

Document Number:

CRMEC Policy 06

Document Name:

National Standards for Prevocational Medical Education and Training Programs

Scope

This document provides an overview of the Australian Medical Council's (AMC) *National Standards for Prevocational (PGY1 and PGY2) Training Programs and Terms* (the National Standards) that apply to all prevocational (PGY1 and PGY2) education and training programs (ETPs) in Australia. The National Standards are intended to ensure that postgraduate year one and two (PGY1 and PGY2) doctors are provided with a safe and effective training environment that supports attainment of the requirements of Medical Board of Australia's *Registration standard: Granting general registration as a medical practitioner to Australian and New Zealand medical graduates on completion of intern training* (for PGY1 doctors) and the Medical Board of Australia's *Registration standard: continuing professional development* (for PGY2 doctors).

Applicability and context of the National Standards

The National Standards apply to the overall ETP delivered in a health service, as well as every clinical experience (training term) undertaken by PGY1 and PGY2 doctors in that health service. The National Standards apply within the context of the AMC's full framework for prevocational medical training (the National Framework) that outlines further requirements that ETPs must implement, including the training environment (i.e., clinical experiences), assessment processes and supervision requirements.

In the context of this document, prevocational doctors are junior doctors who are in their first two years of postgraduate practice and have not yet entered specialty training. These standards do not cover the ETP for junior doctors completing a specialty training program, PGY3+ career medical officers or doctors on other international medical graduate (IMG) pathways. While the Canberra Region Medical Council (CRMEC) strongly encourages health services to deliver ETPs meeting these National Standards to all junior doctors; the CRMEC only accredits training programs for PGY1 and PGY2 doctors.

The National Standards refer to Director of Clinical Training; this role is referred to as the Director Prevocational of Education and Training in the Canberra training region.

Access to the full AMC National Standards

This document provides an overview of the AMC's *National Standards* for quick reference purposes. The full National Standards document, linked at the end of this policy, includes explanatory and contextual notes that should be reviewed by health services on a regular basis when self-auditing and reviewing the ETP.

Standards and the Accreditation Process

By meeting these National Standards, health services demonstrate that they provide safe and effective education and training experiences for doctors in their junior training years.

The CRMEC conducts a full accreditation for all prevocational medical ETPs in the Canberra training region every four years. Through the accreditation process, the CRMEC tests the extent to which health services meet these Standards. The CRMEC's policies and procedures outline the full details of how the accreditation process is undertaken, including processes for ongoing monitoring to ensure ETPs consistently meet these National Standards.

Standard 1: Organisational purpose and the context in which prevocational training is delivered

Standard 1 outlines the purpose of the health service, its governance structures, management, stakeholder relations and the program's appeals process. Effective structure, process and management underpin the ETP's delivery and continuous quality improvement. Several of the individual standards and criteria in *Standard 1* address the healthcare needs of the communities served by the health service and reducing health disparities in those communities, most particularly improving health outcomes for Aboriginal and Torres Strait Islander peoples of Australia.

Standard	Criteria
1.1 Organisation purpose	<p>1.1.1 The purpose of the health services that employ and train prevocational doctors includes setting and promoting high standards of medical practice and training.</p> <p>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.</p>
1.2 Outcomes of prevocational training provider	<p>1.2.1 The prevocational training provider relates its training and education functions to the health care needs of the communities it serves.</p> <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>
1.3 Governance	<p>1.3.1 The governance of the prevocational training program, supervisory and assessment roles are defined.</p> <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> <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> <p>1.3.4 The health service has documented and implemented strategies to provide a culturally safe environment that supports: <ul style="list-style-type: none"> • Aboriginal and Torres Strait Islander patients / family / community care • The recruitment and retention of an Aboriginal and Torres Strait Islander health workforce. </p> <p>1.3.5 The prevocational training program complies with relevant national, state or territory laws and regulations pertaining to prevocational training.</p> <p>1.3.6 Prevocational doctors are involved in the governance of their training.</p> <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>
1.4	<p>1.4.1 The prevocational training program has dedicated structures with responsibility, authority, capacity and appropriate resources to direct the planning,</p>

Program management	implementation and review of the prevocational education and training program, and to set relevant policies and procedures.
	<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> <p>1.4.3 The health services have effective organisational and operational structures dedicated to managing prevocational doctors, including rostering and leave management.</p>
1.5 Relationships to support medical education	<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> <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>
1.6 Reconsideration, review, and appeals processes	1.6.1

Standard 2: The prevocational training program – structure and content

Standard 2 outlines the structure and composition of the ETP, assessment requirements, feedback mechanisms and the ways in which prevocational doctors who are not meeting an appropriate performance are assisted and managed. The criteria in *Standard 2* outline requirements of the AMC’s National Framework, including the types and breadth of clinical experiences that must be provided for every prevocational doctor.

Standard	Criteria
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2.1 Program structure and composition	<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 (the national) standards for PGY2.</p> <p>2.1.2 The prevocational training program is longitudinal in nature and structured to reflect and provide the following experiences, as described in AMC’s Requirements for prevocational (PGY1 and PGY2) training programs and terms:</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 <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 the AMC’s <i>Requirements for programs and terms</i>.</p> <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 <i>Granting general registration on completion of intern training</i>.</p> <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>
2.2 Training requirements	<p>2.2.1 The prevocational training program is underpinned by current evidence-informed medical education principles.</p> <p>2.2.2 For each term, the prevocational training provider has identified and documented the training requirements (see <i>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.</p> <p>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.</p>

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.

2.4

Feedback and supporting continuous learning

- 2.4.1 The prevocational training program provides regular, formal and documented feedback to prevocational doctors on their performance within each term.
- 2.4.2 Prevocational doctors receive timely, progressive and informal feedback from term and clinical supervisors during every term.
- 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*.
- 2.4.4 The prevocational training program implements a longitudinal approach to assessment in accordance with the Training and assessment requirements.
- 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.

2.5

Improving performance

- 2.5.1 The prevocational training program identifies any prevocational doctors who are not performing to the expected level and provides them with support and remediation.
 - 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.
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Standard 3: The prevocational training program – delivery

Standard 3 outlines the education and training experience, the standard of supervision and education that is provided within the prevocational medical ETP, the formal education program and the ways in which prevocational doctors are supported to access this program, and support and documentation of learning. The skills and knowledge of supervisors is addressed; the CRMEC has additional statements that outline the expectations for supervisors in the Canberra region.

Education, training and clinical experience are intrinsically linked; much of the prevocational doctor's education and training occurs during clinical experience. As outlined in *Standard 3*, health services are responsible for providing appropriate support and resources to enhance unit-based experiential learning, including a program that includes topics not available on clinical rotations, topics of specific interest to junior doctors, professionalism, patient safety and culture and career development support.

Standard	Criteria
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3.1 Work-based 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 <i>Training and assessment requirements</i> and, for PGY1 doctors, is consistent with the <i>Registration standard – Granting general registration on completion of intern training</i> . 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 <i>National standards and requirements for programs and terms</i>).
	3.1.3 In identifying terms for training, the prevocational training program considers the following: <ul style="list-style-type: none"> • Complexity and volume of the unit's workload • The prevocational doctor's workload • The clinical experience prevocational doctors can expect to gain • How the prevocational doctor will be supervised, and who will supervise them.

3.2 Supervisors and assessors	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 qualified medical staff 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 qualified 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.

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.
	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 effectiveness of prevocational doctor supervision.
	3.3.4 The prevocational training program supports supervisors to fulfill their training roles and responsibilities.
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.
	3.4.2 The training program monitors and provides PGY2 doctors with access to formal education programs that are flexible and relevant to their individual learning needs. This may include specific education sessions to support PGY2 doctors meeting the training outcomes that may not be available through completion of clinical activities.
	3.4.3 The training program provides and enables for prevocational doctors to participate in formal program and term orientation programs, which are designed and evaluated to ensure relevant learning occurs.
	3.4.4 The health service ensures protected time for the formal education program and ensures that prevocational medical doctors are supported by supervising medical staff to attend.
3.5 Facilities	3.5.1 The prevocational training program provides the educational facilities and infrastructure to deliver prevocational training, such as access to the internet, library facilities, quiet study spaces, journals, modern technologies of learning and other learning facilities, and continuing medical education sessions.
	3.5.2 The prevocational training program provides a safe physical environment and amenities that support prevocational doctor learning and wellbeing.
3.6 E-portfolio	3.6.1 TO BE CONFIRMED

Standard 4: The prevocational training program – prevocational doctors

Standard 4 outlines criteria that highlights the important role of the health facility in supporting prevocational doctors. As the newest cohort of the medical team, PGY1 and PGY2 doctors require a fair, supportive and professional training program. Strong communication and responsive management are required to deliver a supportive training environment.

Standard	Criteria
4.1 Appointment to program and allocation to terms	<p>4.1.1 The processes for allocation of prevocational doctors to programs 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 and have clear processes where disputes arise.</p> <p>4.1.2 The processes for allocation of prevocational doctors to terms 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 and have clear processes where disputes arise.</p>
4.2 Wellbeing and support	<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> <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> <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> <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> <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> <p>4.2.6 The procedure for accessing appropriate professional development leave is published, reasonable and practical.</p> <p>4.2.7 The prevocational training provider makes available services to provide career advice to prevocational doctors.</p>
4.3 Communication with prevocational doctors	<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> <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>

4.4

Program management

- 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.
 - 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.
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Standard 5: Monitoring, evaluation and continuous improvement

Continuous quality improvement is underpinned by strategies to monitor and evaluate the ETP. *Standard 5* outlines criteria that health services must meet to demonstrate a robust process through which program evaluation is regularly undertaken and mechanisms to ensure feedback is addressed.

Standard	Criteria
5.1 Program monitoring and evaluation	<p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p>
5.2 Evaluation outcomes and communication	<p>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.</p> <p>5.2.2 Outcomes of evaluation activities are communicated to those involved in the prevocational training program, including prevocational doctors and supervisors.</p>

Related Policies and Relevant Guidance

- The Australian Medical Council (AMC). *New National Framework for Prevocational (PGY1 and PGY2) Medical Training (2024+)*, 2023. <https://www.amc.org.au/accredited-organisations/prevocational-training/new-national-framework-for-prevocational-pgy1-and-pgy2-medical-training-2024/>
- Australian Medical Council: *National Standards for Prevocational (PGY1 and PGY2) Training Programs and Terms*, 2023. <https://www.amc.org.au/accredited-organisations/prevocational-training/new-national-framework-for-prevocational-pgy1-and-pgy2-medical-training-2024/>
- The Medical Board of Australia (MBA). *Granting general registration as a medical practitioner to Australian and New Zealand medical graduates on completion of postgraduate year one training*, 2024. <https://www.medicalboard.gov.au/registration-standards.aspx>
- The Medical Board of Australia (MBA). Registration standard: *Continuing professional development*, 2023. <https://www.medicalboard.gov.au/registration-standards.aspx>
- CRMEC Resource: Audit Tool for the National Standards

Version Control

Review date	Version	Updated by	Approved by	Changes made
May 2014	1.0	Director	CRMEC	
Feb 2015	2.0	Director	CRMEC	
Feb 2016	2.1	Director	--	Formatting
Jan 2017	3.0	Director	CRMEC	Review of full standards based on mapping to AMC Standards, new standards related to welfare added.
Aug 2017	3.1	Director	--	Formatting
Sept 2020	4.0	Director	CRMEC	Removed duplicate standard, added information on handover, added a standard on actively improving workplace culture, qualified information on formal ETP.
Jan 2024	5.0	Admin	Director	Updated from the CRMEC Accreditation Standards to the new National Standards