National Prevocational Framework Review

Draft consultation documents - Attachment B

TRAINING ENVIRONMENT

NATIONAL STANDARDS AND GUIDELINES FOR PREVOCATIONAL (PGY1 & PGY2) TRAINING PROGRAMS

Contents

1. About this document

This document contains the Draft revised Training Environment requirements for Prevocational Training Programs (PGY1 and PGY2) that forms part of the National Framework for Prevocational Medical Training. The following provides a summary of the areas for consultation in this document.

Summary of areas for consultation in August – September 2021

Component	Status in review
Section 2. National standards for programs	Proposed changes were consulted on in November 2020 and April 2021. Further minor wording changes have been made based on responses to recent consultation. New standards related to Aboriginal and Torres Strait Islander Health.
Section 3. Requirements and guidelines terms and programs	Proposed changes were consulted on in November 2020 and April 2021. Further detail has been added and a number of changes have been made based on responses to the recent consultation.
Registration standard	The Medical Board of Australia standard on granting general registration to Australian and New Zealand medical graduates on completion of internship sets out the current term requirements. The registration standard will need to be amended to reflect the revised framework in consultation with the Board and stakeholders.

2. Prevocational training – National standards for programs

Introduction

These national standards outline requirements for processes, systems and resources that contribute to good quality prevocational (postgraduate year 1 and postgraduate year 2) training. Health services can apply these standards to programs of diverse size and structure.

Further, these national standards:

- Build on existing state and territory guidelines, the *Registration standard – Australian and New Zealand graduates*, and the Confederation of Postgraduate Medical Education Councils' Prevocational Medical Accreditation Framework (2009).[1]
- Are structured similarly to the approved accreditation standards for other phases of medical education, but customised to prevocational training programs.
- Do not prescribe any one program model. Explanatory notes are included to clarify meaning, but the notes are not prescriptive and do not add new criteria or requirements.
- Prevocational training accreditation authorities will review a wide sample of terms to identify any significant deficiencies in the way the program selects and monitors terms. prevocational training accreditation authorities, therefore, may accredit a program but disallow particular terms.

Update since last consultation

In the last consultation period concepts for change were proposed. The standards have been reviewed in line with proposed changes and response to stakeholder feedback provided during the March – April 2021 formal consultation period. A summary changes made or confirmed since the last consultation are summarised in the table below.

Note: The Medical Board of Australia has finalised its Continuing Professional Development Registration Standard. PGY2 doctors are exempt from these requirements if in a structured program (revised Framework) that leads to a certificate of completion. The standards have been edited to remove references to the requirement of PGY2 to meet CPD requirements.

Stakeholder Feedback	Response
Broad support for the changes overall with many stakeholders saying changes have increased the clarity of the standards and reduced duplication. Stakeholders suggested increased emphasis on: • Supervisor support (dedicated supervision time and wellbeing are areas of note) • Prevocational doctor wellbeing, especially in relation to burn-out and rostering	• There have been minor wording changes to emphasise prevocational doctor wellbeing and strengthen language around resourcing and educational training.
<u>Mandated national standards</u> Broad support for mandated national standards to increase consistency of training. Stakeholders commented that the language of the standards was 'hospital-centric.'	• The AMC will mandate national standards with flexibility for additional state/territory level requirements. • The AMC will review the standards through the lens of rural and general practice to ensure standards can continue to apply in range of settings.

[1] Prevocational Medical Accreditation Framework for the Education and Training of Prevocational Doctors [Internet]. Melbourne: Confederation of Postgraduate Medical Education Councils (CPMEC); 2009 [cited 2013 Sep 23]. Available from: http://www.cpmec.org.au/files/Revised%20PMAF%20-%20Final.pdf

Mandated supervisor training Broad support for mandated supervisor training within the proposed timeframes, with the burden on supervisors being the greatest concern.	• The review will propose mandatory training for all term supervisors (with recognition of other relevant training) within three years of implementation and will develop resources to support supervisors.

Summary of high-level standards and changes

Note: Text in green summarises changes made since the last consultation and for consideration in August – September 2021.

Standard 1 – Context		Proposed moving some standards into this standard for better alignment.
	1.1 Governance	• Strengthened resources and priority of prevocational training • Moved in 5.2.5 - procedures to address patient safety concerns regarding prevocational doctor performance. • Moved in 7.3.1 - prevocational doctor involvement in the governance of their training. • Minor wording changes across the standards to further emphasise prevocational doctor wellbeing and support. • New standard 1.1.4 strategies for providing culturally safe environments to support Aboriginal and Torres Strait Islander patients, community and workforce.
	1.2 Program management	• Wording revisions to clarify separation of operational and educational management. • Revisions to notes regarding importance of effective rostering and fatigue management.
	1.3 Relationships to support medical education	• Wording revisions to strengthen links to medical schools and specialist training providers
	1.4 Reconsideration, review and appeals processes	• Minor wording changes to clarify meaning. • Revisions to notes to further emphasise confidentiality.
Standard 2 – Purpose and prevocational training outcomes		Split previous standard to differentiate between purpose and outcomes. [Significant changes]
	2.1 Purpose	• Minor wording changes. • New standard 2.1.2 addressing Aboriginal and Torres Strait Islander health.
	2.2 Outcomes	• Strengthened relation of training to community health needs and aim for generalist clinical training. • Revised notes to emphasise Aboriginal and Torres Strait Islander health outcomes.
Standard 3 – Prevocational training program – Structure and content		Combined original standard 3 about training and standard 5 about assessment for better alignment. [Significant changes]
	3.1 Program structure and composition	• Separated requirements for PGY1 and PGY2. • Moved previous standard 3.2 regarding flexible training to this standard. • 3.1.1 Separated requirements for PGY1 and PGY2 • New standard 3.1.2 detailing specific program-level requirements - linking to *guidelines and requirements for programs and terms* • New standard 3.1.3 detailing specific term level requirements – linking to *guidelines and requirements for programs and terms*

		• New standard 3.1.5 flexible processes to enable additional cultural obligations of Aboriginal and Torres Strait Islander prevocational doctors.
	3.2. Training requirements	• Updated to reflect revised two-year training and assessment framework • Moved previous standard educational expertise 1.3 to better reflect that standard refers to principles of training. • Moved orientation into formal education program. • New standard 3.2.3 provision of opportunites to meet Aboriginal and Torres Strait Islander health specific outcome statements. • Updated notes to clarify program and term level orientation requirements
	3.3 Assessment requirements	• Updated to reflect revised two-year training and assessment framework, including assessment review panel
	3.4 Feedback and supporting continuous learning	• Changes to structure • Previous 5.2.6 on remediation made into separate standard • Previous 5.2.7 on assessment review panel separated into 3.3.4 for routine progression decisions and 3.5 as part of remediation • New standard 3.4.4 regarding longitudinal approach to assessment
	3.5 Improving performance [proposed name change]	• Separated into new standard to emphasise importance.
Standard 4 – Prevocational training program - Delivery		Moved standards relevant to work based teaching to reflect focus on clinical learning. [Significant changes]
	4.1 Work-based training	• Standards moved from previous 8.2 clinical experience to reflect importance of clinical learning.
	4.2 Supervisors and assessors	• Standards related to supervision moved from previous standard 8.1 to reflect importance of supervision to the implementation of training and assessment program. • Changes made to standards to separate out attributes of supervisors and training requirements. • Strengthened training requirements. • New standard regarding longitudinal educational oversight. • Revisions to notes to outline the different supervisor roles, and link to supervision guidelines in MBA documents and *guidelines and requirements for programs and terms* • Revision to standard 4.2.4 to ensure supervisor training in supervision, assessment and cultural safety.
	4.3 Supervisor support	• Moved from standard 8. Separated out supervision requirements in standard 5 from the requirements for the health service to provide support for supervisors in this standard.
	4.4 Formal education program	• Revisions to clarify importance of quality and relevance of the formal education program
	4.5 Facilities	• Moved from standard 8.
Standard 5 – Prevocational trainees		Wording revisions.
	5.1 Appointment to program and allocation to terms	• Separate appointment to programs from term allocation. Acknowleding appointment to programs is a separate process. • Revisions to standards 5.1.1 and 5.1.2 to strengthen cultural safety and procedural fairness.
	5.2 Welbeing and support	• Standards strengthened and clarified. Separated standards to reflect wellbeing of the whole cohort, strategies for individuals and career counselling. • New standard 5.2.4 regarding workplace safety for Aboriginal and Torres Strait Islander prevocational doctors.

		• Revisions to notes to further emphasise confidentiality/ anonymity for prevocational doctors reporting discrimination, bullying and sexual harrassment.
	5.3 Communication with prevocational doctors	• Changed order. • Added reference to monitoring and evaluation.
	5.4 Resolution of training problems and conflicts	• No major changes
Standard 6 – Monitoring, evaluation and continuous improvement		Moved standard to the end and clarified structure.
	6.1 Program monitoring and evaluation	• Standard structures and headings changed to clarify intent of standards.
	6.2 Continous improvement	• Standard structures and headings changed to clarify intent of standards. • Revisions to notes to emphasise prevocational doctors being informed of and involved in processes for program evaluation and development.

Prevocational training national standards

1 The context in which prevocational training is delivered

1.1 Governance

Original statement	Revised statement	Notes on change (changes made post-2021 consult)
1.1.1 The governance of the intern training program and assessment roles are defined.	1.1.1 The governance of the prevocational training program , supervisory and assessment roles are defined.	Addition of supervisory roles. No further changes.
1.1.2 The health services that contribute to the intern 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.	1.1.2 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.	Addition of patient care. No further changes.
1.1.3 The health services give appropriate priority to medical education and training relative to other responsibilities.	1.1.3 The health services give appropriate priority and resources to medical education and training and support of prevocational doctor wellbeing relative to other responsibilities.	Strengthened providing adequate support for the training program. In response to feedback, additional text added to reflect importance of support for prevocational doctor wellbeing.
New standard	1.1.4 The provider has documented and implemented strategies to provide a culturally safe environment that supports: • Aboriginal and Torres Strait Islander patients/family/community care. • The recruitment and retention of an Aboriginal and Torres Strait Islander health workforce.	New standard developed by the AMC Aboriginal and Torres Strait Islander and Māori Standing Committee Sub Group.
1.1.4 The intern training program complies with relevant national, state or territory laws and regulations pertaining to prevocational training.	1.1.5 The prevocational training program complies with relevant national, state or territory laws and regulations pertaining to prevocational training.	Nil.
7.3.1 Interns are involved in the governance of their training.	1.1.6 Prevocational doctors are involved in the governance of their training.	Moved from previous standard 7. No further changes.
5.2.5 The intern training program has clear procedures to immediately address any concerns about patient safety related to intern performance.	1.1.7 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	Moved from previous standard 5. Additional wording to clarify. Noted feedback regarding procedures to support prevocational doctor. Note

	employer and the regulator, where appropriate.	this is addressed in standard 5.2. Clarified in notes.

Notes

Revised notes	Summary of changes
Prevocational training is a mixed model of supervised practice and integrated training. While some training is specific to them, prevocational doctors (PGY1 and PGY2) are also part of a wider training and service delivery system within the health service, which provides: clinical training for medical students; work-based training during internship and subsequent prevocational years; and training for doctors in specialist medical programs. This set of standards focuses on supporting interns, but recognises the importance of vertical integration across the medical training continuum. These standards recognise that prevocational doctors can complete terms and training in a variety of health care settings, including hospitals, general practices, and community-based medical services. The way these elements combine in an prevocational training program may vary, from training in a single health facility to a rotation program. Teaching, training, appraising and assessing doctors are critical functions in caring for patients both now, and for developing a highly skilled workforce for the future. It is expected that health services recognise and resource this educational role. The AMC recognises that prevocational training providers must comply with laws and regulations as businesses, employers and healthcare providers and that they have systems for audit and quality assurance processes to demonstrate compliance with laws and regulations. The policies and procedures they implement to meet these requirements will also pertain to prevocational training. Prevocational training providers may demonstrate they meet these National Standards for Programs by demonstrating compliance with laws and regulations through other processes[2]. Procedures regarding support for the prevocational doctor are discussed in Standard 5.2. Prevocational doctors' performance is assessed and reviewed to meet both the requirements of their provisional registration and employment requirements. It is important that there are clear procedures for the individuals responsible for the prevocational training program to inform the employer as well the regulator, where appropriate, when safety concerns are raised. The requirement under national standard 1.1.6 to immediately address concerns about patient safety may require action beyond remediation, including possible withdrawal of a prevocational doctor from the clinical context. Prevocational training providers must be aware of the Health Practitioner Regulation National Law. This requires registered health practitioners and employers to make notifications about registered medical practitioners who have engaged in 'notifiable conduct' as defined in the National Law.	**Notes will be reviewed** once changes to standards confirmed, including to strengthen references to: • Community health needs • National Safety and Quality standards • Priority and resources to support education and training • Involvement of prevocational doctors in the governance of their training, examples such as clinical training committee. Strengthened notes based on feedback regarding the importance of quarantined time to support learning.In response to stakeholder feedback notes clarify standard 1.1.6 is about patient safety and prevocational doctor wellbeing and support is addressed in standard 5.2.

[2] Intern training providers can provide policies and procedures demonstrating compliance with laws and regulations (such as workplace health and safety law) or evidence of having met other standards (such as the National Safety and Quality Health Service Standards or accreditation for specialist medical training) as evidence of complying with these standards.

1.2 Program management

Original statement	Revised statement	Notes on change
1.2.1 The intern training program has a mechanism or structures with the responsibility, authority, capacity and appropriate resources to direct the planning, implementation and review of the intern training program, and to set relevant policy and procedures.	1.2.1 The prevocational training program has decicated 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 policy and procedures.	Strengthened wording and clarified 1.2.1- education and training and 1.2.3 -operational. No further changes.
1.2.2 The intern training program documents and reports to the intern training accreditation authority on changes in the program, units or rotations which may affect the program delivery meeting the national standards.	1.2.2 The prevocational training program documents and reports to the prevocational training accreditation authority on changes in the program, units or rotations which may affect the program delivery meeting the national standards.	Nil.
1.2.3 The health services have effective organisational and operational structures to manage interns.	1.2.3 The health services have effective organisational and operational structures dedicated to managing prevocational doctors, including rostering and leave management.	Strengthened wording and clarified 1.2.1 - education and training and 1.2.3 - operational. Strengthened notes in relation to consultation feedback regarding the importance of effective rostering and fatique management.

Notes

Revised notes	Summary of changes
Prevocational training programs will have their own governance and administrative groups responsible for developing, reviewing and ratifying their policies and processes. The organisational structure should include appropriately qualified staff, sufficient to meet the program objectives. This normally includes access to educational support personnel to plan, organise and evaluate the education and training programs. Staff involved in administering the training program including rostering/ term allocation should be adequately resourced and have a sound understanding of efficient and equitable rostering practices, including rostering methodology, wellbeing and fatigue management and preferrably include consideration of prevocational doctor preferences in leave management. Program management normally includes a delegated manager with executive accountability for meeting prevocational education and training standards (for example, in a hospital, the Director of Medical Services) and a Director of Clinical Training (or equivalent), responsible for the quality of the training and education program, and who works in collaboration with supervisors. Changes in a health service, prevocational training program or terms may affect intern training quality, and require the prevocational training	Strengthened notes in relation to consultation feedback regarding the importance of effective rostering and fatigue management. Included reference to equitable rostering.

accreditation authority's assessment. Major changes in circumstances that normally prompt a review include: • Absence of senior staff with significant roles in prevocational training for an extended period with no replacement (for example, a Director Medical Services or Supervisor of Prevocational Training absent for more than one month). • Plans for significant redesign or restructure of the health service that impacts on prevocational doctors (for example, a significant change to clinical services provided or a ward closure causing change to caseload and case mix for the term). • Rostering changes that significantly alter access to supervision or exposure to educational opportunities. • Resource changes that significantly reduce administrative support, facilities or educational programs available. Prevocational training accreditation authorities also need to be informed of significant changes in a term or unit that may lead to a review.	

1.3 Relationships to support medical education

Original statement	Revised statement	Notes on change
1.4.1 The intern training program supports the delivery of intern training through constructive working relationships with other relevant agencies and facilities.	1.3.1 The prevocational training program supports the delivery of prevocational training through constructive working relationships with other relevant agencies, such as medical schools and specialist education providers, and facilities.	Stengthened connection across the education and training continuum, noting that this is also relevant to the work of the postgraduate medical councils. No further changes.
1.4.2 Health services coordinate the local delivery of the intern training program. Health services that are part of a network or dispersed program contribute to program coordination and management across diverse sites.	1.3.2 Health services coordinate the local delivery of the prevocational training program. Health services that are part of a network or dispersed program contribute to program coordination and management across diverse sites.	No further changes.

Notes

Revised notes	Summary of changes
Examples of other relevant agencies include the local prevocational training accreditation authority, the health jurisdiction, and the local health network. The prevocational training provider should implement strategies to establish effective partnerships with relevant local communities, organisations and individuals in the Indigenous health sector to promote the education and training of prevocational doctors. These partnerships recognise the unique challenges faced by this sector.	**Notes will be reviewed** once changes to standards confirmed including to: • Clarify expectations regarding relationships across training continuum, including community medicine and inter-disciplinary.

1.4 Reconsideration, review and appeals processes

Original statement	Revised statement	Notes on change
1.5.1 The intern training provider has reconsideration, review and appeals processes that provide for impartial review of decisions related to intern training. It makes information about these processes publicly available.	1.4.1 The prevocational training provider has reconsideration, review and appeals processes that provide for impartial and objective review of decisions related to prevocational training. It makes information about these processes readily available to all relevant stakeholders.	Minor changes. To review once assessment panel processes consulted on. Change to wording to make readily available to relevant stakeholders. Feedback received regarding the importance of ensuring confidentiality. Added further notes to this standard and standard 5.2.3 regarding reporting.

Notes

Revised notes	Summary of changes
An appeals process that provides a fair and reasonable opportunity to challenge the decision is likely to result in decisions that are ultimately correct. In relation to decision-making conduct, the grounds for appeal may include matters such as: • an error in law or in due process in the formulation of the original decision • relevant and significant information was not considered, or not properly considered, whether this information was available at the time of the original decision or became available subsequently • irrelevant information was considered in the making of the original decision • procedures that were required by the organisation's policies to be observed in connection with the making of the decision were not observed • the original decision was made for a purpose other than a purpose for which the power was conferred • the original decision was made in accordance with a rule or policy without regard to the merits of the particular case; and • the original decision was clearly inconsistent with the evidence and arguments put before the body making the original decision. Elements of a strong and effective appeals process incorporate the principles procedural fairness, timeliness and transparency of decision making. This would include written documentation of reasons for decisions to be issued. The process should also give consideration to the principle of confidentiality.	Wording revised and added note regarding principle of confidentiality.

2 Organisational purpose and prevocational training outcomes [revised]

2.1 Organisational purpose

Original statement	Revised statement	Notes on change
2.1 The purpose of the health services which employ and train	2.1.1 The purpose of the health services which employ and train prevocational	Nil.

interns includes setting and promoting high standards of medical practice and training	doctors includes setting and promoting high standards of medical practice and training.	No further changes.
New standard	2.1.2 The employing health service's purpose addresses Aboriginal and Torres Strait Islander peoples and their health.	For further consultation with Aboriginal and Torres Strait Islander groups. New standard developed by the AMC Aboriginal and Torres Strait Islander and Māori Standing Committee Sub Group.

Notes

Revised notes	Summary of changes
The community responsibilities embedded in the purpose of the training provider should address the healthcare needs of the communities it serves and reducing health disparities in the community, most particularly improving health outcomes for Aboriginal and Torres Strait Islander peoples of Australia, through improving the education of practitioners in Indigenous health.	New notes for new standards.

2.2 Outcomes of the prevocational training program [new]

Original statement	Revised statement	Notes on change
New – aligned with medical school/ specialist college standards	2.2.1 The training provider relates its training and education functions to the health care needs of the communities it serves.	Strengethed to ensure medical education meets community health needs. No further changes.
New – aligned with medical school/ specialist college standards	2.2.2 Training program provides generalist clinical training which prepares prevocational doctors with a appropriate foundation for lifelong learning and for further postrgaduate training.	Strengthend focus on generalist training and providing a good foundation for future training. No further changes.

Notes

Revised notes	Summary of changes
In addition to ensuring high quality education and training, facilitating education and training to meet health needs of the community is a shared responsibility of those responsible for developing the medical workforce. The community responsibilities embedded in the purpose of the provider should address the healthcare needs of the communities it serves and reducing health disparities in the community, most particularly improving the health outcomes for Aboriginal and Torres Strait Islander peoples, through improving the education of practitioners in Indigenous health.	New notes for new standards.

3 The prevocational training program – structure and content

Significant change: Combined previous standard 3 – the intern training program and standard 5 – asessment of learning to reflect the integrated nature of training and assessment planning and delivery and the new requirements of the revised two-year framework.

3.1 Program structure and composition

Original statement	Revised statement	Notes on change
3.1.1 The intern training program overall, and each term, is structured to reflect the requirements of the Registration standard – Australian and New Zealand graduates and provide experiences as described in Intern training – Guidelines for terms	3.1.1 The prevocational training program overall, and each term, are structured to reflect requirements described in the Medical Board of Australia's Registration standard – Australian and New Zealand graduates in PGY1 and requirements described in these standards for PGY2.	Change to reflect expansion to PGY2 and new requirements. Separated requirements for PGY1 and PGY2.
Proposed new standard	3.1.2 The prevocational training program is longitudinal in nature and structured to reflect and provide the following experiences, as described in the *guidelines and requirements for programs and terms*: • A program length of 47 weeks* • A minimum of 4 terms in different specialties in PGY1 • A minimum of 3 terms in PGY2 • Exposure to the required clinical experiences. • Exposure to working outside standard hours, with appropriate supervision. • Within a clinical team for at least half the year. • A maximum time spent in service terms of 20% in PGY1 and 25% in PGY2.	Added specific requirements from the revised requirements and guidelines for programs and terms.
Proposed new standard	3.1.3 Prevocational training terms are structured to reflect and provide exposure to one or two of the required clinical experiences as described in the *guidelines and requirements for programs and terms.*	Notes will reference other term requirements including the specific standards that are required in terms.
3.2.1 The intern training provider guides and supports supervisors and interns in implementing and reviewing flexible training arrangements. Available arrangements are consistent with the *Registration standard – Australian and New Zealand graduates*.	3.1.4 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 – Australian and New Zealand graduates*.	Moved from previous standard 3.2 Flexible training. Incorporated here to reflect relevance of standard. Program design enables flexible training. Further information added to the notes.
New standard	3.1.5 The provider recognises that Aboriginal and Torres Strait Islander prevocational doctors may have additional cultural obligations required by the health sector or their community,	New standard developed by the AMC Aboriginal and Torres Strait Islander and Māori Standing Committee Sub Group,

	and has policies that ensure flexible processes to enable those obligations to be met.	based on MCNZ standard.

Notes

Revised notes	Summary of changes
Flexible training means training that fits within the 'specific circumstances' described in the Registration standard – Australian and New Zealand graduates. This relates to part-time training. Policies about flexible training options should be readily available to supervisors and trainees. Providers should provide guidance and support to supervisors and trainees on the implementation and review of flexible training arrangements. Aboriginal and Torres Strait Islander prevocational doctors are likely to have: • An expectation within their health settings that they will support or lead cultural safety education or professional development. They may also be expected to lead or facilitate cultural protocols and processes alongside the health provider or local Aboriginal and Torres Strait Islander communities. • An expectation to engage with the Aboriginal and Torres Strait Islander health professional bodies, and health research communities. • An expectation to contribute to national and international Indigenous policy, teachings and learnings. • An expectation to meet family and community roles and responsibilities.	**Notes will be reviewed** once changes to standards confirmed, including to: • Clarify expectations of revised two-year training and assesment framework • Supporting prevocational doctors with children or with disabilities. New notes to accompany and expand on new standard 3.1.5

3.2 Training requirements – Separated to clarify updated framework requirements

Original statement	Revised statement	Notes on change
1.3.1 The intern training program is underpinned by sound medical education principles.	3.2.1 The prevocational training program is underpinned by current evidence-informed medical education principles.	Moved from previous standard educational expertise 1.3 to better reflect that standard refers to principles. Minor word change in response to feedback regarding maintaining currency.
3.1.2 For each term, the health services have identified the Intern training – Intern 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.	3.2.2 For each term, the health services have identified and documented the *Training requirements,* 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.	Updated to reflect program and terms to meet revised Training requirements. No further change.

3.1.3 Interns participate in formal orientation programs, which are designed and evaluated to ensure relevant learning occurs.		Moved to standard 5.3. about formal education program. No further change.
New standard	3.2.3 The prevocational program provides professional development and clinical opportunities in line with the prevocational outcome statements regarding Aboriginal and Torres Strait Islander peoples' Health.	New standard developed by the AMC Aboriginal and Torres Strait Islander and Māori Standing Committee Sub Group

Notes

Revised notes	**Summary of changes**
These national standards take account of outcome statements developed for interns, outlined in *Intern training – Intern outcome statements*. The *Intern outcome statements* document also describes the relationship between the outcome statements and the *Australian Curriculum Framework for Junior Doctors*. The prevocational outcome statements align with the medical school graduate outcomes. The domains collectively state what medical students must demonstrate at graduation. The statements are set a higher level for postgraduate year 1 (PGY1) and postgraduate year two (PGY2), reflecting the additional training and experience of the junior medical officer completing their two-year prevocational program. Although the outcomes statements apply to both PGY1 and PGY2, the level of expectation, responsibility, supervision, and entrustability of the outcomes will be different between the two years. During PGY1 and PGY2, what was learned in medical school should be reinforced through informal and formal education and prevocational doctors should seek to apply that knowledge. In relation to Indigenous health, medical graduates are expected to understand and describe the factors that contribute to the health and wellbeing of Aboriginal and Torres Strait Islander peoples and/or Māori, including history, spirituality and relationship to land, diversity of cultures and communities, epidemiology, social and political determinants of health and health experiences. They are also expected to demonstrate effective and culturally competent communication and care for Aboriginal and Torres Strait Islander peoples and/or Māori. Prevocational doctors are expected to apply knowledge of the culture, spirituality and relationship to land of Aboriginal and Torres Strait Islander peoples to clinical practice and advocacy. Where interactions occur with Indigenous people, prevocational doctors should be encouraged to apply their knowledge to practise in culturally competent ways, for example to establish whether and how a person identifies as Indigenous. While the prevocational training program may not be able to provide opportunities for an individual prevocational doctor to demonstrate all the elements of caring for Aboriginal and Torres Strait Islander peoples, it is expected that the prevocational training provider will ensure alternative opportunities (e.g. attendance at a course) for prevocational doctors to be able to demonstrate attainment of the outcomes. ~~The AMC recognises that it may not be possible to observe prevocational doctors meeting this outcome in every term or for assessment purposes. While an individual prevocational doctor may not be able to demonstrate~~	**Notes will be reviewed** once changes to standards confirmed, including to: • Clarify expectations of revised two-year training and assesment framework Revised wording in response to feedback regarding the need to reference expansion of expectations from PGY1 to PGY2. Change made to strengthen provision of opportunities to demonstrate attainment of outcomes.

~~all the elements of caring for Aboriginal and Torres Strait Islander peoples the principles still apply.~~ At global orientation to a facility, prevocational doctors should receive information including: • general information on the facility • introduction to relevant facility staff and supervisors • descriptions of roles and responsibilities of the prevocational doctor • training and verification of clinical and procedural skills • key contacts • an overview of prevocational doctor supervision arrangements • an overview of prevocational feedback and assessment processes • description of administrative arrangements (including rostering/ leave management and relevant health service policies and procedures such as emergency procedures, workhealth and safety, grievances and leave) • location of resources and relevant policies • summary of evaluation and accreditation processes • summary of processes to access support and wellbeing processes (which may include, but not limited to, where to find career advice and personal counselling opportunities, process for professional development leave etc) • use of and access to technology and resources. At term orientation, prevocational doctors should receive an outline of the term, including information on: • roles and responsibilities of prevocational doctor • training and verifications of clinical skills • supervision arrangements and key contact people • training and education opportunities for the term • assessment processes for the term Adequate handover is essential for safe, quality clinical care. Separate processes should be defined for handover between terms and between shifts. Education principles include an understanding of the teaching and learning practices in medical education, assessment methods in medical education, educational supervision, and common medical education terminology.	In response to feedback added notes to clarify expectations of orientation at program and term level.

3.3 Assessment requirements – [from previous standard 5 – assessment of learning and 5.1 assessment approach]

Original statement	Revised statement	Notes on change
5.1.2. Intern assessment is consistent with the guidelines in Intern training – Assessing and certifying completion, and based on interns achieving outcomes stated in Intern training – Intern outcome statements.	3.3.1. Prevocational doctor assessment is consistent with the *Training and assessment - Requirements for prevocational (PGY1 and PGY2) training programs* and based on prevocational doctors achieving outcomes stated in the Prevocational outcome statements.	Updated to reflect program and terms to meet revised Training requirements. No further change.
5.1.1. The intern training program implements assessment consistent with the Registration standard –	3.3.2. The prevocational PGY1 training program implements assessment consistent with the Medical Board of Australia's Registration standard –	Specifying registration standard specific to PGY1.

Australian and New Zealand graduates.	Australian and New Zealand graduates in PGY1.	
5.1.3 Supervisors and interns understand the assessment program.	3.3.3. Prevocational doctors and supervisors understand all components of the assessment processes.	Slight shift in emphasis. No further change.
5.1.4 Intern assessment data is used to improve the intern training program.		Moved to evaluation. No further change.
5.2.6 The prevocational training program identifies early prevocational doctors who are not performing to the expected level and provides them with remediation.	3.3.4 The prevocational training program has an established assessment panel to review prevocational doctor's longitudinal assessment information and make decisions regarding progression in each year.	Moved from 5.2 and revised to reflect new requirement for assessment panel involvement in all sign off decisions. No further change.

Notes

Revised notes	Summary of changes
Requirements for the assessment process can be found in the document *Intern training – Assessing and certifying completion*. This includes regular performance assessment against the *Intern Training – Intern outcome statements*, managing progression and remediation, and certifying completion of internship. An *Intern training – Term assessment form* is also available. At a minimum, any locally developed assessment forms must fulfil the requirements given in the *Intern Training – Assessing and certifying completion* document. Term orientation for prevocational doctors should include identifying who is responsible for giving feedback and performing appraisals, and how this information will be collated. For example, direct observation, reports from supervisors, and information from co-workers such as nursing and allied health staff. There should be opportunities for input from a variety of sources, including other relevant medical, nursing and healthcare practitioners. Assessment processes should apply equally to all prevocational doctors and occur at appropriate intervals. Assessment must include observation of clinical skills.	**Notes will be reviewed** once changes to standards confirmed, including to: • Clarify expectations of revised two-year training and assesment framework • Clarify role of the e-portfolio

3.4 Feedback and supporting continuous learning [formerly ~~performance review~~]

Original statement	Revised statement	Notes on change
5.2.1 The intern training program provides regular, formal and documented feedback to interns on their performance within each term.	3.4.1 The prevocational training program provides regular, formal and documented feedback to prevocational doctors on their performance within each term.	Nil
5.2.2 Interns receive timely, progressive and informal feedback from term supervisors during every term.	3.4.2 Prevocational doctors receive timely, progressive and informal feedback from term and clinical supervisors during every term.	Nil. Minor change in response to feedback regarding feedback from assessors other than term supervisors.
5.2.3 The intern training program documents the assessment of the intern's performance consistent with the	3.4.3 The prevocational training program documents the assessment of the prevocational doctor's performance consistent with the *Training and*	Separated requirements for PGY1 and PGY2.

Registration standard – Australian and New Zealand graduates.	*assessment - Requirements for prevocational (PGY1 and PGY2) training programs*. Additionally in PGY1 the *Registration standard – Australian and New Zealand graduates*.	No further change.
Proposed new standard	3.4.4 The prevocational training program implements a longitudinal approach to assessment in accordance with the National *Training and assessment - Requirements for prevocational (PGY1 and PGY2) training programs*.	New standard to emphasise the importance of longitudinal support across the program.
5.2.4 Interns are encouraged to take responsibility for their own performance, and to seek their supervisor's feedback on their performance.	3.4.5 Prevocational doctors are encouraged to take responsibility for their own performance, and to seek their supervisor's feedback on their performance.	No further change.
5.2.5 The intern training program has clear procedures to immediately address any concerns about patient safety related to intern performance, including procedures to inform the the employer and the regulator, where appropriate.		Moved to standard 1 No further change.
5.2.6 The prevocational training program identifies early prevocational doctors who are not performing to the expected level and provides them with remediation.		Moved into new standard 3.5 on remediation. No further change.
5.2.7 intern training program establishes assessment review groups, as required, to assist with more complex remediation decisions for interns who do not achieve satisfactory supervisor assessments.		Separated into 3.3.4 requirement for panel as part of routine progression decisions and 3.5 the role in remediation No further change.

Notes

Revised notes	**Summary of changes**
Feedback and progress reviews can be assisted by prevocational doctors keeping a log or a learning portfolio, which they discuss and review with their supervisor. There should be a documented process for managing poor performance which will ensure patient safety and prevocational doctor welfare.	**Notes will be reviewed** once changes to standards confirmed, including to: • Clarify expectations of revised two-year training and assesment framework • Clarify role of the e-portfolio

3.5 Improving performance [new sub-standard]

Original statement	Revised statement	Notes on change
5.2.6 The prevocational training program identifies early prevocational doctors who are not performing to the expected level and provides them with remediation.	3.5.1 The prevocational training program identifies early prevocational doctors who are not performing to the expected level and provides them with support and remediation.	Separated into new standard. Minor wording change in response to feedback.
5.2.7 Intern training program establishes assessment review groups, as required, to assist with more complex remediation decisions for interns who do not achieve satisfactory supervisor assessments.	3.5.2 The assessment panel is convened as required, to assist with more complex remediation decisions for prevocational doctors who do not achieve satisfactory supervisor assessments.	Separated new requirement for panel as part of routine progression decisions and the role in remediation. No further changes.

Notes

Revised notes	Summary of changes
There should be a documented process for managing performance concerns which will ensure patient safety and prevocational doctor wellbeing. When decisions about the performance of individual prevocational doctors needs review, the document *Intern training – Assessing and certifying completion* outlines processes to be followed. The prevocational training providers must establish review groups to assist with more complex decisions on remediation. The document *Intern training – Assessing and certifying completion* , provides further advice about the requirements of the assessment review group. Prevocational doctors' performance is assessed and reviewed to meet both the requirements of their provisional registration and employment requirements. It is important that there are clear procedures for the individuals responsible for the prevocational training program to inform the employer as well the regulator, where appropriate, when safety concerns are raised. The requirement under national standard 1.1.7 to immediately address concerns about patient safety may require action beyond remediation, including possible withdrawal of a prevocational doctor from the clinical context. Prevocational training providers must be aware of the Health Practitioner Regulation National Law. This requires registered health practitioners and employers to make notifications about registered medical practitioners who have engaged in 'notifiable conduct' as defined in the National Law.	**Notes will be reviewed** once changes to standards confirmed, including to: • Clarify expectations of revised two-year training and assesment framework

4 The prevocational training program – Delivery

Significant change: Structure changes to emphasise importance of clinical work-based teaching and training. Standards brought up from previous standard 8 (resources) including clinical experience, supervision and resources.

4.1 Work-based teaching and training – [new sub heading to reflect focus on clinical learning]

Original statement	Revised statement	Notes on change

4.4 The health service reviews the opportunities for work-based teaching and training.	4.1.1 The prevocational training provider ensures opportunities for broad generalist clinical work-based teaching and training.	New structure to reflect focus on clinical learning and revised wording to ensuring opportunities. No further changes.
8.2.1 The prevocational training program provides clinical experience consistent with the Registration standard – Australian and New Zealand graduates. The prevocational training program conforms to guidelines on opportunities to develop knowledge and skills, as outlined in Intern training – Guidelines for terms.	4.1.2 The prevocational training program provides clinical experience that is able to deliver the *Training and assessment - Requirements for prevocational (PGY1 and PGY2) training programs* and for PGY1 doctors is consistent with the Registration standard – Australian and New Zealand graduates. The prevocational training program conforms to guidelines on opportunities to develop knowledge and skills, as outlined in [Training environment] *Guidelines and requirements for terms and programs.*	Moved from 8.2 clinical experience to better align content. No further changes.
8.2.2 In identifying terms for training, the prevocational training program considers the following: • complexity and volume of the unit's workload • the prevocational doctor's workload • the experience prevocational doctors can expect to gain • how the prevocational doctor will be supervised, and who will supervise them.	4.1.3 In identifying terms for training, the prevocational training program considers the following: • complexity and volume of the unit's workload • the prevocational doctor's workload • the experience prevocational doctors can expect to gain • how the prevocational doctor will be supervised, and who will supervise them.	Moved from 8.2 clinical experience to better align content. No further changes.

Notes

Revised notes	**Summary of changes**
In addition to clinical teaching, there should be supported opportunities for prevocational doctors to develop skills in self-care and peer support, including time management, and identifying and managing stress and burn-out. This standard relates to requirements for the delivery of the prevocational training program, requirements for systems to manage wellbeing and support are at Standard 5.2. Training can take place in a variety of health care settings, including hospitals, general practices, and community-based medical services, all of which may provide a good learning experience for the prevocational doctor. In each case the quality of the experience depends on the support the unit or service provides. All these terms offer opportunities to enhance skills and knowledge through supervised practice. At the end of the year, interns will possess clinical, professional and personal skills and competences (described in *Intern training – Intern outcome statements*) that will prepare them for general registration, and allow them to further develop skills and competencies in subsequent training.	**Notes will be reviewed** once changes to standards confirmed, including to: • Shift focus to clinical teaching expectations of revised two-year training and assesment framework • Emphasise expanded settings, will revise the notes to reflect different activities such as learning by doing (with feedback), unit based teaching (multidisciplinary meetings, teams and unit based activities)

Programs should include placements that are long enough to allow prevocational doctors to become members of the team and allow team members to make reliable judgements about the prevocational doctor's abilities, performance and progress.	and service wide activities (e.g. grand rounds).] Revisions made in response to feedback to note that system requirements related to support and wellbeing are covered under a separate standard.

4.2 Supervisors and assessors – attributes, roles and responsibilities - [new moved from 8]

Significant change: Structure change to emphasise importance of supervision in the delivery of the program. Content from previous standard 8.

Original statement	Revised statement	Notes on change
8.1.1 Interns are supervised at all times and at a level appropriate to their experience and responsibilities.	4.2.1 Prevocational doctors are supervised at all times at a level and with a model that is appropriate to their experience and responsibilities.	Added structure of supervision. Added further information in the notes regarding minimum supervision requirements.
8.1.3 Intern supervisors understand their roles and responsibilities in assisting interns to meet learning objectives, and demonstrate a commitment to intern training.	4.2.2 Prevocational supervisors understand their roles and responsibilities in assisting prevocational doctors to meet learning objectives and throughout assessment processes.	Moved section on attributes to 5.2.3. Included understanding assessment requirements. Minor wording change in response to feedback.
8.1.2 Supervision is provided by qualified medical staff with appropriate competencies, skills, knowledge, authority, time and resources to participate in training and/or orientation programs	4.2.3 Supervision is provided by qualified medical staff with appropriate competencies, skills, knowledge, and demonstrate a commitment to prevocational training.	Included section of previous 8.1.3 on attributes of supervisor. Additional information added to notes in response to stakeholder feedback.
8.1.5 Staff involved in prevocational training have access to professional development activities to support quality improvement in the prevocational training program.	~~4.2.4 The prevocational training program requires supervisors to have training in supervision and assessment, including participating in professional development activities to support quality improvement in the prevocational training.~~ 4.2.4 The prevocational training program ensures that their supervisors have training in supervision, assessment, and cultural safety, including participating in professional development activities to support quality improvement in the prevocational training program.	Strengthened requirement for training on training. Revised standard developed by the AMC Aboriginal and Torres Strait Islander and Māori Standing Committee Sub Group.
New	4.2.5 The prevocational training program includes a supervision role for a qualified and senior medical practitioner with longitudinal	Strengthening requirement for principles of longitudinal supervision. Note this

	educational oversight of the prevocational doctors. (Based on MCNZ wording)	might be DCT and health services might also include another longitudinal educational supervisor. In response to feedback additional information added to notes to clarify DCT roles.
5.4 Assessor's training	4.2.6. The prevocational training program has processes for ensuring those assessing prevocational doctors (including registrars and panel members) have relevant capabilities and understand the required processes.	Moved from standard 5 – about assessors No further changes.

Notes

Revised notes	**Summary of changes**
Each term should have clear and explicit supervision arrangements. The following roles should be covered in the prevocational doctor supervision structure, although an individual clinician might perform more than one of these roles: • Term supervisor - is the person responsible for orientation and assessment across the term and this person should not change across the term. Might also be the primary supervisor. • Clinical supervisor(s) (primary) – is the supervisor with consultant level responsibility for the management of patients in the relevant discipline that the prevocational doctor is caring for. The consultant in this role might change and could also be the term supervisor. • Clinical supervisor(s) (day to day) – e.g. registrar. This supervisor has direct responsibility for patient care, provides informal feedback, and contributes information to assessments. The person in this role should remain relatively constant and would normally be at least PGY3 level. *Note: if not constant requires good infrastructure to support communication between supervisors. Other members of the healthcare team may also contribute to supervising the prevocational doctor's work. All those who teach, supervise, counsel, employ or work with prevocational doctors are responsible for patient safety. Patient safety will be protected through explicit and accountable supervision. Supervision includes more senior medical staff directly and indirectly monitoring prevocational doctors. It also refers to providing training and feedback to assist prevocational doctors to meet the *Registration standard – Australian and New Zealand graduates*. Prevocational training providers may offer training for prevocational training supervisors in performance management and communication skills. An expectation that specific cultural safety training/professional development has been undertaken in Aboriginal and Torres Strait Islander health, that ensures their capacity to support prevocational doctors to meet the learning	**Notes will be reviewed** once changes to standards agreed, including to: • Clarify expectations of revised two-year training and assesment framework • Set expectations for training including recognition of prior learning for assessor training (some formal training in two-year time frame not within standards) • Roles and support for registrars • Clarify the supervision roles incuding the role of longitudinal supervisor. • Link to MBA requirements as well as list of types of supervisors currently in the guidelines – in the notes • Define what we mean by 'registrar' as it can refer to PGY2s in specialist training program. • Clarify how supervisors demonstrate commitment to training - e.g. availability, engagement etc. • Separate senior management and roles and responsibilities of the DCT/ longitudinal oversight.

outcomes statements regarding Aboriginal and Torres Strait Islander health.	

4.3 Supervisor support

Original statement	Revised statement	Notes on change
8.1.5 Staff involved in intern training have access to professional development activities to support quality improvement in the intern training program.	4.3.1 Staff involved in prevocational training have access to professional development activities to support quality improvement in the prevocational training program.	Note takes out of alignment with heading. No further change.
8.1.4 The intern training program regularly evaluates the adequacy and effectiveness of intern supervision.	4.3.2 The prevocational training program regularly evaluates the adequacy and effectiveness of prevocational doctor supervision.	No further change.
	4.3.3 The prevocational training program supports supervisors to fulfill their training roles and responsibilities.	Strengthned that supervisors are supported to fulfill their roles and responsibilities. No further change.

4.4 Formal education program

Original statement	Revised statement	Notes on change
4.1 Interns have access to a formal education program in addition to work-based teaching and learning.	4.4.1 The training program provides postgraduate year 1 doctors with a quality formal education program that is relevant to their learning needs and supports them to meet the training outcomes that may not be available through completion of clinical activities.	Statement separated in PGY1 and PGY2. Including a focus on quality and relevance of the program. Wording revised in response to feedback.
New	4.4.2 The training program monitors and supports postgraduate year 2 doctors with access to education programs that are flexible, relevant to their learning needs.	Statement separated in PGY1 and PGY2. Flexibility to meet learner needs. No further changes.
3.1.3 Interns participate in formal orientation programs, which are designed and evaluated to ensure relevant learning occurs.	4.4.3 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.	Clarified requirement for health service to provide and enable access to. No further changes.
4.3 The health service ensures dedicated time for the formal education program	4.4.4 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.	Strengthened support to attend formal education sessions. Change in response to feedback.

Notes

Revised notes	Summary of changes

Formal education programs normally include: • A program which is guided by the Prevocational outcome statements • Sessions with senior medical practitioners and other health professionals. • Opportunities to develop and practice clinical skills within a simulated environment. • Orientation to the overall program and site occurs at the beginning of the year. Orientation at the start of each term is equally important and is usually supported with a written term description. Where prevocational doctors enter a new site at the beginning of a term, the orientation to the site should also occur at this time. In this orientation, the health service will ensure the prevocational doctor is ready to commence safe, supervised practice in the term. Induction and orientation processes should cover employer policies and procedures, particularly in relation to rights and responsibilities, supervision, assessment and performance management, trainee welfare and support, and grievance handling procedures.	**Notes will be reviewed** once changes to standards confirmed, including to: • Clarify expectations of revised two-year training and assesment framework No further changes.

4.5 Facilities

Original statement	Revised statement	Notes on change
8.3.1 The intern training program provides the educational facilities and infrastructure to deliver intern training, such as access to the internet, library, journals and other learning facilities, and continuing medical education sessions	4.5.1 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.	Note intention to ensure updated to reflect online nature of clinical resources and simulation/technology. Revisions made in response to feedback.
8.3.2 The intern training program provides a safe physical environment and amenities that support the intern.	4.5.2 The prevocational training program provides a safe physical environment and amenities that support prevocational doctor learning and wellbeing.	Note - Appropriate facilities to support after hours work. Change made in response to feedback.

Notes

Revised notes	Summary of changes
To be drafted.	**Notes will be reviewed** once changes to standards confirmed, including to: • Include reference to simulation, online clinical resources, quiet study spaces.

5 The prevocational training program - Prevocational doctors

Significant change: Prevocational doctor involvement in the governance of training has been moved to standard 1. Revision and strengthening of standards related to welfare and support.

5.1 Appointment to program and allocation to terms

Original statement	Revised statement	Notes on change
7.1.1 The processes for intern appointments: • are based on the published criteria and the principles of the program concerned • are transparent rigorous and fair.	5.1.1 The processes for appointment 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 • have clear processes where disputes arise	Separate appointment to programs from term allocation. Acknowleding appointment to programs is a separate process. Additional text added to strengthen cultural safety and procedural fairness.
Based on original 7.1.1.	5.1.2 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 • have clear processes where disputes arise	As per above. Additional text added to strengthen cultural safety and procedural fairness.

Notes

Revised notes	Summary of changes
These standards deal only with the processes for allocating prevocational doctors to terms and specific health services within the prevocational training program. The processes for selecting prevocational doctors for employment purposes are outside the scope of these standards. However it is expected that training providers would seek to proactively recruit Aboriginal and Torres Strait Islander doctors.	**Notes will be reviewed** once changes to standard confirmed. Noting that appointment to programs is different in each jurisdiction.

5.2 Wellbeing and support

Standards strengthened and clarified. Separated standards to reflect wellbeing of the whole cohort, strategies for individuals and career counselling. Additional standard to be developed for Aboriginal and Torres Strait Islander Doctors.

Original statement	Revised statement	Notes on change
7.2.1 The intern training provider promotes strategies to enable a supportive learning environment	5.2.1 The prevocational training provider develops, implements and promotes strategies to enable a supportive training environment and optimise prevocational doctor wellbeing.	Clarfified focus on the culture of the whole cohort. Change made in response to feedback.
7.2.2 The duties, rostering, working hours and supervision of interns are consistent with delivering high-quality, safe patient care.	5.2.2 The duties, rostering, working hours and supervision arrangements of prevocational doctors are consistent with the *Training Environment – National standards and guidelines for prevocational (PGY1 & PGY2) training programs* and in line with principles of delivering safe and high-quality patient care.	Wording changes to clarify meaning. Focus on supervision 'arrangements', not just individuals. No further changes.
7.2.3 The intern training provider has policies and procedures aimed at identifying, addressing and preventing bullying, harassment and discrimination. These policies and procedures are publicised to interns, their supervisors, and other team members.	5.2.3 The prevocational training provider has systems in place, including policies and procedures to effectively identify, address and prevent bullying, harassment and discrimination. These policies and procedures are publicised to prevocational doctors, their supervisors, and other team members.	Strengthened to reflect system requirements. Minor change in response to feedback.
	5.2.4 The training provider implements and evaluates strategies regarding the workplace safety of Aboriginal and Torres Strait Islander prevocational doctors. [linked to NQHS standards]	Separate consultation occurring. New standard developed by the AMC Aboriginal and Torres Strait Islander and Māori Standing Committee Sub Group
7.2.4 The intern training provider makes available processes to identify and support interns who are experiencing personal and professional difficulties that may affect their training, as well as career advice and confidential personal counselling. These services are publicised to interns, their supervisors, and other team members.	5.2.5 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.	Separated career advice into a new standard. No further changes.
New	5.2.6 The procedure for accessing appropriate professional development leave is published, reasonable and practical.	No further changes.

New	5.2.7 The prevocational training provider makes available services to provide career advice to prevocational doctors.	Separated from individual counselling standard. No further changes.

Notes

Revised notes	Summary of changes
Ensuring prevocational doctors can meet their educational goals and service delivery requirements within safe working hours is the responsibility of all parties. This protects both the prevocational doctor's wellbeing and patient safety. The *Good Medical Practice* guide discusses fatigue management and expectations for safe working hours. Prevocational training providers can provide a supportive learning environment by: • promoting strategies to maintain health and wellbeing • including mental health and cultural safety • providing professional development activities to enhance understanding of wellness and appropriate behaviours, and • ensuring availability of confidential support and complaint services. The prevocational training provider should have mechanisms for identification, management and support for prevocational doctors who have experienced or witnessed discrimination, bullying and sexual harassment. These mechanisms should give consideration to the principle of confidentiality. They should make all efforts to ensure no repercussions for prevocational doctors reporting concerns regarding experienced or witnessed discrimination, bullying and sexual harassment. The provider should include information about these mechanisms in their education program. Prevocational training providers should provide access to support for prevocational doctors that is free from conflicts of interest such as involvement in assessment, progression and employment decisions. An expectation that the service has developed specific cultural safety training/professional development for staff to create a culturally safe workplace for Aboriginal and Torres Strait Islander prevocational doctors.	**Notes will be reviewed** once changes to standard confirmed including to: • Reflect requirements of revised two year framework • Consider requirement for medical schools to exchange information with prevocational providers to support graduates in transitions [MDANZ] • Consider medical school standards review. Revision made in response to feedback about the importance of confidentiality/ anonymity. Wording to be refined further.

5.3 Communication with prevocational doctors

Original statement	Revised statement	Notes on change
7.4.1 The intern training program informs interns about the activities of committees that deal with intern training.	5.3.1 The prevocational training program provides clear and easily accessible information about the training program, including outcomes of evaluation.	Changed order. Added reference to monitoring and evaluation. No further changes.
7.4.2 The intern training program provides clear and easily accessible information about the training program.	5.3.2 The prevocational training program informs prevocational doctors about the activities of committees that deal with prevocational training.	Responsibility to communicate on the health service – notes clarify or

		standards strengthened No further changes.

5.4 Resolution of training problems and conflicts

Original statement	Revised statement	Notes on change
7.5.1 The intern training provider supports interns in addressing problems with training supervision and training requirements, and other professional issues. The processes are transparent and timely, and safe and confidential for interns.	5.4.1 The prevocational training provider supports 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.	No further changes.
7.5.2 The intern training provider has clear, impartial pathways for timely resolution of professional and/or training-related disputes between interns and supervisors, or interns and the health service.	5.4.2 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.	Changes made to reflect broader than supervisors, can be team. No further changes.

Notes

Revised notes	Summary of changes
Prevocational doctors need clear advice on what they should do in the event of conflict with their supervisor or any other person involved in their training. Clear statements concerning the supervisory relationship can avert problems for both prevocational doctors and supervisors. Processes that allow prevocational doctors to raise difficulties safely would typically be processes that give prevocational doctors confidence that the provider will act fairly and transparently, that prevocational doctors will not be disadvantaged by raising legitimate concerns, and that their complaint will be acted upon in a timely manner. Prevocational doctors who experience difficulties often feel vulnerable in raising questions about their training, assessment or supervision, even anonymously, and can be concerned about being identified and potentially disadvantaged as a consequence. Often the same individuals hold positions in the prevocational training provider and senior supervisory positions in hospitals and health services, which may lead to conflicts of interest, especially if the prevocational doctor has a grievance about either their employment or training. Clear procedures are required to remove the disincentives for prevocational doctors to raise concerns about their training or employment.	**Notes will be reviewed** once changes to standard confirmed, including to: • Reflect requirements of revised two-year framework

6 Monitoring, evaluation and continuous improvement

Significant change: Structure change – standard moved to the end of the document. Separated into process for monitoring then process for acting on and/or communicating about the outcomes.

6.1 Program monitoring and evaluation

Original statement	Revised statement	Notes on change
6.1 The intern training provider regularly evaluates and reviews its intern training program and terms to ensure standards are being maintained. Its processes check program content, quality of teaching and supervision, assessment and trainees' progress.	6.1.1 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 trainees' progress.	Nil.
6.2 Supervisors contribute to monitoring and to program development. Their feedback is sought, analysed and used as part of the monitoring process.	6.1.2 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.	Statement more broad than supervisors. No further changes.
6.3 Interns 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.	6.1.3 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.	Nil.
5.1.4 Intern assessment data is used to improve the intern training program.	6.1.4 The prevocational training program uses internal and external sources of data in its evaluation and monitoring activities, such as surveys and assessment data.	Standard moved and expanded to consider external surveys such as the Medical Training Survey. No further changes.

Notes

Revised notes	Summary of changes
Prevocational doctor feedback is to form part of the evaluation of the prevocational training program, including the formal education program.	**Notes will be reviewed** once changes to standards confirmed, incldluing to: • Reflect requirements of revised two-year framework Revised notes in response to stakeholder feedback. Add notes regarding use of external sources of data (e.g. MTS).

6.2 Evaluation outcomes and communication - [separated to reflect requirement to act on/and or communicate outcomes of evaluation]

Original statement	Revised statement	Notes on change
New	6.2.1 Outcomes of evaluation activities are communicated to those involved in the prevocational training program, including prevocational doctors and supervisors.	Closing the feedback loop.
6.4 The intern training program acts on feedback and modifies the program as necessary to improve the experience for	6.2.2 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.	Nil.

interns, supervisors and health care facility managers.		

Notes

Revised notes	Summary of changes
Prevocational doctors need to be informed by the prevocational training provider, with assistance from the prevocational training accreditation authorities, about the processes involved in program evaluation and development, why it is important to engage with these processess, as well as the outcomes of these processes. Prevocational doctor feedback is to form part of the evaluation of the prevocational training program, including the formal education program.	**Notes will be reviewed** once changes to standards confimed, including to: • Reflect requirements of revised two-year framework Revised in response to stakeholder feedback to include mechanisms to consider prevocational doctor feedback on education sessions. To add: Strengthening of transparent, multidirectional communication about training programs incorporating change and development.

3. Prevocational training – Requirements and guidelines for terms and programs

Introduction

Note: Further changes to be made to introduction. Current changes to reflect expansion to PGY2, changes to two-year framework and increased emphasis on reflecting the health needs of Australian community.

This section of the document outlines the experience that prevocational doctors should obtain during their programs. The requirements for PGY1 build on the Medical Board of Australia's *Registration standard – Australian and New Zealand graduates*.

These guidelines should be read alongside *Training and assessment - Requirements for prevocational (PGY1 and PGY2) training programs*, which provide a guide for prevocational training over the first two years. The work-based learning opportunities described in these guidelines should allow prevocational doctors to develop the required learning outcomes, which supervisors will then assess against the *Entrustable Professional Activities* and the *Term assessment form*.

Health services seeking accreditation as prevocational training providers need to demonstrate that they have processes to approve terms meeting the requirements in these guidelines, as well as *National standards for programs*.

Training needs to reflect health needs of the Australian community therefore should occur in a range of settings. These guidelines recognise a need for greater flexibility in the location and nature of clinical experience offered during the prevocational years, particularly experience outside major hospitals. Prevocational doctors may undertake their work-based clinical experience across a number of settings, even within a specific term. The Australian Medical Council (AMC) also acknowledges that as models of care evolve and change, prevocational training will evolve and change in response. These guidelines support innovation in defining clinical experiences in diverse health settings, while maintaining the quality of the clinical experience.

Update since last consultation

In the last consultation period concepts for change were proposed. The guidelines have been reviewed in line with proposed changes and response to stakeholder feedback provided during the March – April 2021 formal consultation period. The decision to replace current mandatory term requirements formed part of the September – November 2020 formal consultation period. Stakeholder feedback from both the September – November 2020 and March – April 2021 consultation periods was generally supportive of the move towards an outcomes-based approach, as long as generalism was ensured and current other benefits of the mandatory term requirements were protected.
A summary changes made or confirmed since the last consultation are summarised in the table below.

Stakeholder Feedback	Response
<u>Overall</u> There is broad support for the changes to this section of the Framework. Feedback received in sessions with health service representatives across jurisdictions and formal consultation feedback suggested further clarity and restructuring was required.	• The review will continue with the proposal to replace the current mandatory term requirements. • Proposed parameters have been re-structured into program level requirements and term level requirements, and re-classified by intent.
<u>Proposed parameters</u> Many stakeholders agree the suggested parameters meet the proposed aims, with strong stakeholder support for promoting generalism and for reflecting the	• Parameters have been restructured and wording has been clarified to address feedback. • The AMC has provided examples of how

reality of health care delivery and settings. Further clarity was requested, especially definitions of “service terms”, “after-hours”, “being part of a team”, “major discipline” and “sub-specialty discipline”. • Breadth parameters: General agreement that the four areas of care (A, B, C, D) are appropriate. The main concerns were whether small sites could offer all 4 care types, and if a term could be classified in more than one area and how this would be determined.	current terms fit into proposed parameters at the end of this document.
<u>Maximum length of PGY2 training</u> Stakeholders gave mixed feedback regarding the maximum period of 3 years to complete PGY2 training.	• Requirements regarding length of training should be clearly stated to provide national standardisation. • The review is proposing to extend the maximum time to complete PGY2 to 4 years.
<u>Different requirements for PGY1/2</u> There is broad support for the difference in proposed parameters for PGY1 and PGY2 and strong support for increased flexibility in PGY2.	• The goal of the review is that PGY1 and PGY2 doctors have broad exposure across a range of disciplines or specialties. • A requirement for all prevocational trainees to work outside standard hours (with appropriate supervision) will be moved into the standards
<u>Mandated community terms</u> There was broad in principle support for the proposal to introduce mandatory community terms in the future to reflect the reality of patient care, to provide a valuable learning experience and to help address workforce issues. Positive feedback was received regarding the Prevocational General Practice Placements Program (PGPPP). Stakeholders’ main concern was resource constraints and it was suggested that funding to support community terms would be required, and potentially changes to Medicare billing rules. Stakeholders also want to ensure that prevocational doctors would not be disadvantaged by variability between GP settings.	• The review will continue to recommend mandatory community terms at some time in the future.

Guidelines and requirements for terms and programs

General

Revised	Summary of changes
Prevocational training allows medical graduates to consolidate and apply clinical knowledge and skills while taking increasing responsibility for the provision of safe, high quality patient care. All terms should include quality supervision with feedback and a range of clinical experiences and learning opportunities. Experiences should be planned, and continuous or longitudinal. Work-based learning opportunities should allow prevocational doctors to achieve required learning outcomes, which supervisors will assess using the term assessment form and entrustable professional activities. Terms may be undertaken across a range of clinical settings and specialty disciplines, providing prevocational doctors with a broad variety of clinical learning opportunities, including different supervision arrangements. The prevocational training program needs to provide a program and terms that deliver the training environment and training and assessment requirements of the two-year framework (including opportunities to achieve the prevocational outcome statements and assess the entrustable professional activities).	In response to stakeholder feedback strengthen link to standards regarding formal education program for PGY2s. No further changes.

Required parameters

The following summarises program and term requirements. Health services seeking accreditation as intern training providers need to demonstrate that they have processes to approve terms meeting the requirements. Based on stakeholder feedback from the formal consultation period in March – April 2021 and workshops with health services across jurisdictions a number of changes have been made to improve clarity of the requirements, including re-structuring and revising the wording. The parameters have been separated into program level requirements and term level requirements.

PROGRAM LEVEL REQUIREMENTS		SUMMARY OF CHANGE
Quality requirements for all programs and terms	Programs and terms will be accredited against the national accreditation standards. The following standards are of particular relevance to the quality of the learning experiences expected in programs and terms: 1. Adequate supervision (Standard 4.2) 2. Training and assessment according to national requirements (Standard 3.3) 3. Longitudinal oversight (Standards 3.4 and 4.2) 4. Continuity of supervision and priority of learning (Standard 4.2)	Pulled together parameters that relate to quality of the learning experiences and are within the national accreditation standards and reference them specifically.
Program length	**PGY1 and PGY2:** Minimum of 47 weeks (inclusive of professional development leave). Note: A maximum absence of 10 working days within the 47 weeks (e.g. for sick leave, personal leave or carer's leave) will go to the assessment panel for review. **PGY2:** If the 47 weeks requirement is not met due to remediation requirements from PGY1 in PGY2 (e.g. repeating a PGY1 term in PGY2) the assessment panel will have	Clarified text regarding the maximum absence of 10 days. Intended to support the prevocational doctor.

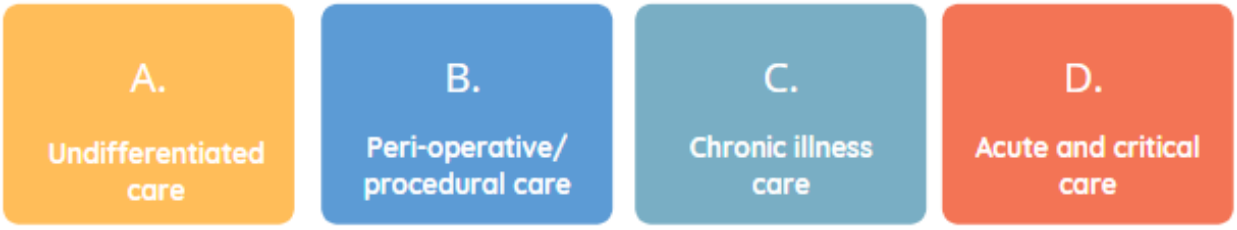
	discretion to certify the individual based on successful remediation and consensus the individual has longitudinally met the outcomes of PGY1 and PGY2 and level expected at the end of PGY2. • **PGY1:** Maximum 3 years to complete (current requirement) • **PGY2:** Maximum 4 years to complete (extended)	Clarified impact of remediation of PGY1 in PGY2. Expanded to 4 years in PGY2)
Program structure	• **PGY1:** Minimum 4 terms (at least 10 weeks) in different specialties (Maximum of 50% any specialty and 25% subspecialty in a year) * • **PGY2:** Minimum 3 terms (at least 10 weeks) in different subspecialties. (More flexibility permitted, breadth is encouraged maximum of 25% in subspecialty)* • **PGY1 and PGY2:** Maximum of 5 terms in each year. **Note: Intention that PGY1 and PGY2 get breadth of exposure across range of specialties (link to clinical exposures below). More flexibility in requirements for range in PGY2 but breadth is still encouraged.*	Notes will define sub/spec in this context.
Program content - clinical experiences	**PGY1:** • Generalist experience and foundational skills preparing for future practice. Exposure to patients in 1 or 2 of the following in each term: 1. undifferentiated patient care 2. peri-procedural patient care 3. chronic illness patient care 4. acute & critical illness care **PGY2:** • Generalist experience and foundational skills preparing for future practice. Exposure to patients in 1 or 2 of the following in each term: 1. undifferentiated patient care 2. chronic illness patient care 3. acute & critical illness care • One elective term not involving direct clinical care allowed in PGY2. **Other recommended areas in PGY1 and PGY2:** • Range of settings to facilitate understanding of the full context of the healthcare setting (e.g. community/ rural/ metropolitan) • Ambulatory care • Critical care (ICU/ED/Anaesthetics) • Mental health • Multidisciplinary team care • Across the life cycle (acknowledging difficulty in gaining paediatric experience)	Further clarified. At least 1 or 2 of everything in each term. Changed order to emphasise importance of experience across the full context of the healthcare setting.
Clinical teams	Prevocational doctors should be embedded in a clinical team for at least half of each year. Being part of a clinical team should provide opportunities for regular interactions with a nominated supervisor. Examples might include being a member of a general surgical team, member of an intensive care team, working in the emergency department or a general practice. A rotation to an admission ward or short stay ward with multiple different supervisors	

	would not normally be considered being part of a clinical team.	
Service terms	Maximum time spent in service terms: • **PGY1:** maximum of 20% of the year (e.g. no more than 1 term in 4 or 5 term year) • **PGY2:** maximum of 25% of the year Service term in this context is referring to terms that have: • discontinuous learning experiences such as limited access to the formal education program or regular unit learning activities • less or discontinuous overarching supervision (e.g. nights with limited staff)	Specifying definition of service term. Consider using a different word.

TERM LEVEL REQUIREMENTS		
Requirements for all terms	Programs and terms will be accredited against the national accreditation standards and must meet the training and assessment requirements. Term descriptions must define: 1. Term name 2. Term length 3. Supervision (including name and model of supervision) 4. Team – Definition of team composition and continuity (ward based/ clinical) 5. Role description 6. Specialty/ department 7. Clinical experiences (1 or 2 of the following) (including main clinical learning experience 1. Undifferentiated patient, 2. Peri-procedural, 3. Chronic illness care, acute & critical illness care OR non-clinical elective (PGY2 only)) 8. Learning outcomes (including which EPAS could be assessed) 9. Pre-requisite learning (if relevant) 10. Timetable (provide example including formal education program, afterhours, normal working hours etc.)	Separated program and term requirements.

Breadth of clinical experience

The prevocational program must provide clinical experiences in A – D in PGY1 and A, C and D in PGY2. Providers should identify terms in which significant experience in direct clinical care of patients in the following areas occur, and this should be documented in term descriptions.



A. Clinical experience in undifferentiated care

Prevocational trainees must have experience in caring for, assessing and managing patients with undifferentiated illnesses. Learning activities include admitting, formulating an assessment, presentation and clinical handover. This means the prevocational doctor has clinical involvement, at the point of first presentation and when a new problem arises. This might occur working in a range of settings such as in an emergency department or general practices.

B. Clinical experience in peri-operative/ procedural care

Prevocational trainees have experience in caring for patients undergoing procedures including pre-peri and post-operative phases of care. Clinical experience in all care phases for a range of common surgical conditions/procedures. Learning activities include pre-admission, intraoperative care/attendance in theatre, peri-operative management, post-operative care and longitudinal outpatient follow up. This might occur working in a range of settings such as in interventional cardiology, radiology, anaesthetic units or surgical units.

C. Clinical experience in chronic illness care

Prevocational trainees must have experience in caring for patients with a broad range of chronic diseases and multi-morbidity with a focus on incorporating the presentation into the longitudinal care of that patient. Learning activities include appreciation of the context of this illness in the setting of their co-morbidities, social circumstance and functional capacity. Working with multidisciplinary care team to support patients, complex discharge planning and a focus on longitudinal care and engagement with ongoing community care teams. This might occur working in a range of settings such as a medical ward, general practice, outpatient clinics, rheumatology, rehabilitation or geriatric care.

D. Clinical experience in acute and critical care

Prevocational trainees must have experience assessing and managing patients with acute illnesses, including participating in the care of the acutely unwell or deteriorating patient. Learning activities include to recognise, assess, escalate appropriately, and provide immediate management to deteriorating and acutely unwell patients. This experience could be gained working in a range of settings such as acute medical, surgical or emergency departments.

Strongly recommended experiences across the two prevocational years:

- Ambulatory care
- Critical care (ICU/ED/Anaesthetics)
- Mental health
- Multidisciplinary team care
- Across the life cycle (acknowledging difficulty in gaining paediatric experience)
- Range of settings to facilitate understanding of the full context of the healthcare setting (e.g. community/ rural/ metropolitan)
- PGY2 should also allow for experience in elective terms in roles not involving direct clinical care (e.g. teaching, research and administration)

Terms that provide exposure to the required clinical experiences

Note: This document is provided as an example only. The way in which terms are classified may be dependent on a range of factors including the setting, medical staff mix, volume and acuity of patients, access to outpatient clinics, ambulatory care and other settings, as well as the designated roles and responsibilities of prevocational trainees within that term. This implies that not all terms within the same speciality will necessarily be classified in the same way, but instead will be dependent on the local clinical context, patient case mix and available learning opportunities.

While it is recognised that some terms may offer exposure in all four areas of patient care, the intention is to classify terms according to the principal one (or two) areas of patient care that a prevocational trainee will *primarily* gain exposure to, during that term.

Term	A. Undifferentiated patient care	B. Peri-procedural patient care	C. Chronic illness patient care	D. Acute and critical illness patient care
Acute Medical Unit/ MAU	✓			✓
Cardiology			✓	✓
Dermatology*			✓	✓
Endocrinology*			✓	✓
Gastroenterology		✓		✓
General Medicine			✓	✓
Geriatrics			✓	✓
Haematology				✓
Hepatology			✓	✓
Hospital in the Home (HITH)/ Acute Post-Acute Care (APAC)		✓	✓	
Infectious Diseases				✓
Interventional cardiology		✓		✓
Medical Oncology				✓
Nephrology				✓
Neurology				✓
Palliative Medicine			✓	
Radiation Oncology				✓
Rehabilitation			✓	
Renal			✓	✓
Respiratory Medicine			✓	✓
Rheumatology (with outpatient clinics)			✓	✓
Acute General Surgical Unit				✓
Breast Surgery**		✓		
Cardiothoracic Surgery**		✓		
Colorectal Surgery**		✓		
ENT Surgery				✓
General Surgery**		✓		✓
Maxillo-facial Surgery				✓
Neurosurgery				✓
Ophthalmology			✓	✓
Orthopaedics**		✓		
Plastic Surgery**		✓		
Paediatric Surgery**		✓		✓
Surgical Oncology**		✓		
Surgical Unit (ward based term)				✓
Transplant surgery**		✓		

Term	A. Undifferentiated patient care	B. Peri-procedural patient care	C. Chronic illness patient care	D. Acute and critical illness patient care
Trauma	✓			✓
Upper GI Surgery**		✓		✓
Urology**		✓		
Vascular Surgery**		✓		
Anaesthetics		✓		✓
Emergency care	✓			✓
Intensive Care		✓		✓
Drug and alcohol medicine			✓	
General Practice	✓		✓	
Medical imaging (Radiology)		✓		
Nights/ Relief	✓			✓
Obstetrics		✓		✓
Paediatrics	✓		✓	✓
Psychiatry			✓	✓
Non-direct clinical care (PGY2 only)				
Pathology				
Medical Education				
Medical Administration				
Quality and Safety				

* By way of example, in these terms, prevocational trainees are expected to attend and have a role in outpatient clinics.
** By way of example, in these terms, prevocational trainees are expected to attend and have a role in scheduled weekly theatre sessions, (noting that not all surgical terms offer prevocational trainees, opportunities to regularly attend the operating theatre).

Glossary [to be updated]

Assessment	The systematic process for measuring and providing feedback on the intern's progress or level of achievement. This assessment occurs in each term against defined criteria.
Certification	The final sign-off to the Medical Board of Australia that the intern has completed the statutory requirements for general registration.
Clinical supervisor	A medical practitioner who supervises the intern while they are assessing and managing patients. The AMC defines a suitable immediate clinical supervisor as someone with general registration and at least three years' postgraduate experience. The Primary Clinical Supervisor should be a consultant or senior medical practitioner.
Director of Clinical Training	A senior clinician with delegated responsibility for implementing the intern training program, including planning, delivery and evaluation at the facility. The Director of Clinical Training also plays an important role in supporting interns with special needs and liaising with term supervisors on remediation. Also known as the Director of Prevocational Education and Training (DPET) in some states. Other terms may be used in community or general practices.
Director of Medical Services	A senior medical administrator who leads the medical workforce at a facility. Also known as the Executive Director of Medical Services (EDMS). Other terms may be used in community or general practices.
Formal education program	An education program the intern training facility provides and delivers as part of the intern training program curriculum. Sessions are usually weekly and involve a mixture of interactive and skills-based face-to-face or online training.
Intern	A doctor in their first postgraduate year and who holds provisional registration with the Medical Board of Australia.
Intern training program	A period of 47 weeks of mandatory, supervised, work-based clinical training that includes medicine, surgery and emergency medical care terms to meet regulatory requirements. The program also includes orientation, formal and informal education sessions and assessment with feedback, and it may be provided by one or more intern training providers. Also called PGY1.
Intern training provider	The organisation that provides supervised clinical practice, education and training, and that is responsible for the standard of the intern training program. Providers may be a hospital, community, general practice setting, or a combination of these.
PGY	Postgraduate year, usually used with a number to indicate the number of years after graduation from medical school. For example, PGY1 is the first postgraduate year, also known as internship.
Term	A component of the intern training program, usually a nominated number of weeks in a particular area of practice. Also called clinical rotation, post, or placement.
Term Supervisor	The person responsible for intern orientation and assessment during a particular term. They may also provide clinical supervision of the intern along with other medical colleagues.