style="list-style-type: none">• What input do you have in structuring the prevocational doctor terms to provide adequate exposure to the clinical experiences?• How would you support a prevocational doctor who required flexible training arrangements?• How do you support Aboriginal and Torres Strait Islander prevocational doctors with flexible training arrangements?• What practices exist to support Aboriginal and Torres Strait Islander workforce to meet their cultural obligations?
2.2 Training Requirements
<ul style="list-style-type: none">• How did you align the term descriptions to the outcomes statements to be achieved?• How do you ensure appropriate learnings to ensure prevocational doctors can achieve their outcome statements?• How did you align the term descriptions to the outcomes statements to be achieved?• How are the prevocational outcomes statements used in planning and monitoring the development or enhancement of clinical opportunities regarding Aboriginal and Torres Strait Islander peoples' health?
2.3 Assessment Requirements
<ul style="list-style-type: none">• What assessment information was provided to prevocational doctors at the term orientation?• Who contributes to the prevocational doctor prevocational doctor assessment process?• How do you conduct regular performance development (EPAs) against the outcome statements?• How do you manage progression and remediation?• Did you obtain training on how to conduct assessment processes? What was the training you undertook? Did this training support your needs to conduct assessments?
2.4 Feedback and supporting continuous learning
<ul style="list-style-type: none">• Who provides prevocational doctors on your unit regular informal feedback?• How do you provide feedback to prevocational doctors throughout the term?• How do you encourage prevocational doctors to take their own responsibility for their performance?
2.5 Improving Performance
<ul style="list-style-type: none">• How do you identify a prevocational doctor in difficulty before mid and end term assessments?• Who would you contact for support?• Do you know of any policies that support Term Supervisors in identifying a prevocational doctor in difficulty?• Provide a circumstance where you have required support for a prevocational doctor in difficulty?• Are you aware of the Assessment Review Panel? What do you understand of their purpose and role in the assessment of prevocational doctors?

3.1 Work-based teaching and training
<ul style="list-style-type: none"> • What clinical experiences are available for prevocational doctors on your term. Patient acuity, demographics, out-patient clinics, procedural and surgical exposure. • Please explain the role of prevocational doctors on your unit, how is their workload? How many hours a fortnight are they averaging? • What systems and opportunities do you have in place for managing wellbeing and support? • How is appropriate supervision provided to PGY1 and PGY2s on your term? [supervisors, registrars and consultants] • What policies are in place providing you with clear supervision responsibilities?
3.2 Supervisors and assessors – attributes, roles and responsibilities
<ul style="list-style-type: none"> • What do you understand is your role and responsibility as a term supervisor? • If you had any queries about your supervision responsibilities, who would you contact? • How does your support assist prevocational doctors to meet their learning objectives? • What skills do you have as a term supervisor to support prevocational doctors? • What training have you undertaken to be a qualified term supervisor?
3.3 Supervisor training and support
<ul style="list-style-type: none"> • What professional development activities are available to you to increase your supervision skills and knowledge? • What professional development activities have you undertaken to increase your knowledge in cultural safety? • How might this be utilised to support prevocational doctors in their own cultural safety learning? • What quality improvements have you been involved in through training outcomes? • How does the health service support you in your role to fulfil your responsibility?
3.4 Formal education program
<ul style="list-style-type: none"> • Explain the orientation provided by your unit, what is discussed with the prevocational doctor at the beginning of term? • What unit educational opportunities are available to prevocational doctors • What strategies are in place to ensure prevocational doctors attend formal education in protected time? • What difficulties may prevocational doctors face to be able to attend formal education in protected time?
3.5 Facilities
<ul style="list-style-type: none"> • What facilities are available to prevocational doctors during your term e.g. internet, library, study spaces, blue spaces etc.
4.2 Wellbeing and support
<ul style="list-style-type: none"> • How are you assured of prevocational doctors wellbeing? • What would you do if a prevocational doctor came to you advising they have witnessed or experienced discrimination, bullying and sexual harassment? Have you had such an experience? • If a prevocational doctor came to you with some personal or professional difficulties, how would you manage this? Who would you go to for support? Are you aware of any processes that can support you? • Are prevocational doctors able to access professional development leave during your term? • What career advice do you provide them that is specific for your specialty?
5.1 Program monitoring and evaluation
<ul style="list-style-type: none"> • How regularly do you evaluate your Term Description? What is the process in evaluation? • How do you provide feedback on the prevocational doctor education and training program? • How do you monitor your unit's training program?
5.2 Evaluation outcomes and communication
<ul style="list-style-type: none"> • How often do you meet with the MEO and Director of Clinical Training? How does the DCT evaluate the supervision provided on your term? • How does the MEU provide you with outcomes from evaluation activities undertaken?

Appendix 4: Pre-Visit Meeting – Agenda Template

Template

Survey Team Pre-Visit Meeting

Time, Date, Venue

AGENDA

1. Introductions
2. Overview of National Standards
3. Understanding of abbreviations, acronyms, definitions.
4. Review of preliminary summary assessment, submission and evidence
 - Areas of concern
 - Is the evidence provided adequate?
 - Have all standards been addressed?
 - Further information required
 - Does any part of the submission require clarification?
 - Is additional evidence required?
 - Action against conditions from previous visit
 - Has the facility responded to conditions from the last visit?
 - Are there any themes identified within the SA MET Responding to Concerns Register
 - New posts and change of circumstance.
 - Has enough information been provided for the team to accredit new positions and changes of circumstance?
5. Review of program
 - Are key people included on the program for interview?
 - Has enough time been allowed for interviews?
 - Are there videoconference facilities?
6. Prevocational doctor evaluation survey data
 - Does the survey highlight specific areas of concern that require further investigation?
7. Composition of sub teams
 - Will the team divide into two sub teams?
8. Delegation of responsibilities
 - Will members be given responsibility for particular standards and units?
 - What roles will members have on the day?
9. Report writing and post visit meeting

Agenda Template

Debrief Health Service Meeting

Debrief Meeting Agenda

1. Thank you to MEU staff for work in preparing for accreditation
2. Raise issues that require immediate attention and action by facility
3. Provide an overview of the themes of the day and areas that would require review
4. Outline the process:
 - survey team will developed the report
 - the health service will be provided with the draft accreditation report for factual accuracy checking around [insert date]
 - report sent to Accreditation Committee for consideration on [insert date]
 - report sent to the Advisory Council for final endorsement on [insert date]
5. Are there any further question or concerns the health service would like to raise?

AREAS THAT SHOULD NOT BE DISCUSSED AT THIS MEETING:

- ✗ the recommended accreditation status
- ✗ minor issues identified during the assessment visit
- ✗ personal perceptions of issues
- ✗ discussion of other comparable accreditations or units

Appendix 6: Confidentiality Agreement and Conflict of Interest Declaration

Confidentiality Agreement and Conflict of Interest Declaration



I, give this agreement to the South Australian Medical Education and Training (SA MET) Health Advisory Council (the Advisory Council).

I acknowledge that all information to which I gain access as a result of my work as an accreditation surveyor for the Advisory Council and/or as a member of the Advisory Council Accreditation Committee, including information provided by the health service, documents relating to accreditation assessment visits and any report I author or co-author in this capacity is confidential and will be used for the sole purpose of fulfilling my role as an accreditation surveyor and/or member of the Advisory Council Accreditation Committee.

I acknowledge that any perceived or actual conflict I may have between my membership on the Accreditation Committee or survey team and my professional or personal interests must be fully disclosed in this form in accordance with the [SA MET Accreditation Conflict of Interest Policy and Procedure](#). I acknowledge and agree to comply with any approach for removing or managing a perceived or actual conflict of interest.

The terms of the agreement are:

1. I will not disclose, either directly or indirectly, the contents of any accreditation team reports, associated material or data without prior written authorisation from the Advisory Council Accreditation Committee Chair;
2. I will take all reasonable steps to ensure that any person, other than those persons permitted by the SA MET Unit, does not have an opportunity to inspect or otherwise have access to confidential accreditation information.
3. I have read and understood the SA MET Unit’s Accreditation Conflict of Interest Policy and have made a full and frank disclosure of interests that may put me in a conflict of interest situation.
4. I will take all reasonable steps to notify the SA MET Unit of any conflict that arises through professional or personal interests in the future.

I have professional, personal or personal interests which may conflict, or be perceived to conflict with the SA MET Unit’s accreditation function as outlined below:

Nature of the interest (professional, employment, personal, financial, other)	Name facility, private practice, or LHN
Currently employed at:	
Consults at:	
Has a significant personal relationship with a person at:	
Has a financial interest in	

NAME: *(please print)*:

SIGNED:

DATE: / /