

NATIONAL
FRAMEWORK FOR
PREVOCATIONAL
(PGY1 AND PGY2)
MEDICAL TRAINING

 Australian
Medical Council Limited

Quality assurance



AMC domains and procedures for assessing and accrediting
prevocational (PGY1 and PGY2) training accreditation authorities

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Acknowledgement of country



The Australian Medical Council acknowledges Aboriginal, Torres Strait Islander Peoples and Māori Peoples as the Traditional Custodians of the lands the AMC works upon.

We pay respects to Elders past, present and emerging and acknowledge the ongoing contributions that Indigenous Peoples make to all communities. We acknowledge the government policies and practices that impact on the health and wellbeing of Indigenous Peoples and commit to working together to support healing and positive health outcomes.

The AMC is committed to improving outcomes for Aboriginal, Torres Strait Islander and Māori Peoples through its assessment and accreditation processes including equitable access to health services for First Nations Peoples.

National Framework for Prevocational Medical Training

The National Framework for Prevocational Medical Training describes the standards for the first two post graduate years for prevocational doctors in Australia. The AMC acknowledges and appreciates the Aboriginal and Torres Strait Islander individuals and organisations that provided feedback and contributed to the development of the National Framework for Prevocational Medical Training.

The National Framework for Prevocational Medical Training review and development work was supported by the AMC Aboriginal, Torres Strait Islander and Māori Committee. The AMC has strengthened the requirements for Aboriginal and Torres Strait Islander health content across the Framework to better support Aboriginal and Torres Strait Islander patients and doctors. The AMC will ensure continuous improvement of the education and accreditation standards to ensure the domestic and international medical graduates registered to practice in Australia are contributing to a culturally safe workforce for Aboriginal, Torres Strait Islander and Māori colleagues and clients. The AMC is committed to future strengthening of these requirements within the Framework.

About this document

This document outlines the national criteria that the Australian Medical Council (AMC) uses for reviewing the performance of authorities that assess and accredit PGY1 and PGY2 training programs. It contains two stand-alone sections:

SECTION 2

Domains for assessing and accrediting prevocational training accreditation authorities

SECTION 3

Procedures for assessing and accrediting prevocational training accreditation authorities

These domains and procedures are part of the National Framework for Prevocational (PGY1 and PGY2) Medical Training, which describes how doctors are trained and assessed in their first two years after medical school, and sets standards that contribute to good quality training. The complete National Framework components and their relevant documents are:

- **Training and assessment** – *Training and assessment requirements for prevocational (PGY1 and PGY2) training programs*
- **Training environment** – *National standards and requirements for prevocational (PGY1 and PGY2) training programs and terms*
- **Quality assurance** – *AMC domains and procedures for assessing and accrediting prevocational (PGY1 and PGY2) training accreditation authorities (this document).*

This document expands the scope of the previous version to incorporate a two-year prevocational framework. Australian Medical Council (AMC) accreditation of authorities' PGY1 accreditation is a requirement of the Medical Board of Australia's *Registration standard – Granting general registration as a medical practitioner to Australian and New Zealand medical graduates on completion of intern training*. AMC accreditation of authorities' PGY2 accreditation was a recommendation of the 2015 Council of Australian Government's National Review of Medical Intern Training¹, accepted by health ministers in 2018.

1. Wilson W, Feyer AM 2015, Review of medical intern training final report, Council of Australian Governments Health Council.

Figure 1 – Overview of the National Framework for Prevocational Medical Training

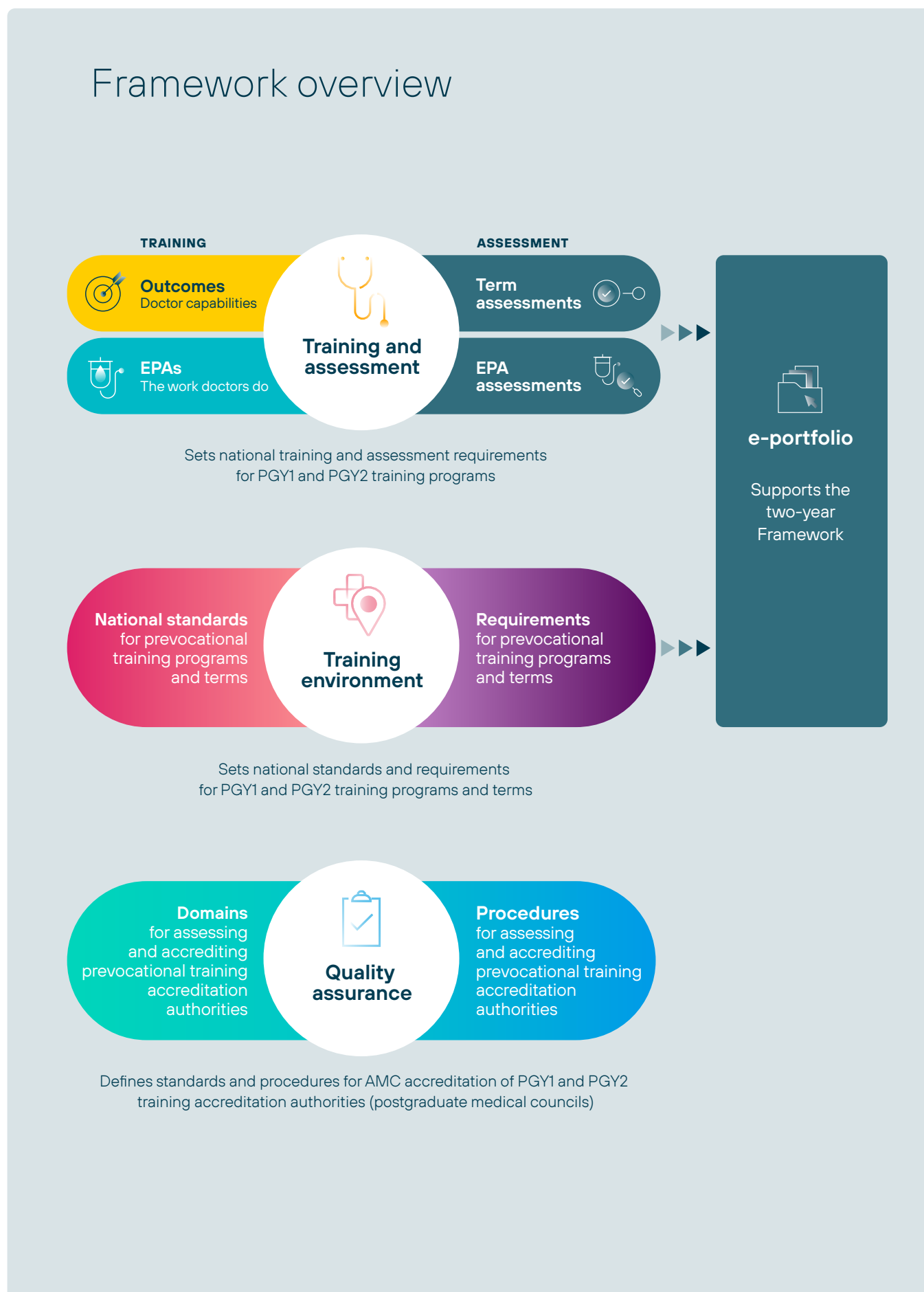
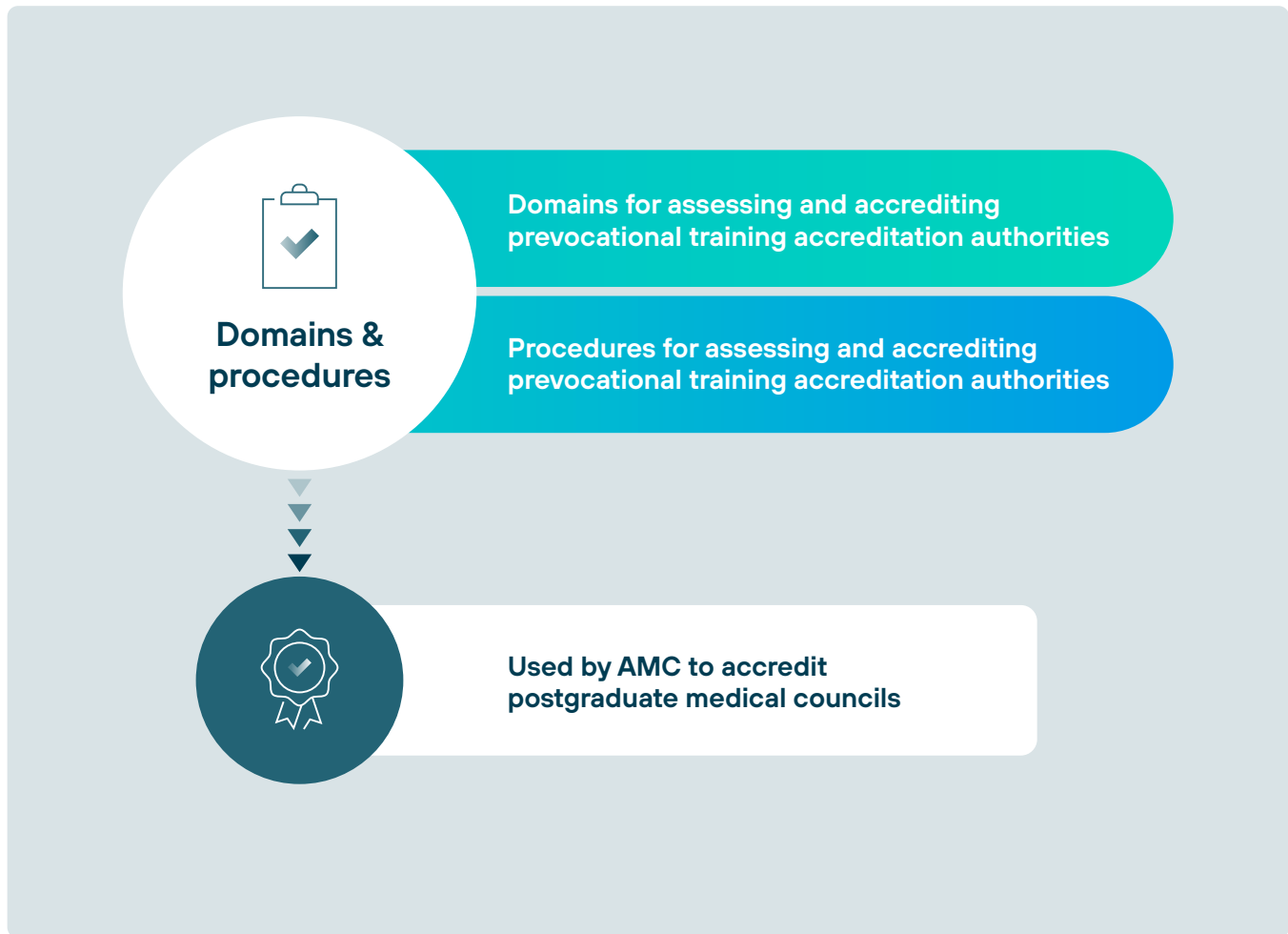


Figure 2 – Overview of the Quality Assurance components of the Framework



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Domains for assessing and accrediting prevocational training accreditation authorities



Assessment and accreditation domains

Prevocational training accreditation authorities assess prevocational training programs against the *National standards and requirements for prevocational training (PGY1 and PGY2) programs and terms* and work with health services to improve the quality of prevocational training.

Unlike medical schools and specialist medical colleges, prevocational training accreditation authorities are not education providers. The Australian Medical Council (AMC) has set national standards for prevocational training authorities that reflect this difference: rather than accredit these authorities as education providers, the AMC applies criteria similar to those used to assess the AMC's own work as an accreditation authority under the *Health Practitioner Regulation National Law*.

In line with national and international principles of good accreditation of health profession education programs, accreditation processes should include quality improvement in addition to quality assurance, including the response of education programs to changing community needs and professional practice expectations².

A number of policy documents and frameworks were considered in developing this document, listed in Supporting documents at the end of this section.

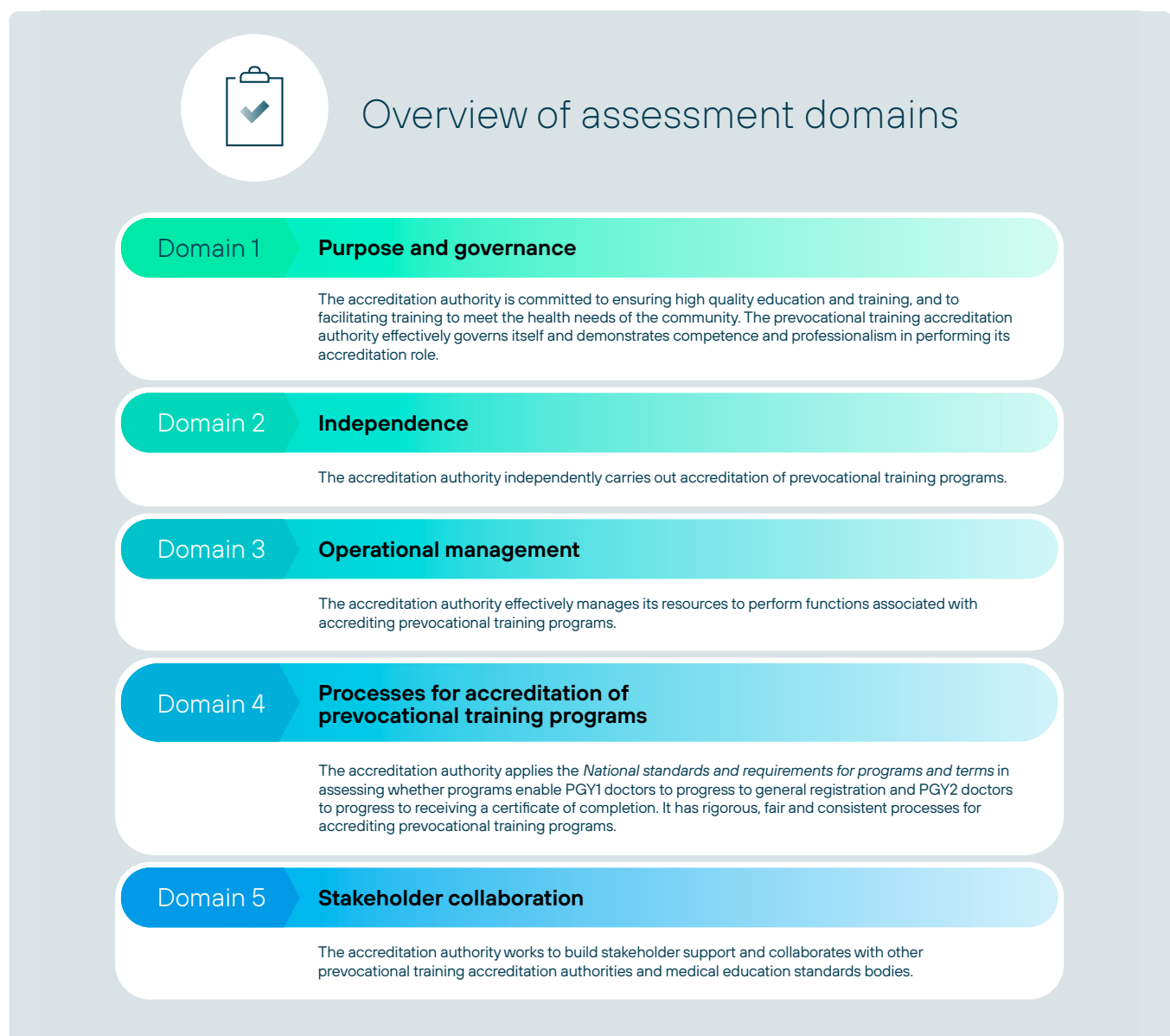
2. Australian Health Practitioner Regulation Agency (Ahpra), [Quality framework for the accreditation function](#), Ahpra website, 2018, accessed 22 April 2022. Jointly developed with the National Boards and the accreditation authorities.

Assessment and accreditation domains

This document (Section 2 of *AMC domains and procedures for assessing and accrediting prevocational (PGY1 and PGY2) training accreditation authorities*) details the domains that prevocational training accreditation authorities must demonstrate and the attributes of each domain.

Accreditation assessment procedures are described in 'Procedures for assessing and accrediting prevocational training accreditation authorities' (Section 3 of *AMC domains and procedures*). A brief overview of the domains is given in Figure 3.

Figure 3 – Overview of Domains for assessing and accrediting prevocational training accreditation authorities



Purpose and governance

DOMAIN 1



D1 Purpose and governance

The accreditation authority is committed to ensuring high quality education and training, and to facilitating training to meet the health needs of the community. The prevocational training accreditation authority effectively governs itself and demonstrates competence and professionalism in performing its accreditation role.

Domain 1 attributes

- 1.1 The prevocational training accreditation authority is committed to ensuring high quality education and training, and to facilitating training to meet health needs of the community.
- 1.2 The prevocational training accreditation authority is, or operates within, a legally constituted body subject to a set of external standards or rules related to governance, operation and financial management.
- 1.3 The prevocational training accreditation authority's governance and management structures give appropriate priority to accrediting prevocational training programs, including considering the impact of these programs on patient safety and the way programs address the wellbeing of prevocational doctors.
- 1.4 The prevocational training accreditation authority is able to provide assurance of the ongoing viability and sustainability of the organisation in delivering accreditation services.
- 1.5 The prevocational training accreditation authority's accounts meet relevant Australian accounting and financial reporting standards.
- 1.6 There is a transparent process for selecting the prevocational training accreditation authority's governing body.
- 1.7 The prevocational training accreditation authority's governance arrangements provide input from stakeholders, including health services, prevocational supervisors and prevocational doctors.



NOTES

In addition to ensuring high quality education and training, those responsible for developing and regulating the medical workforce have a shared responsibility for facilitating education and training to meet the health needs of the community. This should include considering national strategic health or medical workforce priorities and reforms.

Everyone in healthcare shares responsibility for improving patient safety. Strong evidence links the wellbeing of prevocational doctors to patient safety. As the organisations responsible for assessing prevocational training programs and ensuring that they meet national standards, prevocational training accreditation authorities must make patient safety a central concern and ensure that training programs prioritise prevocational doctor wellbeing.

Effectively managing prevocational training accreditation functions requires prevocational training accreditation authorities to understand their accountability. They should monitor the impact of their policies and requirements on prevocational training and the health settings in which that training occurs. For example, the implications of requirements for patient safety, supervision, prevocational doctor wellbeing and safe workplace cultures (including cultural safety).

Ongoing viability and sustainability of the organisation in delivering its accreditation functions might be demonstrated in a range of ways and will vary depending on the context and structure of the authority. Evidence might include some but not all of the following:

- evidence of surety of ongoing funding
- formal dedicated structures to support governance of accreditation functions
- formal dedicated structures to support operational management of accreditation functions
- adequate resourcing, including staffing
- commitment from and engagement with funder/s
- evidence of strong lines of communication with and regular reporting to funder/s and key stakeholders
- formal agreements with funder/s where relevant
- historical evidence of organisational stability.

2

Independence

DOMAIN 2



The accreditation authority independently carries out accreditation of prevocational training programs.

Domain 2 attributes

- 2.1** The prevocational training accreditation authority makes decisions about accrediting programs independently. There is no evidence of undue influence and the authority can demonstrate mechanisms for managing potential undue influence from any area of the community, including government, health services or professional associations.
- 2.2** The prevocational training accreditation authority's governing body has developed and follows clear procedures for identifying and managing conflicts of interest.



NOTES

Independence of the accreditation function should be formally defined in writing. This could be in the accreditation authority's constitution or terms of reference, and/or in a formal agreement with the relevant funder/s. Funders might include the Medical Board of Australia, one or more health jurisdictions, or one or more health facilities.

Independence of the authority in accreditation decision-making might be demonstrated through a range of structures and processes, and will vary according to the structure and context of the accreditation authority. Evidence might include:

- governance-level structures and processes to ensure independence of decision-making, such as different levels of decision-making, wide stakeholder input, consideration of conflicts of interest, and assessment against standards
- operational-level structures and processes to ensure appropriate separation of the organisation's functions (for example, workforce and accreditation)
- evidence of applying mechanisms to ensure independence from potential sources of undue influence.

Conflict of interest is addressed in both Domain 2 (this domain) and Domain 4. In this domain it relates to broader organisational structures and processes. For example, conflict-of-interest processes should be applied in selecting and operating the higher-level governing committees.

Operational management

DOMAIN 3



D3 Operational management

The accreditation authority effectively manages its resources to perform functions associated with accrediting prevocational programs.

Domain 3 attributes

- 3.1 The prevocational training accreditation authority manages human and financial resources to achieve objectives relevant to accrediting prevocational training programs.
- 3.2 There are effective systems for monitoring and improving prevocational training accreditation processes and for identifying and managing risk.
- 3.3 The prevocational authority adopts a quality improvement approach to its accreditation standards and processes. This should include mechanisms to benchmark to overarching national and international structures of quality assurance and accreditation.
- 3.4 There are robust systems for managing information and contemporaneous records, including ensuring confidentiality.



NOTES

The prevocational accreditation authority should be able to demonstrate capacity to draw on additional resources if required. For example, capacity to meet an increased accreditation load (such as may occur with an expansion of rotations or the accreditation of additional health services) and to direct funding and staffing to accreditation activities under those circumstances.

Processes for accreditation of prevocational training programs

DOMAIN 4



D4 Processes for accreditation of prevocational training programs

The accreditation authority applies the *National standards and requirements for programs and terms* in assessing whether programs enable PGY1 doctors to progress to general registration and PGY2 doctors to progress to receiving a certificate of completion. It has rigorous, fair and consistent processes for accrediting prevocational programs.

Domain 4 attributes

- 4.1 The prevocational training accreditation authority ensures documentation on accreditation requirements and procedures is publicly available.
- 4.2 The prevocational training accreditation authority has policies on selecting, appointing, training and reviewing performance of survey team members. Its policies ensure survey teams with an appropriate mix of skills, knowledge and experience assess prevocational training programs against the *National standards and requirements for programs and terms*.
- 4.3 The prevocational training accreditation authority has developed and follows procedures for identifying, managing and recording conflicts of interest in the accreditation work of survey teams and working committees.
- 4.4 The accreditation process includes self-evaluation, assessment against the standards, site visits where appropriate, and a report assessing the program against the national standards for prevocational training. In this process the prevocational training accreditation authority uses the *National standards and requirements for programs and terms*.
- 4.5 The prevocational training accreditation process includes considering external sources of data where available. This includes mechanisms to manage data or information arising outside the regular cycle of accreditation that indicate standards may not be being met.
- 4.6 The accreditation process facilitates continuing quality improvement in delivering prevocational training.
- 4.7 The accreditation process is cyclical, in line with national guidelines and standards, and provides regular monitoring and assessment of prevocational programs to ensure continuing compliance with national standards.
- 4.8 The prevocational training accreditation authority has mechanisms for dealing with and/or reporting concerns about patient care and safety. These concerns might arise through accreditation assessment and monitoring, or through complaints or information from external sources.
- 4.9 The prevocational training accreditation authority has mechanisms for identifying and dealing with concerns about prevocational doctor wellbeing and/or environments that are unsuitable for prevocational doctors. These concerns might arise through accreditation assessment and monitoring, or through complaints or information from external sources.
- 4.10 The prevocational training accreditation authority applies the *National standards and requirements for programs and terms* in determining if changes to posts, programs and institutions will affect accreditation status. It has clear guidelines on how training program providers report on these changes, and how these changes are assessed.
- 4.11 The prevocational training accreditation authority follows documented processes for accreditation decision-making and reporting that enable decisions to be free from undue influence by any interested party.
- 4.12 The prevocational training accreditation authority communicates the status of programs and accreditation outcomes to relevant stakeholders including regulatory authorities, health services and prevocational doctors. It publishes accreditation outcomes including duration, recommendations, conditions and commendations (where relevant).
- 4.13 There are published processes for complaints, review and appeals that are rigorous, fair and responsive.

D4 Processes for accreditation of prevocational training programs



NOTES

The purpose of AMC accreditation of prevocational training accreditation authorities is to recognise prevocational training programs that promote and protect the quality and safety of patient care, and that meet the needs of prevocational doctors, health services and the community as a whole. Maintaining patient safety and prevocational doctor wellbeing are both essential components of accreditation processes. This includes cultural safety for Aboriginal and Torres Strait Islander patients and doctors. Prevocational training accreditation authorities should have mechanisms to identify, and processes for dealing with, issues related to patient safety and prevocational doctor wellbeing. The Australian Commission on Safety and Quality in Healthcare provides standards and guides on patient safety culture.³

Issues relating to workplace and learning culture, patient safety and prevocational doctor wellbeing could be identified through accreditation mechanisms (including site visits, evidence submission, direct contact with prevocational doctors or regular monitoring processes) or through other sources such as complaints to the accreditation authority or information available in the public domain (such as the Medical Training Survey⁴).

In the revised National Framework's early implementation stages, the AMC will closely monitor how prevocational training accreditation authorities review accredited facilities' and programs' assessment of prevocational doctor performance, and how they determine that the national standards are met.

The *National standards and requirements for programs and terms* describes the requirements in delivering prevocational programs through its two components:

1. Section 2 – 'National standards for prevocational (PGY1 and PGY2) training programs and terms' are mandatory national accreditation standards at the **program** level. Using these standards is mandatory in the revised two-year National Framework. Prevocational training accreditation authorities may add additional local accreditation requirements or guidelines.
2. Section 3 – 'Requirements for prevocational (PGY1 and PGY2) training programs and terms' outlines the parameters that must be met within each year.

Prevocational training accreditation authorities must develop processes to review training programs against the *National standards and requirements for programs and terms*. This should include assessing programs longitudinally based on an in-depth review of a sufficiently wide sample of terms. These processes should identify any significant deficiencies or developments in the way the provider selects and monitors prevocational terms and their suitability for each year of training (PGY1 or PGY2). A prevocational training accreditation authority may accredit a program but disallow individual terms.

Over the accreditation cycle the prevocational training accreditation authority should use an appropriate mix of methods to assess whether a prevocational training program meets the national standards. These methods would normally include surveys, the training provider's self-assessment, paper-based reviews, video/teleconference discussions and site inspections. Site inspections and on-site discussions should be used to validate and assess information in areas representing the greatest risk to prevocational training quality and prevocational doctor wellbeing. The benefits of site inspections include

- validating information
- receiving confidential feedback
- observing behaviours
- discussing issues with supervisors, prevocational doctors and clinicians
- retaining institutional commitment.

These benefits should be weighed against time and cost burdens and any other relevant risks.

The prevocational training accreditation process includes considering external sources of data, where available. This might include the Medical Board of Australia's Medical Training Survey data and/or issues arising from Junior Medical Officer Forum meetings. The process should include mechanisms to manage data and information arising outside the regular cycle of accreditation that indicates standards may not be being met.

3. Australian Commission on Safety and Quality in Health Care, *National safety and quality health service standards*, 2nd ed., ACSQHC website, 2021, accessed 22 April 2022.

4. Australian Health Practitioner Regulation Agency (Ahpra), *Medical training survey*, Medical training survey website, 2021, accessed 22 April 2022.

D4 Processes for accreditation of prevocational training programs



NOTES (CONT.)

The AMC supports a nationally consistent reaccreditation cycle for prevocational training programs. If no major change occurs in a program and regular monitoring indicates that it continues to meet national standards, the full period of reaccreditation should be four years.

Refer to Standard 1.4 – Notes (in *National standards and requirements*: Section 2 – ‘National standards’) for information about changes in a health service, prevocational training program or term that would normally prompt a review.

Prevocational training accreditation authorities should publish clear guidelines on the types of changes to a term or clinical unit that should be reported and the mechanisms for reporting changes. The processes that determine how the authority may respond should be clear, such as conducting a mid-cycle a review. Examples of such changes include:

- absence of immediate clinical supervision for any period
- absence of a term supervisor for an extended period (such as one month) with no replacement
- absence of a senior management position with oversight of training – such as the director of medical services (DMS) or director of clinical services (DCS) – for an extended period (such as one month) with no replacement
- absence of a director of clinical training (DCT) or director of prevocational education and training (DPET) for an extended period (such as one month) with no replacement
- significant reduction in staff available to directly supervise, assess and support prevocational doctors, including after-hours
- changes to a clinical unit or department medical staffing resulting in prevocational doctors undertaking, for an extended period, higher-level or alternative clinical duties to those outlined in the term position description
- any change to term clinical activity that affects patient load or breadth of experience for an extended period, and could impact on capacity to meet the parameters for the year or on assessment of entrustable professional activities (EPAs)
- significant changes to rostered hours that diminish the role of the prevocational doctor and/or their clinical supervision (for example, introducing a predominantly after-hours roster).

Conflict of interest is addressed in both Domain 2 and Domain 4 (this domain). In this domain it relates to accreditation structures and processes. Evidence of avoiding and managing conflicts of interest might include:

- wide stakeholder input into accreditation committee membership
- processes for identifying, managing and recording conflicts of interest in accreditation committee activities
- considering conflict of interest in team member selection
- processes for identifying, managing and recording conflicts of interest in the accreditation work of survey teams.

The prevocational training accreditation authority should have processes in place that support training continuation for prevocational doctors affected by a decision not to accredit a program or term.

Stakeholder collaboration

DOMAIN 5



D5 Stakeholder collaboration

The accreditation authority works to build stakeholder support and collaborates with other prevocational training accreditation authorities and medical education standards bodies.

Domain 5 attributes

- 3.1 The prevocational training accreditation authority has processes for engaging with stakeholders, including health departments, health services, prevocational doctors, doctors who supervise and assess prevocational doctors, the Medical Board of Australia, relevant medical schools and specialist colleges, professional organisations, health consumers and the broader community.
- 3.2 The prevocational training accreditation authority has a communications strategy, including a website providing information about the prevocational training accreditation authority's roles, functions and procedures.
- 3.3 The prevocational training accreditation authority collaborates with other relevant accreditation organisations.



NOTES

Prevocational training is a partnership between the authorities that accredit programs and the health services, which employ prevocational doctors in supervised clinical training positions, appoint clinical supervisors and provide educational resources and facilities. This partnership is essential for ensuring the quality of the PGY1 and PGY2 years.

To facilitate training that meets the needs of prevocational doctors and the community, prevocational accreditation authorities should actively engage with other stakeholders, ensuring clear communication and access to accurate information about accreditation plans and status. This communication is particularly important during periods of change to the accreditation authority. Cooperation and transparency between prevocational accreditation authorities promotes best practice and is particularly important where they are jointly involved in approving prevocational training programs and monitoring their quality and safety.

Prevocational accreditation providers and accreditation authorities have a joint responsibility to take steps to engage and inform prevocational doctors about the importance of accreditation and engaging in the processes.

The community and health consumers, including Aboriginal and Torres Strait Islander groups, have a strong interest in the way healthcare is provided and the standards of education and training for health professions. There is scope for community input in setting standards, training delivery, and ongoing evaluation and periodic review. Engagement might include:

- representation on accreditation teams
- representation in governance structures such as committees
- engagement in reviews of accreditation standards or policy documents.

Prevocational training is an important part of the medical education continuum. Accreditation bodies should therefore communicate with relevant medical schools and specialist colleges to ensure training programs are well integrated. Interaction with medical schools might focus on work readiness, and interaction with specialist colleges on pathways into vocational training. Areas of policy overlap might include supervision and accreditation of posts. The level and type of interaction will vary depending on the size and structure of the authority, medical school and specialist college.

Supporting documents

In developing this document the AMC considered the following information:

- World Federation for Medical Education (WFME), *WHO-WFME guidelines for accreditation of BME*, WFME website, 2005, accessed 22 April 2022. Joint publication with the World Health Organisation (WHO).
- Australian Health Practitioner Regulation Agency (Ahpra), *Quality framework for the accreditation function*, Ahpra website, 2018, accessed 22 April 2022. Jointly developed with the National Boards and the accreditation authorities.

3



Procedures for
assessing and
accrediting
prevocational
training
accreditation
authorities

Assessment and accreditation procedures

This section outlines the procedures the Australian Medical Council (AMC) has adopted for assessing and accrediting prevocational training accreditation authorities.

Where possible these procedures are aligned with procedures for accreditation of medical schools and specialty colleges. However, prevocational training accreditation authorities are not education providers, and so the AMC has set national standards and procedures that reflect this difference using criteria similar to those used to assess the AMC's own work as an accreditation authority under the *Health Practitioner Regulation National Law*.

Figure 4 – Groups involved in managing the accreditation process



Assessment and accreditation procedures

1. Management of the accreditation process

1.1 The Australian Medical Council (AMC)

The AMC is a national standards and assessment body for medicine. Its purpose is to ensure that standards of education, training and assessment of the medical profession promote and protect the health of the Australian community.

The AMC is a company limited by guarantee. Its objects and membership are defined in its constitution. The AMC directors manage the business of the AMC.

1.2 AMC Prevocational Standards Accreditation Committee

The Prevocational Standards Accreditation Committee reports to AMC directors. It performs functions in connection with standards of prevocational medical education and training and accreditation of programs for international medical graduate assessment.

The Committee:

- i. develops, monitors and reviews standards and procedures relating to the accreditation of programs and providers in the prevocational medical education phase⁵
- ii. oversees the AMC's accreditation activities for the prevocational phase of medical education
- iii. supports improvement in medical education in Australia and New Zealand.

The Committee includes members appointed after consultation with the Health Chief Executive Forum, the Australian Medical Association, the Medical Board of Australia and the Confederation of Postgraduate Medical Education Councils.

The Committee also includes a doctor-in-training, a graduate of a workplace-based assessment program, an Aboriginal and Torres Strait Islander member and a health consumer member.

1.3 Assessment teams

The Prevocational Standards Accreditation Committee constitutes an assessment team to assess each prevocational training accreditation authority. Teams report to the Prevocational Standards Accreditation Committee. They work within the accreditation policy and guidelines of the AMC.

Teams are responsible for:

- assessing the prevocational training accreditation authority against the requirements specified in Domains for assessing and accrediting prevocational training accreditation authorities' (Section 2 of *AMC domains and procedures*) including their use of the mandated *National standards and requirements for prevocational (PGY1 and PGY2) programs and terms*, which outlines the requirements for processes, systems and resources that contribute to good quality prevocational training

5. The *National Law* uses the term **education provider** for organisations that may be accredited to provide education and training for a health profession. The term encompasses universities, tertiary education institutions, or other institutions or organisations that provide vocational training; or specialist medical colleges or other health profession colleges. For consistency, the AMC uses the *National Law's* terminology in its standards and guidelines.

- with the accreditation authority, developing a program for the assessing authority's performance
- preparing an accreditation report that assesses the authority against the domains.

The AMC permits observers on assessments, subject to the approval of the chief executive of the prevocational training accreditation authority and the chair of the AMC team. The AMC's expectations of observers are described in separate statements on arrangements for observers.

1.4 AMC staff

The AMC assesses prevocational training accreditation authorities using these procedures and the 'Domains for assessing and accrediting authorities' (Section 2 of *AMC domains and procedures*).

AMC staff implement the accreditation process. Their roles include managing the accreditation work program; implementing AMC policy and procedures; supporting AMC accreditation committees, accreditation working parties and teams; and consulting and advising stakeholder groups on accreditation policy and procedures and individual accreditation assessments.

The AMC asks organisations undergoing accreditation to correspond with AMC staff and not directly with AMC committees and team members.

AMC staff will provide as much assistance and advice as possible on the assessment process but organisations are solely responsible for preparing themselves for accreditation.

Interpreting AMC policy and processes is the responsibility of the relevant AMC accreditation committee.

1.5 AMC advisory groups

There are circumstances where prevocational training accreditation authorities require additional advice on AMC accreditation requirements. In these circumstances, with the agreement of the accreditation authority, the accreditation committee may recommend establishing an advisory group to AMC directors. The advisory group works with the accreditation authority to clarify the requirements that must be satisfied.

The advisory group does not:

- give detailed advice on how to manage the authority's business – the authority is expected to engage appropriate staff or consultants if such expertise is required
- contribute to writing the authority's documentation or submissions to the AMC
- make a recommendation on accreditation to the AMC.

The advisory group determines the frequency and means of contact with the accreditation authority.

The advisory group is required to keep the AMC accreditation committee informed of any plans for meetings or site visits.

2. The conduct of the accreditation process

2.1 Legislative framework

AMC accreditation of authorities' PGY1 accreditation is conducted as a requirement of the Medical Board of Australia's *Registration standard – Granting general registration as a medical practitioner to Australian and New Zealand medical graduates on completion of intern training*. This registration standard requires that intern training terms be accredited against approved accreditation standards for intern training positions by a Board-approved authority.

AMC accreditation of authorities' PGY2 accreditation was a recommendation of the 2015 Council of Australian Governments Health Council National Review of Medical Intern Training⁶ accepted by health ministers in 2018.

The Medical Board of Australia has appointed the AMC to conduct accreditation functions for the medical profession under the *National Law*.

This set of procedures relates to the following AMC functions:

- to act as an external accreditation entity for the purposes of the *National Law*
- to advise and make recommendations to the Board in relation to:
 - › matters concerning accreditation or accreditation standards for the medical profession
 - › matters concerning the registration of medical practitioners.

When the AMC assesses a prevocational training accreditation authority against the approved domains and decides to grant accreditation, the AMC provides its accreditation report to the Board.

The approved accreditation standards for the accreditation assessments covered by these procedures are at <https://www.amc.org.au/accreditation-and-recognition/accreditation-standards-and-procedures/>.

2.2 Purpose of AMC accreditation

The purpose of AMC accreditation is to recognise prevocational training programs that promote and protect the quality and safety of patient care, and meet the needs of the prevocational doctors and the health service as a whole. This is achieved through setting standards for prevocational training programs and recognising prevocational training accreditation authorities that assess programs against these standards.

In Australia, accreditation based on a process of regular review by an independent authority has been chosen as the means of quality assurance for each phase of medical education.

A system of accreditation is seen to have the following advantages:

- i. Periodic external assessment provides a stimulus for the organisation being accredited to review and to assess its own programs. The collegiate nature of accreditation should facilitate discussion and interaction with colleagues from other disciplines to benefit from their experience.
- ii. The accreditation process respects the autonomy of the organisation being accredited, and acknowledges its expertise and achievements.
- iii. The accreditation process supports and fosters educational initiatives.
- iv. The accreditation report assists the organisation being accredited by drawing attention to both weaknesses and strengths.
- v. Accreditation as a quality assurance mechanism benefits prevocational doctors, employers of prevocational doctors and ultimately healthcare consumers.

Diversity of approach is one of the strengths of medical training and education in Australia. The AMC accreditation process supports diversity, innovation and evolution in approaches to medical education and in the ways that accreditation requirements are met.

6. Wilson W, Feyer AM 2015, Review of medical intern training final report, Council of Australian Governments Health Council.

2.3 Scope of AMC accreditations

The AMC accredits authorities to provide prevocational training accreditation services principally within a defined geographic region.

All AMC assessments are based on the prevocational training accreditation authority demonstrating that it meets or substantially meets the requirements specified in 'Domains for assessing and accrediting authorities' (Section 2 of *AMC domains and procedures*).

2.4 Timing of accreditations

AMC accreditation entails a cyclical program of review and the AMC work program for any year is determined in part by needing to assess organisations whose accreditation expires in that year. AMC staff negotiate dates for these assessments first. The AMC fits assessments of new developments, such as new prevocational training accreditation authorities or material changes to established authorities, into this work program.

2.5 AMC conduct

The AMC will:

- i. recognise each prevocational training accreditation authority's autonomy to set its policies and processes
- ii. in making decisions, gather and analyse information and ideas from multiple sources and viewpoints
- iii. follow its documented procedures and implement its accreditation process in an open and objective manner
- iv. adopt mechanisms to ensure that members of assessment teams, committees and staff apply standards and procedures in a consistent and appropriate fashion
- v. apply a code of conduct for members of assessment teams, monitoring submission reviewers, committees and staff
- vi. regularly review its processes, and the requirements in 'Domains for assessing and accrediting authorities' (Section 2 of *AMC domains and procedures*) and *National standards and requirements for programs and terms*
- vii. gather feedback on and evaluate its performance
- viii. work cooperatively with other accreditation authorities to avoid conflicting standards and to minimise duplication of effort.

The AMC process involves both accreditation (validating that standards are met) and peer review to promote high standards of medical education, stimulate self-analysis and assist the prevocational training accreditation authority to achieve its objectives. Accreditation is conducted in a collegial manner that includes consultation, advice and feedback to the organisation under review.

In its accreditation function, the AMC:

- focuses on the achievement of objectives, maintenance of standards, public safety requirements, doctor-in-training wellbeing, and expected outputs and outcomes rather than on detailed process specifications
- as far as possible, meshes its requirements with internal work priorities
- following accreditation, monitors developments and the implementation of recommendations and conditions
- undertakes a cycle of assessments with a full assessment of each prevocational training accreditation authority at least every eight years.

2.6 Contribution of prevocational doctors to AMC accreditation processes

The AMC considers it important that the prevocational doctors have opportunities to contribute to these assessment processes.

Opportunities for prevocational doctors to contribute to AMC accreditation processes include:

- participating in AMC surveys and/or submissions
- during site visits, discussing with members of the AMC assessment team
- contributing as appropriate to the prevocational training accreditation authority's monitoring submissions to the AMC.

2.7 Conflict of interest

Members of AMC committees are expected to make decisions responsibly, and to apply standards consistently and impartially.

The AMC recognises there is extensive interaction between the organisations that set standards for and provide medical education and training in Australia, so that individuals are frequently involved in a number of programs and processes. The AMC does not regard this, in itself, to be a conflict. Where a member of an AMC accreditation committee or an assessment team has given recent informal advice to a prevocational training accreditation authority outside the AMC accreditation process, that member must declare this as an interest.

The AMC requires its directors and committee members to complete standing notices of interest on their appointment and to update these regularly. These declarations are available at each meeting of the committee. The agendas for AMC committee meetings begin with a 'declaration of interests' in which members are requested to declare any additional personal or professional interests which might influence, or be perceived to influence, their capacity to undertake their roles as members of the committee impartially.

The committee will decide how the member's interest in a particular item will be managed within guidelines the AMC provides. Members may be asked to absent themselves or abstain from discussion and will not vote on matters on which they have a declared personal or professional interest. All declared interests will be recorded in the committee minutes, as will the committee's decision in relation to the declared interest.

The AMC requires proposed members of assessment teams to declare to the Prevocational Standards Accreditation Committee any personal or professional interest that may be perceived to conflict with their ability to undertake their duties as an assessor impartially. The AMC will disclose all declared interests of the recommended team members to the prevocational training accreditation authority and seek the accreditation authority's comments on the team membership. Having considered the interests declared and the accreditation authority's comments, the Committee makes a decision on appointing the team.

Where the prevocational training accreditation authority's view on the suitability of an appointment conflicts with the view of the Committee, the Committee will refer the appointment of the team to the AMC directors for decision.

If a conflict of interest emerges for an assessor during an assessment, the team chair and executive officer will determine an appropriate course of action. This may entail changing the report writing responsibilities of the assessor, requiring the assessor to abstain from relevant discussion, or altering the assessment program. Any such conflicts and the course of action taken will be reported to the Committee.

2.8 Confidentiality

To discharge its accreditation function, the AMC requires organisations undergoing assessment and accreditation to provide detailed information in accreditation submissions and in subsequent monitoring submissions. This may include sensitive information, such as strategic plans, honest appraisal of strengths and weaknesses, and commercial-in-confidence material.

Prevocational training accreditation authorities are advised to prepare their accreditation submission as a public document. To facilitate stakeholder consultation (see Part 3.3.5), the AMC asks prevocational training accreditation authorities to place their accreditation submission on their website. Confidential information may be redacted or included in attachments not uploaded to the website.

The AMC requires the members of its committees and assessment teams to keep confidential the material that prevocational training accreditation authorities provide and, subject to the statements below on research, to use such information only for the AMC assessment process purpose for which it was obtained.

The AMC provides detailed guidance to its committees and teams on its confidentiality requirements and their responsibilities for secure destruction of information once an assessment is complete.

The AMC may conduct research based on information contained in accreditation submissions, monitoring submissions, surveys and stakeholder submissions. The results of this research may be published in AMC policy and discussion papers. Normally this material is de-identified. If the AMC wishes to publish material which identifies individual prevocational training accreditation authorities it will seek the accreditation authority's permission.

The AMC provides opportunities for prevocational training accreditation authorities to review drafts of the AMC accreditation report at two stages in the assessment process. At these points, the drafts are confidential between the AMC and the accreditation authority. The prevocational training accreditation authority should not discuss the draft report with third parties without the AMC's consent. If the AMC needs to confirm material in a draft report with a third party, it will advise the accreditation authority of these plans.

2.9 Public material

AMC accreditation reports are public documents. The AMC places the following material concerning the accreditation status of individual prevocational training accreditation authorities in the public domain:

- the current status and accreditation history of accredited organisations and the date of the next accreditation assessment (posted on the AMC website)
- an annual summary of its response to monitoring submissions submitted by accredited prevocational training accreditation authorities (posted on the AMC website)
- a statement issued after it has made an accreditation decision and the accreditation report (published and posted on the AMC website).

The AMC requires prevocational training accreditation authorities to communicate the status of programs and accreditation outcomes to stakeholders – see 'Domains for assessing and accrediting authorities' (Section 2 of *AMC domains and procedures*, Attribute 4.12). The AMC expects that any public statement made by prevocational training accreditation authorities about their accreditation status will be complete and accurate, and that AMC contact details will be included in any such public statement. The AMC will correct publicly any incorrect or misleading statements about accreditation actions or accreditation status.

2.10 Complaints

The AMC does not have a role in investigating specific complaints made by individual prevocational doctors, supervisors or health services about the prevocational training accreditation authority. The 'Domains for assessing and accrediting authorities' (Section 2 of *AMC domains and procedures*) requires these authorities to have processes for addressing grievances, complaints and appeals, and the AMC reviews these processes when assessing a prevocational training accreditation authority.

From time to time, the AMC receives questions or complaints about the organisations it has accredited or is assessing for accreditation. The AMC policy *Complaints about programs of study, education providers and organisations accredited by the Australian Medical Council*⁷ applies.

The AMC distinguishes between comments or complaints received during the process of conducting an assessment for accreditation, and complaints received outside a formal assessment process:

- During an assessment the AMC seeks comment and feedback from a range of people or organisations associated with the organisation being assessed. Matters which may be characterised as complaints received during an assessment process will be treated as a part of the assessment.
- Complaints received outside a formal assessment process may be relevant to the AMC's monitoring role (see Part 4).

In broad terms, complaints fall into one or two categories:

- a. A personal complaint which the complainant seeks to have investigated and rectified to change to their personal situation. This includes, for example, post-allocation or assessment outcome matters.
- b. A complaint which may evidence some systemic matter that could signify a failure of a program or provider to meet accreditation standards. The AMC complaints process relates to these systemic complaints.

7. Australian Medical Council (AMC), [Complaints about accredited programs or providers](#), AMC website, 2020, accessed 22 April 2022.

2.11 Fees and charges

The AMC undertakes assessments on a cost-recovery basis.

AMC policy is to charge individual providers the direct costs of assessing their program(s) including the monitoring of accredited programs. A charge applies to any AMC process which may result in a new decision on a program's accreditation. Costs are related to the work of any assessment team or advisory group (including direct AMC staff support for that work), and the work of the AMC accreditation committee.

Fees for accrediting prevocational training accreditation authorities undertaken from January 2016 are as follows:

Advisory group: AMC to advise case-by-case

AMC advisory groups work on a cost-recovery basis.

Assessment of new prevocational training accreditation authority: \$2500

The fee covers all associated work on the review of the Stage 1 application or application for initial accreditation.

Accreditation assessment costs: AMC to advise case-by-case

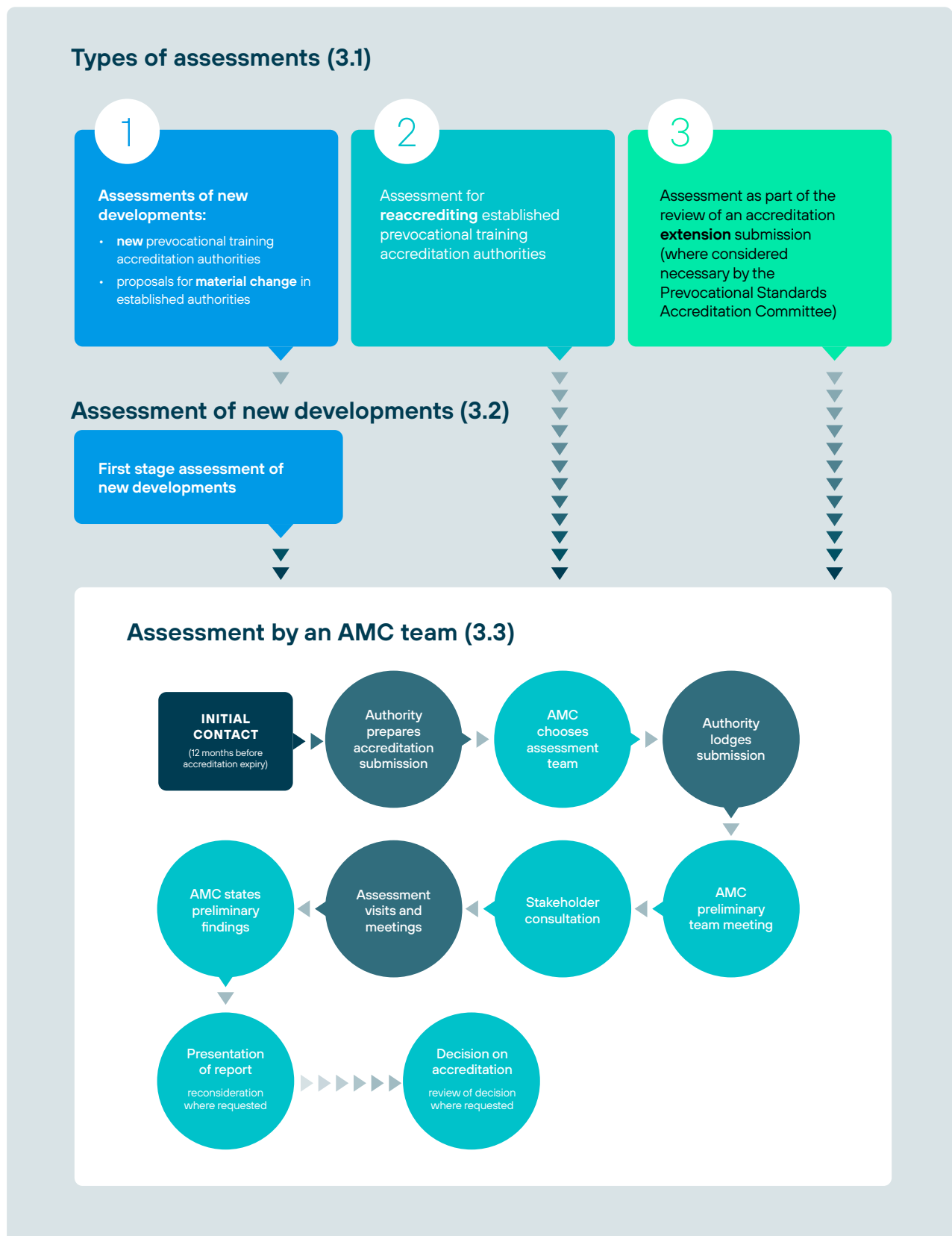
The AMC undertakes assessments on a cost-recovery basis. The Medical Board of Australia has agreed to fund the AMC for the direct cost of these assessments, such as the travel and accommodation of team members. The AMC provides cost estimates to the Medical Board as part of its annual budget processes.

All fees are GST exclusive.

3. The administration of the assessment process

The AMC has developed standard procedures for assessing and accrediting prevocational training accreditation authorities against the requirements in 'Domains for assessing and accrediting authorities' (Section 2 of *AMC domains and procedures*).

Figure 5 – Types of assessment including assessment of new developments and the assessment process



3.1 Types of assessments

The AMC undertakes assessments in the following circumstances:

- assessment of new developments including:
 - › assessment of **new** prevocational training accreditation authorities
 - › assessment of proposals for **material change** in established prevocational training accreditation authorities.
- assessment for **reaccrediting** established prevocational training accreditation authorities
- where the Prevocational Standards Accreditation Committee considers it necessary, as part of the review of an accreditation extension submission (see Part 4.3).

In cases where conditions on accreditation or reaccreditation require it, the AMC also conducts **follow-up** accreditation assessments when it has granted a prevocational training accreditation authority a limited period of accreditation or placed conditions on accreditation.

For an accreditation assessment the AMC appoints a team that reviews the accreditation authority's documentation, undertakes a program of meetings (if required) and prepares a report.

For a new development, the accreditation authority seeking AMC accreditation must first demonstrate that it is ready for assessment. This involves additional steps before the AMC begins its standard process with an AMC team assessing the program. These steps are outlined in Part 3.2.

Part 3.3 describes the standard process for an AMC team assessment.

3.2 Assessment of new developments

The AMC supports innovation and evolution in medical education and training. The accreditation process is therefore open to new approaches in managing prevocational training accreditation functions. The applicant is responsible for demonstrating both how their plans will meet 'Domains for assessing and accrediting authorities' (Section 2 of *AMC domains and procedures*) and how their experience is relevant to the proposal.

The procedures for this first stage assessment of each type of development listed in Part 3.1 are described below.

3.2.1 First stage assessment of a new prevocational training accreditation authority

In its accreditation role the AMC assures the quality of medical education and training programs and processes. The AMC does not comment on the desirability or otherwise of new medical education providers, or on new arrangements for overseeing standards of medical education and training. Where new arrangements are proposed, the organisation seeking AMC accreditation should conduct independent negotiations with the appropriate state/territory and national authorities concerning the role. The AMC would not proceed to an accreditation assessment of a prevocational training accreditation authority without evidence that the prevocational training accreditation authority is supported to undertake the role. Organisations require considerable time to implement new processes and to organise the necessary resources. By advising the AMC early of their intentions, organisations have access to general advice on the national standards for programs and the domains for assessing accreditation authorities, as well as greater flexibility in negotiating the timing of the AMC assessment. The AMC expects to receive notification of an organisation's intention when planning begins, and at least 8 months before an intended change.

Once it has been advised of the plans, the AMC will provide a guide for completing an initial accreditation assessment. In the initial accreditation process the Prevocational Standards Accreditation Committee assesses a written submission addressing the five domains of the 'Domains for assessing and accrediting authorities' (Section 2 of *AMC domains and procedures*).

3.2.2 First stage assessment of a material change in an established prevocational training accreditation authority

Material changes to the prevocational training accreditation authority and/or the scope of its activities may affect accreditation status. The AMC expects to be informed before such developments. For example, accredited prevocational training accreditation authorities can advise such changes through required regular monitoring submissions (see Part 4). While plans for material change are evolving, the Prevocational Standards Accreditation Committee is able to give general advice as to whether the proposed changes are likely to comply with the requirements in 'Domains for assessing and accrediting authorities' (Section 2 of AMC *domains and procedures*). As an assessment team will need to assess some changes before they are introduced, the AMC requests at least 8 months' notice of the intended change.

DEFINITION OF A MATERIAL CHANGE IN AN ESTABLISHED ACCREDITATION AUTHORITY

Any of the following might be a material change in an accredited prevocational training accreditation authority:

- a change in the scope of the accreditation authority's work, including a change to the geographic region covered
- significant change in the objectives, approach or emphasis of a prevocational training accreditation authority's existing work
- a significant change in the resources available to support the work, including a change in ownership or governance.

Gradual evolution of a prevocational training accreditation authority's activities or program in response to initiatives and review would not be considered a material change.

When it considers the initial advice from an accredited prevocational training accreditation authority about planned changes, either through a specific notice of intent or through monitoring submissions, the Prevocational Standards Accreditation Committee will decide if it is a material change. If it is, the Committee will also decide whether the material change can be approved for introduction within the current program accreditation or if the material change represents a comprehensive impact that requires reaccreditation.

The AMC will advise the accreditation authority of its decision, including whether the assessment will be a paper-based review or require discussions with the prevocational training accreditation authority.

In the event that the AMC decides to assess the change within the accreditation authority's current period of accreditation, the accreditation authority will be required to submit a broad outline of: its new functions and role; its governance arrangements; the resources available to deliver the functions; the impact on accreditation processes; transitional arrangements and management of risk during the transition; and evidence of engagement of stakeholders in the changes. The Committee will consider this submission and make a recommendation to AMC directors on accreditation, including any specific reporting requirements.

If the AMC decides that the change requires a separate accreditation before it is introduced, the AMC may also require the accreditation authority to demonstrate that the planned program is likely to comply with the national standards, and that the accreditation authority is able to implement the program. The Committee reviews the submission following the process described in Part 3.2.3.

3.2.3 AMC decision on first stage assessments of new developments

The Prevocational Standards Accreditation Committee completes its assessments of new developments based on a review of the applicant's submission. A fee is charged for assessment of these submissions.

The AMC will generally assess new development submissions within two months, subject to the Committee meeting schedule. The dates of Committee meetings are available from AMC staff.

The AMC grants accreditation if the submission demonstrates that the prevocational training accreditation authority meets the domains, or that it substantially meets the domains and setting conditions will lead to all domains being met in a reasonable time.

The Committee may recommend one of the following to the AMC directors:

- i. the submission indicates that the authority will meet the domains for assessing prevocational training accreditation authorities, and initial accreditation is recommended (with or without conditions)
- ii. further information is necessary to make a decision
- iii. the prevocational training accreditation authority may not satisfy the domains and initial accreditation is not recommended.

When it accredits a new accreditation authority or a material change in an established accreditation authority, the AMC will also propose a date for the AMC team assessment of the accreditation authority. The procedures for these assessments are outlined in Part 3.3.

3.3 Assessment by an AMC team

The AMC has developed standard procedures that apply to all AMC team assessments. The types of AMC assessment are detailed in Part 3.1.

3.3.1 Initial contact

AMC staff write to the prevocational training accreditation authority concerning the assessment timing, the process, and the documentation required. Prevocational training accreditation authorities that are due for reaccreditation or a follow-up assessment will be contacted approximately 12 months before their accreditation is due to expire. For organisations seeking accreditation of a new development, AMC staff provide customised advice on AMC timings and requirements.

AMC staff will write to the prevocational training accreditation authority well in advance of the accreditation assessment, requesting a submission and providing a draft timeline for the assessment.

The timing of the assessment is planned in consultation with the senior office bearers and chief executive of the prevocational training accreditation authority.

The AMC assessment team works through AMC staff and the office of the chief executive of the prevocational training accreditation authority. All requests for information are made to the chief executive and plans for assessment visits and meetings are finalised in consultation with the chief executive or nominee.

3.3.2 Documentation

The AMC provides a guide to assist the prevocational training accreditation authority in preparing the accreditation submission, which is the basis for the assessment. The guide outlines the requirement for self-assessment and critical analysis against the 'Domains for assessing and accrediting authorities' (Section 2 of *AMC domains and procedures*).

For a follow-up assessment, the AMC asks the prevocational training accreditation authority to develop a limited accreditation submission, outlining developments since the most recent assessment and responding specifically to conditions, recommendations and issues identified as requiring attention in the most recent accreditation report. The AMC supplements this submission, providing copies to the assessment team of the accreditation authority's monitoring submissions and relevant correspondence between the AMC and the accreditation authority (see Part 4).

The AMC normally asks the accreditation authority to submit its documentation three months ahead of the assessment. For a follow-up assessment, a shorter time may apply.

3.3.3 Selection of the assessment team

For each assessment the AMC appoints an assessment team. Assessment teams are appointed by the Prevocational Standards Accreditation Committee following a review of the declared interests of proposed team members and an opportunity for the organisation being accredited to comment on the proposed membership.

The size of the team depends on the complexity of the task and the range of skills required. While the expertise of individual members is of prime importance, the team composition provides a balance of knowledge and experience with particular, but not exclusive, emphasis on prevocational medical training, health service and community interests.

An experienced AMC assessor is appointed as team chair. One member of the team is an AMC staff member, who is the executive officer to the team. The chair has overall responsibility for the conduct of the assessment. The executive officer provides policy advice, organises the assessment with the prevocational training accreditation authority, supports and contributes to the team's assessment, collates and edits the team's report, and ensures the assessment process is evaluated.

The AMC maintains a database of potential team members, based on nominations from stakeholder organisations. The AMC includes a mix of new and experienced members on each team.

Teams for follow-up assessments include some members of the original team and some new members.

The AMC produces a detailed guide on the work of the team, *The AMC Accreditation Handbook*, which is given to each team member when their appointment is confirmed. The AMC also provides professional development opportunities for team chairs and assessors.

3.3.4 The team's preliminary meeting

The assessment team holds a preliminary team meeting, normally between two and three months before the accreditation assessment of the prevocational training accreditation authority. At this meeting, the team identifies key issues and develops an outline of the assessment plan. The members of the team divide the assessment task into specific responsibilities, depending on their expertise and interests. These responsibilities are directly linked to the contents of the final accreditation report.

Before the preliminary meeting, AMC staff ask the accreditation authority to tabulate information on its upcoming accreditation activities and the healthcare facilities undergoing accreditation. This information is discussed at the preliminary meeting and the team develops a draft outline of the site visit program.

The AMC invites representatives of the accreditation authority to the final session of the team's preliminary meeting. This allows discussion of the team's preliminary assessment of the accreditation submission.

Following the meeting, AMC staff confirm in writing to the accreditation authority the team's accreditation program and any requests for any additional information.

3.3.5 Stakeholder consultation

The AMC invites stakeholder submissions on the prevocational training accreditation work of the accreditation authority.

The AMC will invite comment from the following:

- other prevocational training accreditation authorities
- prevocational doctor groups and other relevant groups of doctors in training
- the medical schools in the local jurisdiction
- the relevant Australian state and territory health departments
- health consumer groups.

The AMC has standard questions for each group consulted, which are reviewed and customised for each accreditation assessment. The AMC asks the prevocational training accreditation authority to identify other interest groups.

The AMC also gathers feedback from prevocational doctors, doctors who supervise prevocational doctors and their training, and educators who support prevocational training in the jurisdiction relevant to the accreditation authority. It may use surveys and/or interviews.

For a follow-up assessment, the assessment team decides on the extent of the stakeholder consultation required, having considered the issues to be addressed in the assessment.

Once the team has completed its assessment, the AMC provides the prevocational training accreditation authority with a copy of the stakeholder feedback and, if relevant, de-identified survey reports.

3.3.6 The team's assessment

The AMC team will determine whether or not a program of visits and meetings is required to complete the assessment, taking into account the complexity and scope of prevocational training accreditation work.

Following the preliminary team meeting, AMC staff provide a guide to arranging site visits to assist the prevocational training accreditation authority to structure the agreed accreditation program. Organising the site visits is primarily a responsibility of the accreditation authority with assistance from AMC staff.

Teams may undertake visits to:

- observe some of the standard accreditation activities of the accreditation authority, to judge the robustness of those processes and to assess their implementation
- discuss the accreditation authority's work with senior officers, committees, staff and stakeholders.

All interviews are conducted with the knowledge of the accreditation authority's senior office bearers although not necessarily in their presence. This ensures that views can be expressed freely without being attributed to individuals.

In order to maximise the time available during the assessment and to contain costs, the AMC may divide the team into sub-teams for components of the assessment visits.

3.3.7 Preliminary findings

At the end of the assessment, the team prepares a statement of its preliminary findings that, if sustained, would form the main points and conclusions of its report. It identifies achievements and weaknesses, problem areas requiring attention, and distinctive activities to be encouraged.

The team discusses its findings with key officers of the prevocational training accreditation authority. The accreditation authority has an opportunity to correct errors of fact and discuss any draft recommendations and actions that would need a response. The AMC provides the final statement (revised to correct errors) to the accreditation authority and the team members. This statement is confidential between the accreditation authority and the AMC.

The team makes no announcement concerning accreditation or approval of the accreditation authority. This is an AMC directors' decision, made after considering recommendations from the Committee..

3.3.8 Preparation of team's draft report

At the conclusion of the assessment, the team prepares a draft report presenting its findings. This task is coordinated by the team executive officer. The report also provides quality improvement feedback to the prevocational training accreditation authority.

The AMC aims to provide the team's draft document within five weeks of the assessment's end. More time may be required depending on the complexity of the assessment. The AMC invites the accreditation authority to comment, within a reasonable time, on the factual accuracy of the draft and on any recommendations, conclusions or judgements in the draft.

The team's draft report will include the team's recommendations to the committee on proposed conditions on accreditation. The AMC will provide an opportunity for the accreditation authority to discuss the timing for meeting any draft conditions with AMC staff and the team chair.

The team finalises its draft report after considering the accreditation authority's comments.

AMC staff submit this report to the Committee. They also submit comments by the prevocational training accreditation authority if these raise any significant concerns regarding the recommendations, conclusions or judgements in the draft report.

The Committee considers the team's draft report. It may seek additional information from the accreditation authority or the team. The Committee then decides on the final wording of the report to be presented to the AMC directors, including accreditation recommendations.

3.3.9 Presentation of the Committee's report to the prevocational training accreditation authority

AMC staff provide a copy of the final report and accreditation recommendations endorsed by the Committee to the prevocational training accreditation authority.

The accreditation authority may:

- i. ask that the Committee's report and recommendations be submitted to the AMC directors for a decision
- ii. ask the Committee to consider minor changes, such as editorial and wording changes before submitting the report and recommendations to the AMC directors for an accreditation decision, or
- iii. ask the Committee to consider significant changes to the report and/or recommendations through the AMC's formal reconsideration process (see Part 3.3.10).

3.3.10 Formal reconsideration of the Committee's report

A prevocational training accreditation authority may seek formal reconsideration of the Committee's report and/or recommended decisions.

Reconsideration is undertaken by the Committee. The accreditation authority must lodge a request for reconsideration in writing with the executive officer of the Committee within 14 days of receiving the Committee's report.

In addition, within 30 days of receiving the Committee's report and recommended decision, the prevocational training accreditation authority must identify the areas of concern, and provide a full explanation of the grounds for reconsideration, and any additional material considered relevant to the reconsideration.

The Committee will discuss the request for reconsideration either at its next scheduled meeting or by special arrangement, and will determine the process necessary to undertake the reconsideration.

The Committee considers the accreditation report and recommendations, the material the accreditation authority supplies, and any additional material and documentation agreed by the Committee. The Committee finalises its report and accreditation recommendations. The Committee then advises the accreditation authority in writing of its response to the request for reconsideration and provides a copy of its final report and recommendations.

3.3.11 Decision on accreditation

Having considered the Committee's report and recommendations, the AMC makes its accreditation decision. The AMC will determine an accreditation outcome generally in accordance with the possible outcomes listed in Part 5.

The AMC notifies the prevocational training accreditation authority. If the decision is to refuse accreditation, the accreditation authority is advised of the reasons for the decision and that it may seek internal review (see Part 3.3.12).

The AMC notifies the Medical Board of Australia of its decision and provides the accreditation report to them.

The Committee's report is a public document. If the decision is to refuse accreditation, the decision and report will not be made public until after the time has passed for seeking internal review, or if internal review is sought, until it is completed.

3.3.12 Internal review of a decision to refuse accreditation

A prevocational training accreditation authority must make any request for an internal review of a decision to refuse accreditation in writing to the AMC chief executive officer within 30 days of receiving notice of this decision. A fee applies to the internal review process.

The request for internal review must provide a detailed explanation of each reason that the accreditation authority claims justifies a different decision, together with all supporting material that the accreditation authority relies on.

The reasons for seeking review would include (but are not limited to) matters such as:

- i. that relevant and significant information, whether available at the time of the original decision or which became available subsequently, was not considered or not properly considered in making the decision to refuse accreditation
- ii. that irrelevant information was considered in making the decision to refuse accreditation
- iii. that AMC procedures that relate to the making of the decision, as described in this document, were not observed
- iv. that the original decision was clearly inconsistent with the evidence and arguments put before the authority making the original decision
- v. that an error in law or in due process occurred in forming the original decision.

The AMC will establish a review committee with appropriately qualified and experienced members that will meet as required to consider a request for reviewing a decision to refuse accreditation. The review committee will not include any person on the original assessment team.

The review committee will determine the process for the review and will inform the prevocational training accreditation authority of that process and the timing.

The review committee considers the Committee's final report and recommendations, all submissions by the accreditation authority during the original process, and the accreditation authority's materials and submissions made as part of the request for internal review. The review committee may seek further information from the assessment team, the Committee, the accreditation authority or AMC staff.

The review committee may recommend that AMC directors:

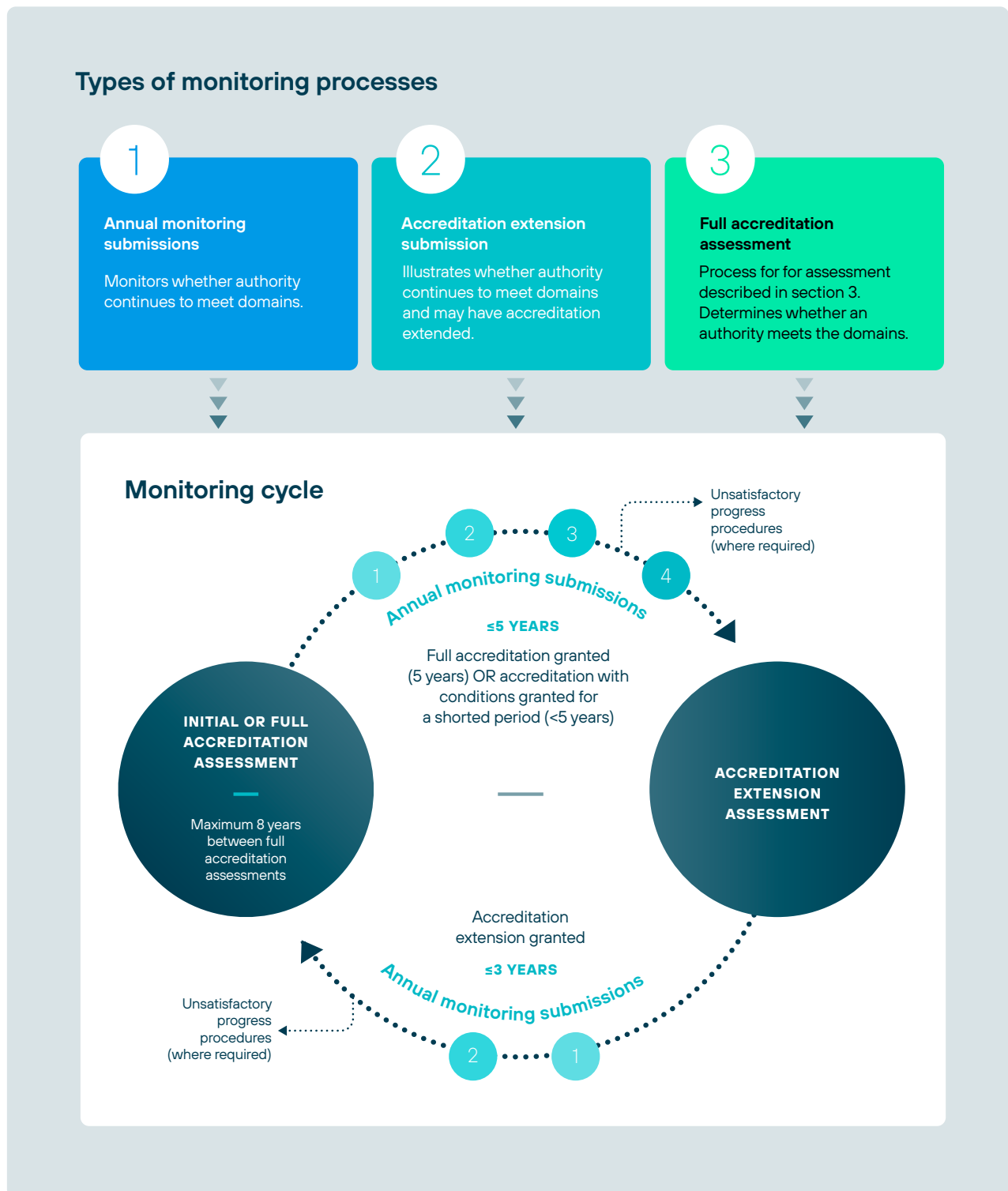
- i. confirm the decision which is the subject of the review
- ii. revoke the decision and refer it the Committee for further consideration (either in whole or in part), or
- iii. revoke the decision and replace it with another decision.

The review committee may also recommend that AMC directors waive part or all of the costs associated with the review.

The directors consider the review committee's recommendation and make a decision on the accreditation. The directors notify the accreditation authority and the Medical Board of Australia of the decision.

4. AMC monitoring of accredited programs

Figure 6 – Types of monitoring processes and the monitoring cycle



4.1 Purpose of AMC monitoring

Once a prevocational training accreditation authority has been accredited, it is monitored to ensure that it continues to meet the 'Domains for assessing and accrediting authorities' (Section 2 of *AMC domains and procedures*).

The principal monitoring mechanisms are structured monitoring submissions, accreditation extension submissions, and a full accreditation assessment every eight years. In addition the AMC expects that accredited accreditation authorities will report at any time on matters that may affect their accreditation status, such as a change that affects capacity to meet the *National standards and requirements for programs and terms*, or any change that may be a material change (see Part 3.2).

If at any time the AMC has reason to believe that changes are planned or occurring in the accreditation authority or its work, and that may affect the authority's accreditation status, it may seek information from the accreditation authority in writing.

4.2 Monitoring submissions

The aim of the annual monitoring submissions is to enable the AMC to monitor accredited prevocational training accreditation authorities between formal accreditation assessments. The reporting requirement is not intended to inhibit new initiatives or the gradual evolution activities in response to the accreditation authority's ongoing review and evaluation.

The AMC may require additional reports from an accreditation authority granted a shorter period of accreditation or which has conditions on its accreditation.

In their monitoring submissions, accreditation authorities:

- inform the AMC of significant changes, made or planned, in any area covered by 'Domains for assessing and accrediting authorities' (Section 2 of *AMC domains and procedures*)
- respond to any AMC recommendations for improvement or monitoring items
- respond to AMC conditions on their accreditation, recommendations for improvement, and AMC questions concerning information in earlier monitoring submissions
- provide data concerning the work program for the next 12 months.

AMC staff provide each accreditation authority with an outline of the monitoring submission requirements at least four months before the submission is due.

4.2.1 Consideration of monitoring submissions

The submission is considered by the Prevocational Standards Accreditation Committee.

4.2.2 Decision on monitoring submissions

The Committee will determine whether:

- i. the submission indicates that the program and accreditation authority continue to meet the domains for assessing accreditation authorities
- ii. further information is necessary to make a decision, or
- iii. the accreditation authority may be at risk of not satisfying the domains for assessing accreditation authorities.

If the submission is considered satisfactory, the accreditation authority is advised. The AMC provides details of any matters to be addressed in the next monitoring submission or in supplementary information, and any conditions or recommendations which have been satisfied and do not need to be addressed again.

If the Committee needs more information to make a decision on the monitoring submission, it advises the prevocational training accreditation authority of the relevant domains or national standards, the information required and a date for submission. The Committee may decide that a meeting with representatives of the prevocational training accreditation authority is necessary to discuss the AMC's requirements.

If the Committee considers that the accreditation authority may be at risk of not satisfying the national standards, it invokes the AMC's unsatisfactory progress procedures (see Part 4.4).

If the Committee considers a monitoring submission requires a recommendation to change the accreditation authority's accreditation status, or identifies material changes to the accredited authority, the Committee will advise the accreditation authority and outline the procedures the AMC will follow. All such actions will be reported to the AMC directors.

The AMC directors will report any changes to accreditation status to the Medical Board of Australia.

4.3 Accreditation extension submission

Each AMC accreditation report indicates the year in which the accreditation of the prevocational training accreditation authority and its programs will expire. The accreditation report will also indicate if the accreditation authority is able to seek extension of the accreditation before the next AMC team assessment. The AMC considers requests for extension through an accreditation extension submission.

In the submission, the accreditation authority is expected to provide evidence that it continues to meet the 'Domains for assessing and accrediting authorities' (Section 2 of *AMC domains and procedures*). The report also appraises developments since accreditation and information on plans leading up to the next AMC reaccreditation.

If, on the basis of the submission, the Committee decides that the accreditation authority is continuing to satisfy the domains, it may recommend that AMC directors extend accreditation. The period of extension is usually three years, taking accreditation to the maximum eight years between assessments. At the end of this extension, the accreditation authority undergoes a reaccreditation assessment.

4.4 Unsatisfactory progress procedures

The procedures described in this part relate to circumstances where the AMC, on the basis of monitoring submissions or other material, considers the prevocational training accreditation authority may no longer meet the 'Domains for assessing and accrediting authorities' (Section 2 of *AMC domains and procedures*) or may have difficulty meeting the domains in the future.

The AMC will investigate these concerns following the process outlined in this part. If this investigation leads the AMC to reasonably believe that the accreditation authority no longer meets the domains, the AMC will either impose conditions on accreditation or revoke accreditation.

The AMC will inform the prevocational training accreditation authority of its concerns and their basis, and invite the accreditation authority to respond to these concerns. The AMC will inform the Medical Board of Australia of its concerns and their basis, and the process to be implemented.

A team comprising the chair of the Committee or nominee, one member of the original assessment team and an AMC staff member will normally investigate the concerns. Additional members with specific expertise may be appointed depending on the nature of the concerns or the conditions set.

The team's discussions with the accreditation authority will focus on actions necessary to meet the requirements in 'Domains for assessing and accrediting authorities' (Section 2 of *AMC domains and procedures*) in a defined period of time. The team may ask the accreditation authority to arrange meetings with other bodies as part of their discussions.

The team reports to the Prevocational Standards Accreditation Committee, which may recommend one of the following to the AMC directors:

- i. that the concerns are being addressed and that the AMC continue accreditation for a defined period subject to satisfactory monitoring submissions
- ii. that the concerns can be addressed by imposing conditions on the accreditation – in this case the AMC will grant ongoing accreditation for a defined period, subject to satisfactory monitoring submissions and to the conditions being met within this period
- iii. that the concerns are not being addressed and/or are unlikely to be addressed within a reasonable time, and the 'Domains for assessing and accrediting authorities' (Section 2 of *AMC domains and procedures*) are not satisfied – in this case the AMC will revoke accreditation.

The processes outlined in Part 4.2 for consultation with the accreditation authority, formal reporting and review of monitoring submissions also apply in these unsatisfactory progress procedures.

The AMC advises the accreditation authority and the Medical Board of Australia of its decision.

5. Accreditation outcomes

The range of options available to the AMC in granting accreditation are set out in this part, with different options for the accreditation of an established prevocational training accreditation authority, accreditation of a new authority or prevocational training accreditation process, and where material changes occur in established authorities or their processes.

The AMC may grant accreditation with or without conditions. Where it imposes conditions, continuing accreditation is subject to satisfying these conditions.

The AMC may grant accreditation if it is reasonably satisfied that the prevocational training accreditation authority meets 'Domains for assessing and accrediting authorities' (Section 2 of *AMC domains and procedures*). The AMC may also grant accreditation if the authority substantially meets the domains, and imposing accreditation conditions will lead to the domains being met within a reasonable time.

Each accreditation authority undergoes an AMC team accreditation assessment at least every eight years. Following an AMC team assessment, the AMC grants accreditation for a maximum of five years. Accreditation can then be extended to up to eight years (an additional three years) on the basis of a written accreditation extension submission in the year the accreditation expires. At the end of the eight-year period, the accreditation authority undergoes a reaccreditation assessment.

5.1 Accreditation of a new prevocational training accreditation authority

The accreditation options are:

- i. **Accreditation for a period of five years, subject to satisfactory monitoring submissions.** Accreditation may also be subject to certain conditions being addressed within a specified period and to satisfactory monitoring submissions (see Part 4). In the year the accreditation expires, the accreditation authority will submit an accreditation extension submission. Subject to a satisfactory submission, the AMC may grant a further period of accreditation, of no more than three years, before a new accreditation assessment.
- ii. **Accreditation for a shorter period.** If significant deficiencies are identified or there is insufficient information to determine that the accreditation authority satisfies the 'Domains for assessing and accrediting authorities' (Section 2 of *AMC domains and procedures*), the AMC may grant accreditation with conditions and for a period of less than five years. At the end of this period, or sooner if the accreditation authority requests, the AMC will conduct a follow-up review.

Should the accreditation be extended to five years, in the year the accreditation ends the prevocational training accreditation authority will submit an accreditation extension submission. Subject to a satisfactory submission, the AMC may grant a further period of accreditation, of no more than three years, before a new accreditation assessment.

- iii. **Accreditation refused or revoked where the prevocational training accreditation authority has not satisfied the AMC that it can meet 'Domains for assessing and accrediting authorities'** (Section 2 of *AMC domains and procedures*). The AMC would take such action after considering in depth the impact on the healthcare system and on individuals of withdrawing accreditation, and of other avenues for correcting deficiencies.

If the AMC withdraws accreditation, it will give written notice of the decision, its reasons and the procedures available for reviewing the decision within the AMC (see Part 3.3.12).

An accreditation authority that has its accreditation refused or revoked may re-apply for accreditation. The organisation must first satisfy the AMC that it has the capacity to deliver prevocational training accreditation services that meet the 'Domains for assessing and accrediting authorities' (Section 2 of *AMC domains and procedures*).

5.2 Accreditation of a new prevocational training accreditation authority

The accreditation options are:

- i. **Accreditation for a period up to three years, subject to conditions being addressed within a specific period and depending on satisfactory annual monitoring submissions.** Conditions may include a requirement for follow-up assessments to review progress in implementation. In the year the accreditation ends the accreditation authority will submit an accreditation extension submission. Subject to a satisfactory submission, the AMC may grant a further period of accreditation, up to the maximum possible period, before a new accreditation assessment.
- ii. **Accreditation refused.** This occurs where the organisation has not satisfied the AMC that it can meet 'Domains for assessing and accrediting authorities' (Section 2 of *AMC domains and procedures*). The AMC will give the organisation written notice of the decision and its reasons, and the procedures available for reviewing the decision within the AMC (see Part 3.3.12).

Where the AMC refuses accreditation, the organisation may re-apply for accreditation. It must first satisfy the AMC that it has the capacity to address the AMC's concerns by completing a Stage 1 accreditation submission.

5.3 Accreditation of a material change to an established prevocational training accreditation authority

The accreditation options are:

- i. **Accreditation for a period up to three years, subject to conditions being addressed within a specific period and depending on satisfactory annual monitoring submissions.** Conditions may include a requirement for follow-up assessments to review progress in implementing the material change. In the year the accreditation ends, the accreditation authority will submit an accreditation extension submission. Subject to a satisfactory report, the AMC may grant a further period of accreditation, up to the maximum possible period, before a new accreditation assessment.
- ii. **Accreditation refused.** This occurs where the accreditation authority has not satisfied the AMC that it can implement the material change at a level consistent with 'Domains for assessing and accrediting authorities' (Section 2 of *AMC domains and procedures*). The AMC will give the accreditation authority written notice of the decision and its reasons, and the procedures available for reviewing the decision within the AMC (see Part 3.3.12).

Where the AMC refuses accreditation, the organisation may re-apply for accreditation. It must first satisfy the AMC that it has the capacity to address the AMC's concerns by completing a Stage 1 accreditation submission.

5.4 Procedures following the accreditation decision

After it has made its accreditation decision, the AMC provides a report to the Medical Board of Australia.

Having made a decision on accrediting a prevocational training accreditation authority, the AMC monitors developments in the accredited authority through regular monitoring submissions.

The AMC has a separate series of procedures that relate to where the Prevocational Standards Accreditation Committee considers that the accreditation authority's progress against its accreditation conditions is unsatisfactory and/or that the prevocational training accreditation authority may be at risk of not satisfying 'Domains for assessing and accrediting authorities' (Section 2 of *AMC domains and procedures*). This may be on the basis of monitoring submissions or other material available to the Committee.

6. Review of domains and procedures for assessing accreditation authorities

The process for reviewing the *AMC domains and procedures* provides opportunities both for stakeholders to contribute, and for the AMC to build on the experience of its accreditation teams and committees.

The AMC gathers feedback after each accreditation assessment. AMC staff collate feedback from the AMC team and from the prevocational training accreditation authority.

Following each assessment, the Prevocational Standards Accreditation Committee receives a report from AMC staff on any questions concerning the interpretation of 'Domains for assessing and accrediting authorities' and 'Procedures for assessing authorities' (Sections 2 and 3 of *AMC domains and procedures*) and/or the *National standards and requirements for programs and terms*. The Committee also reviews feedback from the assessment team chair on the assessment process.

AMC staff make minor procedural changes agreed as part of this review process and report to the Committee on their implementation.

The Committee may recommend to the AMC directors changes to the explanatory notes accompanying these documents.

Should the Committee decide that one or more of the domains or standards requires clarification, it recommends a review to the directors, following the process described in this part.

Should the Committee identify the need for a change to the procedures, it may recommend a review to directors, following the process described below. The AMC reviews both the 'Domains for assessing and accrediting authorities' and 'Procedures for assessing and accrediting authorities' at least every five years.

A review of domains, procedures and/or national standards is completed by an AMC working party established for the process as follows:

- The Committee discusses the domains, procedures and/or national standards, and presents a plan for the review to the directors, outlining the proposed scope and timing of the review.
- If AMC directors make a decision to review the domains, procedures and/or national standards, the AMC advises the Medical Board of Australia and places information about the review and consultation processes on its website.
- The AMC establishes a working party with an experienced AMC accreditation assessor as chair. The working party includes nominees of key stakeholder bodies. The working party:
 - › consults stakeholders
 - › reviews relevant AMC, national, and international reports and policies
 - › drafts proposals for change to the domains, procedures and/or national standards
 - › prepares a summary of stakeholder responses to these proposals.
- The Committee considers the changes and submits them to AMC directors. The AMC directors submit proposed changes and/or national standards to the Board for approval.

Glossary

ASSESSMENT

The systematic process for measuring and providing feedback on a prevocational doctor's progress and/or level of achievement of the prevocational outcome statements. This occurs in each term through clinical supervisors' assessment of entrustable professional activities (EPAs) and through formal mid- and end-of-term assessments. At the end of each year (PGY1 and PGY2), an *assessment review panel* looks at the outcomes of term assessments and the record of learning, and makes a recommendation on progress to the next stage of training.

ASSESSMENT REVIEW PANEL

A panel that recommends whether a prevocational doctor can progress to the next stage of training, based on a global judgement of the doctor's achievement of the prevocational outcome statements.

The panel members have a sound understanding of procedural fairness and prevocational training requirements. The panel must have at least three members, who may include the director of clinical training (DCT), the director of medical services (DMS) / chief medical officer (CMO) or delegate, the medical education officer (MEO), an individual with HR expertise, experienced supervisor/s, or a consumer.

CERTIFICATION

The final sign-off at the end of each year. Certification says that the prevocational doctor has:

- completed the statutory requirements for general registration PGY1 (forwarded to the Medical Board of Australia); or
- achieved the required standard at the end of PGY2 (leading to the issue of an AMC Certificate of Satisfactory Completion of PGY2).

CLINICAL SUPERVISOR

A medical practitioner who supervises the prevocational doctor while they are assessing and managing patients.

- Primary clinical supervisor(s) – is the supervisor with consultant level responsibility for managing patients in the relevant discipline that the *prevocational doctor* is caring for. The consultant in this role might change and could also be the *term supervisor*.
- Clinical supervisor(s) (day-to-day) is an additional supervisor who has direct responsibility for patient care, provides informal feedback, and contributes information to assessments. This occurs in many settings, and the person in this role should remain relatively constant during the *term*. They should be at least PGY3 level, such as a registrar.

CONSUMER

A health consumer is someone who uses or has used healthcare services, including patients (clients), their family or carers. Many organisations, including the Australian Medical Council, use the experience and expertise of consumers as members of committees.

CULTURAL SAFETY	<p>The AMC uses the Australian Health Practitioner Regulation Agency's (Ahpra) definition of cultural safety.</p> <p>Cultural safety is determined by Aboriginal and Torres Strait Islander individuals, families and communities.</p> <p>Culturally safe practice is the ongoing critical reflection of health practitioner knowledge, skills, attitudes, practising behaviours and power differentials in delivering safe, accessible and responsive healthcare free of racism.</p> <p>See full definition at: https://www.ahpra.gov.au/about-ahpra/aboriginal-and-torres-strait-islander-health-strategy.aspx</p>
DIRECTOR OF CLINICAL TRAINING (DCT) (OR EQUIVALENT)	<p>A senior clinician with delegated responsibility for developing, coordinating, promoting and evaluating the <i>prevocational training program</i> at all sites. This clinician also has an important role in longitudinal oversight, advocacy and support of prevocational doctors within the program. In fulfilling the responsibility of this role, the DCT will regularly liaise with term supervisors, MEOs and junior medical officer (JMO) manager(s), the DMS and others involved in the <i>prevocational training program</i>. The role has a range of titles in different jurisdictions and training sites, including director of prevocational education and training (DPET), and may interact with a supervisor of intern training, who has primary responsibility for PGY1 doctors (interns). Other titles may be used in community health settings, including general practice.</p>
DIRECTOR OF MEDICAL SERVICES	<p>A senior medical administrator with responsibility for the medical workforce at a health service, also known as the executive director of medical services (EDMS) or CMO. Other terms may be used for equivalent roles in community health settings or general practice.</p>
FORMAL EDUCATION PROGRAM	<p>An education program that the training facility provides and delivers as part of its <i>prevocational training program</i>. For <i>interns</i> (PGY1), there are usually weekly sessions, which involve a mixture of interactive and skills-based face-to-face or online training. Education programs for PGY2 doctors are more varied and may be adapted to address the career plans of these doctors.</p>
INTERN	<p>A doctor in their first postgraduate year (PGY1) and who holds provisional registration with the Medical Board of Australia.</p>
MINI-CEX	<p>The mini-clinical evaluation exercise is an assessment based on direct observation of a trainee in an encounter with a patient. The trainee performs a focused task such as taking a history, examining or advising the patient. The assessor records a judgement of the trainee's performance using a standardised rating form and provides feedback to the trainee on their performance.</p>
PREVOCATIONAL DOCTOR	<p>A doctor completing generalist, work-based clinical training during the first two years after graduation. The term is sometimes used to refer to any recent medical graduate who has not commenced a vocational training program, including PGY3 and beyond, but in this framework, it always refers to PGY1 or PGY2 doctors.</p>

PREVOCATIONAL TRAINING PROGRAM	A period of two years of generalist, work-based, clinical training after graduation. Each year (PGY1 or internship, and PGY2) comprises 47 weeks of supervised clinical training that meets the requirements set out in the <i>National standards and requirements for prevocational (PGY1 and PGY2) training programs and terms</i> . Each year of the program includes orientation, formal and informal education sessions, and assessment with feedback, and may be provided by one or more training providers.
PREVOCATIONAL TRAINING PROVIDER	The organisation that provides supervised clinical practice, education and training, and that is responsible for the standard of the prevocational training program. The program may be delivered in hospital, community health or general practice settings in both prevocational years. Additional settings are possible in PGY2 year rotations, such as pathology, medical administration, research or medical education. Providers may be a hospital, community health facility, general practice, or a combination of these.
PGY	Postgraduate year, usually used with a number to indicate the number of years after graduation from medical school. PGY1 is the first postgraduate year, also known as internship, and PGY2 is the second postgraduate year.
SPECIALTY	A major branch of medical practice, usually represented by a specialty college. Examples include general practice, internal medicine, surgery, emergency medicine, anaesthetics, obstetrics and gynaecology, paediatrics and psychiatry.
SUBSPECIALTY	A branch of a <i>specialty</i> , most commonly in internal medicine or surgery. Examples include: cardiology, endocrinology, neurology, nephrology and oncology in internal medicine; paediatrics; cardio-thoracic surgery, orthopaedics, plastic surgery and vascular surgery in surgery; and drug and alcohol services in psychiatry.
SERVICE TERM	<p>A <i>term</i> where the prevocational doctor is either (a) rostered to provide ward cover on night shifts (service nights term) or (b) rotated through a number of accredited terms for short periods of time to backfill for doctors on leave (relief service term).</p> <p>Two characteristics of service terms are:</p> <ol style="list-style-type: none"> 1. discontinuous learning experiences, such as limited access to the formal education program or regular unit learning activities 2. less or discontinuous supervision, such as nights with limited staff.
TERM	A component of the <i>prevocational training program</i> , usually a nominated number of weeks in a particular area of practice, also called a clinical rotation, post, or placement.
TERM SUPERVISOR	The person responsible for orientation and assessment during a particular <i>term</i> . They may also provide primary clinical supervision of the <i>prevocational doctor</i> for some or all of the term.