2

National standards for prevocational (PGY1 and PGY2) training programs and terms

National standards for prevocational training

Figure 3 – National accreditation standards for programs

2

Organisational purpose and the context in which prevocational training is delivered

1. Organisational purpose and the context in whic

NOTES

Prevocational training is a blended model of supervised practice and integrated training. While some training is speci c to the prevocational training period, PGY1 and PGY2 doctors are also part of a wider training and clinical service delivery system within the health service, which may also provide clinical training for medical students and other doctors in postgraduate medical training, including specialist training programs. This set of national standards focuses on supporting prevocational doctors, but recognises the importance of vertical integration across the medical training continuum.

These standards also recognise that prevocational doctors can complete terms and training in a variety of healthcare settings, including hospitals, general practices, and community-based medical services. The way these elements combine in a prevocational training program may vary, from training in a single health facility to a rotation program in a network.

Teaching, training, supervising, appraising and assessing doctors are critical functions in caring for patients now, and for developing a highly skilled workforce to meet community needs for the future. It is expected that health services recognise and resource these training and education functions. This should include quarantined time to support learning and assessment activities.

Each prevocational training program should have a governance structure that includes a clinical training committee (or equivalent) with the primary responsibility to oversee prevocational (PGY1 And PGY2) education, training and supervision, including evaluation of the program. In addition, for prevocational training providers that are networked, there should be a governance committee with representatives from all participating health services in that network, and with responsibility to oversee and coordinate the network's prevocational training program.

To promote the education and training of prevocational doctors, the prevocational training provider should implement strategies to establish e ective partnerships with relevant local communities, organisations and individuals in the Indigenous health sector. These partnerships recognise the unique challenges the sector faces and acknowledge that promoting cultural safety is an important strategy in improving patient safety and outcomes for Aboriginal and Torres Strait Islander peoples. Useful available guides include the National Safety and Quality Health Service NSQHS Standards User guide for Aboriginal and Torres Strait Islander health[5].

Prevocational training providers must comply with laws and regulations as businesses, employers and healthcare providers. They therefore have policies, procedures and systems in place to meet requirements under laws, regulations or other accreditation standards, such as the NSQHS Standards[6] or accreditation for specialist medical training programs. This includes audit systems and quality assurance processes to demonstrate compliance with laws and regulations. All these existing policies, procedures and systems include may also meet requirements for prevocational training.

Prevocational doctors' performance is assessed and reviewed to meet both their registration and employment entitlaws, "Ecat rting P(aining f f)20 (a(e)9acle p)20 (egy)30vtionn and emp. (tional tr)19.9 (aining an)20 (tes 10 (yr

1.4 Program management

1.4.1 The prevocational training program has dedicated structures with responsibility, authority, capacity and

1.5 Relationships to support medical education

1.5.1 The prevocational training program supports the delivery of prevocational training through constructive working relationships with other relevant agencies, such as medical schools, specialist education providers, and health facilities.

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.

NOTES

In addition to the relevant agencies provided in Standard 1.4.1, examples of other relevant agencies include the local prevocational training accreditation authority, the health jurisdiction, and the local health network including primary and community health services.

The prevocational training provider should implement strategies to establish e ective partnerships with relevant local communities, organisations and individuals in the Indigenous health sector to promote the education and training of prevocational doctors. These partnerships should recognise the unique challenges faced by this sector.

1.6 Reconsideration, review and appeals processes

1.6.1 The prevocational training provider has reconsideration, review and appeals processes that provide for impartial and objective review of assessment and progression decisions related to prevocational training. It makes information about these processes readily available to all relevant stakeholders.

NOTES

An appeals process that provides a fair and reasonable opportunity to challenge the decision is likely to result in decisions that are ultimately correct.

To inform decision-making conduct, the grounds for appeal may include matters such as:

- an error in law or in due process in forming the original decision
- relevant and signi cant information was not considered, or not properly considered, whether this information was available at the time of the original decision or became available subsequently
- irrelevant information was considered in making the original decision
- procedures that were required by the organisation’s policies to be observed in making the decision were not observed
- the original decision was made for a purpose other than a purpose for which the power was conferred
- the original decision was made according to a rule or policy without regarding the merits of the particular case
- the original decision was clearly inconsistent with the evidence and arguments put before the body making the original decision.

Elements of a strong and e ective appeals process include incorporating the principles of procedural fairness, natural justice, timeliness and transparency of decision-making. This includes written documentation of reasons for decisions to be issued. The process should also consider the principle of con dentiality, and make all e orts to ensure con dentiality in line with relevant health service policy and reporting requirements.

2

The prevocational training program – structure and content

2.1

2.2 Training requirements

2.2.1 The prevocational training program is underpinned by current evidence-informed medical education principles.

2.2.2 For each term, the prevocational training provider has identified and documented the training requirements (see Training and assessment requirements for prevocational (PGY1 and PGY2) training programs: Section 2 – 'Prevocational training'), including the prevocational outcome statements that are relevant, the skills and procedures that can be achieved, and the nature and range of clinical experience available to meet these objectives.

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.

NOTES

Education principles include an understanding of teaching and learning practices, common terminology and assessment methods in medical education; and educational supervision.

These national standards take account of the outcome statements developed for prevocational doctors, outlined in 'Prevocational outcome statements' (Section 2A of Training and assessment requirements).

The prevocational outcome statements align with the medical school graduate outcomes which articulate what medical students must demonstrate at graduation. The prevocational outcome statements are set at a higher level for postgraduate year 1 (PGY1) and postgraduate year 2 (PGY2), re ecting the additional training and experience of the doctor completing their two-year prevocational program. Although the outcomes statements apply to both PGY1 and PGY2, the level of expectation, responsibility, supervision and entrustability of the outcomes will be di erent between the two years. The prevocational doctor should be consolidating and applying the knowledge gained in medical school.

In relation to Indigenous health, medical graduates are expected to understand and describe the factors that contribute to the health and wellbeing of Aboriginal and Torres Strait Islander peoples, including history, spirituality and relationship to land, diversity of cultures and communities, language, epidemiology, social and political determinants of health and health experiences. They are also expected to demonstrate e ective and culturally competent communication and care for Aboriginal and Torres Strait Islander peoples.

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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.

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.

2.3.3 Prevocational doctors and supervisors understand all components of the assessment processes.

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.

NOTES

Assessment process requirements can be found in the Training and assessment requirements document. This includes regular performance assessment against the prevocational outcome statements, managing progression and remediation (where relevant), and certifying completion of prevocational training. The requirements are described in 'Prevocational assessment' (Section 3 of Training and assessment requirements) in the following parts:

A. Assessment approach
B. Improving performance
C. Certifying completion of PGY1 and PGY2 training
D. National assessment forms
    - Prevocational training term assessment form
    -

NOTES

Feedback and progress reviews can be assisted by prevocational doctors keeping a record of learning within an e-portfolio, which they should regularly discuss and review with their supervisor. Note: This will be updated to re ect progress on the prevocational training e-portfolio.

There should be a documented process for responding to prevocational doctors not meeting the requirements that ensures patient safety and supports the prevocational doctor to address performance concerns. Standard 4.2 addresses the wellbeing of prevocational doctors.

2.5 Improving performance

2.5.1 The prevocational training program identi es any prevocational doctors who are not performing to the expected level and provides them with support and remediation.

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.

NOTES

There should be a documented process for managing performance concerns that ensures patient safety and prevocational doctor wellbeing.

The National Framework includes a strong emphasis on assisting prevocational doctors who are experiencing di culties to improve performance, with a focus on early identi cation, feedback and support. A range of factors can impact performance, including individual skills, wellbeing and the work environment, and these factors must be taken into account to optimise performance.

When decisions about the performance of individual prevocational doctors needs review, processes to be followed are outlined in ‘Improving performance’ (Section 3B of Training and assessment requirements). Each prevocational training provider must establish an assessment review panel, which will be responsible for overseeing individual prevocational doctors’ performance and progression, as outlined in ‘Certifying completion of PGY1 and PGY2 training’ (Section 3C of Training and assessment requirements).

Prevocational doctors’ performance is assessed and reviewed to meet both registration and employment requirements. When safety concerns are raised, clear procedures are important for those responsible for the prevocational training program to inform both the employer and the regulator, where appropriate.

The requirement under national Standard 1.3.7 to immediately address concerns about patient safety may require action beyond remediation, including possibly withdrawing a prevocational doctor from the clinical context.

The prevocational training program – delivery

STANDARD 3

3. The prevocational training program – delivery

3.1 Work-based teaching and training

3.1.1 The prevocational training provider ensures opportunities for broad generalist clinical work-based teaching and training.

3.1.2 The prevocational training program provides clinical experience that is able to deliver the Training and assessment requirements and, for PGY1 doctors, is consistent with the Registration standard – Granting general registration on completion of intern training. The prevocational training program conforms to guidelines on opportunities to develop knowledge and skills, as outlined in 'Requirements for programs and terms' (Section 3 of National standards and requirements for programs and terms).

3.1.3 In identifying terms for training, the prevocational training program considers the following:

- complexity and volume of the unit's workload
- the prevocational doctor's workload
- the clinical experience prevocational doctors can expect to gain
- how the prevocational doctor will be supervised, and who will supervise them.

NOTES

Prevocational programs should provide prevocational doctors with broad generalist clinical experiences in line with national strategic objectives for the medical workforce, and to prepare them for future practice and meeting the health needs of the community.

Prevocational training should ideally take place in a variety of health care settings, which may be located in metropolitan, regional and rural settings, including hospitals, general practices and community-based medical services.

All these terms o er opportunities to enhance skills and knowledge through supervised practice. At the end of the year, interns will possess clinical, professional and personal skills and competences (described in Training and assessment requirements: Section 2A – 'Prevocational outcome statements') that will prepare them for general registration and allow them to further develop skills and competencies in subsequent training.

In addition to clinical teaching, prevocational doctors should have supported opportunities to develop skills in self-care and peer support, including time management, and in identifying and managing stress and burn-out. This standard relates to the delivery requirements for the prevocational training program; systems requirements for managing wellbeing and support are at Standard 4.2.

Programs should include placements that are long enough to allow prevocational doctors to become members of the team and allow team members to make reliable judgements about the prevocational doctor's abilities, performance and progress.

3.2 Supervisors and assessors – attributes, roles and responsibilities

3.2.1 Prevocational doctors are supervised at all times at a level and with a model that is appropriate to their experience and responsibilities.

3.2.2 Prevocational supervisors understand their roles and responsibilities in assisting prevocational doctors to meet learning objectives and in conducting assessment processes.

3.2.3 Supervision is provided by quali ed medical sta with appropriate competencies, skills, knowledge and a demonstrated commitment to prevocational training.

3.2.4 The prevocational training program includes a director of clinical training or equivalent who is a quali ed and senior medical practitioner with responsibility for longitudinal educational oversight of the prevocational doctors.

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.

S3 Training program – delivery

NOTES

Each program and term should have clear and explicit supervision arrangements.

Supervision is an accreditation requirement for PGY1 and PGY2, and also a provisional registration requirement for PGY1.

The following roles should be covered in the prevocational doctor supervision structure, although it is noted that supervision arrangements will be di erent across di erent settings and an individual clinician might perform more than one of these roles:

- The DCT, or equivalent, is a senior medical practitioner who provides medical leadership and oversees the prevocational training program. The role includes developing, coordinating, promoting and evaluating the prevocational training program as well as longitudinal oversight, advocacy and support of prevocational doctors within the health service. In ful lling the responsibility of this role, the DCT will regularly liaise with term supervisors, medical education o cers, JMO managers, DMS and others involved in the prevocational training program. Other titles may be used in community health settings, including general practice. In addition to the role of the DCT, health services might include an additional longitudinal educational supervisor(s) to provide targeted educational support for prevocational doctors in the program.
- The term supervisor is the senior medical practitioner responsible for orientation, coordination of the clinical training experience and assessment within a speci c term. The term supervisor should not change across the term but might also be the primary clinical supervisor.
- Clinical supervisors:
  - The primary clinical supervisor(s) is the supervisor with consultant level responsibility for managing patients in the relevant discipline that the prevocational doctor is caring for. The consultant in this role might change and could also be the term supervisor.
  - The day-to-day clinical supervisor(s) is an additional supervisor (often at registrar level) who has direct responsibility for patient care, provides informal feedback, and contributes information to assessments. This role occurs in many settings. The person in this role should remain relatively constant during the term and should be at least PGY3 level. Note: In some terms, where registrars and prevocational doctors are working shifts across the 24 hour cycle (such as in emergency medicine or intensive care), the supervising registrar may not be constant. In these cases, training providers should ensure that there are appropriate processes in place to support communication between supervisors regarding prevocational doctor performance and progress during the term.

Other members of the healthcare team may also contribute to supervising the prevocational doctor's work.

All those who teach, supervise, counsel, employ or work with prevocational doctors are responsible for patient safety. Patient safety will be protected through explicit and accountable supervision.

Supervision includes more senior medical sta directly and indirectly monitoring prevocational doctors. It also includes providing training and feedback to assist prevocational doctors to meet the Registration standard – Granting general registration on completion of intern training.

It is important that sta supervising prevocational doctors have the appropriate competencies, skills, knowledge and commitment to prevocational training. The educational roles of supervisor and assessor are critical to the success of the prevocational training program. Adequate training and resources to support these roles is therefore essential. Those lling supervisory roles should know the program requirements, understand the principles of adult learning, be able to provide constructive feedback, and respond appropriately to identi ed concerns. All supervisors of prevocational doctors need clear guidance on their responsibilities to prevocational doctors, including how to escalate concerns about patient safety in the event the prevocational doctor is experiencing di culty.

To supplement training coordinated by the prevocational training provider, targeted training resources will be available on the Australian Medical Council (AMC) website. All supervisors undertaking EPA assessments of prevocational doctors should familiarise themselves with the AMC training material.

3.3 Supervisor training and support

3.3.1 Sta involved in prevocational training have access to professional development activities to support quality improvement in the prevocational training program.

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.

3.3.3 The prevocational training program regularly evaluates the adequacy and e ectiveness of prevocational doctor supervision.

3.3.4 The prevocational training program supports supervisors to ful ll their training roles and responsibilities.

NOTES

Prevocational training providers should have processes in place to monitor the professional development needs and activities of term supervisors. Providers should also provide training for term supervisors to address any identi ed knowledge or skill gaps.

Providers should o er prevocational training supervisors training in performance management and communication skills. This should include support for registrars who often undertake a large proportion of day-to-day supervision of prevocational doctors.

Term supervisor training under these revised standards will become mandatory within three years from when the revised prevocational National Framework is implemented. Training providers should have:

- systems in place to monitor and record attendance at supervisor training
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Formal education programs normally include:

- a program that is guided by the prevocational outcome statements
- sessions with senior medical practitioners and other health professionals
- opportunities to develop and practice clinical skills within a simulated environment
- orientation to the overall program and site, which occurs at the beginning of the year.

The orientation program occuring at the start of the clinical year should include:

- general information on the facility
- introduction to relevant facility sta and supervisors
- descriptions of roles and responsibilities of the prevocational doctor
- information on training and veri cation of clinical and procedural skills
- key contacts
- an overview of prevocational doctor supervision arrangements
- an overview of prevocational feedback and assessment processes
- a description of administrative arrangements (including rostering/leave management and relevant health service policies and procedures such as emergency procedures, work health and safety, grievances and leave)
- location of resources and relevant policies
- a summary of evaluation and accreditation processes
- a summary of how to access support and wellbeing processes (which may include where to nd career advice and personal counselling opportunities, process for professional development leave, and others)
- information on using and accessing technology and resources.

Induction and orientation processes should cover employer policies and procedures, particularly in relation to rights and responsibilities, supervision, assessment and performance management, prevocational doctor welfare and support, and grievance handling procedures.

Orientation at the start of each term is equally important and is usually supported with a written term description. Where prevocational doctors enter a new site at the beginning of a term, the orientation to the site should also occur at this time. In this orientation, the health service will ensure the prevocational doctor is ready to commence safe, supervised practice in the term.

At the term orientation, prevocational doctors should receive an outline of the term, including information speci c to that term on:

- roles and responsibilities of prevocational doctor
- training and veri cations of clinical skills
- supervision arrangements and key contact people
- training and education opportunities for the term
- assessment processes for the term.

Orientation processes at the start of the clinical year, and each term, should also cover the importance of clinical handover as essential for safe, quality clinical care. Prevocational training providers should have processes in place that support e ective clinical handover practices between shifts and at the end of rotations.

The prevocational training program – prevocational doctors

STANDARD 4

4. The prevocational training program – prevocational doctors

4.1

NOTES

Ensuring prevocational doctors can meet their educational goals and service delivery requirements within safe working hours is the responsibility of all parties. This protects both the prevocational doctor's wellbeing and patient safety. Good medical practice: a code of conduct for doctors in Australia [7] discusses fatigue management and expectations for safe working hours.

Prevocational training providers should provide a supportive learning environment through a range of mechanisms including:

- promoting strategies to maintain health and wellbeing
- including mental health and cultural safety
- providing professional development activities to enhance understanding of wellness and appropriate behaviours, and
- ensuring availability of con dential support and complaint services.

The transition from medical school to internship is an important milestone for prevocational doctors and health services can implement a range of strategies to promote a smooth transition period. In particular, health services should consider sensitively managing personal information that medical graduates disclose before or at the start of internship. This process should abide by the principles of privacy, transparency, accountability and ongoing support. Where relevant, transfer of information between medical schools and health services will occur most e ectively when there is a safe and supportive culture to receive and con dentially manage the information [8].

The prevocational training provider should have mechanisms for identifying, managing and supporting prevocational doctors who have experienced or witnessed discrimination, bullying and sexual harassment. This process should make all e orts to ensure con dentiality in line with the relevant health service policy. In particular, health services should make all e orts to ensure that there are no adverse repercussions for prevocational doctors reporting concerns about experienced or witnessed discrimination, bullying and sexual harassment. The prevocational training provider should include information about these mechanisms in their education program.

Prevocational training providers are expected to provide access to support for prevocational doctors that is free from con icts of interest such as involvement in assessment, progression and employment decisions.

Health services are expected to have developed a speci c cultural safety training program for all sta to reduce the cultural loading on Aboriginal and Torres Strait Islander prevocational doctors.

Prevocational training programs and prevocational doctors should take account of the relevant jurisdictional, industrial and health policy requirements in relation to workplace safety.

7. The Medical Board of Australia (MBA), Good medical practice: a code of conduct for doctors in Australia, MBA website, 2021, accessed 22 April 2022.
8. Medical Deans Australia and New Zealand, Creating a culture of support for medical students and graduates transitioning to practice, Medical Deans website, 2021, accessed 22 April 2022.S

4.3 Communication with prevocational doctors

4.3.1 The prevocational training program provides clear and easily accessible information about the training program, including outcomes of evaluation, in a timely manner.

4.3.2 The prevocational training program informs prevocational doctors about the activities of committees that deal with prevocational training in a timely manner.

4.4 Resolution of training problems and con icts

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 con dential for prevocational doctors.

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.

NOTES

Prevocational doctors who experience di culties often feel vulnerable in raising questions about their training, assessment or supervision, even anonymously, and can be concerned about being identi ed and potentially disadvantaged as a consequence. Often individuals who hold positions in the prevocational training provider also hold senior supervisory positions in hospitals and health services, which may lead to con icts of interest, especially if the prevocational doctor has a grievance about either their employment or training.

The prevocational training provider will have a published grievance policy that considers issues that are relevant to prevocational doctors. This should include clear advice to prevocational doctors on what they should do in the event of con ict with their supervisor or any other person involved in their training. Clear policies and procedures are intended to remove the barriers for prevocational doctors to raise concerns about their training or employment.

Processes that allow prevocational doctors to safely raise issues would generally be those that give prevocational doctors con dence that the provider will act fairly and transparently, that prevocational doctors will not be disadvantaged by raising legitimate concerns, and that their complaint will be acted on in a timely manner. This should also include managing potential or actual con icts of interest where a prevocational doctor raises a grievance about a supervisor.

Monitoring, evaluation and continuous improvement

STANDARD 5

5. Monitoring, evaluation and continuous improvement

5.1 Program monitoring and evaluation

5.1.1 The prevocational training provider regularly evaluates and reviews its prevocational training program and terms to ensure standards are being maintained. Its processes check program content, quality of teaching and supervision, assessment, and prevocational doctors' progress.

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.

5.1.3 Prevocational doctors have regular structured mechanisms for providing con dential feedback about their training, education experiences and the learning environment in the program overall, and in individual terms.

5.1.4 The prevocational training program uses internal and external sources of d1.4

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