

# PMAQ

## Monitoring, evaluation and quality improvement

QH-GDL-003

### 1. Statement

Queensland Health administers a system for the accreditation of prevocational (PGY1 and PGY2) medical training programs. The Queensland Department of Health is approved by the Medical Board of Australia (MBA) as a prevocational medical training accreditation authority and is responsible for accrediting prevocational medical training programs and terms in Queensland. Prevocational Medical Accreditation Queensland (PMAQ), as a unit of the department of health, administers a system of accreditation that ensures quality education and training for prevocational doctors that enables the provision of safe patient centred care.

The MBA's [Registration standard: Granting general registration as a medical practitioner to Australian and New Zealand medical graduates upon completion of postgraduate year one training](#) (the registration standard) defines the supervised training requirements that must be completed by PGY1 Australian and New Zealand medical graduates to be eligible for general registration. As per the registration standard, training programs and terms must be accredited against approved accreditation standards for prevocational medical training. It is PMAQ's responsibility to ensure that PGY1 training programs offered by Queensland prevocational medical training providers meet the requirements of the registration standard, and PGY2 training programs meet requirements and standards of the *National Framework for Prevocational (PGY1 and PGY2) Medical Training* (the framework).

### 2. Purpose

The purpose of this guideline is to ensure all prevocational medical training providers are aware of the monitoring, evaluation and quality improvement processes required to ensure their prevocational training program meets the national standards and requirements for accreditation.

This guideline:

- provides guidance on areas that require evaluation.
- outlines key evaluation criteria to be included to assess program content, and quality of teaching, supervision and assessment; and
- provides guidance on how this information should be used to inform ongoing improvements to the program.

### 3. Scope

This guideline applies to all accredited prevocational medical training providers in Queensland that deliver prevocational medical training.

### 4. Context

An important component of a good quality prevocational training program is a formalised monitoring and evaluation process, followed by a quality improvement program. Prevocational training providers must continually seek to improve their education and training programs and commit to the importance of regular monitoring and evaluation to inform continuous quality improvement.

To meet the national standards, prevocational medical training providers are required to demonstrate effective monitoring, evaluation and quality improvement processes.

This would generally include (but not be limited to) the monitoring and evaluation of these program elements:

- the formal education program (FEP) including access to protected teaching time.
- orientation processes.
- ward work and teaching.
- access to and quality of supervision.
- clinical experiences.
- feedback and assessment processes.
- working conditions; and
- an overall evaluation of the prevocational years and services provided by the MEU.

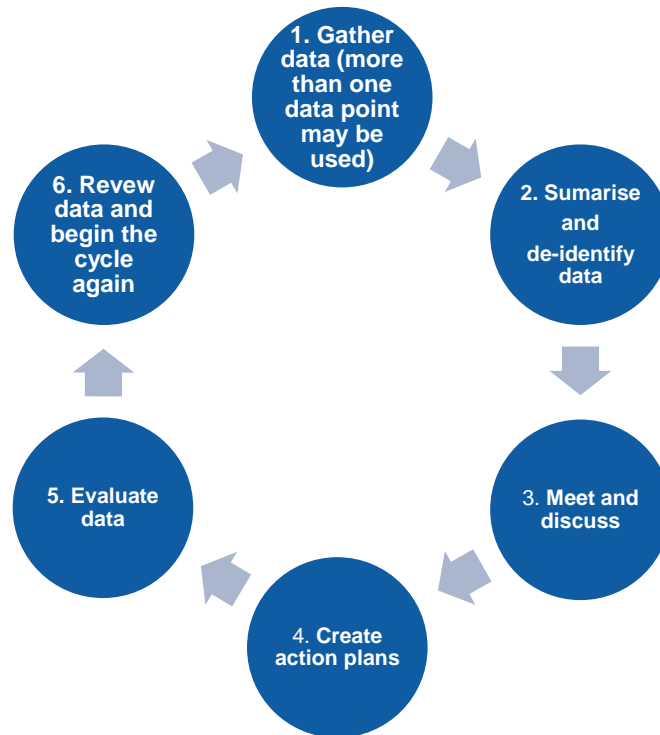
Providers are required to continually seek stakeholder feedback and ensure that there are mechanisms in place to communicate evaluation outcomes to the relevant stakeholders. Stakeholders may include PGY1 and PGY2 doctors, their supervisors, and other members of the multidisciplinary supervisory team. Stakeholder feedback should always be used in a constructive manner to initiate or implement quality improvements at program and term levels. Evaluation data and evidence of subsequent quality improvements arising from this form an important element of the evidence examined by assessors and is integral to the triangulation of evidence required for assessment against the national standards. In addition, there should be evidence that the appropriate governance structures overseeing these processes are in place.

A monitoring, evaluation and quality improvement process should demonstrate the following:

- evidence that measurement of the various elements of the training program is occurring.
- evidence that the data collected has been assessed and used to implement quality improvement activities. That is, measurement has occurred, and changes have been made.
- evidence that any changes made have been re-evaluated against the intended outcomes.
- use of evaluation is planned and consistently applied across the prevocational training program.

**Note:** When collecting and analysing program data it is imperative that providers ensure they have a representative data sample. This will ensure that any conclusions drawn from evaluation data accurately reflect

## 5. Steps to a basic quality improvement cycle



**Note:** The success of the quality improvement cycle relies on thorough documentation at every stage of the process. This record can be used as evidence for accreditation, demonstrating that the quality improvement loop is functioning effectively and that mechanisms are in place to identify and address issues as they emerge.

### 5.1 Gather data

This may include, but is not limited to, end-of-term assessments, post-education evaluations, end-of-year evaluations, orientation evaluations, term supervisor evaluations, and any other feedback or information collected from stakeholders—whether formal or informal—who are involved in your program. Data should be sourced from both internal and external channels.

### 5.2 Summarise and de-identify data

This can be achieved through term-level reports, term-by-term education evaluations, year-end reports, or any other method that best suits your program's needs.

### 5.3 Meet and discuss

Arrange meetings with each term supervisor, educator, or stakeholder group to review the reports and explore potential improvements to enhance the experience of prevocational doctors in your program. Ensure that relevant reports are also shared with your governance committee(s) to support informed decision-making regarding the program.

### 5.4 Create action plans

Develop action plans outlining the steps your health service, facility, term, or medical education unit (MEU) will take to address the issues identified in the data. It is essential to involve stakeholders in the creation of these plans.

## 5.5 Evaluate

Incorporate evaluation measures into each action plan to determine whether the implemented changes have successfully addressed the targeted issues.

## 5.6 Continue the cycle

Review the updated data, document the outcomes, and begin the quality improvement cycle again.

# 6. Processes that can be undertaken

## 6.1 Monitoring, evaluation and quality improvement of formal education programs (including facility orientation)

Evaluation data collected for each session should be analysed with a focus on identifying areas requiring further clarification or additional topics. The MEU may also survey the cohort to assess the perceived value of each session. This information is then used to confirm, enhance, or adjust session content as needed. The data can be incorporated into MEU annual reports and presented to the appropriate governance bodies.

## 6.2 End-of-year evaluations

This comprehensive evaluation of the prevocational year should be reported to the appropriate governance bodies, EDMS/DMS, clinical directors, and supervisors. There must be clear evidence that the collected data has been analysed and that it has informed quality improvement initiatives.

## 6.3 Evaluation of clinical experiences or rotations (including orientation, unit education, clinical experiences and supervision)

All prevocational doctors are strongly encouraged to complete end-of-term evaluations for each clinical experience. Analysed data should be collated over a timeframe that ensures de-identification.

For example, rotations with larger numbers of trainees may use combined data from terms one, two, and three, while rotations with fewer PGY1 doctors may use a full year's data. Overall evaluation findings should be included in MEU annual reports and presented to the appropriate governance bodies, while unit-specific evaluation data should be shared with term supervisors to enable review and active participation in quality improvement initiatives for the prevocational training program.

## 6.4 Identification and escalation of issues

Any concerns raised—whether verbally or in writing—regarding inadequate supervision, excessive workload, inappropriate rostering, fatigue management, limited access to education, or incidents of bullying, harassment, or discrimination must be promptly identified by the MEU. These issues should be escalated and addressed through the appropriate local organisational structures.

## 6.5 MEU-run mid- and end-term interviews or forums

The MEU may conduct mid- and end-term interviews or forums with prevocational doctors to gather informal feedback on concerns or areas where additional support is needed. This feedback should be collated and, where appropriate, discussed with supervisors.

Quality improvement plans are then communicated to the medical education committee, with outcomes and any subsequent actions shared with prevocational doctors via their representative(s) on the committee. Regular telephone or face to face contact between term supervisors and the MEU can raise issues as they arise and ensure early identification and remediation of an underperforming prevocational doctor.

## 6.6 Small group sessions

Each term, small group sessions may be facilitated by the DCT, an MEO, or a select group of senior doctors to discuss issues affecting prevocational doctors, whether professionally or personally in the workplace. These sessions should remain confidential to ensure a safe and supportive environment where participants feel comfortable sharing their experiences.

## 6.7 Analysis of prevocational outcome statements

Evaluating prevocational outcome statements across all prevocational doctors is a key measure of both individual performance and the overall quality of the training program. By analysing mid- and end-of-term assessments for all rotations, the MEU can assess the consistency of supervision and evaluation over time and across individuals. This process helps determine the program's effectiveness in achieving its stated objectives, the quality of supervision provided, and the program's capacity to intervene early when issues are identified.

## 6.8 Evaluation of MEU performance

The performance of the MEU should be assessed based on the quality and effectiveness of its interactions with prevocational doctors, supervisors, DCT, and MEOs; its ability to evaluate programs and report outcomes; and its effectiveness in communicating evaluation findings to supervisors, prevocational doctors, directors, and governance committees. Consideration should also be given to how well the MEU incorporates feedback from supervisors and prevocational doctors into program development, as well as its capacity to implement and follow through on actions identified through evaluation processes.

## 6.9 Supervisor and prevocational doctor representation

Active participation and representation of supervisors and prevocational doctors on medical education and other governance committees help ensure that training requirements are consistently met, stakeholder input is valued, and decision-making processes remain inclusive and transparent. Outcomes and decisions should be communicated back to prevocational doctors, their supervisors, and other relevant stakeholders.

## 6.10 Quality register

The MEU is encouraged to maintain a quality register as a central repository for all discussions, evaluations, responses, decisions, and actions related to the training program. This should include minutes of relevant education meetings and serve as a tool to track improvements, monitor actions, and incorporate feedback from prevocational doctors.

Providers should consult the national standards to determine the types of data that must be collected and analysed to support quality improvement initiatives.

## 7. Responsibilities

### 7.1 Senior clinical management

Senior clinical managers—such as the EDMS/DMS, DCT, and term supervisors—are ultimately responsible for ensuring that all prevocational doctors have access to, and participate in, high-quality education and training. For PGY1 doctors, they must also ensure the program meets the requirements for general registration with the Medical Board of Australia.

Their responsibilities include overseeing orientation, task allocation, monitoring, assessment, feedback, support, and evaluation. Additionally, they are accountable for establishing and maintaining appropriate governance structures to support the effective monitoring, evaluation, and continuous quality improvement of prevocational training programs.

### 7.2 Medical education unit

A core function of the MEU is to coordinate and oversee education and prevocational training in alignment with accreditation requirements. The MEU is responsible for designing, implementing, and evaluating a comprehensive medical education program that meets both the national standards and the requirements for programs and terms.

This involves continuous monitoring, evaluation, and quality improvement to ensure the program achieves the objectives and standards set by national and state bodies. The MEU is accountable for managing these processes and ensuring that evaluation outcomes are integrated into the quality improvement cycle of the prevocational training program.

## 8. Definitions

Term	Definition
DCT	Director of clinical training
DMS	Director of medical services
EDMS	Executive director of medical services
Evaluation	Evaluation is the process of using the measurements (data) to assess outcomes and impact of an entity (individual, service, program). It is the formal process of gathering evidence (data), reviewing it and using those measures to assess the outcomes and impact of a program or project according to terms of reference or established standards.
External data source	A data source external to the training program, it's hospital or health service. The national standards require the use of both internal and external data sources in its evaluation and monitoring activities. An example is the Medical Board of Australia's medical training survey results.
Formal education program	An education program the facility provides and delivers as part of the prevocational training program curriculum. Sessions are usually weekly and involve a mixture of interactive and skills-based face-to-face or online training.

PGY1	A doctor in their first year of postgraduate training, holding provisional registration with the Medical Board of Australia. Also referred to as an intern.
PGY2	A doctor in their second year of postgraduate training, holding general registration with the Medical Board of Australia.
Junior house officer (JHO)	A prevocational doctor who holds general registration by the Medical Board of Australia, usually but not always in their second postgraduate year (PGY2) and who has not yet been accepted onto a college training pathway. Also referred to a resident or a resident medical officer.
Prevocational training program	<p><b>PGY1:</b> A 47-week period of mandated, supervised, work-based clinical training that must meet both the requirements of the Medical Board of Australia’s registration standard <i>Granting General Registration as a Medical Practitioner to Australian and New Zealand Medical Graduates on Completion of Postgraduate Year One Training and the parameters outlined in the National Requirements for Prevocational Training Programs and Terms</i>. This includes exposure to required clinical experiences, participation in a longitudinal assessment process, and access to education and training opportunities. An assessment review panel will make a recommendation on eligibility for progression to general registration. The training program may be delivered by one or more accredited training providers.</p> <p><b>PGY2:</b> A 47-week period of mandated, supervised, work-based clinical training that must meet the parameters outlined in the <i>National Requirements for Prevocational Training Programs and Terms</i>. This includes exposure to required clinical experiences, participation in a longitudinal assessment process, and access to education and training opportunities. An assessment review panel will determine eligibility to receive a certificate of completion. The training program may be delivered by one or more accredited training providers.</p>
MEO	Medical education officer
PMEO	Principal medical education officer
MEU	<p>Medical education unit</p> <p>The primary function of the medical education unit is to oversee prevocational medical training and associated accreditation activities.</p>
Monitoring	The process of measuring of what is happening. It is the periodic collection of data and information (measures) for the purposes of tracking progress (measuring) of an entity (individual, service, program) according to terms of reference or established standards.

PGY	<p>Postgraduate year usually used with a number to indicate the number of years after graduation from medical school.</p> <p>For example, PGY1 is the first postgraduate year, also known as internship.</p>
Prevocational	A prevocational doctor in the postgraduate years prior to being accepted onto a college pathway.
Quality improvement (QI)	The framework used to provide for a systematic, formal approach to the analysis of practice or program performance and efforts to improve performance, including the implementation of changes in practice if needed.
Term	A component of a medical training program, usually a nominated number of weeks in a particular area of practice. Also called clinical rotation, post or placement.
Triangulation	The process of using different sources and/or methods for data collection to cross check data, reduce bias, and ensure data is valid, reliable and complete. This process lends credibility to an evaluation or assessment process.

## 9. Approval and implementation

Policy Custodian	Policy Contact Details	Approval Date	Approver
Manager	pmaq@health.qld.gov.au	04 August 2025	PMAQ Accreditation Committee

## 10. Version control

Version	Date	Comments
0.1	8 January 2019	Initial draft completed
0.2	6 February 2019	Update to logo
0.3	31 March 2021	Update
1.0	03 June 2021	Endorsed by Accreditation Committee
1.1	23 February 2022	Migrated to QH template and added recommendation as per Committee endorsement in June 2021. Updated wording in line with current PMAQ terminology.
2.0	August 2024	Updated to reflect changes based on the National Framework for Prevocational (PGY1 and PGY2) Medical Training Endorsed by the PMAQ Accreditation Committee
3.0	4 August 2025	Endorsed by Accreditation Committee