**Document 2: Self-assessment checklist**

**Requirements for prevocational training programs and terms**

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| **Name of training provider** |  | | |
| **By the commencement of the 2025 training year, the following will be in place for PGY1 and PGY2 training programs. Exceptions are to be noted in the column indicated.** | | **Yes** | **If no, provide brief comment** |
| **Quality requirements for all (PGY1 and PGY2) programs and terms** | | | |
| 1. Adequate supervision will be assured in all terms | |  |  |
| 1. Training and assessment processes will be congruent to the national requirements | |  |  |
| 1. Longitudinal oversight will be assured | |  |  |
| 1. Continuity of supervision will be assured, as will a priority of learning | |  |  |
| **Program length, structure, and content – PGY1** | | | |
| 1. PGY1 program remains compliant with requirements:  * Minimum 47 weeks * Minimum four terms of at least 10 weeks * Maximum 50% in any specialty and 25% in any subspecialty * At least 50% of the year must be embedded in clinical teams * Maximum 20% of the year in service terms (relief and nights) * Exposure to clinical experience categories A to D | |  |  |
| **Program length, structure, and content – PGY2** | | | |
| 1. PGY2 program will be structured to meet framework requirements for PGY2:    * Minimum 47 weeks    * Minimum three terms of at least 10 weeks    * Maximum 25% in any subspecialty    * At least 50% of the year must be embedded in clinical teams    * Maximum 25% of the year in service terms (relief and nights)    * Exposure to clinical experience categories A to C    * Allocation to no more than one term involving non-direct clinical care | |  |  |
| **By the commencement of the 2025 training year, each term (including those currently accredited) across the PGY1 and PGY2 prevocational training program will:** | | **Yes** | **If no, provide brief details of which term and plan to address** |
| 1. have a defined term supervisor who is aware of their responsibilities. | |  |  |
| 1. have a defined and well-understood process which enables prevocational doctors to receive adequate feedback on their performance and to participate in appropriate assessment processes. This includes a beginning of term discussion, completion of both mid- and end-term assessments, assessment of EPAs (where relevant), and a focus on longitudinal assessment of progress against the prevocational outcome statements. | |  |  |
| 1. have adequate supervision provided at all times, including on weekend, after-hours, and relief shifts. | |  |  |
| 1. offer a range of structured and informal learning opportunities. | |  |  |
| 1. have a roster which is compliant with industrial and organisational requirements and supports prevocational doctor wellbeing. | |  |  |
| 1. participate in effective monitoring and evaluation processes aimed at identifying improvements. | |  |  |
| 1. provide assurance that concerns regarding incivility in the workplace will be managed appropriately. | |  |  |
| 1. The accompanying PGY2 term categorisation spreadsheet has been completed fully and accurately. | |  |  |

**Delegate certification**

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| **Accountable officer certification (EDMS or equivalent)** | | | |
| **Name** |  | | |
| **Position** |  | | |
| **Statement** | As the officer with responsibility for the prevocational training program at this provider, I certify this is an accurate reflection of work undertaken and to be undertaken in preparation for implementation of requirements and standards of the National Framework for Prevocational (PGY1 and PGY2) Medical Training. | | |
| **Signature** |  | **Date** |  |
| **Chair of the prevocational medical training governance committee (or equivalent) certification** | | | |
| **Name** |  | | |
| **Role** | 1. Chair of the prevocational training governance committee | | |
| **Statement** | As Chair of the prevocational training governance committee, I certify this is an accurate reflection of work undertaken and to be undertaken in preparation for implementation of requirements and standards of the National Framework for Prevocational (PGY1 and PGY2) Medical Training. | | |
| **Signature** |  | **Date** |  |