



CRMEC

CANBERRA REGION MEDICAL
EDUCATION COUNCIL

ACCREDITATION EVIDENCE AND AUDITING GUIDE

January 2024

CONTENTS

CONTENTS	2
FOREWORD FROM THE CHAIR.....	3
contact the SECRETARIAT	3
INTRODUCTION	4
STANDARD ONE: ORGANISATIONAL PURPOSE	8
STANDARD TWO: PROGRAM STRUCTURE AND CONTENT.....	25
STANDARD THREE: TRAINING PROGRAM - DELIVERY.....	46
STANDARD FOUR: TRAINING PROGRAM – PREVOCATIONAL DOCTORS	64
STANDARD five: MONITORING, EVALUATION AND CONTINUOUS IMPROVEMENT	79

FOREWORD FROM THE CHAIR



I am delighted to introduce the *CRMEC Accreditation Evidence and Auditing Guide* on behalf of the Council.

This guide focuses on the Australian Medical Council's National Standards for prevocational training that set out the requirements for prevocational education and training programs (ETPs) across Australia. The requirements embedded in the National Standards seek to ensure the safety, welfare and cultural safety of prevocational doctors, and the patients for whom they provide care. This Guide provides health service administrators, education and training experts, accreditors and the CRMEC committees with guidance on the systems that can be implemented to support the National Standards, continuous quality improvement ideas and ways in which the National Standards can be evaluated through the accreditation process.

The CRMEC acknowledges the input of the NT Prevocational Medical Assurance Services in reviewing this document before publication.



CRMEC Chair

Emeritus Professor Nicholas Glasgow

CONTACT THE SECRETARIAT



CRMEC Director

Adjunct Professor Emily Haesler

Crmec.manager@act.gov.au

02 512 42946

INTRODUCTION

Background

Prevocational education and training programs (ETPs) must comply with the Australia Medical Council's (AMC) *National Standards for Prevocational (PGY1 and PGY2) Training Programs and Terms* (the National Standards) and the national *Requirements for Prevocational (PGY1 and PGY2) Training Programs and Terms*. As a prevocational education accreditation authority, the Canberra Region Medical Education (CRMEC)'s role is to monitor compliance with the National Standards by ETPs in the ACT training network, and to assist those ETPs to continuously deliver high quality education and training for prevocational doctors.

Purpose

The document provides an overview of the National Standards and presents examples that indicate that an ETP is meeting the National Standards. Examples that indicate compliance are listed, together with sources that health services and accreditation survey teams could review to support the claim. The guide does not seek to be an exhaustive list of examples indicating compliance, and it is not expected that every example or evidence source available is relevant to every health service.

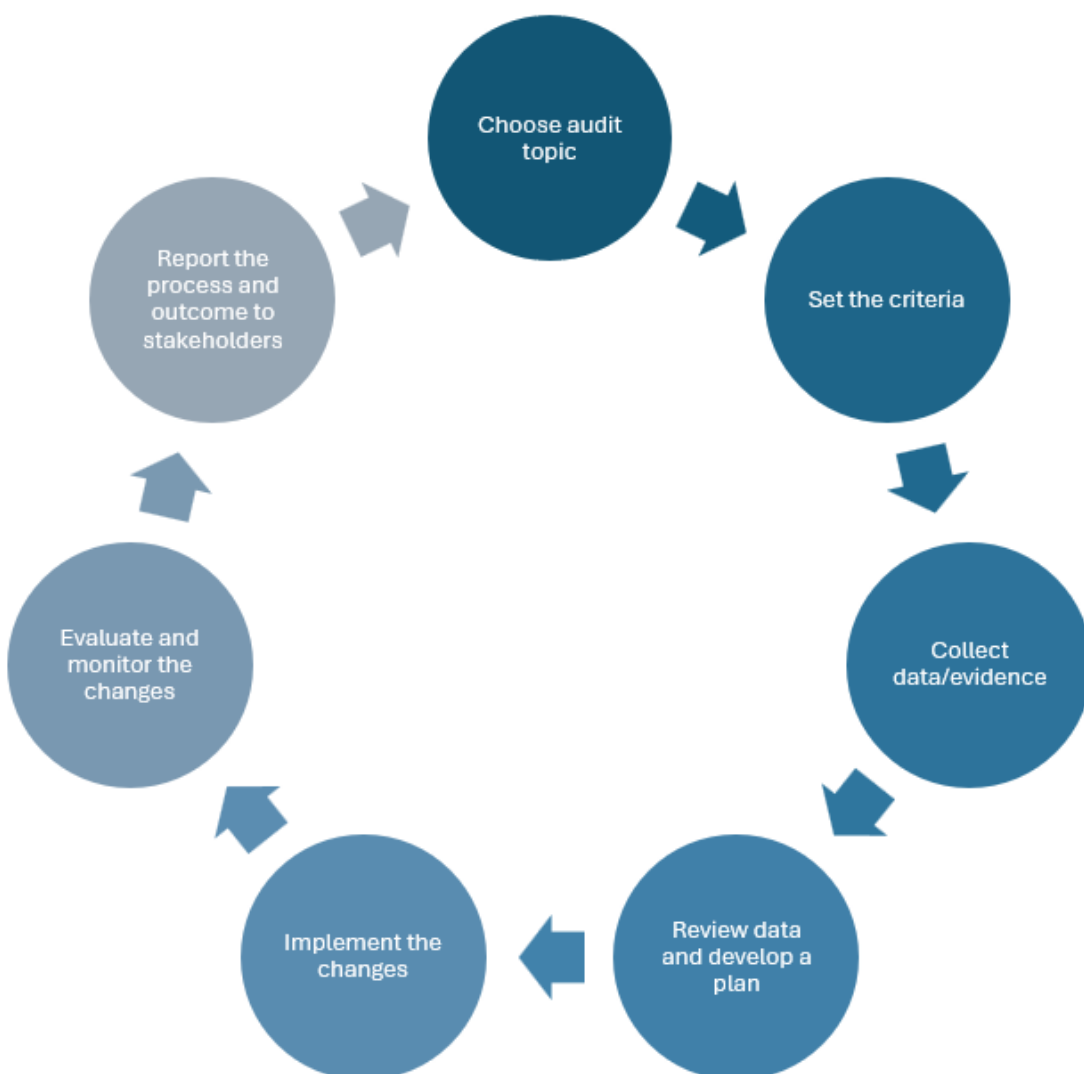
The CRMEC Accreditation Evidence and Auditing Guide has been developed to:

- assist the CRMEC Accreditation Committee when considering compliance with the National Standards and training requirements outlined in the AMC's National Prevocational Medical Training Framework.
- provide health services with examples of strategies that could be implemented and incorporated into quality improvement plans to deliver an ETP that is compliant with the national requirements.
- assist health services to undertake self-assessment as a part of their quality assurance cycle.
- provide a resource for accreditation survey teams seeking evidence that an ETP is compliant with the National Standards and national training requirements.

How to use this Guide

The CRMEC recommends that health services evaluate all aspects of the ETP at least once every four-year accreditation cycle. A culture of continuous evaluation and quality improvement underpins a safe and responsive training environment. A self-assessment using a quality improvement cycle (see Figure 1) aims to evaluate actual practice against the defined level of service outlined in the criteria for each standard.

Figure 1: Quality improvement cycle



This guide provides a tool to measure the health service's practice. It lays out the criteria for a high quality ETP and identifies sources of data/evidence that can be sought. This evidence is laid out in the guide as:

- Examples of potential programs, initiatives, policies etc. that achieve can be used to achieve the criteria
- Examples of where that evidence could be sought, including specific documents and talking with stakeholders
- Questions that could be asked of stakeholders to investigate compliance with each criteria.

Responsibility for quality improvement

All stakeholders in the health service play a role in evaluating and improving the prevocational ETP. The self-evaluation process should be under oversight of the General Clinical Training Committee (GCTC)/Prevocational Education and Training Committee (PETC), which is responsible for monitoring the ETP. The CRMEC recommends that the process includes input from the medical education unit, clinical supervisors, registrars, and prevocational and other junior doctors. An approach that includes input from other health professionals, patient consumer representatives and people from diversity backgrounds can provide a broader evaluation of the ETP and its effectiveness.

Considerations when evaluating the education and training program

Confidentiality: When seeking feedback, is there a risk to the stakeholder in providing their honest opinion and experience? Consider data collection methods that will maintain confidentiality.

Conflict of interest: self-assessment includes risks of conflict that can hinder ability to honestly review performance. Considering who will implement an evaluation and engaging a wide range of stakeholders reduces the influence of interest conflicts.

Transparency: Promoting a culture of transparency and normalising the quality assurance cycle promotes a more effective process. Mechanisms that focus on

improvements rather than penalisation promote transparency. However, significant deviation from expectations, health service policy, legal and regulatory requirements may require more targeted investigation and management.

Privacy: stakeholder data should be protected. Consider the way in which stakeholder information will be collected, stored and reported.

Education and innovation: The quality improvement process seeks to improve the knowledge and professional performance of those involved in the ETP and promote innovation by encouraging exploration of better ways of achieving and/or sustaining high quality service.

Setting SMART goals: When undertaking self-assessment and a quality improvement plan, consider setting specific, measurable, achievable, realistic and timely (SMART) objectives. Having a clear benchmark that the health service considers it can achieve and that would reflect best practice provides a target that can be worked towards and improved on.

Data collection methods: Consider the reliability and validity of methods chosen to collect and analyse data. Understanding the influence that the way data is collected might have on the results is important to interpretation of the findings. Triangulation (i.e., collecting data from different sources/different types of data) might increase the confidence in the results.

STANDARD ONE: ORGANISATIONAL PURPOSE

Examples and sources of evidence supporting National Standards criteria

The following auditing tool presents examples that could indicate that a prevocational ETP is meeting the AMC’s National Standards. Examples that indicate compliance are listed, together with sources that facilities and accreditation survey teams could review to support the claim. The tool does not seek to be an exhaustive list of examples indicating compliance, and it is not expected that every example or evidence source is relevant to every health service.

National Standard	Examples of potential evidence	Sources of evidence
1.1 Organisation purpose		
1.1.1 The purpose of the health services that employ and train prevocational doctors includes setting and promoting high standards of medical practice and training.	<ul style="list-style-type: none"> <input type="checkbox"/> Health service’s organisation purpose/business plan refers to providing high quality healthcare. <input type="checkbox"/> Health service has clinical policies that endorse best practice. <input type="checkbox"/> The ETP policies and processes facilitate delivery of a high quality medical training program. <input type="checkbox"/> The prevocational ETP reflects best clinical and educational practice. <input type="checkbox"/> Staff and other stakeholders perceive that the services are of a high standard. 	<ul style="list-style-type: none"> <input type="checkbox"/> Health service strategic plan/purpose statement <input type="checkbox"/> Health service procedure manual <input type="checkbox"/> ETP procedures manual <input type="checkbox"/> ETP education program <input type="checkbox"/> Medical Training Survey (MTS) results <input type="checkbox"/> Interviews with all stakeholders
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"> <input type="checkbox"/> Health service’s organisation purpose/strategic plan refers to meeting the needs of Aboriginal and Torres Strait Islander community. <input type="checkbox"/> Strategic planning includes mechanisms to identify and monitor health needs of the local Aboriginal and Torres Strait Islander community. <input type="checkbox"/> Health service has a structure that includes collaboration with the local Aboriginal and Torres Strait Islander community (e.g. Board/committee membership, regular consultation through documented processes). <input type="checkbox"/> Health service engages in health research/data analysis to identify the health needs of local Aboriginal and Torres Strait Islander community. 	<ul style="list-style-type: none"> <input type="checkbox"/> Health service strategic plan/purpose statement <input type="checkbox"/> Organisation chart <input type="checkbox"/> Committee terms of reference (TOR) <input type="checkbox"/> Intern priority access list <input type="checkbox"/> Staff training program

CRMEC ACCREDITATION EVIDENCE AND AUDITING GUIDE

Canberra Region Medical Education Council

	<ul style="list-style-type: none"> <input type="checkbox"/> Health service promotes a positive culture and healthcare environment for Aboriginal and Torres Strait Islander community. <input type="checkbox"/> Prevocational ETP prioritises local Aboriginal and Torres Strait Islander doctors. <input type="checkbox"/> Prevocational ETP includes clinical opportunities in areas servicing the local Aboriginal and Torres Strait Islander community. <input type="checkbox"/> Staff are trained in engaging with Aboriginal and Torres Strait Islander community and delivering culturally safe health care. <input type="checkbox"/> Health service physical space is conducive to positive engagement with Aboriginal and Torres Strait Islander community. 	<ul style="list-style-type: none"> <input type="checkbox"/> Term descriptions <input type="checkbox"/> MTS results <input type="checkbox"/> Physical environment <input type="checkbox"/> Interview with Executive and Medical Education Unit (MEU)
<h2>1.2 Outcomes of prevocational training provider</h2>		
<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>	<ul style="list-style-type: none"> <input type="checkbox"/> The ETP purpose/strategic plan refers to meeting the needs of local community. <input type="checkbox"/> Prevocational doctors receive training in local community health needs including people from diverse backgrounds and minority groups. <input type="checkbox"/> Clinical opportunities include experiences in a range of specialties/settings that reflect the needs of the local community, including minority groups. <input type="checkbox"/> Health service engages in health research/data analysis to identify the health needs of local community. <input type="checkbox"/> The ETP reports quality improvement/structural change requests that reflect the health care needs of the local community (e.g., allocation of prevocational workforce reflects community needs) 	<ul style="list-style-type: none"> <input type="checkbox"/> ETP strategic plan/purpose statement <input type="checkbox"/> Term descriptions <input type="checkbox"/> Staff training programs <input type="checkbox"/> ETP education program <input type="checkbox"/> Change of circumstance and annual reporting to CRMEC <input type="checkbox"/> Interview with DPET, MEU, and junior doctors
<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"> <input type="checkbox"/> Clinical opportunities include experiences in a range of specialties/settings. <input type="checkbox"/> The ETP provides appropriate clinical opportunity to support prevocational doctors entering vocational training programs (e.g., there is a system that facilitates experience in the prevocational doctor's preferred area). <input type="checkbox"/> Education program reflects a wide range of clinical topics with content that reflects best practice. <input type="checkbox"/> The ETP fosters and facilitates a culture of responsibility for learning. <input type="checkbox"/> The ETP provides opportunities for prevocational doctors to enhance their non-clinical experiences (e.g., research, administration, advocacy, etc.) 	<ul style="list-style-type: none"> <input type="checkbox"/> ETP strategic plan/purpose statement <input type="checkbox"/> Term allocation matrix <input type="checkbox"/> ETP education program/ record of events <input type="checkbox"/> Term descriptions <input type="checkbox"/> Newsletters <input type="checkbox"/> E-portfolio <input type="checkbox"/> JMO Forum minutes

CRMEC ACCREDITATION EVIDENCE AND AUDITING GUIDE

Canberra Region Medical Education Council

	<ul style="list-style-type: none"> <input type="checkbox"/> The ETP facilitates the prevocational doctor to access further training opportunities (e.g., providing additional training opportunities, promoting external opportunities, study support, leave entitlements etc.) <input type="checkbox"/> The ETP supports a process for recording training. (e.g., e-portfolio). 	<ul style="list-style-type: none"> <input type="checkbox"/> Policies for study leave access <input type="checkbox"/> Interview with junior doctors, MEU team, medical administration team <input type="checkbox"/> Interview with DPET, and MEU team, junior doctors
1.3 Governance		
<p>1.3.1 The governance of the prevocational training program, supervisory and assessment roles are defined.</p>	<ul style="list-style-type: none"> <input type="checkbox"/> The ETP has a functional GCTC/PETC or equivalent that undertakes governance of the ETP. <input type="checkbox"/> The ETP organisational chart indicates accountability and appropriate reporting lines. <input type="checkbox"/> Job descriptions outline roles and responsibilities of MEU team, DPET and supervisors that include supervision, education and assessment. <input type="checkbox"/> Term descriptions outline individuals responsible for supervision, education and assessment. <input type="checkbox"/> There is a process of performance review that facilitates staff development and promotes accountability. <input type="checkbox"/> The MEU team, DPET and Supervisors are aware of their roles and responsibilities. <input type="checkbox"/> 	<ul style="list-style-type: none"> <input type="checkbox"/> Organisational chart <input type="checkbox"/> Job descriptions <input type="checkbox"/> GCTC/PETC or equivalent Terms of Reference and minutes <input type="checkbox"/> ETP/facility process for performance review. <input type="checkbox"/> Term descriptions <input type="checkbox"/> Interview with DPET, supervisors, GCTC/PETC Chair and MEU team
<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"> <input type="checkbox"/> The facility organisational chart indicates accountability and appropriate reporting lines. <input type="checkbox"/> There is a process to monitor clinical and professional performance in the facility. <input type="checkbox"/> There are processes to monitor and address issues associated with patient safety (e.g. an incident reporting system, a quality improvement committee etc.) <input type="checkbox"/> Prevocational doctors are provided with opportunities to be involved in clinical governance committees. <input type="checkbox"/> 	<ul style="list-style-type: none"> <input type="checkbox"/> Organisational chart <input type="checkbox"/> Organisation policies and processes <input type="checkbox"/> JMO Forum records <input type="checkbox"/> Interview with DPET, supervisors, GCTC/PETC Chair, prevocational doctors and other junior 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"> <input type="checkbox"/> The strategic plan identifies education and wellbeing as a key priority. <input type="checkbox"/> An appropriate prevocational education program is in place, and it includes relevant education on a weekly basis. <input type="checkbox"/> The ETP has an appropriate physical space and equipment to deliver education. <input type="checkbox"/> Prevocational doctors can access the education program on a weekly basis. 	<ul style="list-style-type: none"> <input type="checkbox"/> Strategic plan <input type="checkbox"/> GCTC/PETC TOR and minutes <input type="checkbox"/> ACT Network Committee minutes <input type="checkbox"/> CRMEC records of concerns raised

CRMEC ACCREDITATION EVIDENCE AND AUDITING GUIDE

Canberra Region Medical Education Council

	<ul style="list-style-type: none"> <input type="checkbox"/> All prevocational doctors have access to wellbeing support. <input type="checkbox"/> The organisation funds additional education, wellbeing and career-focused initiatives for prevocational doctors. <input type="checkbox"/> The organisation has mechanisms through which junior doctors can access appropriate leave for study, training exams and wellbeing support. <input type="checkbox"/> The organisation supports junior doctor initiatives to develop education opportunities (e.g. JMO Forum initiatives, peer support). <input type="checkbox"/> Supervisors have been provided with training to deliver/support education, training and wellbeing. 	<ul style="list-style-type: none"> <input type="checkbox"/> Reporting to CRMEC (e.g. annual reporting, desk-top submissions) <input type="checkbox"/> Facility-wide leave policies <input type="checkbox"/> MTS results <input type="checkbox"/> External stakeholder relationships <input type="checkbox"/> Training records (prevocational and supervisor) <input type="checkbox"/> Interview with DPET, supervisors, prevocational doctors, JMO Forum Chair and MEU team
<p>1.3.4 The health service has documented and implemented strategies to provide a culturally safe environment that supports: • Aboriginal and Torres Strait Islander patients/ family/ community care • the recruitment and retention of an Aboriginal and Torres Strait Islander health workforce</p>	<ul style="list-style-type: none"> <input type="checkbox"/> The facility has a recruitment policy that prioritises Aboriginal and Torres Strait Islander people. <input type="checkbox"/> The strategic plan includes Aboriginal and Torres Strait Islander health and safety. <input type="checkbox"/> The facility has a strategy for collaboration with Aboriginal and Torres Strait Islander representatives. <input type="checkbox"/> All staff have undertaken cultural safety training. <input type="checkbox"/> Physical environment is appropriate and welcoming for Aboriginal and Torres Strait Islander people. 	<ul style="list-style-type: none"> <input type="checkbox"/> Strategic plan <input type="checkbox"/> Facility-wide leave policies <input type="checkbox"/> Training records <input type="checkbox"/> Interview with all stakeholders <input type="checkbox"/> Physical environment
<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"> <input type="checkbox"/> The ETP complies with AMC requirements when documenting completion of internship for general registration, including clinical exposure and assessment. <input type="checkbox"/> The health service implements policies and processes that are consistent with industrial law and regulations (e.g., work hours, leave entitlements). <input type="checkbox"/> The health service implements policies and procedures consistent with relevant laws related to workplace culture (e.g., discrimination). <input type="checkbox"/> Agreements for staff secondment identify responsibilities for employment conditions. 	<ul style="list-style-type: none"> <input type="checkbox"/> Prevocational allocations matrix <input type="checkbox"/> Assessment Review Panel records <input type="checkbox"/> Health service -wide policies <input type="checkbox"/> Secondment contracts <input type="checkbox"/> CRMEC record of concerns <input type="checkbox"/> External stakeholder comments <input type="checkbox"/> Interviews with prevocational and other junior doctors

CRMEC ACCREDITATION EVIDENCE AND AUDITING GUIDE

Canberra Region Medical Education Council

<p>1.3.6 Prevocational doctors are involved in the governance of their training.</p>	<ul style="list-style-type: none"> <input type="checkbox"/> There are prevocational doctors on the GCTC/PETC or equivalent committee and they are given opportunity to meaningfully engage and represent their cohort. <input type="checkbox"/> Outcomes of the GCTC/PETC or equivalent committee are communicated to prevocational doctors. <input type="checkbox"/> JMO Forum has opportunities to engage in training governance. 	<ul style="list-style-type: none"> <input type="checkbox"/> GCTC/PETC TOR and minutes <input type="checkbox"/> Newsletters/emails <input type="checkbox"/> Interview with DPET, GCTC/PETC Chair, prevocational doctors, JMO Forum Chair and MEU team
<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"> <input type="checkbox"/> The ETP has processes to identify risks to patient safety and a mechanism to support junior doctors (e.g. identifies doctors working outside scope of practice, identifies doctors requiring remediation and develops appropriate performance plan) <input type="checkbox"/> The ETP has a mechanism through which reportable issues are addressed by the employer. <input type="checkbox"/> The ETP governance team are aware of mandatory reporting requirements. 	<ul style="list-style-type: none"> <input type="checkbox"/> ETP escalation processes and pathways <input type="checkbox"/> Organisational chart <input type="checkbox"/> Remediation processes <input type="checkbox"/> Job descriptions <input type="checkbox"/> Appeals/dispute resolution processes <input type="checkbox"/> Health service-wide mandatory reporting policies <input type="checkbox"/> ACT Network Committee meetings <input type="checkbox"/> GCTC/PETC or equivalent committee meeting minutes <input type="checkbox"/> Interview with DPET, prevocational doctors, other junior doctors, supervisors and MEU team <input type="checkbox"/> JMO pre-visit survey
<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,</p>	<ul style="list-style-type: none"> <input type="checkbox"/> The ETP has appropriate staffing for its size, including DPET, medical education support officers (MESOs), medical administration team and supervisors. <input type="checkbox"/> Organisational chart outlines accountability and responsibility. <input type="checkbox"/> There is appropriate funding for teaching resources, including physical space. <input type="checkbox"/> There is regular planning and review of the ETP and the procedures that support it. <input type="checkbox"/> Annual reporting indicates that there is resourcing for quality improvement activities. 	<ul style="list-style-type: none"> <input type="checkbox"/> Organisational chart <input type="checkbox"/> MEU policies and procedures <input type="checkbox"/> TOR for committees (e.g., Assessment review Panel, ACT Network Committee, GCTC/PETC) <input type="checkbox"/> MEU job descriptions

CRMEC ACCREDITATION EVIDENCE AND AUDITING GUIDE

Canberra Region Medical Education Council

<p>and to set relevant policies and procedures.</p>	<ul style="list-style-type: none"> <input type="checkbox"/> The health service submits required documentation (e.g. annual reporting) to the CRMEC in a timely manner. 	<ul style="list-style-type: none"> <input type="checkbox"/> Reporting to CRMEC (e.g., annual reporting, desk-top submissions) <input type="checkbox"/> Interviews with DPET, MEU team, PCTC Chair, Medical Administration team.
<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"> <input type="checkbox"/> The health service submits required documentation (e.g. proviso reporting, annual reporting) to the CRMEC in a timely manner. <input type="checkbox"/> The ETP staff are aware of reporting requirements and changes to the program are submitted in advance of being made to seek appropriate approval. <input type="checkbox"/> The facility has policies, procedures and responsibilities that support reporting. 	<ul style="list-style-type: none"> <input type="checkbox"/> Reporting to CRMEC (e.g., annual reporting, desk-top submissions, proviso reports, changes of circumstance) <input type="checkbox"/> Interviews with DPET and MEU team <input type="checkbox"/> MEU job descriptions
<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"> <input type="checkbox"/> The ETP has clearly documents processes. <input type="checkbox"/> The ETP has appropriate staffing, including a DPET, medical support team, rostering and medical administration teams. <input type="checkbox"/> Staff members are aware of their roles within the ETP and how to interact with other staff members. <input type="checkbox"/> Prevocational doctors are given clear information about the management of the ETP and who to contact for different types of support. 	<ul style="list-style-type: none"> <input type="checkbox"/> ETP procedures <input type="checkbox"/> Organisational chart <input type="checkbox"/> MEU job descriptions <input type="checkbox"/> Interviews with DPET, MEU team, Medical Admin team.
<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"> <input type="checkbox"/> The strategic plan refers to other stakeholders involved in the ETP. <input type="checkbox"/> Term descriptions identify opportunities for experiences within other relevant agencies. <input type="checkbox"/> There is representation/input from stakeholders on management committees (e.g. Network Committee, RCS Hub). <input type="checkbox"/> Secondment agreement outlines responsibilities of other parties when prevocational doctors work in other facilities/LHDs. <input type="checkbox"/> Education program includes external stakeholders. 	<ul style="list-style-type: none"> <input type="checkbox"/> Strategic plan <input type="checkbox"/> Term descriptions <input type="checkbox"/> TOR for committees (e.g. ACT Network Committee) <input type="checkbox"/> Secondment agreement <input type="checkbox"/> Education program <input type="checkbox"/> Comments received from external stakeholders <input type="checkbox"/> Interviews with Executive, DPET, MEU team

<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"> <input type="checkbox"/> The strategic plan refers to other stakeholders involved in the ETP. <input type="checkbox"/> Secondment agreement outlines responsibilities of other parties when prevocational doctors work in other facilities/LHDs. <input type="checkbox"/> There is representation/input from stakeholders on management committees (e.g. Network Committee, RCS Hub). <input type="checkbox"/> Issues across the jurisdiction are identified and managed in a timely manner (e.g. junior doctor relocation support, junior doctor leave). 	<ul style="list-style-type: none"> <input type="checkbox"/> Strategic plan <input type="checkbox"/> Terms of reference for committees (e.g. ACT Network Committee) <input type="checkbox"/> Secondment agreement <input type="checkbox"/> Comments received from external stakeholders. <input type="checkbox"/> Interviews with Executive, DPET, Medical Admin team, prevocational doctors, other junior doctors
<h2>1.6 Review/Appeals Process</h2>		
<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"> <input type="checkbox"/> The ETP has a documented appeals process. <input type="checkbox"/> The appeals process identifies who is accountable for resolving training issues, and pathways to escalate disputes. <input type="checkbox"/> The Assessment Review Panel terms of reference identifies how training disputes will be reviewed and resolved. <input type="checkbox"/> The ETP has a system to promote early identification and support junior doctors who are not meeting training requirements. <input type="checkbox"/> The ETP can provide examples of how training disputes have been resolved in a manner that demonstrates impartiality and objective fairness. <input type="checkbox"/> Junior doctors are provided with clear information about appeals process. 	<ul style="list-style-type: none"> <input type="checkbox"/> Organisational chart <input type="checkbox"/> Job descriptions <input type="checkbox"/> Assessment Review Panel TOR and minutes <input type="checkbox"/> ACT Network Committee minutes <input type="checkbox"/> MTS results <input type="checkbox"/> CRMEC records of concerns raised <input type="checkbox"/> Reporting to CRMEC (e.g. annual reporting, desk-top submissions) <input type="checkbox"/> Interview with DPET, MEU team and prevocational doctors

CRMEC ACCREDITATION EVIDENCE AND AUDITING GUIDE

Canberra Region Medical Education Council

Evidence matrix

The following matrix of potential sources of evidence is provided as guidance for monitoring the implementation of the prevocational ETP. The matrix does not seek to be an exhaustive list of evidence sources, and it is not expected that a health service will have every evidence source available, or that every evidence source should be inspected by the survey team.



Evidence source required for submission with desktop audit (as noted in submission template)



Potential supportive evidence source

	EVIDENCE REFERENCED IN ACCREDITATION SUBMISSION												CRMEC COLLATED EVIDENCE				SURVEY TEAM COLLECTED EVIDENCE																						
	Prevocational allocations matrix	Organisation purpose/strategic plan	Organisation chart/lines of responsibility	Medical administration policies/processes	JMO Forum TOR and meeting minutes	Intern priority access list	Clinical opportunities/ term descriptions	Assessment Review Panel TOR/records	Escalation policy and pathways	MEU job descriptions	Intern/RMO job descriptions	Appeals/training dispute resolution process	Remediation processes	Directorate/hospital wide policies	ACT Network Committee TOR and minutes	Secondment contract/agreement	GCTC/PETC Committee TOR and minutes	MTS results for facility	JMO pre-visit survey	PMC record of concerns	Reporting to PMC (e.g., provisos, reports)	JMO assessment records (e-port)	External stakeholders comments	PGY1/2 interviews	PGY3+ interviews	Executive interviews	Supervisor interviews	DPET interview	MEU staff interviews	GCTC/PETC Chair interview	Medical Administration team interviews								
1.1 Organisation purpose																																							
1.1.1 The purpose of the health services that employ and train prevocational doctors includes setting and promoting high standards of medical practice and training.																																							
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																																							

CRMEC ACCREDITATION EVIDENCE AND AUDITING GUIDE

Canberra Region Medical Education Council

	EVIDENCE REFERENCED IN ACCREDITATION SUBMISSION											CRMEC COLLATED EVIDENCE					SURVEY TEAM COLLECTED EVIDENCE																
	Prevocational allocations matrix	Organisation purpose/strategic plan	Organisation chart/lines of responsibility	Medical administration policies/processes	JMO Forum TOR and meeting minutes	Intern priority access list	Clinical opportunities/ term descriptions	Assessment Review Panel TOR/records	Escalation policy and pathways	MEU job descriptions	Intern/RMO job descriptions	Appeals/training dispute resolution process	Remediation processes	Directorate/hospital wide policies	ACT Network Committee TOR and minutes	Secondment contract/agreement	GCTC/PETC Committee TOR and minutes	MTS results for facility	JMO pre-visit survey	PMC record of concerns	Reporting to PMC (e.g., provisos, reports)	JMO assessment records (e-port)	External stakeholders comments	PGY1/2 interviews	PGY3+ interviews	Executive interviews	Supervisor interviews	D/PET interview	MEU staff interviews	GCTC/PETC Chair interview	Medical Administration team interviews		
collaboration with those communities																																	
1.2 Outcomes of prevocational training provider																																	
1.2.1 The prevocational training provider relates its training and education functions to the health care needs of the communities it serves.																																	
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.																																	
1.3 Governance																																	
1.3.1 The governance of the prevocational training program, supervisory and assessment roles are defined.																																	
1.3.2 The health services that contribute to the																																	

CRMEC ACCREDITATION EVIDENCE AND AUDITING GUIDE

Canberra Region Medical Education Council

	EVIDENCE REFERENCED IN ACCREDITATION SUBMISSION													CRMEC COLLATED EVIDENCE						SURVEY TEAM COLLECTED EVIDENCE										
	Prevocational allocations matrix	Organisation purpose/strategic plan	Organisation chart/lines of responsibility	Medical administration policies/processes	JMO Forum TOR and meeting minutes	Intern priority access list	Clinical opportunities/ term descriptions	Assessment Review Panel TOR/records	Escalation policy and pathways	MEU job descriptions	Appeals/training dispute resolution process	Remediation processes	Directorate/hospital wide policies	ACT Network Committee TOR and minutes	Secondment contract/agreement	GCTC/PETC Committee TOR and minutes	MTS results for facility	JMO pre-visit survey	PMC record of concerns	Reporting to PMC (e.g., provisos, reports)	JMO assessment records (e-port)	External stakeholders comments	PGY1/2 interviews	PGY3+ interviews	Executive interviews	Supervisor interviews	DPET interview	MEU staff interviews	GCTC/PETC Chair interview	Medical Administration team interviews
prevocational training program have a system of clinical governance or quality assurance that includes clear lines of responsibility and accountability for the overall quality of medical practice and patient care																														
1.3.3 The health services give appropriate priority and resources to medical education and training and support of prevocational doctor wellbeing relative to other responsibilities.																														
1.3.4 The health service has documented and implemented strategies to provide a culturally safe environment that supports: • Aboriginal and Torres Strait Islander patients / family / community care • the recruitment and retention of an Aboriginal and																														

CRMEC ACCREDITATION EVIDENCE AND AUDITING GUIDE

Canberra Region Medical Education Council

	EVIDENCE REFERENCED IN ACCREDITATION SUBMISSION													CRMEC COLLATED EVIDENCE					SURVEY TEAM COLLECTED EVIDENCE													
	Prevocational allocations matrix	Organisation purpose/strategic plan	Organisation chart/lines of responsibility	Medical administration policies/processes	JMO Forum TOR and meeting minutes	Intern priority access list	Clinical opportunities/ term descriptions	Assessment Review Panel TOR/records	Escalation policy and pathways	MEU job descriptions	Intern/RMO job descriptions	Appeals/training dispute resolution process	Remediation processes	Directorate/hospital wide policies	ACT Network Committee TOR and minutes	Secondment contract/agreement	GCTC/PETC Committee TOR and minutes	MTS results for facility	JMO pre-visit survey	PMC record of concerns	Reporting to PMC (e.g., provisos, reports)	JMO assessment records (e-port)	External stakeholders comments	PGY1/2 interviews	PGY3+ interviews	Executive interviews	Supervisor interviews	D/PET interview	MEU staff interviews	GCTC/PETC Chair interview	Medical Administration team interviews	
Torres Strait Islander health workforce																																
1.3.5 The prevocational training program complies with relevant national, state or territory laws and regulations pertaining to prevocational training.																																
1.3.6 Prevocational doctors are involved in the governance of their training.																																
1.3.7 The prevocational training program has clear procedures to immediately address any concerns about patient safety related to prevocational doctor performance, including procedures to inform the employer and the regulator, where appropriate.																																
1.4 Program management																																

CRMEC ACCREDITATION EVIDENCE AND AUDITING GUIDE

Canberra Region Medical Education Council

	EVIDENCE REFERENCED IN ACCREDITATION SUBMISSION													CRMEC COLLATED EVIDENCE					SURVEY TEAM COLLECTED EVIDENCE											
	Prevocational allocations matrix	Organisation purpose/strategic plan	Organisation chart/lines of responsibility	Medical administration policies/processes	JMO Forum TOR and meeting minutes	Intern priority access list	Clinical opportunities/ term descriptions	Assessment Review Panel TOR/records	Escalation policy and pathways	MEU job descriptions	Appeals/training dispute resolution process	Remediation processes	Directorate/hospital wide policies	ACT Network Committee TOR and minutes	Secondment contract/agreement	GCTC/PETC Committee TOR and minutes	MTS results for facility	JMO pre-visit survey	PMC record of concerns	Reporting to PMC (e.g., provisos, reports)	JMO assessment records (e-port)	External stakeholders comments	PGY1/2 interviews	PGY3+ interviews	Executive interviews	Supervisor interviews	DPET interview	MEU staff interviews	GCTC/PETC Chair interview	Medical Administration team interviews
1.4.1 The prevocational training program has dedicated structures with responsibility, authority, capacity and appropriate resources to direct the planning, implementation and review of the prevocational education and training program, and to set relevant policies and procedures.																														
1.4.2 The prevocational training program documents and reports to the prevocational training accreditation authority on changes in the program, terms or rotations that may affect the program delivery meeting the national standards.																														
1.4.3 The health services have effective organisational and operational structures																														

CRMEC ACCREDITATION EVIDENCE AND AUDITING GUIDE

Canberra Region Medical Education Council

	EVIDENCE REFERENCED IN ACCREDITATION SUBMISSION													CRMEC COLLATED EVIDENCE					SURVEY TEAM COLLECTED EVIDENCE														
	Prevocational allocations matrix	Organisation purpose/strategic plan	Organisation chart/lines of responsibility	Medical administration policies/processes	JMO Forum TOR and meeting minutes	Intern priority access list	Clinical opportunities/ term descriptions	Assessment Review Panel TOR/records	Escalation policy and pathways	MEU job descriptions	Intern/RMO job descriptions	Appeals/training dispute resolution process	Remediation processes	Directorate/hospital wide policies	ACT Network Committee TOR and minutes	Secondment contract/agreement	GCTC/PETC Committee TOR and minutes	MTS results for facility	JMO pre-visit survey	PMC record of concerns	Reporting to PMC (e.g., provisos, reports)	JMO assessment records (e-port)	External stakeholders comments	PGY1/2 interviews	PGY3+ interviews	Executive interviews	Supervisor interviews	DPET interview	MEU staff interviews	GCTC/PETC Chair interview	Medical Administration team interviews		
dedicated to managing prevocational doctors, including rostering and leave management.																																	
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.																																	

CRMEC ACCREDITATION EVIDENCE AND AUDITING GUIDE

Canberra Region Medical Education Council

	EVIDENCE REFERENCED IN ACCREDITATION SUBMISSION													CRMEC COLLATED EVIDENCE					SURVEY TEAM COLLECTED EVIDENCE											
	Prevocational allocations matrix	Organisation purpose/strategic plan	Organisation chart/lines of responsibility	Medical administration policies/processes	JMO Forum TOR and meeting minutes	Intern priority access list	Clinical opportunities/ term descriptions	Assessment Review Panel TOR/records	Escalation policy and pathways	MEU job descriptions	Appeals/training dispute resolution process	Remediation processes	Directorate/hospital wide policies	ACT Network Committee TOR and minutes	Secondment contract/agreement	GCTC/PETC Committee TOR and minutes	MTS results for facility	JMO pre-visit survey	PMC record of concerns	Reporting to PMC (e.g., provisos, reports)	JMO assessment records (e-port)	External stakeholders comments	PGY1/2 interviews	PGY3+ interviews	Executive interviews	Supervisor interviews	DPET interview	MEU staff interviews	GCTC/PETC Chair interview	Medical Administration team interviews
1.6 Review/Appeals Process																														
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.																														

Example interview questions

The following questions are provided as guidance for monitoring the implementation of the prevocational education and training program (ETP) and could be used by health services in self-assessment and the CRMEC Accreditation Committee and its accreditation survey teams. The examples are not intended to be exhaustive.

Executive level	ETP level (DPET, MEU, GCTC/PETC Chair, term supervisors, medical admin team)	Prevocational and other junior doctors
Standard 1.1 Organisational purpose		
<ol style="list-style-type: none"> How does the organisation promote high standards of medical practice and training? What actions are taken when high standards are not met within the organisation? How does the organisation identify the place-based needs of the Aboriginal and Torres Strait Islander communities? What systems does the organisation use to engage in ongoing communication and collaboration with local Aboriginal and Torres Strait Islander communities? 	<ol style="list-style-type: none"> What actions are taken when high standards of medical practice and training are not met within the organisation? How are the place-based needs of Aboriginal and Torres Strait Islander communities within the Health Service reflected in the prevocational ETP? 	<ol style="list-style-type: none"> Are junior doctors being exposed to a high standard of clinical practice in the facility?
Standard 1.2 Outcomes of the prevocational training program		
<ol style="list-style-type: none"> How does the organisation define the needs of the communities it serves? What career support is available for doctors at all levels? What structural facilities exist to support learning? What is the learning culture of the organisation? 	<ol style="list-style-type: none"> How are the needs of the local community translated into the prevocational ETP medical education program? What opportunities exist for further education opportunities for prevocational doctors? What opportunities exist for further education opportunities for supervisors? 	<ol style="list-style-type: none"> How are junior doctors encouraged to reflect on their growth or learning needs? What is the learning culture of the organisation? What career support is available for junior doctors and can it be accessed?
Standard 1.3 Governance		
<ol style="list-style-type: none"> What systems of clinical governance and quality assurance are used in the organisation? What are the escalation procedures and reporting lines? Are there documented principles and strategies to provide a culturally safe environment? How does the organisation monitor compliance with relevant regulations and legislation within the ETP? 	<ol style="list-style-type: none"> How do systems of clinical governance and quality assurance interact with the prevocational ETP? How are prevocational doctors made aware of these systems and mechanisms? How is the wellbeing of prevocational doctors resourced, monitored and managed? How are the principles of cultural safety incorporated into the ETP? 	<ol style="list-style-type: none"> Are junior doctors aware of clinical governance and quality assurance mechanisms in the facility? Are junior doctors concerned about patient safety?

CRMEC ACCREDITATION EVIDENCE AND AUDITING GUIDE

Canberra Region Medical Education Council

Executive level	ETP level (DPET, MEU, GCTC/PETC Chair, term supervisors, medical admin team)	Prevocational and other junior doctors
<p>5. What system/s are being employing to capture, report and address patient safety concerns?</p>	<p>5. How does the ETP monitor compliance with relevant regulations and legislation? 6. How are prevocational doctors involved in the ETP governance? 7. What system/s are being employing to capture, report and address patient safety concerns within the ETP? 8. How are these incidents escalated to the employer?</p>	<p>3. Are prevocational doctors aware of escalation procedures and reporting lines? 4. Is the facility a culturally safe environment? 5. Do junior doctors have any concerns that regulations or requirements are not being met by the ETP? 6. Are there opportunities for prevocational doctors to be involved in the governance of the ETP? 7. Are changes to the ETP communicated to prevocational doctors?</p>
<p>Standard 1.4 Program management</p>		
<p>1. Is there an awareness at the Executive level of the national standards and how they are addressed in the facility?</p>	<p>1. What are the dedicated structures to direct the planning, implementation and review of the ETP and are they adequate and effective? 2. How are relevant policies and procedures developed, authorised and evaluated for effectiveness? 3. How is responsibility assigned and enacted throughout the program? 4. How are the national standards being tracked and monitored? 5. When the ETP is considered to not be meeting standards, how do you action and monitor change? 6. How do you report changes to the CRMEC? 7. What dedicated structures are used to oversight and manage prevocational doctors? 8. How are rostering and leave management managed?</p>	<p>1. Do prevocational doctors know how to make suggestions to improve the ETP? 2. Do prevocational doctors know who to contact about issues with the ETP? 3. Do junior doctors have avenues/processes to express their training preferences? 4. Is it possible for junior doctors to make swaps to their terms and/or rosters? 5. Are leave entitlements accessible?</p>

CRMEC ACCREDITATION EVIDENCE AND AUDITING GUIDE

Canberra Region Medical Education Council

Executive level	ETP level (DPET, MEU, GCTC/PETC Chair, term supervisors, medical admin team)	Prevocational and other junior doctors
Standard 1.5 Relationships to support medical education		
<ol style="list-style-type: none"> 1. What is the relationship between the organisation and local stakeholders including medical school and other facilities in the region? 2. What stakeholder communication strategy/plan exists? 	<ol style="list-style-type: none"> 1. How does the ETP interact with other facilities in the region? 2. Are other health facilities involved in making decisions about the ETP? 3. Is there engagement between the ETP and external stakeholders and professional communities? 4. Do these relationships have any influence over the quality of the ETP? 	<ol style="list-style-type: none"> 1. Do prevocational doctors have exposure to professional communities?
Standard 1.6 Reconsideration, review and appeals process		
	<ol style="list-style-type: none"> 1. What processes exist for prevocational doctors to appeal decisions regarding their training outcomes? 2. Who makes decisions about prevocational doctor training outcomes and what processes are involved in these decisions? 3. Is there an Assessment Panel and what is the representation on the panel? 4. Are supervisors aware of the appeal processes? 5. How is the ETP team assured that the appeal and review processes are working as intended? 6. How are prevocational doctors informed about training outcomes and appeals processes? 	<ol style="list-style-type: none"> 1. Are prevocational doctors aware of appeals processes? 2. Have any prevocational doctors had concerns regarding the way their training outcomes have been evaluated? 3. Do prevocational doctors feel that they have access to a transparent appeal/review process?

Site inspection considerations

- The ETP has adequate and appropriate space for administrative purposes.
- There is appropriate teaching spaces.
- There is appropriate spaces for the ETP team to meet confidentially with prevocational doctors.

STANDARD TWO: PROGRAM STRUCTURE AND CONTENT

Examples and sources of evidence supporting National Standards criteria

The following auditing tool presents examples that could indicate that a prevocational ETP is meeting the AMC’s National Standards. Examples that indicate compliance are listed, together with sources that facilities and accreditation survey teams could review to support the claim. The tool does not seek to be an exhaustive list of examples indicating compliance, and it is not expected that every example or evidence source is relevant to every health service.

AMC National Standard	Examples of potential evidence	Sources of evidence
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 – <i>Granting general registration on completion of intern training</i> and requirements described in these (the national) standards for PGY2</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Health service’s organisation purpose/strategic plan refers delivery of a longitudinal training program meeting MBA and AMC requirements. <input type="checkbox"/> PGY1/2 doctors receive contracts of a length consistent with training requirements. <input type="checkbox"/> Health service maintains a matrix of PGY1/2 term allocation that demonstrates consistency with AMC requirements. <input type="checkbox"/> Health service maintains tracking of rostering and demonstrates that rostering across the year is consistent with service limits while also demonstrating exposure to after-hour work. <input type="checkbox"/> Health service maintains a record of the type of work each term provides (e.g. ward based versus team based) and the matrix provides evidence that individual doctors receive at least 50% placement in team-based terms. <input type="checkbox"/> Health service maintains records of service duration, including time taken for annual leave. <input type="checkbox"/> Allocations matrix demonstrates individual doctors receive appropriate number of terms, and these are spread across the required experiences (acute care, chronic care, undifferentiated care and procedural) <input type="checkbox"/> All terms are classified according to the experience they provide, whether they are ward or teams based work and whether the work is considered a service term. <input type="checkbox"/> Health service maintains a record of education attendance for individual PGY1/2 doctors 	<ul style="list-style-type: none"> <input type="checkbox"/> Organisation strategic plan/purpose statement <input type="checkbox"/> Term allocations matrix <input type="checkbox"/> Employment contracts <input type="checkbox"/> Rosters <input type="checkbox"/> Term descriptions <input type="checkbox"/> Accreditation records (i.e. Register of Accredited terms) <input type="checkbox"/> Interview with Medical Education Unit <input type="checkbox"/> Education attendance records <input type="checkbox"/> Assessment records <input type="checkbox"/> Interviews with PGY1/2 doctors <input type="checkbox"/> Interviews with supervisors

CRMEC ACCREDITATION EVIDENCE AND AUDITING GUIDE

Canberra Region Medical Education Council

	<ul style="list-style-type: none"> <input type="checkbox"/> Health service policies and procedures are consistent with PGY1/2 doctors attending mandatory education. <input type="checkbox"/> All PGY1/2 doctors are only allocated to work in accredited training terms. <input type="checkbox"/> Supervisors complete mandatory assessments and reports consistent with MBA requirements. <input type="checkbox"/> Health service maintains supervisor reports on behalf of all PGY1/2 doctors. 	
<p>2.1.2 Prevocational training program is longitudinal in nature and structured to reflect and provide the following experiences, as described in AMC's <i>Requirements for prevocational (PGY1 and PGY2) training programs and terms</i>:</p> <ul style="list-style-type: none"> • program length 47 weeks • minimum 4 terms in different specialties in PGY1 • minimum 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 one term in PGY1 and PGY2 	<ul style="list-style-type: none"> <input type="checkbox"/> Health service's organisation purpose/strategic plan refers delivery of a longitudinal training program meeting MBA and AMC requirements. <input type="checkbox"/> PGY1/2 doctors receive contracts of a length consistent with training requirements. <input type="checkbox"/> Health service maintains a matrix of PGY1/2 doctor allocation to terms that demonstrates consistency with AMC requirements. <input type="checkbox"/> Health service maintains tracking of rostering and demonstrates that rostering across the year is consistent with service limits while also demonstrating exposure to after-hour work. <input type="checkbox"/> Health service maintains a record of the type of work each term provides (e.g. ward based versus team based) and the matrix provides evidence that individual doctors receive at least 50% placement in team based terms. <input type="checkbox"/> Health service maintains records of service duration, including time taken for annual leave. <input type="checkbox"/> Allocation matrix demonstrates individual doctors receive appropriate number of terms, and these are spread across the required experiences (acute care, chronic care, undifferentiated care and procedural) <input type="checkbox"/> All terms are classified according to the experience they provide, whether they are ward or teams based work and whether the work is considered a service term. <input type="checkbox"/> PGY1/2 doctors are aware of the requirements for completion of training. 	<ul style="list-style-type: none"> <input type="checkbox"/> Organisation strategic plan/purpose statement <input type="checkbox"/> Term allocations matrix <input type="checkbox"/> Employment contracts <input type="checkbox"/> Rosters <input type="checkbox"/> Term descriptions <input type="checkbox"/> Orientation handbook and program <input type="checkbox"/> Interview with Medical Education Unit staff <input type="checkbox"/> Interviews with PGY1/2 doctors
<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>	<ul style="list-style-type: none"> <input type="checkbox"/> Health service has a range of terms available for PGY1/2 doctors that describe experiences consistent with the AMC requirements. <input type="checkbox"/> Term descriptions outline 1-2 different clinical experiences provided in the term. <input type="checkbox"/> Reports about the clinical experience available in all terms is consistent with the term description. 	<ul style="list-style-type: none"> <input type="checkbox"/> Term allocations matrix <input type="checkbox"/> Employment contracts <input type="checkbox"/> Rosters <input type="checkbox"/> Term descriptions

CRMEC ACCREDITATION EVIDENCE AND AUDITING GUIDE

Canberra Region Medical Education Council

	<ul style="list-style-type: none"> <input type="checkbox"/> Matrix of allocation to terms demonstrates that all PGY1/2 doctors receive appropriate mix of clinical experiences across the duration of training. <input type="checkbox"/> Health service has a system to track terms, including any “swapping” done by PGY1/2 doctors. <input type="checkbox"/> PGY1/2 doctors are aware of the requirements for completion of training. 	<ul style="list-style-type: none"> <input type="checkbox"/> Interview with Medical Education Unit <input type="checkbox"/> Interviews with PGY1/2 doctors
<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>	<ul style="list-style-type: none"> <input type="checkbox"/> Health service strategic plan/organisational purpose indicates that flexible work arrangements are supported. <input type="checkbox"/> Health service has a policy on arrangements for flexible training options. <input type="checkbox"/> Health service has opportunities for part-time and shared work arrangements. <input type="checkbox"/> Health service maintains records of service duration, including time taken for annual leave, and can demonstrate that part time PGY1 doctors complete their intern year within 3 years. <input type="checkbox"/> PGY1/2 doctors receive contracts of a length consistent with training requirements. <input type="checkbox"/> PGY1/2 doctors are aware of the opportunity to undertake flexible work arrangements. 	<ul style="list-style-type: none"> <input type="checkbox"/> Facility strategic plan/policies <input type="checkbox"/> Term allocations matrix <input type="checkbox"/> Employment contracts <input type="checkbox"/> Rosters <input type="checkbox"/> Orientation handbook and program <input type="checkbox"/> Interview with Medical Education Unit <input type="checkbox"/> Interviews with PGY1/2 doctors
<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"> <input type="checkbox"/> Health service policies outline provisions for Aboriginal and Torres Strait Islander employees. <input type="checkbox"/> Health service has a process to track leave entitlements for cultural obligations and ensures that appropriate arrangements are available to enable completion of training requirements. <input type="checkbox"/> Aboriginal and Torres Strait Islander PGY1/2 doctors are aware of the policies regarding access of provisions for cultural obligations. 	<ul style="list-style-type: none"> <input type="checkbox"/> Organisation strategic plan/purpose statement <input type="checkbox"/> Employment/HR policies <input type="checkbox"/> Orientation handbook/program <input type="checkbox"/> Rosters <input type="checkbox"/> Interview with Medical Education Unit <input type="checkbox"/> Interviews with PGY1/2 doctors
2.2 Training requirements		
<p>2.2.1 The prevocational training program is underpinned by current evidence-informed medical education principles</p>	<ul style="list-style-type: none"> <input type="checkbox"/> The ETP purpose/strategic plan refers to evidence-informed education delivery. <input type="checkbox"/> The facility can demonstrate that educators (e.g. supervisors, DPETS, presenters) receive contemporary training in education principles. <input type="checkbox"/> The education experiences are developed around achieving specified learning objectives. 	<ul style="list-style-type: none"> <input type="checkbox"/> ETP strategic plan/purpose statement <input type="checkbox"/> Education program, including mapping to outcome statements

CRMEC ACCREDITATION EVIDENCE AND AUDITING GUIDE

Canberra Region Medical Education Council

	<ul style="list-style-type: none"> <input type="checkbox"/> The program includes a range of teaching/learning formats and experiences including case studies, observation, practical demonstration, reflection, opportunities to undertake skills development, small and large group learning, and experiential learning. <input type="checkbox"/> The ETP encourages self-direction, self-assessment and reflection. <input type="checkbox"/> The ETP is developed to encompass the prevocational outcome statements. <input type="checkbox"/> The ETP uses the required assessment processes, including EPAs. <input type="checkbox"/> The ETP is regularly evaluated, with feedback from all stakeholders being considered. 	<ul style="list-style-type: none"> <input type="checkbox"/> Program evaluations <input type="checkbox"/> Staff training programs <input type="checkbox"/> Interview with DPET, and MEU, junior doctors
<p>2.2.2 For each term, the prevocational training provider has identified and documented the training requirements (see AMC's <i>Training and assessment requirements</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>	<ul style="list-style-type: none"> <input type="checkbox"/> Each clinical experience has a documented term description that includes learning objectives, the work undertaken and the prevocational outcome statement that can be achieved. <input type="checkbox"/> Across the year, every PGY1/2 doctor has opportunity to achieve all prevocational outcome statements. 	<ul style="list-style-type: none"> <input type="checkbox"/> Term descriptions <input type="checkbox"/> Term allocation matrix <input type="checkbox"/> Interview with junior doctors and DPET
<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>	<ul style="list-style-type: none"> <input type="checkbox"/> The health service offers cultural training and can demonstrate that all those involved in the program have completed same. <input type="checkbox"/> The education program includes learning focused on achieving competency in evaluating cultural safety for Aboriginal and Torres Strait Islander people. <input type="checkbox"/> The education program includes learning focused on broadening understanding of health needs and models of care that support Aboriginal and Torres Strait Islander people. <input type="checkbox"/> The education program includes topics that are focused on knowledge regarding the health of Aboriginal and Torres Strait Islander people and engaging in a culturally appropriate manner. <input type="checkbox"/> The education program includes topics that are focused on the impact of colonisation, intergenerational trauma and racism on the health and wellbeing of Aboriginal and Torres Strait Islander peoples. 	<ul style="list-style-type: none"> <input type="checkbox"/> Facility-wide education program <input type="checkbox"/> Professional development records <input type="checkbox"/> Term descriptions <input type="checkbox"/> Education program <input type="checkbox"/> Interview with DPET and junior doctors

- The ETP includes opportunities to work collaboratively to ensure Aboriginal and Torres Strait Islander peoples receive a connected health journey, including working with Aboriginal and Torres Strait Islander health workers, liaison officers and translators.
- Term descriptions outline the experiences in Aboriginal and Torres Strait Islander health that can be expected.

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.

- Supervisors have undertaken mandatory supervisor training, including in the requirements for assessment.
- Supervisor Handbook outlines expectations for supervisors with respect to assessment.
- There is a system of tracking completion of EPAs (e.g. an e-portfolio is used), including who performed the assessment.
- There is a system to evaluate the assessment process.
- All supervisors performing EPAs have undertaken training.
- Supervisors can outline the prevocational outcome statements and those that are most relevant to their training term.
- The MEU team, DPET and Supervisors are aware of their roles and responsibilities.
- Term descriptions outline assessment processes and map relevant prevocational outcome statements.
- All PGY1/2 doctors have documented mid-term and end of term assessments.

- GCTC/PETC or equivalent TOR and minutes
- ETP data/e-portfolio records of assessment
- Staff professional development records
- Term descriptions
- Supervisor Handbook
- Interview with DPET, supervisors, GCTC/PETC Chair and MEU team

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*.

- Supervisors have undertaken mandatory supervisor training, including in the requirements for assessment.
- Supervisor Handbook outlines expectations for supervisors with respect to assessment.
- Supervisors are able to outline the prevocational outcome statements and those that are most relevant to their training term.
- The MEU team, DPET and Supervisors are aware of their roles and responsibilities.
- Term descriptions outline assessment processes and map relevant prevocational outcome statements.

- GCTC/PETC or equivalent TOR and minutes
- ETP data/e-portfolio records of assessment
- Staff professional development records
- Term descriptions
- Supervisor Handbook

CRMEC ACCREDITATION EVIDENCE AND AUDITING GUIDE

Canberra Region Medical Education Council

	<input type="checkbox"/> All PGY1/2 doctors have documented mid-term and end of term assessments.	<input type="checkbox"/> Interview with DPET, supervisors, GCTC/PETC Chair and MEU team
<p>2.3.3 Prevocational doctors and supervisors understand all components of the assessment processes.</p>	<input type="checkbox"/> Supervisors have undertaken mandatory supervisor training, including in the requirements for assessment. <input type="checkbox"/> Supervisors are able to outline the prevocational outcome statements and those that are most relevant to their training term. <input type="checkbox"/> Supervisor Handbook outlines expectations for supervisors with respect to assessment. <input type="checkbox"/> The MEU team, DPET and Supervisors are aware of their roles and responsibilities. <input type="checkbox"/> Term descriptions outline assessment processes and map relevant prevocational outcome statements. <input type="checkbox"/> All PGY1/2 doctors have documented mid term and end of term assessments.	<input type="checkbox"/> GCTC/PETC or equivalent TOR and minutes <input type="checkbox"/> ETP data/e-portfolio records of assessment <input type="checkbox"/> Staff professional development records <input type="checkbox"/> Supervisor Handbook <input type="checkbox"/> Interview with DPET, supervisors, GCTC/PETC Chair and MEU team <input type="checkbox"/> Interviews with junior doctors
<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>	<input type="checkbox"/> The health service has an Assessment Review Panel with appropriate membership. <input type="checkbox"/> The health service has terms of reference for Panel. <input type="checkbox"/> The health service has document procedures for the Panel reviews. <input type="checkbox"/> The health service collates material in appropriate manner for review by the panel. <input type="checkbox"/> The health service has a policy or guidance on resolution of training problems or disputes.	<input type="checkbox"/> Assessment Panel TOR and membership <input type="checkbox"/> Assessment Panel meeting records <input type="checkbox"/> Interview with DPET, supervisors, GCTC/PETC Chair and MEU team
<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>	<input type="checkbox"/> Supervisors and DPET team have completed training on providing feedback. <input type="checkbox"/> Supervisor Handbook outlines processes for providing feedback. <input type="checkbox"/> Training records/assessments provide evidence of feedback being provided. <input type="checkbox"/> Term descriptions outline feedback processes. <input type="checkbox"/> Supervisors, DPET report giving feedback.	<input type="checkbox"/> MEU policies and procedures <input type="checkbox"/> Professional development records <input type="checkbox"/> Assessments/e-portfolios <input type="checkbox"/> Term descriptions <input type="checkbox"/> Supervisor Handbook

CRMEC ACCREDITATION EVIDENCE AND AUDITING GUIDE

Canberra Region Medical Education Council

	<input type="checkbox"/> Junior doctors report receiving feedback.	<input type="checkbox"/> Interviews with DPET, Supervisors <input type="checkbox"/> Interviews with junior doctors
2.4.2 Prevocational doctors receive timely, progressive and informal feedback from term and clinical supervisors during every term.	<input type="checkbox"/> Supervisors and DPET team have completed training on providing feedback. <input type="checkbox"/> Supervisor Handbook outlines processes for providing feedback. <input type="checkbox"/> Supervisors, DPET report giving feedback. <input type="checkbox"/> Junior doctors report receiving feedback.	<input type="checkbox"/> Professional development records <input type="checkbox"/> Supervisor Handbook <input type="checkbox"/> Interviews with DPET, Supervisors <input type="checkbox"/> Interviews with junior doctors
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.	<input type="checkbox"/> Processes for assessment of PGY1/2 doctors are clearly documented and conveyed to supervisors and junior doctors. <input type="checkbox"/> Supervisor Handbook outlines processes for performing assessments to promote consistency. <input type="checkbox"/> The ETP has a documentation system for maintaining assessment records, including mid term, end of term and EPAs. <input type="checkbox"/> 100% of PGY1/2 doctors receive a mid-term and end of term assessment that considers performance across term learning objectives and prevocational outcome statements. <input type="checkbox"/> Supervisors perform EPAs consistent with national requirements.	<input type="checkbox"/> ETP procedures <input type="checkbox"/> Assessment records/e-portfolio <input type="checkbox"/> Interviews with DPET, MEU team, and supervisors <input type="checkbox"/> Interviews with PGY1/2 doctors <input type="checkbox"/> Supervisor Handbook <input type="checkbox"/> Orientation records/program
2.4.4 The prevocational training program implements a longitudinal approach to assessment in accordance with the Training and assessment requirements.	<input type="checkbox"/> Processes for assessment of PGY1/2 doctors are clearly documented and conveyed to supervisors and junior doctors. <input type="checkbox"/> Supervisor Handbook outlines processes for performing assessments to promote consistency. <input type="checkbox"/> The ETP has a documentation system for maintaining assessment records, including mid term, end of term and EPAs. <input type="checkbox"/> 100% of PGY1/2 doctors receive a mid-term and end of term assessment that considers performance across term learning objectives and prevocational outcome statements. <input type="checkbox"/> Supervisors perform EPAs consistent with national requirements.	<input type="checkbox"/> ETP procedures <input type="checkbox"/> Assessment records/e-portfolio <input type="checkbox"/> Interviews with DPET, MEU team, and supervisors <input type="checkbox"/> Interviews with PGY1/2 doctors <input type="checkbox"/> Supervisor Handbook <input type="checkbox"/> Orientation records/program

CRMEC ACCREDITATION EVIDENCE AND AUDITING GUIDE


Canberra Region Medical Education Council

<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"> <input type="checkbox"/> PGY1/2 doctors are aware of their responsibilities to seek feedback. <input type="checkbox"/> Term descriptions outline processes to seek feedback. <input type="checkbox"/> Orientation and DPET contact reinforces responsibilities for seeking feedback. 	<ul style="list-style-type: none"> <input type="checkbox"/> Interviews with DPET, MEU team, and supervisors <input type="checkbox"/> Interviews with PGY1/2 doctors <input type="checkbox"/> Orientation records/program
<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"> <input type="checkbox"/> A procedure/process for identifying underperforming junior doctors is documented. <input type="checkbox"/> Welfare resources are available to assist junior doctors requiring support and remediation. <input type="checkbox"/> Remediation plans are put in place early to assist underperforming junior doctors. <input type="checkbox"/> Strategies are in place to ensure struggling PGY1/2 doctors receive support when transitioning to a new placement, particularly if it is in a new facility. <input type="checkbox"/> PGY1/2 doctors are aware of supports available to them if they are struggling. <input type="checkbox"/> Review of records indicates that underperforming PGY1/2 doctors receive support pathways. 	<ul style="list-style-type: none"> <input type="checkbox"/> ETP policies <input type="checkbox"/> ETP assessment records <input type="checkbox"/> Supervisor Handbook <input type="checkbox"/> Orientation Handbook <input type="checkbox"/> Interviews with ,DPET, MEU team and supervisors <input type="checkbox"/> Interviews with PGY1/2 doctors
<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"> <input type="checkbox"/> A procedure/process for identifying underperforming junior doctors is documented and includes engagement of the Assessment Review Panel when required. <input type="checkbox"/> Assessment Review Panel develops pathways to support PGY1/2 doctors who will not achieve satisfactory assessments. <input type="checkbox"/> Assessment Review Panel members have appropriate qualifications and responsibilities to assist in complex remediation. 	<ul style="list-style-type: none"> <input type="checkbox"/> ETP policies and pathways <input type="checkbox"/> Professional development records <input type="checkbox"/> Assessment Review Panel composition <input type="checkbox"/> ETP assessment records <input type="checkbox"/> Interviews with DPET, MEU team and supervisors <input type="checkbox"/> Interviews with PGY1/2 doctors

Evidence matrix

The following matrix of potential sources of evidence is provided as guidance for monitoring the implementation of the prevocational ETP. The matrix does not seek to be an exhaustive list of evidence sources, and it is not expected that a health service will have every evidence source available, or that every evidence source should be inspected by the survey team.

 Evidence source required for submission with desktop audit (as noted in submission template)

 Potential supportive evidence source

	FACILITY SUBMITTED EVIDENCE														CRMEC COLLATED EVIDENCE			SURVEY TEAM COLLECTED EVIDENCE														
	Term Allocations/Matrix	Org purpose plan	Education Program	Education program attendance records	Assessment Review Panel records (report lines, policies, minutes)	Assessment records	Appraisal processes	Orientation program/process	Position descriptions and contracts	Rosters	Remediation Processes	Supervision arrangements	Supervisor training/PD access	Supervisor Handbook	Wellbeing program/resources	Health service policies, guidelines etc	Intern Priority Access List	Education program evaluations	Network Committee TOR and Minutes	Term descriptions	MTS results for facility	JMO pre-visit survey	Record of complaints/concerns/previous reviews	PGY1/2 interviews	PGY3+ interviews	Supervisor interviews	DPET interviews	MEU staff interviews	PETC Chair interview	External authority/stakeholder input	Assessment records (e-port)	
2.1 Program Structure and Composition																																
2.1.1 The prevocational training program overall, and each term, is structured to reflect requirements described in the Medical Board of Australia's <i>Registration standard – Granting general registration</i> on completion of intern training and requirements described																																

CRMEC ACCREDITATION EVIDENCE AND AUDITING GUIDE

Canberra Region Medical Education Council

	FACILITY SUBMITTED EVIDENCE														CRMEC COLLATED EVIDENCE			SURVEY TEAM COLLECTED EVIDENCE																
	Term Allocations/Matrix	Org purpose plan	Education Program	Education program attendance records	Assessment Review Panel records (report lines, policies, minutes)	Assessment records	Appraisal processes	Orientation program/process	Orientation material (inc term description)	Position descriptions and contracts	Rosters	Remediation Processes	Supervision arrangements	Supervisor training/PD access	Supervisor Handbook	Wellbeing program/resources	Health service policies, guidelines etc	Intern Priority Access List	Education program evaluations	Network Committee TOR and Minutes	Term descriptions	MTS results for facility	JMO pre-visit survey	Record of complaints/concerns/previous notices	PGY1/2 interviews	PGY3+ interviews	Supervisor interviews	DPET interviews	MEU staff interviews	PETC Chair interview	External authority/stakeholder input	Assessment records (e-port)		
in these standards for PGY2																																		
2.1.2 The prevocational training program is longitudinal in nature and structured to reflect and provide the experiences as described in <i>Requirements for prevocational (PGY1 and PGY2) training programs</i>																																		
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'</i>																																		

CRMEC ACCREDITATION EVIDENCE AND AUDITING GUIDE

Canberra Region Medical Education Council

	FACILITY SUBMITTED EVIDENCE														CRMEC COLLATED EVIDENCE		SURVEY TEAM COLLECTED EVIDENCE																
	Term Allocations/Matrix	Org purpose plan	Education Program	Education program attendance records	Assessment Review Panel records (report lines, policies, minutes)	Assessment records	Appraisal processes	Orientation program/process	Orientation material (inc term description)	Position descriptions and contracts	Rosters	Remediation Processes	Supervision arrangements	Supervisor training/PD access	Supervisor Handbook	Wellbeing program/resources	Health service policies, guidelines etc	Intern Priority Access List	Education program evaluations	Network Committee TOR and Minutes	Term descriptions	MTS results for facility	JMO pre-visit survey	Record of complaints/concerns/previous notices	PGY1/2 interviews	PGY3+ interviews	Supervisor interviews	DPET interviews	MEU staff interviews	PETC Chair interview	External authority/stakeholder input	Assessment records (e-port)	
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 <i>Registration standard – Granting general registration on completion of intern training.</i>																																	
2.1.5 The provider recognises that Aboriginal and Torres Strait Islander prevocational doctors may have additional cultural obligations required by the health																																	

CRMEC ACCREDITATION EVIDENCE AND AUDITING GUIDE

Canberra Region Medical Education Council

	FACILITY SUBMITTED EVIDENCE														CRMEC COLLATED EVIDENCE			SURVEY TEAM COLLECTED EVIDENCE																			
	Term Allocations/Matrix	Org purpose plan	Education Program	Education program attendance records	Assessment Review Panel records (report lines, policies, minutes)	Assessment records	Appraisal processes	Orientation program/process	Orientation material (inc term description)	Position descriptions and contracts	Rosters	Remediation Processes	Supervision arrangements	Supervisor training/PD access	Supervisor Handbook	Wellbeing program/resources	Health service policies, guidelines etc	Intern Priority Access List	Education program evaluations	Network Committee TOR and Minutes	Term descriptions	MTS results for facility	JMO pre-visit survey	Record of complaints/concerns/previous analysis	PGY1/2 interviews	PGY3+ interviews	Supervisor interviews	DPET interviews	MEU staff interviews	PETC Chair interview	External authority/stakeholder input	Assessment records (e-port)					
sector or their community, and has policies that ensure flexible processes to enable those obligations to be met																																					
2.2 Training requirements																																					
2.2.1 The prevocational training program is underpinned current evidence-informed medical education principles.																																					
2.2.2 For each term, the prevocational training provider has identified and documented the training requirements (see <i>Training and assessment</i>), including the prevocational outcome statements that are																																					

CRMEC ACCREDITATION EVIDENCE AND AUDITING GUIDE

Canberra Region Medical Education Council

	FACILITY SUBMITTED EVIDENCE														CRMEC COLLATED EVIDENCE			SURVEY TEAM COLLECTED EVIDENCE																
	Term Allocations/Matrix	Org purpose plan	Education Program	Education program attendance records	Assessment Review Panel records (report lines, policies, minutes)	Assessment records	Appraisal processes	Orientation program/process	Orientation material (inc term description)	Position descriptions and contracts	Rosters	Remediation Processes	Supervision arrangements	Supervisor training/PD access	Supervisor Handbook	Wellbeing program/resources	Health service policies, guidelines etc	Intern Priority Access List	Education program evaluations	Network Committee TOR and Minutes	Term descriptions	MTS results for facility	JMO pre-visit survey	Record of complaints/concerns/previous analysis	PGY1/2 interviews	PGY3+ interviews	Supervisor interviews	DPET interviews	MEU staff interviews	PETC Chair interview	External authority/stakeholder input	Assessment records (e-port)		
relevant, the skills and procedures																																		
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																																		
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																																		

CRMEC ACCREDITATION EVIDENCE AND AUDITING GUIDE

Canberra Region Medical Education Council

	FACILITY SUBMITTED EVIDENCE																CRMEC COLLATED EVIDENCE				SURVEY TEAM COLLECTED EVIDENCE													
	Term Allocations/Matrix	Org purpose plan	Education Program	Education program attendance records	Assessment Review Panel records (report lines, policies, minutes)	Assessment records	Appraisal processes	Orientation program/process	Orientation material (inc term description)	Position descriptions and contracts	Rosters	Remediation Processes	Supervision arrangements	Supervisor training/PD access	Supervisor Handbook	Wellbeing program/resources	Health service policies, guidelines etc	Intern Priority Access List	Education program evaluations	Network Committee TOR and Minutes	Term descriptions	MTS results for facility	JMO pre-visit survey	Record of complaints/concerns/previous notices	PGY1/2 interviews	PGY3+ interviews	Supervisor interviews	DPET interviews	MEU staff interviews	PETC Chair interview	External authority/stakeholder input	Assessment records (e-port)		
prevocational outcome statements																																		
2.3.2 The prevocational PGY1 training program implements assessment consistent with the MBA's <i>Registration standard – Granting general registration on completion of intern training</i>																																		
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																																		

CRMEC ACCREDITATION EVIDENCE AND AUDITING GUIDE

Canberra Region Medical Education Council

	FACILITY SUBMITTED EVIDENCE																CRMEC COLLATED EVIDENCE		SURVEY TEAM COLLECTED EVIDENCE																		
	Term Allocations/Matrix	Org purpose plan	Education Program	Education program attendance records	Assessment Review Panel records (report lines, policies, minutes)	Assessment records	Appraisal processes	Orientation program/process	Orientation material (inc term description)	Position descriptions and contracts	Rosters	Remediation Processes	Supervision arrangements	Supervisor training/PD access	Supervisor Handbook	Wellbeing program/resources	Health service policies, guidelines etc	Intern Priority Access List	Education program evaluations	Network Committee TOR and Minutes	Term descriptions	MTS results for facility	JMO pre-visit survey	Record of complaints/concerns/previous notices	PGY1/2 interviews	PGY3+ interviews	Supervisor interviews	DPET interviews	MEU staff interviews	PETC Chair interview	External authority/stakeholder input	Assessment records (e-port)					
panel to review prevocational doctors' longitudinal assessment information and make decisions regarding progression in each year.																																					
2.4 Feedback and support 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.																																					

CRMEC ACCREDITATION EVIDENCE AND AUDITING GUIDE

Canberra Region Medical Education Council

	FACILITY SUBMITTED EVIDENCE	CRMEC COLLATED EVIDENCE	SURVEY TEAM COLLECTED EVIDENCE
	Term Allocations/Matrix Org purpose plan Education Program Education program attendance records Assessment Review Panel records (report lines, policies, minutes) Appraisal processes Assessment records Orientation program/process Position descriptions and contracts Rosters Remediation Processes Supervision arrangements Supervisor training/PD access Wellbeing program/resources Supervisor Handbook Health service policies, guidelines etc Wellbeing program/resources Supervisor training/PD access Supervision arrangements Remediation Processes Rosters Position descriptions and contracts Orientation material (inc term description) Orientation program/process Appraisal processes Assessment records Assessment Review Panel records (report lines, policies, minutes) Education program attendance records Education Program Org purpose plan Term Allocations/Matrix	Record of complaints/concerns/previous JMO pre-visit survey MTS results for facility Term descriptions Network Committee TOR and Minutes Education program evaluations Intern Priority Access List Health service policies, guidelines etc Wellbeing program/resources Supervisor Handbook Supervisor training/PD access Supervision arrangements Remediation Processes Rosters Position descriptions and contracts Orientation material (inc term description) Orientation program/process Appraisal processes Assessment records Assessment Review Panel records (report lines, policies, minutes) Education program attendance records Education Program Org purpose plan Term Allocations/Matrix	Assessment records (e-port) External authority/stakeholder input PETC Chair interview MEU staff interviews DPET interviews Supervisor interviews PGY3+ interviews PGY1/2 interviews
2.4.3 The prevocational training program documents the assessment of the prevocational doctor's performance consistent with the <i>Training and assessment requirements</i> . Additionally in PGY1, the assessment documentation is consistent with the <i>Registration standard – Granting general registration</i>			
2.4.4 The prevocational training program implements a longitudinal approach to assessment in accordance with the <i>Training and</i>			

CRMEC ACCREDITATION EVIDENCE AND AUDITING GUIDE

Canberra Region Medical Education Council

	FACILITY SUBMITTED EVIDENCE														CRMEC COLLATED EVIDENCE		SURVEY TEAM COLLECTED EVIDENCE																	
	Term Allocations/Matrix	Org purpose plan	Education Program	Education program attendance records	Assessment Review Panel records (report lines, policies, minutes)	Assessment records	Appraisal processes	Orientation program/process	Orientation material (inc term description)	Position descriptions and contracts	Rosters	Remediation Processes	Supervision arrangements	Supervisor training/PD access	Supervisor Handbook	Wellbeing program/resources	Health service policies, guidelines etc	Intern Priority Access List	Education program evaluations	Network Committee TOR and Minutes	Term descriptions	MTS results for facility	JMO pre-visit survey	Record of complaints/concerns/previous analysis	PGY1/2 interviews	PGY3+ interviews	Supervisor interviews	DPET interviews	MEU staff interviews	PETC Chair interview	External authority/stakeholder input	Assessment records (e-port)		
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																																		

CRMEC ACCREDITATION EVIDENCE AND AUDITING GUIDE

Canberra Region Medical Education Council

		FACILITY SUBMITTED EVIDENCE	CRMEC COLLATED EVIDENCE	SURVEY TEAM COLLECTED EVIDENCE
		Assessment records (e-port)		
		External authority/stakeholder input		
		PETC Chair interview		
		MEU staff interviews		
		DPET interviews		
		Supervisor interviews		
		PGY3+ interviews		
		PGY1/2 interviews		
		Record of complaints/concerns/previous incidents		
		JMO pre-visit survey		
		MTS results for facility		
		Term descriptions		
		Network Committee TOR and Minutes		
		Education program evaluations		
		Intern Priority Access List		
		Health service policies, guidelines etc		
		Wellbeing program/resources		
		Supervisor Handbook		
		Supervisor training/PD access		
		Supervision arrangements		
		Remediation Processes		
		Rosters		
		Position descriptions and contracts		
		Orientation material (inc term description)		
		Orientation program/process		
		Appraisal processes		
		Assessment records		
		Assessment Review Panel records (report lines, policies, minutes)		
		Education program attendance records		
		Education Program		
		Org purpose plan		
		Term Allocations/Matrix		
	required, to assist with more complex remediation decisions for prevocational doctors who do not achieve satisfactory supervisor assessments			

Example interview questions

The following questions are provided as guidance for monitoring the implementation of the prevocational education and training program (ETP) and could be used by health services in self-assessment and the CRMEC Accreditation Committee and its accreditation survey teams. The examples are not intended to be exhaustive.

Executive level	ETP level (DPET, MEU, GCTC/PETC Chair, term supervisors, medical admin team)	Prevocational and other junior doctors
2.1 Program structure and composition		
<ol style="list-style-type: none"> 3. How do you delegate the program for every PGY1/2 doctor? 4. What processes are in place to ensure that every PGY1/2 doctor is meeting the national requirements with respect to clinical experience, percent of service, after hours work and time in a clinical team? 5. What processes are in place to ensure that exposure to after hours work is provided, but does not exceed time spent in service role? 6. What processes are in place to track PGY1/2 doctors swapping terms? 7. What flexible training arrangements are available? 8. What support is available for Aboriginal and Torres Strait Islander doctors? 	<ol style="list-style-type: none"> 1. How do you determine the classification of the clinical work in a training term? 2. How do you support a PGY1/2 doctor who is working part time? 3. Are you aware of any Aboriginal and Torres Strait Islander doctors, and the additional support they might require? 	<ol style="list-style-type: none"> 2. Are you aware of the way each term is classified with respect to the clinical work? 3. Do you know whether your program will meet the national requirements? 4. What is the process for changing terms? 5. Do you know if you could complete your training part time? 6. What was your experience if you requested a day off for cultural reasons?
2.2 Training requirements		
<ol style="list-style-type: none"> 1. How do you know any specific PGY1/2 doctor has met the training requirements? 2. What strategies are being used to increase exposure to Aboriginal and Torres Strait Islander health? 3. What professional development opportunities have been made available to ensure the education team and supervisors are up-to-date on contemporary education principles? 	<ol style="list-style-type: none"> 1. How do you apply evidence based education principles to the development of the education program? 2. What professional development has been made available to update you on contemporary education principles? 3. What principles do you use in developing the program? 4. How do you consider the prevocational outcome statements when evaluating term descriptions and developing the education program? 	<ol style="list-style-type: none"> 1. Are you aware of the way each term is classified with respect to the clinical work? 2. How do you use the prevocational outcome statements? 3. Have you received any cultural safety training?

CRMEC ACCREDITATION EVIDENCE AND AUDITING GUIDE

Canberra Region Medical Education Council

Executive level	ETP level (DPET, MEU, GCTC/PETC Chair, term supervisors, medical admin team)	Prevocational and other junior doctors
4. How are the prevocational outcome statements used when evaluating whether a PGY1/2 doctor has met training requirements?	5. How do you incorporate the prevocational outcome standards related to Aboriginal and Torres Strait Islander people into the education program? 6. How do you evaluate exposure to Aboriginal and Torres Strait Islander health in the clinical setting?	4. Did you have any exposure to Aboriginal and Torres Strait Islander health in the clinical setting? 5. Did you have any teaching related to Aboriginal and Torres Strait Islander health in the clinical setting? 6. Have you worked with Aboriginal and Torres Strait Islander health workers, liaison officers or translators?
2.3 Assessment requirements		
1. What training is provided to supervisors regarding assessment processes? 2. How do you ensure that all PGY1/2 doctors receive their assessments in a timely manner? 3. How are you able to verify that PGY1 doctors have been assessed according to the MBA requirements?	1. What are the assessment requirements for PGY1/PGY2 doctors? 2. Do you discuss learning objectives with PGY1/PGY2 doctors? 3. What is the process in your term for performing assessment and EPAs? 4. Where is the assessment documented?	1. Did you receive information about assessment requirements when you commenced internship? 2. Have you received a mid-term assessment? 3. Have you received an end-of-term assessment? 4. Who performs EPAs in your term? 5. How was the experience of EPA assessment?
2.4 Feedback and supporting continuous learning		
1. What training is provided to supervisors regarding providing feedback? 2. How do you feedback to supervisors regarding their performance?	1. What training have you had in providing feedback? 2. Do you receive any feedback from the PETC/GCTC regarding your performance as a supervisor?	1. Did your supervisor provide constructive feedback? 2. Did you receive as much feedback as you wanted?
2.5 Improving Performance		
1. What is the process for commencing remediation? 2. How is remediation documented? 3. Who is involved in the process? 4. What role does the Assessment Review Panel play in remediation?	1. How do you identify a struggling PGY1/PGY2 doctor? 2. At what point will you commence a remediation plan? 3. What is the process for undertaking remediation and who is involved? 4. What support do you provide to the PGY1/2 doctor? 5. How do you convey the needs of a struggling PGY1/PGY2 doctor to a new term supervisor and/or facility?	1. Do you feel the ETP staff would be approachable if you felt you needed extra help? 2. Are supervisors approachable if you need extra work to maintain your performance?

Executive level	ETP level (DPET, MEU, GCTC/PETC Chair, term supervisors, medical admin team)	Prevocational and other junior doctors
5. What is the professional experience of the Assessment Review Panel members, and is it appropriate for managing complex remediation cases? 6. What is the overlap between remediation and HR department? 7. How do you feedback to supervisors regarding their performance?	6. What training have you had in undertaking difficult conversations? 7. Do you receive any feedback from the PETC/GCTC regarding your performance as a supervisor?	

Site inspection considerations

- The ETP has adequate and appropriate documentation processes/software solutions.
- There is appropriate space to meet with PGY1/PGY2 doctors confidentially.
- There is appropriate space for team meetings.

STANDARD THREE: TRAINING PROGRAM - DELIVERY

Examples and sources of evidence supporting National Standards criteria

The following auditing tool presents examples that could indicate that a prevocational ETP is meeting the AMC’s National Standards. Examples that indicate compliance are listed, together with sources that facilities and accreditation survey teams could review to support the claim. The tool does not seek to be an exhaustive list of examples indicating compliance, and it is not expected that every example or evidence source is relevant to every health service.

AMC National Standard	Examples of potential evidence	Sources of evidence
3.1 Work-based training		
3.1.1 The prevocational training provider ensures opportunities for broad generalist clinical work-based teaching and training	<ul style="list-style-type: none"> <input type="checkbox"/> The health service offers a broad range of training terms that cover the National requirements. <input type="checkbox"/> There are training terms available that have a generalist clinical focus. <input type="checkbox"/> There is a formal process to ensure every PGY1/2 doctor has term allocations that cover the National requirements. <input type="checkbox"/> Training terms outline learning objectives. <input type="checkbox"/> Training terms provide work-based education opportunities. <input type="checkbox"/> The term supervisor discusses in orientation the learning objectives of the term and education and training opportunities that will assist the PGY1/2 to meet those objectives. <input type="checkbox"/> Training terms are mapped to the Prevocational Outcome Statements. 	<ul style="list-style-type: none"> <input type="checkbox"/> Term allocation matrix <input type="checkbox"/> Orientation Handbook <input type="checkbox"/> Term descriptions <input type="checkbox"/> Term-based education calendar/events <input type="checkbox"/> Interviews with all stakeholders
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</i>	<ul style="list-style-type: none"> <input type="checkbox"/> The health service offers a broad range of training terms that cover the National requirements <input type="checkbox"/> Training terms outline learning objectives. <input type="checkbox"/> Training terms provide work-based education opportunities. <input type="checkbox"/> Training terms are mapped to the Prevocational Outcome Statements. 	<ul style="list-style-type: none"> <input type="checkbox"/> Allocations matrix/mapping <input type="checkbox"/> Orientation Handbook <input type="checkbox"/> Term descriptions <input type="checkbox"/> Term-based education calendar/events

CRMEC ACCREDITATION EVIDENCE AND AUDITING GUIDE

Canberra Region Medical Education Council

<p><i>registration</i>. The prevocational training program conforms to guidelines on opportunities to develop knowledge and skills, as outlined in 'Requirements for programs and terms'.</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Assessment Review Panel records indicate PGY1s are assessed as meeting registration standards. <input type="checkbox"/> Rosters and allocations indicate all PGY1/2s receive a clinical experience consistent with the National training environment requirements. 	<ul style="list-style-type: none"> <input type="checkbox"/> Interviews with all stakeholders <input type="checkbox"/> Interview with all stakeholders
<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"> <input type="checkbox"/> Term descriptions provide an overview of the unit's clinical work and the volume of work that should be anticipated. <input type="checkbox"/> The clinical tasks that are the responsibility of the PGY1/2 doctor are outlined in the term description. <input type="checkbox"/> Term descriptions outline learning objectives that are consistent with the PGY1/2 Prevocational Outcome Statements. <input type="checkbox"/> Term descriptions outline the supervisory model and supervisory team. <input type="checkbox"/> Term descriptions identify who will be responsible for conducting Entrustable Professional Activities (EPAs). <input type="checkbox"/> Term descriptions and/or term orientation outline the unit's escalation pathways for managing deteriorating patients. <input type="checkbox"/> Term descriptions identify any pre-requisite experience required to work in the unit. <input type="checkbox"/> There is an oversight committee (GCTC/PETC) responsible for reviewing term descriptions and ensuring they meet the requirements of the PGY1/2 training program. <input type="checkbox"/> Term descriptions are regularly reviewed for accuracy and updated. <input type="checkbox"/> PGY1/2 doctors are provided with opportunity to provide feedback on the term descriptions, including volume and complexity of the work. 	<ul style="list-style-type: none"> <input type="checkbox"/> Allocations matrix/mapping <input type="checkbox"/> Orientation Handbook <input type="checkbox"/> Term descriptions <input type="checkbox"/> GCTC/PETC meeting minutes <input type="checkbox"/> Interview with Supervisors, DPET, medical administration team, and junior doctors
<p>3.2 Supervisors and assessors</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"> <input type="checkbox"/> Term descriptions outline the supervisory model and supervisory team. <input type="checkbox"/> PGY1/2 job descriptions outline clinical responsibilities consistent with experience. <input type="checkbox"/> Prevocational doctors report undertaking clinical responsibilities consistent with experience. <input type="checkbox"/> Prevocational doctors report (e.g., in surveys or interviews) feeling supported by their supervisors and their workplace colleagues. <input type="checkbox"/> There is an oversight committee (GCTC/PETC) responsible for ensuring that training terms are structured to ensure appropriate supervision is in place. 	<ul style="list-style-type: none"> <input type="checkbox"/> Facility-wide/HR policies <input type="checkbox"/> Term descriptions <input type="checkbox"/> Orientation program and handbook <input type="checkbox"/> JMO rosters <input type="checkbox"/> Interview with Supervisors, DPET, medical administration team, and junior doctors

CRMEC ACCREDITATION EVIDENCE AND AUDITING GUIDE

Canberra Region Medical Education Council

	<ul style="list-style-type: none"> <input type="checkbox"/> There is clear information about how to access a supervisor at all times, including after hours and prevocational doctors report that supervisors are responsive. <input type="checkbox"/> Prevocational doctors are provided with information about clinical escalation pathways and report that these pathways achieve safe patient care. 	
<p>3.2.2 Prevocational supervisors understand their roles and responsibilities in assisting prevocational doctors to meet learning objectives and in conducting assessment processes</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Term descriptions outline the supervisory model and supervisory team. <input type="checkbox"/> Supervisor responsibilities are conveyed in GTCT/PETC meetings and discussion is documented in Minutes. <input type="checkbox"/> Supervisor responsibilities are conveyed in Network meetings. <input type="checkbox"/> Supervisors have a role description. <input type="checkbox"/> There is a supervisor handbook available that conveys information on supervisor role. <input type="checkbox"/> Prevocational doctor assessment records indicate they are completed appropriately by supervisors. <input type="checkbox"/> Supervisors are able to outline their supervisory role and discuss how they fulfil it. <input type="checkbox"/> Prevocational doctors describe supervisors fulfilling their roles and completing assessment. 	<ul style="list-style-type: none"> <input type="checkbox"/> MEU policies/procedures <input type="checkbox"/> Facility-wide/HR policies <input type="checkbox"/> Term descriptions <input type="checkbox"/> Staff training programs <input type="checkbox"/> Role descriptions <input type="checkbox"/> Supervisor handbook <input type="checkbox"/> JMO assessment records <input type="checkbox"/> Interview with DPET, supervisors and junior doctors
<p>3.2.3 Supervision is provided by qualified medical staff with appropriate competencies, skills, knowledge and a demonstrated commitment to prevocational training.</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Term descriptions outline the supervisory model and supervisory team that indicates the supervisors meet the clinical background required of a Supervisor. <input type="checkbox"/> Supervisor responsibilities are conveyed in GTCT/PETC meetings. <input type="checkbox"/> There is a supervisor handbook available that conveys information on supervisor role, competencies and commitment required. <input type="checkbox"/> Supervisors can outline their supervisory role and discuss how they fulfil it. <input type="checkbox"/> Prevocational doctors describe supervisors fulfilling their roles and being committed. <input type="checkbox"/> Supervisor training records indicate appropriate training for the role. <input type="checkbox"/> Supervisors attend GCTC/PETC meetings 	<ul style="list-style-type: none"> <input type="checkbox"/> MEU policies/procedures <input type="checkbox"/> Facility-wide/HR policies <input type="checkbox"/> Term descriptions <input type="checkbox"/> Staff training programs <input type="checkbox"/> Role descriptions <input type="checkbox"/> Supervisor handbook <input type="checkbox"/> Interview with DPET, supervisors and junior doctors
<p>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</p>	<ul style="list-style-type: none"> <input type="checkbox"/> The organisational structure indicates there is a DPET/DCT or equivalent who has appropriate clinical and education skills <input type="checkbox"/> The Orientation Handbook, newsletters etc. informs prevocational doctors of the oversight structure of the program. 	<ul style="list-style-type: none"> <input type="checkbox"/> MEU policies/procedures <input type="checkbox"/> Meeting minutes <input type="checkbox"/> Organisational structure

CRMEC ACCREDITATION EVIDENCE AND AUDITING GUIDE

Canberra Region Medical Education Council

<p>longitudinal educational oversight of the prevocational doctors</p>	<ul style="list-style-type: none"> <input type="checkbox"/> There is a DPET/DCT or equivalent in attendance at GCTC/PETC meetings. <input type="checkbox"/> There is an overarching DPET/DCT or equivalent in attendance at ACT Network meetings. 	<ul style="list-style-type: none"> <input type="checkbox"/> ETP communications to prevocational doctors <input type="checkbox"/> Interview with Executive, DPET, MEU and supervisors
<p>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</p>	<ul style="list-style-type: none"> <input type="checkbox"/> There is information available about compilation of the Assessment Review Panel and their experience <input type="checkbox"/> There is information shared across the ACT Network regarding expectations of assessors. <input type="checkbox"/> There is an ETP/Supervisor Handbook that outlines roles and responsibilities <input type="checkbox"/> There is a training program available for assessment panel members, supervisors and registrars who complete prevocational trainee assessments <input type="checkbox"/> There is a system to evaluate the performance of assessors in the program 	<ul style="list-style-type: none"> <input type="checkbox"/> MEU policies/procedures <input type="checkbox"/> Supervisor training program <input type="checkbox"/> Supervisor and registrar training records <input type="checkbox"/> Supervisor Handbook <input type="checkbox"/> ACT Network Committee minutes <input type="checkbox"/> Interview with Executive DPET, supervisors and MEU
<p>3.3 Supervisor training and support</p>		
<p>3.3.1 Staff involved in prevocational training have access to professional development activities to support quality improvement in the prevocational training program.</p>	<ul style="list-style-type: none"> <input type="checkbox"/> There is information shared across the ACT Network regarding expectations of assessors, supervisors and educators. <input type="checkbox"/> There is an ETP/Supervisor Handbook that outlines roles and responsibilities <input type="checkbox"/> There is a training program available for assessment panel members, supervisors and registrars who complete prevocational trainee assessments <input type="checkbox"/> Professional development records indicate that assessment panel members, supervisors and registrars access and complete training <input type="checkbox"/> There is a system to evaluate the performance of assessors and educators in the program <input type="checkbox"/> There is training available for administrators within the program 	<ul style="list-style-type: none"> <input type="checkbox"/> MEU policies/procedures <input type="checkbox"/> Supervisor training program <input type="checkbox"/> Supervisor and registrar training records <input type="checkbox"/> Supervisor Handbook <input type="checkbox"/> ACT Network Committee minutes <input type="checkbox"/> Interview with Executive DPET, supervisors and MEU
<p>3.3.2 The prevocational training program ensures that supervisors have training in supervision, assessment and feedback, and cultural safety, including participating in regular professional development activities to support quality improvement in</p>	<ul style="list-style-type: none"> <input type="checkbox"/> There is information shared across the ACT Network regarding expectations of assessors, supervisors and educators. <input type="checkbox"/> There is an ETP/Supervisor Handbook that outlines roles and responsibilities <input type="checkbox"/> There is a training program available for supervisors and this program covers supervision, assessment and feedback and cultural safety 	<ul style="list-style-type: none"> <input type="checkbox"/> MEU policies/procedures <input type="checkbox"/> Supervisor training program <input type="checkbox"/> Supervisor and registrar training records <input type="checkbox"/> Supervisor Handbook

CRMEC ACCREDITATION EVIDENCE AND AUDITING GUIDE

Canberra Region Medical Education Council

<p>the prevocational training program.</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Professional development records indicate that assessment panel members, supervisors and registrars access and complete training <input type="checkbox"/> There is a system to evaluate the performance of assessors and educators in the program <input type="checkbox"/> Supervisors can outline how they perform supervision and assessment, and describe culturally safe supervisory practice 	<ul style="list-style-type: none"> <input type="checkbox"/> ACT Network Committee minutes <input type="checkbox"/> Interview with Executive, DPET, supervisors and MEU
<p>3.3.3 The prevocational training program regularly evaluates the adequacy and effectiveness of prevocational doctor supervision</p>	<ul style="list-style-type: none"> <input type="checkbox"/> There are documented processes for when and how supervisors are evaluated <input type="checkbox"/> There is a system to evaluate the performance of assessors and educators in the program <input type="checkbox"/> There is opportunity for prevocational doctors to provide input into evaluation of supervisor performance <input type="checkbox"/> The GCTC/PETC minutes document review of supervisor performance. <input type="checkbox"/> Supervisors can outline how they are evaluated 	<ul style="list-style-type: none"> <input type="checkbox"/> MEU policies/procedures <input type="checkbox"/> Professional development records <input type="checkbox"/> Supervisor Handbook <input type="checkbox"/> GCTC/PETC minutes <input type="checkbox"/> Interview with Executive, DPET, supervisors and MEU <input type="checkbox"/> Term evaluations and feedback gathered by MEU, both formal and informal
<p>3.3.4 The prevocational training program supports supervisors to fulfill their training roles and responsibilities.</p>	<ul style="list-style-type: none"> <input type="checkbox"/> There is information shared across the ACT Network regarding support of supervisors <input type="checkbox"/> There is regular communication between the ETP management and supervisors <input type="checkbox"/> There is an ETP/Supervisor Handbook that outlines roles and responsibilities and the support available for supervisors <input type="checkbox"/> There is a training program available for supervisors and this program covers supervision, assessment and feedback and cultural safety <input type="checkbox"/> Professional development records indicate that supervisors receive feedback and evaluation <input type="checkbox"/> Supervisors can outline how they are supported within the ETP 	<ul style="list-style-type: none"> <input type="checkbox"/> MEU policies/procedures <input type="checkbox"/> Professional development records <input type="checkbox"/> Supervision training program <input type="checkbox"/> Supervisor Handbook/resources <input type="checkbox"/> GCTC/PETC minutes <input type="checkbox"/> Interview with Executive, DPET, supervisors and MEU
<p>3.4 Formal Education Program</p>		
<p>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</p>	<ul style="list-style-type: none"> <input type="checkbox"/> There is a formal training program operating on at least a weekly basis that covers topics of relevance to prevocational doctors <input type="checkbox"/> Prevocational doctors are practically able and supported to attend the formal education program <input type="checkbox"/> The education program is mapped to Prevocational Outcome Statements 	<ul style="list-style-type: none"> <input type="checkbox"/> MEU policies/procedures <input type="checkbox"/> Education program <input type="checkbox"/> Education evaluations

CRMEC ACCREDITATION EVIDENCE AND AUDITING GUIDE

Canberra Region Medical Education Council

<p>training outcomes that may not be available through completion of clinical activities</p>	<ul style="list-style-type: none"> <input type="checkbox"/> The education program is regularly evaluated and adjusted accordingly <input type="checkbox"/> Prevocational doctors are provided with opportunity to provide feedback on the education program <input type="checkbox"/> The education program includes skills that might not be accessible in the clinical settings. 	<ul style="list-style-type: none"> <input type="checkbox"/> Prevocational doctor training records <input type="checkbox"/> MTS results <input type="checkbox"/> GCTC/PETC meeting minutes <input type="checkbox"/> Interviews with DPET, prevocational doctors and MEU team
<p>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</p>	<ul style="list-style-type: none"> <input type="checkbox"/> There is a formal training program that covers topics of relevance to prevocational doctors <input type="checkbox"/> Prevocational doctors are practically able and supported to attend the formal education program <input type="checkbox"/> The education program is mapped to Prevocational Outcome Statements <input type="checkbox"/> The education program is regularly evaluated and adjusted accordingly <input type="checkbox"/> Prevocational doctors are provided with opportunity to provide feedback on the education program <input type="checkbox"/> The education program includes skills that might not be accessible in the clinical settings. 	<ul style="list-style-type: none"> <input type="checkbox"/> MEU policies/procedures <input type="checkbox"/> Education program <input type="checkbox"/> Education evaluations <input type="checkbox"/> Prevocational doctor training records <input type="checkbox"/> MTS results <input type="checkbox"/> GCTC/PETC meeting minutes <input type="checkbox"/> Interviews with DPET, prevocational doctors and MEU team
<p>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</p>	<ul style="list-style-type: none"> <input type="checkbox"/> There is a formal training program that covers topics of relevance to prevocational doctors <input type="checkbox"/> Prevocational doctors are practically able and supported to attend the formal education program <input type="checkbox"/> The education program is mapped to Prevocational Outcome Statements <input type="checkbox"/> The education program is regularly evaluated and adjusted accordingly <input type="checkbox"/> Prevocational doctors are provided with opportunity to provide feedback on the education program <input type="checkbox"/> The education program includes skills that might not be accessible in the clinical settings. 	<ul style="list-style-type: none"> <input type="checkbox"/> MEU policies/procedures <input type="checkbox"/> Education program <input type="checkbox"/> Education evaluations <input type="checkbox"/> Prevocational doctor training records <input type="checkbox"/> MTS results <input type="checkbox"/> GCTC/PETC meeting minutes <input type="checkbox"/> Interviews with DPET, prevocational doctors and MEU team

CRMEC ACCREDITATION EVIDENCE AND AUDITING GUIDE

Canberra Region Medical Education Council

<p>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.</p>	<ul style="list-style-type: none"> <input type="checkbox"/> There is a formal training program that covers topics of relevance to prevocational doctors <input type="checkbox"/> Prevocational doctors are practically able and supported to attend the formal education program <input type="checkbox"/> Policy/procedures specify protected time for attending the formal education program. <input type="checkbox"/> Policy/procedures specify pager-free education times. <input type="checkbox"/> There is a process for evaluating compliance with protected time. 	<ul style="list-style-type: none"> <input type="checkbox"/> MEU policies/procedures <input type="checkbox"/> Education program <input type="checkbox"/> Education evaluations <input type="checkbox"/> Interviews with DPET, prevocational doctors and MEU team
<p>3.5 Facilities</p>		
<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"> <input type="checkbox"/> The physical environment on wards includes quiet space for documentation and accessing clinical resources that includes a computer and internet access <input type="checkbox"/> There is accessible study space that includes a computer and internet access <input type="checkbox"/> There is a library (physical or digital) <input type="checkbox"/> There are teaching spaces in the clinical setting and in the health service, and these spaces are appropriate for different types of learning 	<ul style="list-style-type: none"> <input type="checkbox"/> Facility inspection and/or list of facilities <input type="checkbox"/> MEU policies/procedures <input type="checkbox"/> Interviews with DPET and prevocational doctors
<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"> <input type="checkbox"/> The physical environment on wards includes quiet space for documentation and accessing clinical resources that includes a computer and internet access <input type="checkbox"/> There is accessible study space that includes a computer and internet access <input type="checkbox"/> There is a library (physical or digital) <input type="checkbox"/> There are teaching spaces in the clinical setting and in the health service, and these spaces are appropriate for different types of learning <input type="checkbox"/> There is appropriate relaxation/time-out space for prevocational doctors 	<ul style="list-style-type: none"> <input type="checkbox"/> Facility inspection and/or list of facilities <input type="checkbox"/> MEU policies/procedures <input type="checkbox"/> Interviews with DPET and prevocational doctors
<p>3.6 E-Portfolio</p>		
<p>TO BE CONFIRMED</p>	<p><input type="checkbox"/></p>	<p><input type="checkbox"/></p>

Evidence matrix

The following matrix of potential sources of evidence is provided as guidance for monitoring the implementation of the prevocational ETP. The matrix does not seek to be an exhaustive list of evidence sources, and it is not expected that a health service will have every evidence source available, or that every evidence source should be inspected by the survey team.



Evidence source required for submission with desktop audit (as noted in submission template)



Potential supportive evidence source

NATIONAL STANDARD	FACILITY SUBMITTED EVIDENCE													CRMEC COLLATED EVIDENCE					SURVEY TEAM COLLECTED EVIDENCE																	
	Prevocational allocations matrix	Term descriptions/clinical	Organisational/ MEU structure	Medical admin. policies and	JMO Forum TOR and meeting	Assessment Review Panel records	Orientation program and handbook	PGY1/2 position descriptions	JMO resources (e.g. newsletters)	Supervisory team structures	JMO rosters	Supervisor role descriptions/handbook	Education programs and evaluations	Directorate/hospital wide policies	ACT Network Committee	Supervisor training records	GCTC/PETC Committee	MTS results for facility	JMO pre-visit survey	PMC record of concerns	Reporting to PMC (e.g. provisos)	JMO assessment records (e-port)	External stakeholders comments	PGY1/2 interviews	PGY3+ interviews	Executive interviews	Supervisor interviews	DPET interview	MEU staff interviews	GCTC/PETC Chair interview	Medical Administration team					
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 training and assessment requirements and, for PGY1 doctors, is consistent with the																																				

CRMEC ACCREDITATION EVIDENCE AND AUDITING GUIDE

Canberra Region Medical Education Council

NATIONAL STANDARD	FACILITY SUBMITTED EVIDENCE													CRMEC COLLATED EVIDENCE					SURVEY TEAM COLLECTED EVIDENCE																	
	Prevocational allocations matrix	Term descriptions/clinical	Organisational/ MEU structure	Medical admin. policies and	JMO Forum TOR and meeting	Assessment Review Panel records	Orientation program and handbook	PGY1/2 position descriptions	JMO resources (e.g. newsletters)	Supervisory team structures	JMO rosters	Supervisor role descriptions/handbook	Education programs and evaluations	Directorate/hospital wide policies	ACT Network Committee	Supervisor training records	GCTC/PETC Committee	MTS results for facility	JMO pre-visit survey	PMC record of concerns	Reporting to PMC (e.g. provisos)	JMO assessment records (e-port)	External stakeholders comments	PGY1/2 interviews	PGY3+ interviews	Executive interviews	Supervisor interviews	DPET interview	MEU staff interviews	GCTC/PETC Chair interview	Medical Administration team					
Registration standard. The prevocational training program conforms to guidelines on opportunities to develop knowledge and skills, as outlined in Section 3 of National Standards.																																				
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																																				

CRMEC ACCREDITATION EVIDENCE AND AUDITING GUIDE

Canberra Region Medical Education Council

NATIONAL STANDARD	FACILITY SUBMITTED EVIDENCE													CRMEC COLLATED EVIDENCE					SURVEY TEAM COLLECTED EVIDENCE													
	Prevocational allocations matrix	Term descriptions/clinical	Organisational/ MEU structure	Medical admin. policies and	JMO Forum TOR and meeting	Assessment Review Panel records	Orientation program and handbook	PGY1/2 position descriptions	JMO resources (e.g. newsletters)	Supervisory team structures	JMO rosters	Supervisor role descriptions/handbook	Education programs and evaluations	Directorate/hospital wide policies	ACT Network Committee	Supervisor training records	GCTC/PETC Committee	MTS results for facility	JMO pre-visit survey	PMC record of concerns	Reporting to PMC (e.g. provisos)	JMO assessment records (e-port)	External stakeholders comments	PGY1/2 interviews	PGY3+ interviews	Executive interviews	Supervisor interviews	DPET interview	MEU staff interviews	GCTC/PETC Chair interview	Medical Administration team	
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																																

CRMEC ACCREDITATION EVIDENCE AND AUDITING GUIDE

Canberra Region Medical Education Council

NATIONAL STANDARD	FACILITY SUBMITTED EVIDENCE											CRMEC COLLATED EVIDENCE				SURVEY TEAM COLLECTED EVIDENCE																		
	Prevocational allocations matrix	Term descriptions/clinical	Organisational/ MEU structure	Medical admin. policies and	JMO Forum TOR and meeting	Assessment Review Panel records	Orientation program and handbook	PGY1/2 position descriptions	JMO resources (e.g. newsletters)	Supervisory team structures	JMO rosters	Supervisor role descriptions/handbook	Education programs and evaluations	Directorate/hospital wide policies	ACT Network Committee	Supervisor training records	GCTC/PETC Committee	MTS results for facility	JMO pre-visit survey	PMC record of concerns	Reporting to PMC (e.g., provisos)	JMO assessment records (e-port)	External stakeholders comments	PGY1/2 interviews	PGY3+ interviews	Executive interviews	Supervisor interviews	DPET interview	MEU staff interviews	GCTC/PETC Chair interview	Medical Administration team			
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																																		

CRMEC ACCREDITATION EVIDENCE AND AUDITING GUIDE

Canberra Region Medical Education Council

NATIONAL STANDARD	FACILITY SUBMITTED EVIDENCE													CRMEC COLLATED EVIDENCE				SURVEY TEAM COLLECTED EVIDENCE																			
	Prevocational allocations matrix	Term descriptions/clinical	Organisational/ MEU structure	Medical admin. policies and	JMO Forum TOR and meeting	Assessment Review Panel records	Orientation program and handbook	PGY1/2 position descriptions	Orientation program and handbook	JMO resources (e.g. newsletters)	Supervisory team structures	JMO rosters	Supervisor role descriptions/handbook	Education programs and evaluations	Directorate/hospital wide policies	ACT Network Committee	Supervisor training records	GCTC/PETC Committee	MTS results for facility	JMO pre-visit survey	PMC record of concerns	Reporting to PMC (e.g. provisos)	JMO assessment records (e-port)	External stakeholders comments	PGY1/2 interviews	PGY3+ interviews	Executive interviews	Supervisor interviews	DPET interview	MEU staff interviews	GCTC/PETC Chair interview	Medical Administration team					
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																																					

CRMEC ACCREDITATION EVIDENCE AND AUDITING GUIDE

Canberra Region Medical Education Council

NATIONAL STANDARD	FACILITY SUBMITTED EVIDENCE													CRMEC COLLATED EVIDENCE					SURVEY TEAM COLLECTED EVIDENCE													
	Prevocational allocations matrix	Term descriptions/clinical	Organisational/ MEU structure	Medical admin. policies and	JMO Forum TOR and meeting	Assessment Review Panel records	Orientation program and handbook	PGY1/2 position descriptions	JMO resources (e.g. newsletters)	Supervisory team structures	JMO rosters	Supervisor role descriptions/handbook	Education programs and evaluations	Directorate/hospital wide policies	ACT Network Committee	Supervisor training records	GCTC/PETC Committee	MTS results for facility	JMO pre-visit survey	PMC record of concerns	Reporting to PMC (e.g., provisos)	JMO assessment records (e-port)	External stakeholders comments	PGY1/2 interviews	PGY3+ interviews	Executive interviews	Supervisor interviews	DPET interview	MEU staff interviews	GCTC/PETC Chair interview	Medical Administration team	
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																																

CRMEC ACCREDITATION EVIDENCE AND AUDITING GUIDE

Canberra Region Medical Education Council

NATIONAL STANDARD	FACILITY SUBMITTED EVIDENCE													CRMEC COLLATED EVIDENCE				SURVEY TEAM COLLECTED EVIDENCE															
	Prevocational allocations matrix	Term descriptions/clinical	Organisational/ MEU structure	Medical admin. policies and	JMO Forum TOR and meeting	Assessment Review Panel records	Orientation program and handbook	PGY1/2 position descriptions	JMO resources (e.g. newsletters)	Supervisory team structures	JMO rosters	Supervisor role descriptions/handbook	Education programs and evaluations	Directorate/hospital wide policies	ACT Network Committee	Supervisor training records	GCTC/PETC Committee	MTS results for facility	JMO pre-visit survey	PMC record of concerns	Reporting to PMC (e.g. provisos)	JMO assessment records (e-port)	External stakeholders comments	PGY1/2 interviews	PGY3+ interviews	Executive interviews	Supervisor interviews	DPET interview	MEU staff interviews	GCTC/PETC Chair interview	Medical Administration team		
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																																	

CRMEC ACCREDITATION EVIDENCE AND AUDITING GUIDE

Canberra Region Medical Education Council

NATIONAL STANDARD	FACILITY SUBMITTED EVIDENCE													CRMEC COLLATED EVIDENCE					SURVEY TEAM COLLECTED EVIDENCE																	
	Prevocational allocations matrix	Term descriptions/clinical	Organisational/ MEU structure	Medical admin. policies and	JMO Forum TOR and meeting	Assessment Review Panel records	Orientation program and handbook	PGY1/2 position descriptions	JMO resources (e.g. newsletters)	Supervisory team structures	JMO rosters	Supervisor role descriptions/handbook	Education programs and evaluations	Directorate/hospital wide policies	ACT Network Committee	Supervisor training records	GCTC/PETC Committee	MTS results for facility	JMO pre-visit survey	PMC record of concerns	Reporting to PMC (e.g. provisos)	JMO assessment records (e-port)	External stakeholders comments	PGY1/2 interviews	PGY3+ interviews	Executive interviews	Supervisor interviews	DPET interview	MEU staff interviews	GCTC/PETC Chair interview	Medical Administration team					
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																																				
TO BE CONFIRMED																																				

Example interview questions

The following questions are provided as guidance for monitoring the implementation of the prevocational education and training program (ETP) and could be used by health services in self-assessment and the CRMEC Accreditation Committee and its accreditation survey teams. The examples are not intended to be exhaustive.

Executive level	ETP level (DPET, MEU, GCTC/PETC Chair, term supervisors, medical admin team)	Prevocational and other junior doctors
3.1 Work-based training		
<ol style="list-style-type: none"> 1. What clinical experiences are available to prevocational doctors? 2. How do you monitor workload and work complexity for prevocational doctors? 3. How is the experience offered to prevocational doctors evaluated? <p>How do you know the training terms meet the needs of prevocational doctors and patients?</p>	<ol style="list-style-type: none"> 1. What sorts of training terms do you have available? 2. How are individual terms allocated across and within facilities? 3. How do you ensure that all prevocational doctors receive a term allocation that is consistent with meeting the requirements of the national prevocational training framework? 4. How do you know if an PGY1 doctor meets registration standards at completion of training? 5. Who reviews the term descriptions? 6. What input do you receive from prevocational doctors on the training terms? 	<ol style="list-style-type: none"> 1. Have you had a variety of different training terms? 2. How much of a say did you have in your allocation to specific terms? 3. Is your term allocation consistent with your career goals? 4. Do the training terms relate to prevocational outcome statements? Does the clinical experience reflect these statements? 5. What's the complexity of your work like? 6. What is the workload? 7. Have you had any opportunity to provide feedback on training terms?
Standard 3.2 Supervisors and assessors		
<ol style="list-style-type: none"> 1. What is the facility policy on supervision of prevocational doctors? 2. What skills and experience do you require supervisors to demonstrate? 3. How do you evaluate the contribution and commitment of supervisors to the ETP? 4. Who oversees the education and training program? 5. Do you have any engagement with the Assessment Review Panel? 	<ol style="list-style-type: none"> 1. How are supervisors selected? 2. How do you evaluate the performance of supervisors? 3. What training do supervisors receive? How do you record and monitor this? 4. What resources do you provide new supervisors? 5. Is there a supervisor job description? Have supervisors seen it? 6. Are supervisors aware of the ETP structure and who oversees their performance? 7. Is there an Assessment Review Panel? How are members selected? 	<ol style="list-style-type: none"> 4. Do you always have access to a clinical supervisor? 5. Who are the supervisors? Do they have appropriate clinical skills? 6. Do you think the supervisor is aware of their role to supervise you? 7. Are there any supervisors you would recommend/not recommend? Why/why not? 8. Do you think your assessment has been fair?

CRMEC ACCREDITATION EVIDENCE AND AUDITING GUIDE

Canberra Region Medical Education Council

Executive level	ETP level (DPET, MEU, GCTC/PETC Chair, term supervisors, medical admin team)	Prevocational and other junior doctors
	8. What process is used to evaluate the Assessment Review Panel? 9. What role does the GCTC/PETC have in overseeing the supervisors, DPET/DCT and assessment review panel? 10. What training is offered to supervisors? Registrars? 11. Do supervisors have input into the ETP? 12. Do supervisors attend GCTC/PETC meetings?	9. Do you find that your assessment directly relates to the term, the education and the prevocational outcome statements? 10. Have you heard of the Assessment Review Panel and know what its role is? 11. Do you receive information about what has occurred at GCTC/PETC meetings?
Standard 3.3 Supervisor training and support		
1. What skills and experience do you require supervisors to demonstrate? 2. How do you negotiate contribution to supervision and assessment with supervisors? Are they paid? Is it a defined role? 3. Where are supervisor responsibilities to supervise and assess prevocational doctors documented?	1. What resources do you provide for supervisors? Is there a handbook? 2. Is there a role description for supervisors? 3. How do supervisors know what is expected of them? 4. How often do you communicate with supervisors? In what format and what information do you provide? 5. What training is offered to supervisors? 6. Does the training cover feedback and cultural safety? 7. Have supervisors received training in performing EPAs? 8. How do you evaluate supervision? 9. What structures are available to performance manage supervisors? 10. What training does the Assessment Review Panel receive? 11. How do you evaluate the Panel's performance? 12. Do supervisors attend the GCTC/PETC meetings?	1. Do you always have access to a clinical supervisor? 2. Who are the supervisors? Do they have appropriate clinical skills? 3. Do you think the supervisor is aware of their role to supervise you? 4. Are there any supervisors you would recommend/not recommend? Why/why not? 5. Do you think your assessment has been fair? 6. Do you find that your assessment directly relates to the term, the education and the prevocational outcome statements? 7. Have you heard of the Assessment Review Panel and know what its role is?
Standard 3.4 Formal education program		
1. Who manages the education for prevocational doctors?	1. Who designs the education program? 2. How is the content for the education program selected? Does it match the prevocational outcome statements? 3. How is the education program evaluated? 4. What role does the GCTC/PETC have in overseeing the education program? 5. Are there clinical skills that are not routinely available in training terms that require supplemental education?	1. Did you attend an orientation before commencing the year? 2. Is there orientation material available to help you understand the training program requirements? 3. Is there a regular education program? Can you attend it and if you cannot, why not?

CRMEC ACCREDITATION EVIDENCE AND AUDITING GUIDE

Canberra Region Medical Education Council

Executive level	ETP level (DPET, MEU, GCTC/PETC Chair, term supervisors, medical admin team)	Prevocational and other junior doctors
	6. Do prevocational doctors have any input into the training program content and evaluation? 7. Do you involve JMOF in the education program evaluation? 8. How do you ensure the prevocational doctors can attend education and training? 9. Do you monitor attendance? 10. Is there a formal orientation program? How is attendance monitored?	4. Is there support provided to ensure you can attend education? 5. Have you been asked for feedback on the education program and the orientation? 6. Have you been involved in GCTC/PETC evaluations of the education program?
Standard 3.5 Facilities		
1. What spaces are available for teaching? 2. Are they accessible to the prevocational program? 3. What plans are there to maintain and update facilities if required?	1. Where do prevocational doctors study? 2. Where do prevocational doctors take their breaks? 3. Where is education delivered? 4. Are the rooms appropriate? Are they accessible? 5. For online education, where would prevocational doctors be when they call in? 6. Is there reliable internet access for work and study purposes?	1. Where do prevocational doctors study? 2. Where do prevocational doctors take their breaks? 3. Where is education delivered? 4. Are the rooms appropriate? Are they accessible? 5. For online education, where would prevocational doctors be when they call in? 6. Is there reliable internet access for work and study purposes? 7. Do you feel safe in the workplace and in your break time?

Site inspection considerations

- Clinical spaces have appropriate equipment accessible.
- Information on escalation pathways is readily available in clinical spaces.
- There is appropriate space in clinical areas for prevocational doctors to complete documentation and access education resources, including computer access.
- There is appropriate study space available for prevocational doctors, including computer and internet access.

STANDARD FOUR: TRAINING PROGRAM – PREVOCATIONAL DOCTORS

Examples and sources of evidence supporting National Standards criteria

The following auditing tool presents examples that could indicate that a prevocational ETP is meeting the AMC’s National Standards. Examples that indicate compliance are listed, together with sources that facilities and accreditation survey teams could review to support the claim. The tool does not seek to be an exhaustive list of examples indicating compliance, and it is not expected that every example or evidence source is relevant to every health service.

AMC National Standard	Examples of potential evidence	Sources of evidence
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>	<ul style="list-style-type: none"> <input type="checkbox"/> The facility has an employment process that identifies and promotes diversity. <input type="checkbox"/> The ETP has a priority access policy for prevocational doctors. <input type="checkbox"/> The ETP has policies and processes to address allocation to the program, and to facilities within the program. <input type="checkbox"/> The ETP has policies and procedures to resolve disputes regarding allocations within the program. <input type="checkbox"/> Prevocational doctors indicate (e.g., in surveys or interviews) they were aware of the allocation process when applying, especially with respect to allocation to individual facilities. 	<ul style="list-style-type: none"> <input type="checkbox"/> Organisation human resources manual <input type="checkbox"/> Vacancy advertisements <input type="checkbox"/> ETP procedures manual <input type="checkbox"/> ETP priority access list <input type="checkbox"/> Interviews with all stakeholders
<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</p>	<ul style="list-style-type: none"> <input type="checkbox"/> The ETP has policies and processes to address allocation to the program, facilities and terms. <input type="checkbox"/> There is a process to map training term allocation and to monitor every prevocational doctor’s program to ensure it meets the national requirements. <input type="checkbox"/> The ETP policies regarding term allocations are accessible and promoted to prevocational doctors. <input type="checkbox"/> The ETP has policies and procedures to resolve disputes regarding allocations within the program. 	<ul style="list-style-type: none"> <input type="checkbox"/> Allocations matrix/mapping <input type="checkbox"/> ETP procedures manual <input type="checkbox"/> JMO resources website <input type="checkbox"/> MTS results <input type="checkbox"/> Interview with all stakeholders

CRMEC ACCREDITATION EVIDENCE AND AUDITING GUIDE

Canberra Region Medical Education Council

and have clear processes where disputes arise.

- Prevocational doctors indicate they were aware of the allocation process when applying, especially with respect to allocation to individual facilities.
- There is a perception from prevocational doctors (e.g., in surveys or interviews) that their term allocations are fair and transparent and issues are resolved in a timely manner.

4.2 Wellbeing and support

4.2.1 The prevocational training provider develops, implements and promotes strategies to enable a supportive training environment and optimise prevocational doctor wellbeing.

- The ETP purpose/strategic plan refers to promoting a culturally supportive training environment.
- The MEU has a program that addresses wellbeing.
- The facility has policies related to work/life balance and appropriate rostering of prevocational doctors and the rostering pattern demonstrates compliance with policy and regulations.
- The MEU has strategies to identify workplace culture that is not conducive with a safe and supportive training environment.
- Staff, including supervisors, undertake training in topics relates to supportive workplace culture and environment.
- Prevocational doctors receive information about supportive initiatives. Prevocational doctors report (e.g., in surveys or interviews) feeling supported by their employer, the training program providers, their supervisors and their workplace colleagues.

- ETP strategic plan/purpose statement
- MEU policies/procedures
- Facility-wide/HR policies
- Term descriptions
- Staff training programs
- ETP education program
- JMO rosters
- Interview with Executive, medical administration team, and junior doctors
-

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.

- The ETP purpose/strategic plan refers to promoting a culturally supportive training environment.
- The prevocational priority access list prioritises Aboriginal and Torres Strait Islander prevocational doctors.
- The MEU has a program that addresses cultural safety.
- The facility has policies related to work/life balance, work conditions, flexible working arrangements, and appropriate rostering that specifically address cultural considerations of Aboriginal and Torres Strait Islander prevocational doctors.
- The MEU has strategies that support and encourage Aboriginal and Torres Strait Islander prevocational doctors to seek assistance available to them.
- Staff, including prevocational doctors and supervisors, undertake training in cultural safety in the workplace.

- ETP strategic plan/purpose statement
- MEU policies/procedures
- Facility-wide/HR policies
- Term descriptions
- Staff training programs
- ETP education program
- ETP communications to prevocational doctors
- JMO rosters

CRMEC ACCREDITATION EVIDENCE AND AUDITING GUIDE

Canberra Region Medical Education Council

	<ul style="list-style-type: none"> <input type="checkbox"/> The Assessment Review Panel consider the cultural context of Aboriginal and Torres Strait Islander prevocational doctors. <input type="checkbox"/> Aboriginal and Torres Strait Islander prevocational doctors report (e.g., in surveys or interviews) feeling supported by their employer, the training program providers, their supervisors and their workplace colleagues. 	<ul style="list-style-type: none"> <input type="checkbox"/> Interview with DPET, MEU, and junior doctors <input type="checkbox"/>
<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"> <input type="checkbox"/> The organisation/facility has policies related to work/life balance and appropriate rostering of prevocational doctors and the rostering. <input type="checkbox"/> The organisation/facility has policies related to fatigue management. <input type="checkbox"/> Rostering practice policies are consistent with legislation and awards. <input type="checkbox"/> Prevocational doctor rosters are consistent with policies, legislation, awards and safe working practices. <input type="checkbox"/> Prevocational doctors receive information about safe working conditions and are encouraged to report rostering that is inconsistent with same. <input type="checkbox"/> Prevocational doctors report work patterns that are legal, safe and prevent fatigue. 	<ul style="list-style-type: none"> <input type="checkbox"/> MEU policies/procedures <input type="checkbox"/> Facility-wide/HR policies <input type="checkbox"/> Term descriptions <input type="checkbox"/> JMO rosters <input type="checkbox"/> ETP communications to prevocational doctors <input type="checkbox"/> Interview with Executive, DPET, MEU, and junior doctors
<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"> <input type="checkbox"/> The organisation/facility has policies related to workplace culture and managing bullying, harassment and discrimination in an effective way. <input type="checkbox"/> The MEU has policies to protect and support prevocational doctors from bullying, harassment and discrimination. <input type="checkbox"/> All staff, including prevocational doctors and supervisors receive training on workplace culture and implement organisation policies on bullying, harassment and discrimination. <input type="checkbox"/> Prevocational doctors are informed about mechanisms to report bullying, harassment and discrimination. <input type="checkbox"/> Stakeholders report safe workplace settings and appropriate management of bullying, harassment and discrimination should it occur. 	<ul style="list-style-type: none"> <input type="checkbox"/> MEU policies/procedures <input type="checkbox"/> Facility-wide/HR policies <input type="checkbox"/> ETP education program <input type="checkbox"/> Staff training program <input type="checkbox"/> ETP communications to prevocational doctors <input type="checkbox"/> Interview with Executive, DPET, MEU, supervisors and junior doctors
<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</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Network Committee confidentially conveys information about prevocational doctors that require support <input type="checkbox"/> Medical Education Unit develops relationships with local universities to identify prevocational doctors who may require additional support/ <input type="checkbox"/> Medical Education Unit and provides initiatives that provide prevocational doctors who require it the support they need. <input type="checkbox"/> Stakeholders indicate that they are aware of supports that are available and how to access them. 	<ul style="list-style-type: none"> <input type="checkbox"/> MEU policies/procedures <input type="checkbox"/> Facility-wide/HR policies <input type="checkbox"/> ETP communications to prevocational doctors <input type="checkbox"/> ETP program and/or resources

CRMEC ACCREDITATION EVIDENCE AND AUDITING GUIDE

Canberra Region Medical Education Council

<p>services are publicised to prevocational doctors, their supervisors and other team members.</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Prevocational doctors indicate they received support when they needed it. 	<ul style="list-style-type: none"> <input type="checkbox"/> ACT Network Committee minutes <input type="checkbox"/> MTS results <input type="checkbox"/> Pre-visit surveys <input type="checkbox"/> Interview with DPET, MEU, supervisors and junior doctors
<p>4.2.6 The procedure for accessing appropriate professional development leave is published, reasonable and practical</p>	<ul style="list-style-type: none"> <input type="checkbox"/> The organisation/facility has policies related to accessing professional development entitlements. <input type="checkbox"/> Satellite sites are aware of and implement accessing professional development entitlements. <input type="checkbox"/> The MEU has policies to related to accessing professional development entitlements. <input type="checkbox"/> Prevocational doctors and their supervisors are provided with information about professional development entitlements <input type="checkbox"/> Prevocational doctors indicate they can access their professional development entitlements at times when it is appropriate. 	<ul style="list-style-type: none"> <input type="checkbox"/> MEU policies/procedures <input type="checkbox"/> Facility-wide/HR policies <input type="checkbox"/> Secondment agreements <input type="checkbox"/> Survey results <input type="checkbox"/> Concerns reported to the PMC <input type="checkbox"/> Interview with MEU, medical admin team and junior doctors
<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"> <input type="checkbox"/> JMO Forum initiatives address career-related information and resources <input type="checkbox"/> Prevocational education and training program events and initiatives address career-related information and resources <input type="checkbox"/> Prevocational education and training program events and initiatives expose prevocational doctors to training that supports development of non-clinical skills (e.g. leadership programs, teaching skills) <input type="checkbox"/> Prevocational doctors are informed about career-related information. <input type="checkbox"/> Prevocational doctors receive career counselling through the medical education unit and/or from their supervisors <input type="checkbox"/> A mentor program is available <input type="checkbox"/> Prevocational doctors indicate they have received career guidance and that the program has supported skills development. 	<ul style="list-style-type: none"> <input type="checkbox"/> MEU policies/procedures <input type="checkbox"/> ETP communications to prevocational doctors <input type="checkbox"/> ETP program and/or resources <input type="checkbox"/> Survey results <input type="checkbox"/> Interview with MEU, DPET, supervisors and junior doctors

CRMEC ACCREDITATION EVIDENCE AND AUDITING GUIDE

Canberra Region Medical Education Council

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>	<ul style="list-style-type: none"> <input type="checkbox"/> Program has a publicly available priority access list. <input type="checkbox"/> Significant details about the program (e.g. any restrictions of facilities or terms) are transparent in advertisements and the recruitment process. <input type="checkbox"/> The ETP's policies and procedures are readily available <input type="checkbox"/> Information about assessment requirements and processes are public. <input type="checkbox"/> Information is conveyed to prevocational doctors regarding the ETP, including the Assessment Review panel. <input type="checkbox"/> Prevocational doctors indicate they have received information about the ETP and know how to find answers to any questions. 	<ul style="list-style-type: none"> <input type="checkbox"/> Priority access list <input type="checkbox"/> ETP communications to prevocational doctors <input type="checkbox"/> ETP program and/or resources <input type="checkbox"/> Survey results <input type="checkbox"/> Interview with MEU and junior doctors
<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"> <input type="checkbox"/> Prevocational doctors are provided with opportunities to be involved in clinical governance committees, JMO Forum, GCTC/PETC, Network Committee and other relevant committees <input type="checkbox"/> Prevocational doctors are provided with outcomes from relevant committees, for example minutes, newsletter updates or reports via the JMO Forum. <input type="checkbox"/> Prevocational doctors are aware of mechanisms to find out about committee activities. 	<ul style="list-style-type: none"> <input type="checkbox"/> Committee TOR <input type="checkbox"/> ETP communications to prevocational doctors <input type="checkbox"/> ETP program and/or resources <input type="checkbox"/> Survey results <input type="checkbox"/> Interview with GCTC/PETC Chair, MEU and junior doctors

4.4 Program management

<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"> <input type="checkbox"/> The MEU has policies to related to accessing support for issues that arise, including an escalation pathway and dispute resolution processes. <input type="checkbox"/> Prevocational doctors are provided with information about reporting concerns and seeking assistance. <input type="checkbox"/> There is a strategy to identify prevocational doctors that may require additional support with supervision, training or professional issues. <input type="checkbox"/> There is a strategy to confidentially convey information across the Network (e.g. between facilities, from universities) when required. <input type="checkbox"/> There is a strategy to identify concerns with supervision and implement remedies. <input type="checkbox"/> The ETP includes information on relevant professional issues. 	<ul style="list-style-type: none"> <input type="checkbox"/> MEU policies/procedures <input type="checkbox"/> Escalation pathways <input type="checkbox"/> Appeals/dispute resolution pathways <input type="checkbox"/> ETP communications to prevocational doctors <input type="checkbox"/> Information from external stakeholders <input type="checkbox"/> Committee meeting minutes
---	--	---

CRMEC ACCREDITATION EVIDENCE AND AUDITING GUIDE

Canberra Region Medical Education Council

	<p>Prevocational doctors are aware of mechanisms to report concerns and seek assistance in addressing problems with training supervision, requirements or professional concerns.</p>	<p><input type="checkbox"/> Interviews with DPET, MEU team, prevocational doctors.</p>
<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"> <input type="checkbox"/> The MEU has policies to related to accessing support for issues that arise, including an escalation pathway and dispute resolution processes. <input type="checkbox"/> Prevocational doctors are provided with information about reporting concerns and seeking assistance. <input type="checkbox"/> Prevocational doctors are aware of mechanisms to report concerns and seek assistance in addressing problems with training supervision, requirements or professional concerns. 	<ul style="list-style-type: none"> <input type="checkbox"/> MEU policies/procedures <input type="checkbox"/> Escalation pathways <input type="checkbox"/> Appeals/dispute resolution pathways <input type="checkbox"/> ETP communications to prevocational doctors <input type="checkbox"/> Interviews with DPET and junior doctors

Evidence matrix

The following matrix of potential sources of evidence is provided as guidance for monitoring the implementation of the prevocational ETP. The matrix does not seek to be an exhaustive list of evidence sources, and it is not expected that a health service will have every evidence source available, or that every evidence source should be inspected by the survey team.



Evidence source required for submission with desktop audit (as noted in submission template)



Potential supportive evidence source

NATIONAL STANDARD	FACILITY SUBMITTED EVIDENCE													CRMEC COLLATED EVIDENCE					SURVEY TEAM COLLECTED EVIDENCE														
	Prevocational allocations matrix	Prevocational priority access list	Employment/HR policies	Medical admin. policies and processes	JMO Forum TOR and meeting minutes	Employment advertisements	Assessment Review Panel records	Escalation policy and pathways	JMO resources (e.g. newsletters)	Wellbeing program	JMO rosters	Appeals/ dispute resolution process	Remediation processes	Directorate/hospital wide policies	ACT Network Committee TOR/minutes	Secondment contract/agreement	GCTC/PETC Committee TOR/ minutes	MTS results for facility	JMO pre-visit survey	PMC record of concerns	Reporting to PMC (e.g. provisos)	JMO assessment records (e-port)	External stakeholders comments	PGY1/2 interviews	PGY3+ interviews	Executive interviews	Supervisor interviews	DPET interview	MEU staff interviews	GCTC/PETC Chair interview	Medical Administration team interviews		
4.1 Appointment to program and allocation to terms																																	
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.																																	

CRMEC ACCREDITATION EVIDENCE AND AUDITING GUIDE

Canberra Region Medical Education Council

NATIONAL STANDARD	FACILITY SUBMITTED EVIDENCE													CRMEC COLLATED EVIDENCE					SURVEY TEAM COLLECTED EVIDENCE																
	Prevocational allocations matrix	Prevocational priority access list	Employment/HR policies	Medical admin. policies and processes	JMO Forum TOR and meeting minutes	Employment advertisements	Assessment Review Panel records	Escalation policy and pathways	JMO resources (e.g. newsletters)	Wellbeing program	JMO rosters	Appeals/ dispute resolution process	Remediation processes	Directorate/hospital wide policies	ACT Network Committee TOR/minutes	Secondment contract/agreement	GCTC/PETC Committee TOR/ minutes	MTS results for facility	JMO pre-visit survey	PMC record of concerns	Reporting to PMC (e.g., provisos)	JMO assessment records (e-port)	External stakeholders comments	PGY1/2 interviews	PGY3+ interviews	Executive interviews	Supervisor interviews	DPET interview	MEU staff interviews	GCTC/PETC Chair interview	Medical Administration team interviews				
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.																																			
4.2 Welfare and support																																			
4.2.1 The prevocational training provider develops, implements and promotes strategies to enable a supportive training environment and optimise prevocational doctor wellbeing																																			
4.2.2 The prevocational training provider develops, implements and promotes strategies																																			

CRMEC ACCREDITATION EVIDENCE AND AUDITING GUIDE

Canberra Region Medical Education Council

NATIONAL STANDARD	FACILITY SUBMITTED EVIDENCE													CRMEC COLLATED EVIDENCE					SURVEY TEAM COLLECTED EVIDENCE													
	Prevocational allocations matrix	Prevocational priority access list	Employment/HR policies	Medical admin. policies and processes	JMO Forum TOR and meeting minutes	Employment advertisements	Assessment Review Panel records	Escalation policy and pathways	JMO resources (e.g. newsletters)	Wellbeing program	JMO rosters	Appeals/ dispute resolution process	Remediation processes	Directorate/hospital wide policies	ACT Network Committee TOR/minutes	Secondment contract/agreement	GCTC/PETC Committee TOR/ minutes	MTS results for facility	JMO pre-visit survey	PMC record of concerns	Reporting to PMC (e.g., provisos)	JMO assessment records (e-port)	External stakeholders comments	PGY1/2 interviews	PGY3+ interviews	Executive interviews	Supervisor interviews	DPET interview	MEU staff interviews	GCTC/PETC Chair interview	Medical Administration team interviews	
to enable a supportive training environment and to optimise Aboriginal and Torres Strait Islander prevocational doctor wellbeing and workplace safety.																																
4.2.3 The duties, rostering, working hours and supervision arrangements of prevocational doctors are consistent with the National standards and requirements for programs and terms and in line with principles of delivering safe and high-quality patient care.																																
4.2.4 The prevocational training provider has and implements strategies, systems and safe reporting mechanisms to effectively identify, address and prevent bullying, harassment																																

CRMEC ACCREDITATION EVIDENCE AND AUDITING GUIDE

Canberra Region Medical Education Council

NATIONAL STANDARD	FACILITY SUBMITTED EVIDENCE														CRMEC COLLATED EVIDENCE					SURVEY TEAM COLLECTED EVIDENCE													
	Prevocational allocations matrix	Prevocational priority access list	Employment/HR policies	Medical admin. policies and processes	JMO Forum TOR and meeting minutes	Employment advertisements	Assessment Review Panel records	Escalation policy and pathways	JMO resources (e.g. newsletters)	Wellbeing program	JMO rosters	Appeals/ dispute resolution process	Remediation processes	Directorate/hospital wide policies	ACT Network Committee TOR/minutes	Secondment contract/agreement	GCTC/PETC Committee TOR/ minutes	MTS results for facility	JMO pre-visit survey	PMC record of concerns	Reporting to PMC (e.g., provisos)	JMO assessment records (e-port)	External stakeholders comments	PGY1/2 interviews	PGY3+ interviews	Executive interviews	Supervisor interviews	DPET interview	MEU staff interviews	GCTC/PETC Chair interview	Medical Administration team interviews		
and discrimination (including racism). This includes policies and procedures that are publicised to prevocational doctors, their supervisors and other team members.																																	
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.																																	
4.2.6 The procedure for accessing appropriate professional																																	

CRMEC ACCREDITATION EVIDENCE AND AUDITING GUIDE

Canberra Region Medical Education Council

NATIONAL STANDARD	FACILITY SUBMITTED EVIDENCE														CRMEC COLLATED EVIDENCE					SURVEY TEAM COLLECTED EVIDENCE														
	Prevocational allocations matrix	Prevocational priority access list	Employment/HR policies	Medical admin. policies and processes	JMO Forum TOR and meeting minutes	Employment advertisements	Assessment Review Panel records	Escalation policy and pathways	JMO resources (e.g. newsletters)	Wellbeing program	JMO rosters	Appeals/ dispute resolution process	Remediation processes	Directorate/hospital wide policies	ACT Network Committee TOR/minutes	Secondment contract/agreement	GCTC/PETC Committee TOR/ minutes	MTS results for facility	JMO pre-visit survey	PMC record of concerns	Reporting to PMC (e.g., provisos)	JMO assessment records (e-port)	External stakeholders comments	PGY1/2 interviews	PGY3+ interviews	Executive interviews	Supervisor interviews	DPET interview	MEU staff interviews	GCTC/PETC Chair interview	Medical Administration team interviews			
development leave is published, reasonable and practical																																		
4.2.7 The prevocational training provider makes available services to provide career advice to prevocational doctors.																																		
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.																																		

Example interview questions

The following questions are provided as guidance for monitoring the implementation of the prevocational education and training program (ETP) and could be used by health services in self-assessment and the CRMEC Accreditation Committee and its accreditation survey teams. The examples are not intended to be exhaustive.

Executive level	ETP level (DPET, MEU, GCTC/PETC Chair, term supervisors, medical admin team)	Prevocational and other junior doctors
4.1 Appointments to the program and allocation to terms		
<ol style="list-style-type: none"> How do you determine the number of prevocational training positions on an annual basis? What considerations do you make for secondments? Who is responsible for advertising and recruiting prevocational training positions? 	<ol style="list-style-type: none"> What is the process through which applicants are selected for the prevocational training program? How are prevocational doctors allocated across facilities? How are individual terms allocated across and within facilities? Is there a fair process to make a request, or change an allocation? What is the mechanism for dispute resolution related to allocations within the program? Where are these mechanisms documented and are they accessible to, and promoted to prevocational doctors? How do you ensure that all prevocational doctors receive a term allocation that is consistent with meeting the requirements of the national prevocational training framework? 	<ol style="list-style-type: none"> Did you select to come to this specific facility? How much of a say did you have in your allocation to specific terms? Do you know the process to swap terms if you wanted to? Is your term allocation consistent with your career goals?
4.2 Wellbeing and support		
<ol style="list-style-type: none"> How do you identify prevocational doctors who might require support? What mechanisms have you implemented to promote a culturally safe training environment for Aboriginal and Torres Strait Islander prevocational doctors? Is there a cultural safety training program for all staff, and what input did the local Indigenous 	<ol style="list-style-type: none"> How do you identify prevocational doctors who might require support? Is there a process to interact with universities to transfer information in a confidential way? How do you support prevocational doctors to complete their training requirements? What sort of issues have you considered that a prevocational doctor might need assistance with? Can you give an example of a prevocational doctor who required support throughout their program. What mechanisms were available for you to provide support? What was the overall outcome? How would a prevocational doctor find out about the support you can provide within the program/facility? 	<ol style="list-style-type: none"> Have you ever had an issue with training that you needed support through? Was the support you needed available to you? Did you need to actively seek help, or was this proactively provided by someone in the training program? Do you know who you could ask if you felt that you required support with something that was impacting your training or career? What is the work life balance like in this facility? Do you know how to recognise the impact of fatigue on your work? If you felt fatigued, where would you seek support?

CRMEC ACCREDITATION EVIDENCE AND AUDITING GUIDE

Canberra Region Medical Education Council

Executive level	ETP level (DPET, MEU, GCTC/PETC Chair, term supervisors, medical admin team)	Prevocational and other junior doctors
<p>community have I the development of this program?</p>	<ol style="list-style-type: none"> 7. What mechanisms have you implemented to promote a culturally safe training environment for Aboriginal and Torres Strait Islander prevocational doctors? 8. Are there documented policies on volume of overtime, rostering patterns and after hours work, including reimbursement? 9. How do you ensure that every doctor's rostering is within the bounds of a safe working hours? Is there a system to monitor rostering? 10. What training have the relevant administrative departments received to enhance their understanding of safe clinical working environments? 11. What training is provided to prevocational doctors to enhance their understanding of wellness? 12. What is the system for claiming overtime? How is this communicated to prevocational doctors and anyone responsible for approving? Is there a transparent way to inform prevocational doctors regarding their pay? 13. Is there a safe workplace culture in every department? If not, how is this being managed in a meaningful way? 14. What mechanisms are in place to support prevocational doctors who experience or witness discrimination, bullying or harassment? Are these mechanisms adequate to protect prevocational doctors from future experiences? 15. Is professional development leave available, what does it cover, how does a prevocational doctor find out about this and access it? 16. What career advice is provided? Is this done in a systematic or ad-hoc manner? 17. Is there a cultural safety training program for all staff? 	<ol style="list-style-type: none"> 5. What is the process for claiming overtime? Do you get paid? Do you know what you are being paid for and if it is correct? 6. Is the prevocational doctor cohort supportive of one another? In what ways? 7. Is there a safe workplace culture in every department you have worked in? Have you witnessed or experienced unsafe behaviours such as bullying, harassment or discrimination? 8. Do you feel you could escalate these issues if you experienced or witnessed this behaviour? Who would you talk to? 9. Have you accessed your professional development leave entitlements? How did you find the process? 10. Have you received any formal or informal career guidance? Was it helpful? 11. Have you received cultural safety training? 12. How can you influence and identify healthcare inequality to protect and advance the health and wellbeing of your patients?
<p>4.3 Communication with prevocational doctors</p>		
	<ol style="list-style-type: none"> 1. Where can potential prevocational doctors find out about the training program at your facility? 2. What information is available about the requirements for completing internship and achieving general registration? 3. What strategies do you use to convey information to prevocational doctors regarding the medical prevocational framework and the obligations training programs have to meet standards? 	<ol style="list-style-type: none"> 1. Are prevocational doctors aware of the GCTC/PETC and its function? 2. Have you seen information about GCTC/PETC or other committee meetings and the outcomes of these meetings?

CRMEC ACCREDITATION EVIDENCE AND AUDITING GUIDE

Canberra Region Medical Education Council

Executive level	ETP level (DPET, MEU, GCTC/PETC Chair, term supervisors, medical admin team)	Prevocational and other junior doctors
	<ol style="list-style-type: none"> 4. What information is provided to prevocational doctors regarding the role of the GCTC/PETC and other committees and is it readily accessible? 5. What is the mechanism through which the GCTC/PETC engages with prevocational doctors in program vision, decision making and quality improvement? 6. How are the outcomes of GCTC/PETC meetings conveyed to the full cohort of junior doctors? 	<ol style="list-style-type: none"> 3. Do you know who to approach to have an issue/question discussed by the GCTC/PETC? 4. Have you been to a GCTC/PETC meeting? I'd so, did you feel your voice was listened to in a meaningful way? Would you attend another meeting?
4.4 Resolution of training problems and conflicts		
<ol style="list-style-type: none"> 1. How robust are the mechanisms for managing workplace conflict? 2. How timely is the address of workplace conflict issues? 3. Have there been any workplace conflict issues that have required management and how might these have affected the prevocational doctor cohort? 	<ol style="list-style-type: none"> 1. Is there a grievance process for people who apply for training program but are not accepted? 2. What is the process for resolving a problem with the allocation of training terms? 3. What is the process to resolve issues with supervision and/or assessment process? Is this documented? 4. Where are the policies/procedures for resolution pathways stored and are they easily accessible for prevocational doctors? 5. How would a prevocational doctor escalate their problem if initial concerns were not addressed? Do you think that these escalation pathways would be practicably accessible for a prevocational doctor? 6. Can you provide an example of a problem that has been raised and walk through how it was addressed and resolved. 7. How does the program make prevocational doctors aware of grievance policies and escalation pathways? 	<ol style="list-style-type: none"> 1. Have you ever had a problem with the your training program? If so, was there a clear resolution? Were you satisfied with the process? 2. Who would you talk to if you had a problem with the training program? 3. Is there an impartial person available who you could talk to if you had a problem with your supervisor/your DPET/ the program manager? 4. Do you have confidence that these people would be able to resolve issues in a confidential and impartial way that would not influence your ongoing training/career? 5. Have you received information about who you could talk to outside the organisation/facility if you felt your concern was not resolved? (e.g., the CRMEC)

Site inspection considerations

- There are appropriate spaces for prevocational doctors to have time outside the clinical space.
- There are appropriate spaces for the ETP team to meet confidentially with prevocational doctors.
- There is information for junior doctors about wellbeing and support available in the prevocational doctor space.

STANDARD FIVE: MONITORING, EVALUATION AND CONTINUOUS IMPROVEMENT

Examples and sources of evidence supporting National Standards criteria

The following auditing tool presents examples that could indicate that a prevocational ETP is meeting the AMC’s National Standards. Examples that indicate compliance are listed, together with sources that facilities and accreditation survey teams could review to support the claim. The tool does not seek to be an exhaustive list of examples indicating compliance, and it is not expected that every example or evidence source is relevant to every health service.

AMC National Standard	Examples of potential evidence	Sources of evidence
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>	<ul style="list-style-type: none"> <input type="checkbox"/> The ETP has policies and processes that address ongoing evaluation and monitoring based on data from a range of sources. <input type="checkbox"/> There are procedures for prevocational doctors and supervisors to evaluate every training term. <input type="checkbox"/> There are procedures for prevocational doctors to evaluate education sessions. <input type="checkbox"/> Prevocational doctors and supervisors have a mechanism to provide feedback on the assessment process. <input type="checkbox"/> There is a process to monitor the progress of prevocational doctors and to identify those who require additional support. <input type="checkbox"/> The GCTC/PETC or equivalent committees use the data collected from stakeholders to evaluate the education program being delivered, including the training terms offered to prevocational doctors. 	<ul style="list-style-type: none"> <input type="checkbox"/> ETP procedures manual <input type="checkbox"/> GCTC/PETC committee meeting minutes <input type="checkbox"/> Evaluation surveys and reports <input type="checkbox"/> Interviews with all supervisors, MEU, DPET and prevocational doctors
<p>5.1.2 Those involved in prevocational training, including supervisors, contribute to monitoring and to program development. Their feedback is sought, analysed</p>	<ul style="list-style-type: none"> <input type="checkbox"/> The ETP has policies and processes that address ongoing evaluation and monitoring based on data from a range of sources. <input type="checkbox"/> Prevocational doctors are involved in the evaluation and monitoring of the program (e.g. representatives on the GCTC/PETC Committee) 	<ul style="list-style-type: none"> <input type="checkbox"/> ETP procedures manual <input type="checkbox"/> GCTC/PETC committee meeting minutes

CRMEC ACCREDITATION EVIDENCE AND AUDITING GUIDE

Canberra Region Medical Education Council

<p>and used as part of the monitoring process.</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Supervisors are involved in the evaluation and monitoring of the program (e.g. representatives on the GCTC/PETC Committee) <input type="checkbox"/> Other stakeholders (e.g. consumers, medical education support officers, medical administration) are involved in the evaluation and monitoring of the program (e.g. representatives on the GCTC/PETC Committee) <input type="checkbox"/> Evaluation processes use a range of mechanisms to collect data from stakeholders (e.g. surveys, interviews, committee meetings, external surveys such as the MTS) and these data are used to evaluate and continuously improve the program <input type="checkbox"/> Evaluation processes use internal data (e.g. assessment results, formal evaluation of the program and these data are used to evaluate and continuously improve the program <input type="checkbox"/> All stakeholders are aware of opportunities to provide feedback on the ETP and on how to be involved in monitoring and evaluation. 	<ul style="list-style-type: none"> <input type="checkbox"/> Evaluation surveys and reports <input type="checkbox"/> Supervisor performance development reviews <input type="checkbox"/> ACT Network Committee meeting minutes <input type="checkbox"/> Interviews with all supervisors, MEU, DPET and prevocational doctors
<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>	<ul style="list-style-type: none"> <input type="checkbox"/> There is a process to receive confidential feedback from prevocational doctors on the ETP administrative processes. <input type="checkbox"/> There is a process to receive feedback from prevocational doctors on individual training terms. <input type="checkbox"/> Evaluation processes use a range of mechanisms to collect data from prevocational doctors (e.g. surveys, interviews, committee meetings, external surveys such as the MTS) and these data are used to evaluate and continuously improve the program. <input type="checkbox"/> Prevocational doctors report that there are mechanisms to provide feedback on the ETP and that feedback appears to be used to improve the ETP. <input type="checkbox"/> Prevocational doctors are involved in the evaluation and monitoring of the program (e.g. representatives on the GCTC/PETC Committee) <input type="checkbox"/> Evaluations of the ETP are reviewed and endorsed by the GCTC/PETC Committee and communicated to stakeholders. 	<ul style="list-style-type: none"> <input type="checkbox"/> ETP procedures manual <input type="checkbox"/> GCTC/PETC committee meeting minutes <input type="checkbox"/> Evaluation surveys and reports <input type="checkbox"/> Supervisor performance development reviews <input type="checkbox"/> ACT Network Committee meeting minutes <input type="checkbox"/> Interviews with all supervisors, MEU, DPET and prevocational doctors
<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>	<ul style="list-style-type: none"> <input type="checkbox"/> The ETP has policies and processes that address ongoing evaluation and monitoring based on data from a range of sources and these are conveyed to stakeholders. <input type="checkbox"/> There is a process to receive confidential feedback from prevocational doctors on the ETP. <input type="checkbox"/> Evaluation processes use a range of mechanisms to collect data from stakeholders (e.g. surveys, interviews, committee meetings, external surveys such as the MTS) and these data are used to evaluate and continuously improve the program <input type="checkbox"/> Evaluation processes use internal data (e.g. assessment results, formal evaluation of the program and these data are used to evaluate and continuously improve the program 	<ul style="list-style-type: none"> <input type="checkbox"/> ETP procedures manual <input type="checkbox"/> GCTC/PETC committee meeting minutes <input type="checkbox"/> Evaluation surveys and reports <input type="checkbox"/> Interviews with all supervisors, MEU, DPET and prevocational doctors

- Stakeholders report that there are mechanisms to provide feedback on the ETP and that feedback appears to be well received and used to improve the ETP.
- Prevocational doctors are involved in the evaluation and monitoring of the program (e.g. representatives of the GCTC/PETC Committee)
- ETP evaluations are reviewed and endorsed by GCTC/PETC Committee and communicated to stakeholders.

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.

- The GCTC/PETC committee or equivalent uses the data collected from stakeholders to evaluate effectiveness of supervision in every term and has a mechanism to either improve supervision or change the training terms on offer.
- There is a mechanism through which the GCTC/PETC can escalate concerns with under-performing supervisors.
- Supervisor performance development reviews address their role as supervisors of prevocational doctors.
- There is evidence that the education plan is adapted to incorporate the feedback from prevocational doctors.
- Prevocational doctors and supervisors report being involved in evaluations of the program.

- ETP procedures manual
- Organisational structure/reporting lines
- GCTC/PETC committee meeting minutes
- Evaluation surveys and reports
- Supervisor performance development reviews
- Interviews with all supervisors, MEU, DPET and prevocational doctors

5.2.2 Outcomes of evaluation activities are communicated to those involved in the prevocational training program, including prevocational doctors and supervisors.

- There are policies and procedures that indicate how program evaluations will be reported.
- The GCTC/PETC Committee meeting minutes indicate that evaluations are discussed and reported to prevocational doctors.
- The ETP communications plan includes evidence that evaluations are communicated to prevocational doctors.
- Supervisors report receiving feedback on their performance at least annually.
- Prevocational doctors report satisfaction that the program is continuously adapting and improving.

- ETP procedures manual
- GCTC/PETC committee meeting minutes
- Evaluation surveys and reports
- Supervisor performance development reviews
- ACT Network Committee meeting minutes
- Interviews with all supervisors, MEU, DPET and prevocational doctors

Evidence matrix

The following matrix of potential sources of evidence is provided as guidance for monitoring the implementation of the prevocational ETP. The matrix does not seek to be an exhaustive list of evidence sources, and it is not expected that a health service will have every evidence source available, or that every evidence source should be inspected by the survey team.

 Evidence source required for submission with desktop audit (as noted in submission template)  Potential supportive evidence source

NATIONAL STANDARD	FACILITY SUBMITTED EVIDENCE									CRMEC COLLATED EVIDENCE					SURVEY TEAM COLLECTED EVIDENCE							
	Supervisor performance reviews	Employment/HR policies or contracts	ETP. policies and processes	JMO Forum TOR and meeting minutes	Evaluation reports/assessment records	Organisational structure/reporting lines	JMO resources (e.g. newsletters)	ACT Network Committee TOR/minutes	GTC/PETC Committee TOR/minutes	MTS results for facility	JMO pre-visit survey	PMC record of concerns	Reporting to PMC (e.g. provisos)	JMO assessment records (e-port)	External stakeholders comments	PGY1/2 interviews	PGY3+ interviews	Executive interviews	Supervisor interviews	DPET interview	MEU staff interviews	GTC/PETC Chair Interview
5.1 Appointment to program and allocation to terms																						
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.																						

CRMEC ACCREDITATION EVIDENCE AND AUDITING GUIDE

Canberra Region Medical Education Council

NATIONAL STANDARD	FACILITY SUBMITTED EVIDENCE								CRMEC COLLATED EVIDENCE				SURVEY TEAM COLLECTED EVIDENCE										
	Supervisor performance reviews	Employment/HR policies or contracts	ETP . policies and processes	JMO Forum TOR and meeting minutes	Evaluation reports/assessment records	Organisational structure/reporting lines	JMO resources (e.g. newsletters)	ACT Network Committee TOR/minutes	GCTC/PETC Committee TOR/minutes	MTS results for facility	JMO pre-visit survey	PMC record of concerns	Reporting to PMC (e.g., provisos)	JMO assessment records (e-port)	External stakeholders comments	PGY1/2 interviews	PGY3+ interviews	Executive interviews	Supervisor interviews	DPET Interview	MEU staff interviews	GCTC/PETC Chair interview	
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.																							
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.																							
5.2 Evaluation outcomes and communication																							
5.2.1 The prevocational training provider develops, implements and promotes strategies to enable a supportive training environment and optimise prevocational doctor wellbeing.																							
5.2.2 Outcomes of evaluation activities are communicated to those involved in the prevocational training program, including prevocational doctors and supervisors.																							

Example interview questions

The following questions are provided as guidance for monitoring the implementation of the prevocational education and training program (ETP) and could be used by health services in self-assessment and the CRMEC Accreditation Committee and its accreditation survey teams. The examples are not intended to be exhaustive.

Executive level	ETP level (DPET, MEU, GCTC/PETC Chair, term supervisors, medical admin team)	Prevocational and other junior doctors
5.1 Program monitoring and evaluation		
<ol style="list-style-type: none"> 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. 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. 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. The prevocational training program uses internal and external sources of data in its evaluation and monitoring activities, such as surveys and assessment data 	<ol style="list-style-type: none"> How do evaluate the education program? What is the process for the education program to be reviewed based on the feedback? How do you collect feedback from junior doctors about the education program? How do you collect feedback from prevocational doctors about the quality of the supervision they receive in training terms? What other sources do you use to evaluate the education and training prevocational doctors receive? What mechanisms do you have to collect feedback on the quality of the program being delivered at satellite sites/rural facilities? What happens to formal assessments? How are the used? 	<ol style="list-style-type: none"> Do you have an opportunity to provide feedback on the quality of specific education sessions? How do you provide feedback? Do you feel that your feedback on education and training is used? Do you have an opportunity to provide feedback on the quality of supervision and teaching in training terms? Do you provide feedback, and if not, why?
5.2 Evaluation outcomes and communication		
<ol style="list-style-type: none"> 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. Outcomes of evaluation activities are communicated to those involved in the prevocational training program, including prevocational doctors and supervisors. 	<ol style="list-style-type: none"> Does the GCTC/PETC have an opportunity review feedback and evaluations of the program? What is the mechanism to share feedback and evaluations across the ACT network? How do you use feedback to improve the program? What happens to feedback on supervisors? 	<ol style="list-style-type: none"> Have you seen the education program change as a result of feedback? Does the GCTC/PETC communicate information about evaluations of the program? Do you think your feedback is used to improve supervision?

CRMEC ACCREDITATION EVIDENCE AND AUDITING GUIDE

Canberra Region Medical Education Council

Executive level	ETP level (DPET, MEU, GCTC/PETC Chair, term supervisors, medical admin team)	Prevocational and other junior doctors
	<ol style="list-style-type: none">5. If a supervisor is receiving consistently poor evaluation/feedback, what is the mechanism to address the concern?6. How do you communicate the evaluation of programs to prevocational doctors?7. For supervisors: have you received feedback on your supervision? How have you incorporated that feedback into the way you supervise and teach?8. For Executive: how do you address under-performing supervisors?	

