NATIONAL FRAMEWORK FOR PREVOCATIONAL (PGY1 AND PGY2) MEDICAL TRAINING

Australian Medical Council Limited

Training environment

National standards and requirements for prevocational (PGY1 and PGY2) training programs and terms

CONTENTS

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.

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About this document

This document lays out training environment requirements that apply to PGY1 and PGY2 training programs. It contains two stand-alone sections:

SECTION 2	**National standards for prevocational (PGY1 and PGY2) training programs and terms**
SECTION 3	**Requirements for prevocational (PGY1 and PGY2) training programs and terms**

These national standards and requirements are part of the National Framework for Prevocational (PGY1 and PYG2) 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* (**this document**)
- **Quality assurance** – *AMC domains and procedures for assessing and accrediting prevocational (PGY1 and PGY2) training accreditation authorities.*

This document's national standards and requirements will be used from 2024 to accredit health services providing training programs for PGY1 and PGY2 doctors. 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*[1] requires this accreditation to grant general registration for medical graduates who complete PGY1 (internship). For PGY2 training programs, accreditation was a recommendation of the 2015 Council of Australian Government's National Review of Medical Intern Training[2], accepted by health ministers in 2018.

For PGY1, the 'Requirements for programs and terms' (Section 3 of this document) is aligned with the requirements set out in the Board's *Registration standard*.

1. The Medical Board of Australia (MBA), 'Granting general registration as a medical practitioner to Australian and New Zealand medical graduates on completion of intern training', *Registration standards*, MBA website, 2002, accessed 21 April 2022.
2. 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

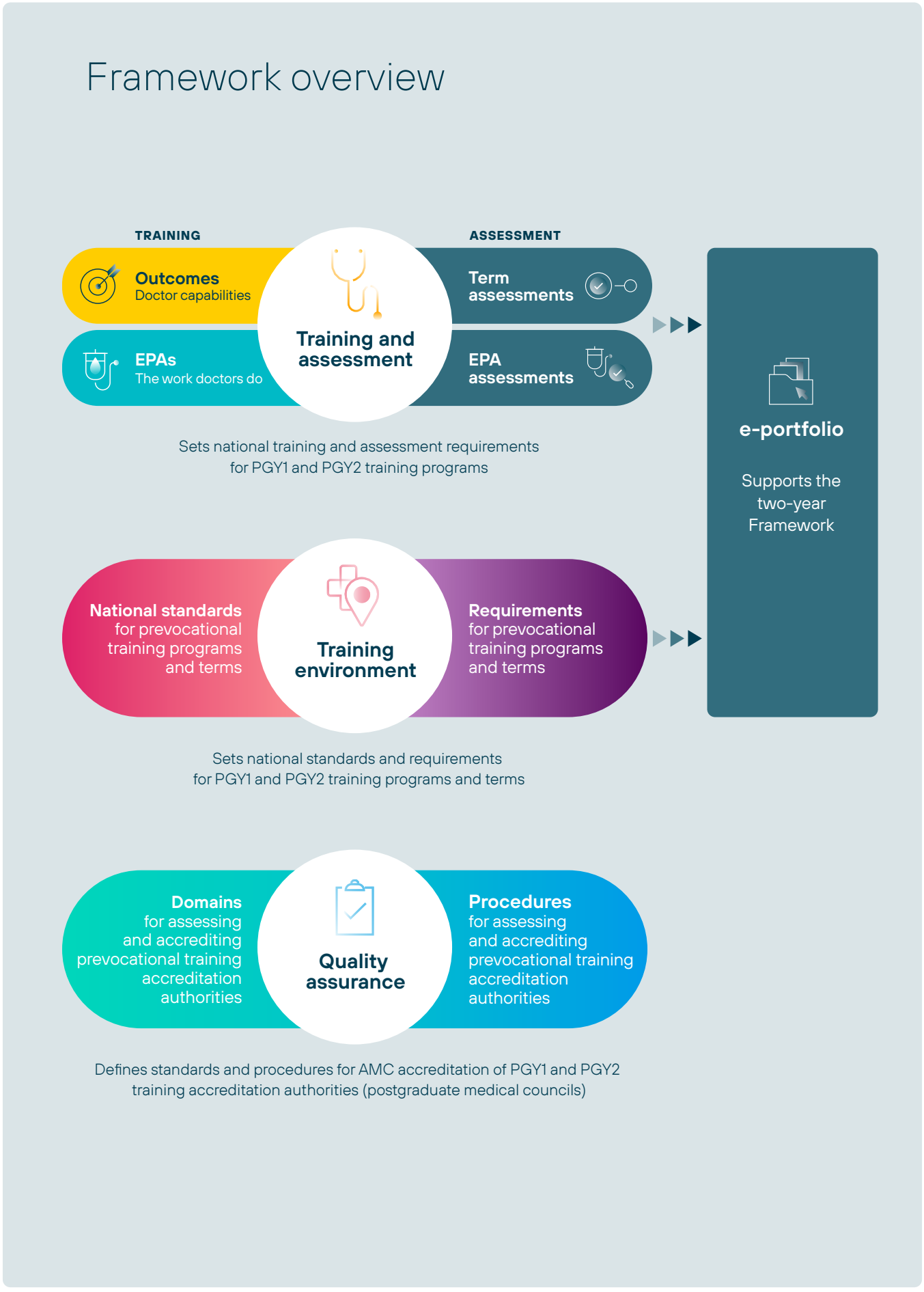

Figure 2 – Overview of the training environment component of the National Framework

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National standards for prevocational (PGY1 and PGY2) training programs and terms

INTRODUCTION

National standards for prevocational training

These national standards outline requirements for systems, processes and resources that contribute to good quality prevocational training.

Further, these national standards:

- apply to both PGY1 and PGY2 programs, unless explicitly stated otherwise
- build on existing prevocational accreditation standards adopted by prevocational accreditation authorities
- have similar structure to the approved accreditation standards for other phases of medical education, but are customised to prevocational training
- do not prescribe a program model, and can be applied to prevocational training programs of diverse size and structure
- include notes to clarify meaning when applying the standards – prevocational accreditation authorities may add notes to reflect additional requirements for their local context
- have both program- and term-specific requirements – this allows prevocational training accreditation authorities accrediting against the national standards to accredit a program but disallow individual terms.

These national standards relate to the Medical Board of Australia's registration standards in two important areas:

- **General registration.** The standards for PGY1 align with 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*[3].
- **CPD exemption for mandatory registration standards.** The Medical Board of Australia's revised *Registration standard: continuing professional development*[4] will come into effect on 1 January 2023. As provisionally registered doctors, PGY1 doctors are exempt from further continuing professional development (CPD) requirements. PGY2 doctors undertaking a structured program leading to a certificate of completion will also be exempt from additional CPD requirements.

3. The Medical Board of Australia (MBA), 'Granting general registration as a medical practitioner to Australian and New Zealand medical graduates on completion of intern training', *Registration standards*, MBA website, 2002, accessed 21 April 2022.
4. The Medical Board of Australia (MBA), 'Continuing professional development', *Registration standards*, MBA website, 2002, accessed 21 April 2022.

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National standards for prevocational training

Figure 3 – National accreditation standards for programs

2

Organisational purpose and the context in which prevocational training is delivered

STANDARD 1

1. Organisational purpose and the context in which prevocational training is delivered

1.1 Organisational purpose

1.1.1 The purpose of the health services that employ and train prevocational doctors includes setting and promoting high standards of medical practice and training.

1.1.2 The employing health service's purpose identifies and addresses Aboriginal and Torres Strait Islander communities' place-based needs and their health in collaboration with those communities.

NOTES

Responsibilities of healthcare services accredited for prevocational training should include addressing the healthcare needs of the communities they serve and reducing health disparities in those communities, most particularly improving health outcomes for Aboriginal and Torres Strait Islander peoples of Australia. This should include improving the education of practitioners in Indigenous health.

1.2 Outcomes of the prevocational training program

1.2.1 The prevocational training provider relates its training and education functions to the health care needs of the communities it serves.

1.2.2 The training program provides generalist clinical training that prepares prevocational doctors with an appropriate foundation for lifelong learning and for further postgraduate training.

NOTES

In addition to ensuring high-quality education and training, those who develop the medical workforce have a shared responsibility to help education and training meet health needs of the community. Providing prevocational doctors with exposure to a range of clinical experiences supports their development of generalist and foundational skills. These experiences should be across different settings and disciplines with appropriate supervision and structured learning opportunities.

1.3 Governance

1.3.1 The governance of the prevocational training program, supervisory and assessment roles are defined.

1.3.2 The health services that contribute to the prevocational training program have a system of clinical governance or quality assurance that includes clear lines of responsibility and accountability for the overall quality of medical practice and patient care.

1.3.3 The health services give appropriate priority and resources to medical education and training and support of prevocational doctor wellbeing relative to other responsibilities.

1.3.4 The health service has documented and implemented strategies to provide a culturally safe environment that supports:

- Aboriginal and Torres Strait Islander patients / family / community care
- the recruitment and retention of an Aboriginal and Torres Strait Islander health workforce.

1.3.5 The prevocational training program complies with relevant national, state or territory laws and regulations pertaining to prevocational training.

1.3.6 Prevocational doctors are involved in the governance of their training.

1.3.7 The prevocational training program has clear procedures to immediately address any concerns about patient safety related to prevocational doctor performance, including procedures to inform the employer and the regulator, where appropriate.

NOTES

Prevocational training is a blended model of supervised practice and integrated training. While some training is specific to the prevocational training period, PGY1 and PGY2 doctors are also part of a wider training and clinical service delivery system within the health service, which may also provide clinical training for medical students and other doctors in postgraduate medical training, including specialist training programs. This set of national standards focuses on supporting prevocational doctors, but recognises the importance of vertical integration across the medical training continuum.

These standards also recognise that prevocational doctors can complete terms and training in a variety of healthcare settings, including hospitals, general practices, and community-based medical services. The way these elements combine in a prevocational training program may vary, from training in a single health facility to a rotation program in a network.

Teaching, training, supervising, appraising and assessing doctors are critical functions in caring for patients now, and for developing a highly skilled workforce to meet community needs for the future. It is expected that health services recognise and resource these training and education functions. This should include quarantined time to support learning and assessment activities.

Each prevocational training program should have a governance structure that includes a clinical training committee (or equivalent) with the primary responsibility to oversee prevocational (PGY1 And PGY2) education, training and supervision, including evaluation of the program. In addition, for prevocational training providers that are networked, there should be a governance committee with representatives from all participating health services in that network, and with responsibility to oversee and coordinate the network's prevocational training program.

To promote the education and training of prevocational doctors, the prevocational training provider should implement strategies to establish effective partnerships with relevant local communities, organisations and individuals in the Indigenous health sector. These partnerships recognise the unique challenges the sector faces and acknowledge that promoting cultural safety is an important strategy in improving patient safety and outcomes for Aboriginal and Torres Strait Islander peoples. Useful available guides include the *National Safety and Quality Health Service NSQHS Standards User guide for Aboriginal and Torres Strait Islander health*[5].

Prevocational training providers must comply with laws and regulations as businesses, employers and healthcare providers. They therefore have policies, procedures and systems in place to meet requirements under laws, regulations or other accreditation standards, such as the NSQHS Standards[6] or accreditation for specialist medical training programs. This includes audit systems and quality assurance processes to demonstrate compliance with laws and regulations. All these existing policies, procedures and systems include may also meet requirements for prevocational training.

Prevocational doctors' performance is assessed and reviewed to meet both their registration and employment requirements. When safety concerns are raised, clear procedures are important for those responsible for the prevocational training program to inform both the employer and the regulator, where appropriate.

The requirement under national Standard 1.3.7 to immediately address concerns about patient safety may require action beyond remediation, including possibly withdrawing a prevocational doctor from the clinical environment. Prevocational training providers must be aware of the *Health Practitioner Regulation National Law*. This requires registered health practitioners and employers to notify about registered medical practitioners who have engaged in 'notifiable conduct' as defined in the *National Law*.

Procedures regarding support for the prevocational doctor, including those who have been identified as experiencing professional or personal difficulties, are discussed in Standard 4.2.

5. Australian Commission on Safety and Quality in Health Care, *NSQHS standards user guide for Aboriginal and Torres Strait Islander health*, ACSQHC website, 2017, accessed 22 April 2022.
6. 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.

1.4 Program management

1.4.1 The prevocational training program has dedicated structures with responsibility, authority, capacity and appropriate resources to direct the planning, implementation and review of the prevocational education and training program, and to set relevant policies and procedures.

1.4.2 The prevocational training program documents and reports to the prevocational training accreditation authority on changes in the program, terms or rotations that may affect the program delivery meeting the national standards.

1.4.3 The health services have effective organisational and operational structures dedicated to managing prevocational doctors, including rostering and leave management.

NOTES

Prevocational training programs will have their own governance and administrative groups responsible for developing, reviewing and ratifying their policies and processes.

The organisational structure should include appropriately qualified staff, sufficient to meet the program objectives. This normally includes access to educational support personnel to plan, organise and evaluate the education and training programs. Staff involved in managing prevocational doctors and administering the training program (including term allocations and rostering) should have appropriate seniority and skills and be adequately resourced to carry out their roles and responsibilities. This includes having a sound understanding of efficient and equitable rostering practices, including rostering methodology, wellbeing and fatigue management. Where practical, staff involved in the operational management of prevocational doctors should consider prevocational doctor preferences in rostering and leave management.

Program management normally includes a delegated senior executive with accountability for meeting prevocational education and training standards – for example, in a hospital, the director of medical services (DMS). In addition, prevocational training providers will have a senior clinician – a director of clinical training or equivalent – who is responsible for the training and education program quality and the longitudinal oversight of prevocational doctors, working in collaboration with clinical and term supervisors. The requirement for a senior clinician is covered under Standard 3.2.5.

Changes in a health service, prevocational training program or terms may impact prevocational doctors and the quality of their training and supervision. Prevocational training providers must therefore notify the prevocational training accreditation authority of any significant changes that may impact or potentially impact the training program continuing to meet the national standards.

Significant changes in circumstances may include:

- Absence or changes to senior staff with important roles in prevocational training, such as a DMS, term supervisor, MEO or junior medical officer (JMO) manager.
- Plans for significant redesign or restructure of the health service that impacts on prevocational doctors, such as a significant change to clinical services provided or a ward or service closure that changes case load and case mix for a term.
- Workforce or rostering changes to the term that significantly change the access and level of supervision provided to prevocational doctors or their access to educational opportunities.
- Resource changes that significantly reduce available administrative support, facilities or educational programs.

1.5 Relationships to support medical education

1.5.1 The prevocational training program supports the delivery of prevocational training through constructive working relationships with other relevant agencies, such as medical schools, specialist education providers, and health facilities.

1.5.2 Health services coordinate the local delivery of the prevocational training program. Health services that are part of a network or geographically dispersed program contribute to program coordination and management across sites.

NOTES

In addition to the relevant agencies provided in Standard 1.4.1, examples of other relevant agencies include the local prevocational training accreditation authority, the health jurisdiction, and the local health network including primary and community health services.

The prevocational training provider should implement strategies to establish effective partnerships with relevant local communities, organisations and individuals in the Indigenous health sector to promote the education and training of prevocational doctors. These partnerships should recognise the unique challenges faced by this sector.

1.6 Reconsideration, review and appeals processes

1.6.1 The prevocational training provider has reconsideration, review and appeals processes that provide for impartial and objective review of assessment and progression decisions related to prevocational training. It makes information about these processes readily available to all relevant stakeholders.

NOTES

An appeals process that provides a fair and reasonable opportunity to challenge the decision is likely to result in decisions that are ultimately correct.

To inform decision-making conduct, the grounds for appeal may include matters such as:

- an error in law or in due process in forming the original decision
- relevant and significant information was not considered, or not properly considered, whether this information was available at the time of the original decision or became available subsequently
- irrelevant information was considered in making the original decision
- procedures that were required by the organisation's policies to be observed in making the decision were not observed
- the original decision was made for a purpose other than a purpose for which the power was conferred
- the original decision was made according to a rule or policy without regarding the merits of the particular case
- the original decision was clearly inconsistent with the evidence and arguments put before the body making the original decision.

Elements of a strong and effective appeals process include incorporating the principles of procedural fairness, natural justice, timeliness and transparency of decision-making. This includes written documentation of reasons for decisions to be issued. The process should also consider the principle of confidentiality, and make all efforts to ensure confidentiality in line with relevant health service policy and reporting requirements.

2

The prevocational training program – structure and content

STANDARD 2

2. The prevocational training program – structure and content

2.1 Program structure and composition

2.1.1 The prevocational training program overall, and each term, is structured to reflect requirements described in the Medical Board of Australia's *Registration standard – Granting general registration on completion of intern training* and requirements described in these standards for PGY2.

2.1.2 The prevocational training program is longitudinal in nature and structured to reflect and provide the following experiences, as described in 'Requirements for prevocational (PGY1 and PGY2) training programs and terms' (Section 3 of *National standards and requirements for prevocational (PGY1 and PGY2) training programs and terms*):

- a program length of 47 weeks
- a minimum of 4 terms in different specialties in PGY1
- a minimum of 3 terms in PGY2
- exposure to a breadth of clinical experiences
- exposure to working outside standard hours, with appropriate supervision
- working within a clinical team for at least half the year
- a maximum time spent in service terms of 20% in PGY1 and 25% in PGY2.

> Note: Finalising this standard for PGY1 is dependent on the review of the Medical Board of Australia's *Registration standard – Granting general registration on completion of intern training*. The wording will be confirmed once this is complete.

2.1.3 Prevocational training terms are structured to reflect and provide exposure to one or two of the required clinical experiences as described in 'Requirements for programs and terms' (Section 3 of *National standards and requirements for programs and terms*).

2.1.4 The prevocational training provider guides and supports supervisors and prevocational doctors in implementing and reviewing flexible training arrangements. Available arrangements for PGY1 are consistent with the *Registration standard – Granting general registration on completion of intern training*.

2.1.5 The provider recognises that Aboriginal and Torres Strait Islander prevocational doctors may have additional cultural obligations required by the health sector or their community, and has policies that ensure flexible processes to enable those obligations to be met.

NOTES

Flexible training means training that fits within the 'specific circumstances' described in the *Registration standard – Granting general registration on completion of intern training*. This relates to part-time training.

Policies about flexible training should be readily available to supervisors and prevocational doctors. Providers should guide and support supervisors and prevocational doctors on implementing and reviewing flexible training arrangements, which may cover a range of circumstances such as prevocational doctors with parental responsibilities, or with a medical condition or disability.

In addition, training providers should attend to the specific needs of Aboriginal and Torres Strait Islander prevocational doctors. Aboriginal and Torres Strait Islander prevocational doctors are likely to:

- be expected to meet family and community roles and responsibilities
- be expected to engage with the Aboriginal and Torres Strait Islander health professional bodies, and health research communities
- be expected to support or lead cultural safety education or professional development within their health settings – they may also be expected to lead or facilitate cultural protocols and processes alongside the health provider or local Aboriginal and Torres Strait Islander communities
- be expected to contribute to national and international Indigenous policy, teachings and learnings.

2.2 Training requirements

2.2.1 The prevocational training program is underpinned by current evidence-informed medical education principles.

2.2.2 For each term, the prevocational training provider has identified and documented the training requirements (see *Training and assessment requirements for prevocational (PGY1 and PGY2) training programs*: Section 2 – 'Prevocational training'), including the prevocational outcome statements that are relevant, the skills and procedures that can be achieved, and the nature and range of clinical experience available to meet these objectives.

2.2.3 The prevocational program provides professional development and clinical opportunities in line with the prevocational outcome statements regarding Aboriginal and Torres Strait Islander peoples' health.

NOTES

Education principles include an understanding of teaching and learning practices, common terminology and assessment methods in medical education; and educational supervision.

These national standards take account of the outcome statements developed for prevocational doctors, outlined in 'Prevocational outcome statements' (Section 2A of *Training and assessment requirements*).

The prevocational outcome statements align with the medical school graduate outcomes which articulate what medical students must demonstrate at graduation. The prevocational outcome statements are set at a higher level for postgraduate year 1 (PGY1) and postgraduate year 2 (PGY2), reflecting the additional training and experience of the doctor completing their two-year prevocational program. Although the outcomes statements apply to both PGY1 and PGY2, the level of expectation, responsibility, supervision and entrustability of the outcomes will be different between the two years. The prevocational doctor should be consolidating and applying the knowledge gained in medical school.

In relation to Indigenous health, medical graduates are expected to understand and describe the factors that contribute to the health and wellbeing of Aboriginal and Torres Strait Islander peoples, including history, spirituality and relationship to land, diversity of cultures and communities, language, epidemiology, social and political determinants of health and health experiences. They are also expected to demonstrate effective and culturally competent communication and care for Aboriginal and Torres Strait Islander peoples.

Prevocational doctors are expected to consolidate and apply knowledge of the culture, spirituality and relationship to land of Aboriginal and Torres Strait Islander peoples to clinical practice and advocacy. Where interactions occur with Indigenous people, prevocational doctors should be encouraged to apply their knowledge to practise in culturally competent ways; for example, to establish whether and how a person identifies as Indigenous. While the prevocational training program may not be able to provide opportunities for an individual prevocational doctor to demonstrate all the elements of caring for Aboriginal and Torres Strait Islander peoples, the prevocational training provider is expected to ensure alternative opportunities (such as attending a course) for prevocational doctors to demonstrate they have attained the outcomes.

2.3 Assessment requirements

2.3.1 Prevocational doctor assessment is consistent with the *Training and assessment requirements* and based on prevocational doctors achieving outcomes stated in the prevocational outcome statements.

2.3.2 The prevocational PGY1 training program implements assessment consistent with the Medical Board of Australia's *Registration standard – Granting general registration on completion of intern training*.

2.3.3 Prevocational doctors and supervisors understand all components of the assessment processes.

2.3.4 The prevocational training program has an established assessment review panel to review prevocational doctors' longitudinal assessment information and make decisions regarding progression in each year.

NOTES

Assessment process requirements can be found in the *Training and assessment requirements* document. This includes regular performance assessment against the prevocational outcome statements, managing progression and remediation (where relevant), and certifying completion of prevocational training. The requirements are described in 'Prevocational assessment' (Section 3 of *Training and assessment requirements*) in the following parts:

A. Assessment approach
B. Improving performance
C. Certifying completion of PGY1 and PGY2 training
D. National assessment forms
   - Prevocational training term assessment form
   - Prevocational training entrustable professional activity (EPA) assessment forms.

Term orientation for prevocational doctors should include information on assessment processes, including identifying who is responsible for giving feedback and performing appraisals, and how this information will be collected. There should be opportunities for input from a variety of sources, including direct observation, and for obtaining feedback on a prevocational doctor's performance from supervisors and other relevant medical, nursing and healthcare practitioners.

Assessment processes should apply equally to all prevocational doctors and occur at appropriate intervals. Formal midterm and end-of-term assessments should be completed using the 'Prevocational training term assessment form'. In addition to the midterm and end-of-term assessment, each prevocational doctor should undertake at least two EPAs per term using the 'Prevocational training entrustable professional activity (EPA) assessment forms'.

2.4 Feedback and supporting continuous learning

2.4.1 The prevocational training program provides regular, formal and documented feedback to prevocational doctors on their performance within each term.

2.4.2 Prevocational doctors receive timely, progressive and informal feedback from term and clinical supervisors during every term.

2.4.3 The prevocational training program documents the assessment of the prevocational doctor's performance consistent with the *Training and assessment requirements*. Additionally in PGY1, the assessment documentation is consistent with the *Registration standard – Granting general registration on completion of intern training*.

2.4.4 The prevocational training program implements a longitudinal approach to assessment in accordance with the *Training and assessment requirements*.

2.4.5 Prevocational doctors are encouraged and supported to take responsibility for their own performance, and to seek their supervisor's feedback on their performance.

NOTES

Feedback and progress reviews can be assisted by prevocational doctors keeping a record of learning within an e-portfolio, which they should regularly discuss and review with their supervisor. Note: This will be updated to reflect progress on the prevocational training e-portfolio.

There should be a documented process for responding to prevocational doctors not meeting the requirements that ensures patient safety and supports the prevocational doctor to address performance concerns. Standard 4.2 addresses the wellbeing of prevocational doctors.

2.5 Improving performance

2.5.1 The prevocational training program identifies any prevocational doctors who are not performing to the expected level and provides them with support and remediation.

2.5.2 The assessment review panel is convened, as required, to assist with more complex remediation decisions for prevocational doctors who do not achieve satisfactory supervisor assessments.

NOTES

There should be a documented process for managing performance concerns that ensures patient safety and prevocational doctor wellbeing.

The National Framework includes a strong emphasis on assisting prevocational doctors who are experiencing difficulties to improve performance, with a focus on early identification, feedback and support. A range of factors can impact performance, including individual skills, wellbeing and the work environment, and these factors must be taken into account to optimise performance.

When decisions about the performance of individual prevocational doctors needs review, processes to be followed are outlined in 'Improving performance' (Section 3B of *Training and assessment requirements*). Each prevocational training provider must establish an assessment review panel, which will be responsible for overseeing individual prevocational doctors' performance and progression, as outlined in 'Certifying completion of PGY1 and PGY2 training' (Section 3C of *Training and assessment requirements*).

Prevocational doctors' performance is assessed and reviewed to meet both registration and employment requirements. When safety concerns are raised, clear procedures are important for those responsible for the prevocational training program to inform both the employer and the regulator, where appropriate.

The requirement under national Standard 1.3.7 to immediately address concerns about patient safety may require action beyond remediation, including possibly withdrawing a prevocational doctor from the clinical context.

2

The prevocational training program – delivery

STANDARD 3

3. The prevocational training program – delivery

3.1 Work-based teaching and training

3.1.1 The prevocational training provider ensures opportunities for broad generalist clinical work-based teaching and training.

3.1.2 The prevocational training program provides clinical experience that is able to deliver the *Training and assessment requirements* and, for PGY1 doctors, is consistent with the *Registration standard – Granting general registration on completion of intern training*. The prevocational training program conforms to guidelines on opportunities to develop knowledge and skills, as outlined in 'Requirements for programs and terms' (Section 3 of *National standards and requirements for programs and terms*).

3.1.3 In identifying terms for training, the prevocational training program considers the following:

- complexity and volume of the unit's workload
- the prevocational doctor's workload
- the clinical experience prevocational doctors can expect to gain
- how the prevocational doctor will be supervised, and who will supervise them.

NOTES

Prevocational programs should provide prevocational doctors with broad generalist clinical experiences in line with national strategic objectives for the medical workforce, and to prepare them for future practice and meeting the health needs of the community.

Prevocational training should ideally take place in a variety of health care settings, which may be located in metropolitan, regional and rural settings, including hospitals, general practices and community-based medical services.

All these terms offer opportunities to enhance skills and knowledge through supervised practice. At the end of the year, interns will possess clinical, professional and personal skills and competences (described in *Training and assessment requirements*: Section 2A – 'Prevocational outcome statements') that will prepare them for general registration and allow them to further develop skills and competencies in subsequent training.

In addition to clinical teaching, prevocational doctors should have supported opportunities to develop skills in self-care and peer support, including time management, and in identifying and managing stress and burn-out. This standard relates to the delivery requirements for the prevocational training program; systems requirements for managing wellbeing and support are at Standard 4.2.

Programs should include placements that are long enough to allow prevocational doctors to become members of the team and allow team members to make reliable judgements about the prevocational doctor's abilities, performance and progress.

3.2 Supervisors and assessors – attributes, roles and responsibilities

3.2.1 Prevocational doctors are supervised at all times at a level and with a model that is appropriate to their experience and responsibilities.

3.2.2 Prevocational supervisors understand their roles and responsibilities in assisting prevocational doctors to meet learning objectives and in conducting assessment processes.

3.2.3 Supervision is provided by qualified medical staff with appropriate competencies, skills, knowledge and a demonstrated commitment to prevocational training.

3.2.4 The prevocational training program includes a director of clinical training or equivalent who is a qualified and senior medical practitioner with responsibility for longitudinal educational oversight of the prevocational doctors.

3.2.5 The prevocational training program has processes for ensuring those assessing prevocational doctors (including registrars and assessment review panel members) have relevant capabilities and understand the required processes.

S3 Training program – delivery

NOTES

Each program and term should have clear and explicit supervision arrangements.

Supervision is an accreditation requirement for PGY1 and PGY2, and also a provisional registration requirement for PGY1.

The following roles should be covered in the prevocational doctor supervision structure, although it is noted that supervision arrangements will be different across different settings and an individual clinician might perform more than one of these roles:

- The DCT, or equivalent, is a senior medical practitioner who provides medical leadership and oversees the prevocational training program. The role includes developing, coordinating, promoting and evaluating the prevocational training program as well as longitudinal oversight, advocacy and support of prevocational doctors within the health service. In fulfilling the responsibility of this role, the DCT will regularly liaise with term supervisors, medical education officers, JMO managers, DMS and others involved in the prevocational training program. Other titles may be used in community health settings, including general practice. In addition to the role of the DCT, health services might include an additional longitudinal educational supervisor(s) to provide targeted educational support for prevocational doctors in the program.
- The term supervisor is the senior medical practitioner responsible for orientation, coordination of the clinical training experience and assessment within a specific term. The term supervisor should not change across the term but might also be the primary clinical supervisor.
- Clinical supervisors:
  - The 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.
  - The day-to-day clinical supervisor(s) is an additional supervisor (often at registrar level) who has direct responsibility for patient care, provides informal feedback, and contributes information to assessments. This role occurs in many settings. The person in this role should remain relatively constant during the term and should be at least PGY3 level. Note: In some terms, where registrars and prevocational doctors are working shifts across the 24 hour cycle (such as in emergency medicine or intensive care), the supervising registrar may not be constant. In these cases, training providers should ensure that there are appropriate processes in place to support communication between supervisors regarding prevocational doctor performance and progress during the term.

Other members of the healthcare team may also contribute to supervising the prevocational doctor's work.

All those who teach, supervise, counsel, employ or work with prevocational doctors are responsible for patient safety. Patient safety will be protected through explicit and accountable supervision.

Supervision includes more senior medical staff directly and indirectly monitoring prevocational doctors. It also includes providing training and feedback to assist prevocational doctors to meet the *Registration standard – Granting general registration on completion of intern training*.

It is important that staff supervising prevocational doctors have the appropriate competencies, skills, knowledge and commitment to prevocational training. The educational roles of supervisor and assessor are critical to the success of the prevocational training program. Adequate training and resources to support these roles is therefore essential. Those filling supervisory roles should know the program requirements, understand the principles of adult learning, be able to provide constructive feedback, and respond appropriately to identified concerns. All supervisors of prevocational doctors need clear guidance on their responsibilities to prevocational doctors, including how to escalate concerns about patient safety in the event the prevocational doctor is experiencing difficulty.

To supplement training coordinated by the prevocational training provider, targeted training resources will be available on the Australian Medical Council (AMC) website. All supervisors undertaking EPA assessments of prevocational doctors should familiarise themselves with the AMC training material.

3.3 Supervisor training and support

3.3.1 Staff involved in prevocational training have access to professional development activities to support quality improvement in the prevocational training program.

3.3.2 The prevocational training program ensures that supervisors have training in supervision, assessment and feedback, and cultural safety, including participating in regular professional development activities to support quality improvement in the prevocational training program.

3.3.3 The prevocational training program regularly evaluates the adequacy and effectiveness of prevocational doctor supervision.

3.3.4 The prevocational training program supports supervisors to fulfill their training roles and responsibilities.

NOTES

Prevocational training providers should have processes in place to monitor the professional development needs and activities of term supervisors. Providers should also provide training for term supervisors to address any identified knowledge or skill gaps.

Providers should offer prevocational training supervisors training in performance management and communication skills. This should include support for registrars who often undertake a large proportion of day-to-day supervision of prevocational doctors.

Term supervisor training under these revised standards will become mandatory within three years from when the revised prevocational National Framework is implemented. Training providers should have:

- systems in place to monitor and record attendance at supervisor training
- processes in place to train supervisors on prevocational-specific requirements – these processes should include recognising prior learning for supervisors who have completed relevant courses through medical school or college programs
- opportunities to meet the expectation that supervisors have training and professional development in cultural safety in Aboriginal and Torres Strait Islander health, to ensure their capacity to support prevocational doctors to meet the learning outcomes statements regarding Aboriginal and Torres Strait Islander health and support safe learning environments.

Feedback should be routinely sought from prevocational doctors on the availability and quality of supervision and de-identified feedback provided to supervisors.

3.4 Formal education program

3.4.1 The training program provides PGY1 doctors with a quality formal education program that is relevant to their learning needs and supports them to meet the training outcomes that may not be available through completion of clinical activities.

3.4.2 The training program monitors and provides PGY2 doctors with access to formal education programs that are flexible and relevant to their individual learning needs. This may include specific education sessions to support PGY2 doctors meeting the training outcomes that may not be available through completion of clinical activities.

3.4.3 The training program provides and enables for prevocational doctors to participate in formal program and term orientation programs, which are designed and evaluated to ensure relevant learning occurs.

3.4.4 The health service ensures protected time for the formal education program, and ensures that prevocational medical doctors are supported by supervising medical staff to attend.

S3 Training program – delivery

NOTES

Formal education programs normally include:

- a program that is guided by the prevocational outcome statements
- sessions with senior medical practitioners and other health professionals
- opportunities to develop and practice clinical skills within a simulated environment
- orientation to the overall program and site, which occurs at the beginning of the year.

The orientation program occuring at the start of the clinical year should include:

- general information on the facility
- introduction to relevant facility staff and supervisors
- descriptions of roles and responsibilities of the prevocational doctor
- information on training and verification of clinical and procedural skills
- key contacts
- an overview of prevocational doctor supervision arrangements
- an overview of prevocational feedback and assessment processes
- a description of administrative arrangements (including rostering/leave management and relevant health service policies and procedures such as emergency procedures, work health and safety, grievances and leave)
- location of resources and relevant policies
- a summary of evaluation and accreditation processes
- a summary of how to access support and wellbeing processes (which may include where to find career advice and personal counselling opportunities, process for professional development leave, and others)
- information on using and accessing technology and resources.

Induction and orientation processes should cover employer policies and procedures, particularly in relation to rights and responsibilities, supervision, assessment and performance management, prevocational doctor welfare and support, and grievance handling procedures.

Orientation at the start of each term is equally important and is usually supported with a written term description. Where prevocational doctors enter a new site at the beginning of a term, the orientation to the site should also occur at this time. In this orientation, the health service will ensure the prevocational doctor is ready to commence safe, supervised practice in the term.

At the term orientation, prevocational doctors should receive an outline of the term, including information specific to that term on:

- roles and responsibilities of prevocational doctor
- training and verifications of clinical skills
- supervision arrangements and key contact people
- training and education opportunities for the term
- assessment processes for the term.

Orientation processes at the start of the clinical year, and each term, should also cover the importance of clinical handover as essential for safe, quality clinical care. Prevocational training providers should have processes in place that support effective clinical handover practices between shifts and at the end of rotations.

3.5 Facilities

3.5.1 The prevocational training program provides the educational facilities and infrastructure to deliver prevocational training, such as access to the internet, library facilities, quiet study spaces, journals, modern technologies of learning and other learning facilities, and continuing medical education sessions.

3.5.2 The prevocational training program provides a safe physical environment and amenities that support prevocational doctor learning and wellbeing.

NOTES

Educational resources may include but are not limited to:

- modern technologies of learning (such as eLearning)
- access to journals
- access to and training in accessing education platforms/resources.

The physical environment and infrastructure requirements may include:

- quiet study spaces
- teaching rooms
- library facilities
- internet access
- appropriate meeting or training venues
- common rooms
- overnight accommodation (where required due to safety concerns when prevocational doctors are on-call or rostered for after-hours work)
- long-term accommodation (where required for prevocational doctors on secondment – this should be appropriate, secure and comfortable, in line with relevant jurisdictional industrial and health policy requirements).

Where health services do not have physical library facilities on site, the prevocational training provider should ensure that prevocational doctors have access to education and research support.

3.6 E-portfolio

3.6.1 Once the e-portfolio system is confirmed, standards will be written, and will consider:

- Systems to ensure prevocational doctors maintain their e-portfolio as an adequate record of learning and training.
- Mechanisms to ensure the clinical supervisor and longitudinal supervisor review the record of learning.

The prevocational training program – prevocational doctors

STANDARD 4

4. The prevocational training program – prevocational doctors

4.1 Appointment to program and allocation to terms

4.1.1 The processes for appointment of prevocational doctors to programs:

- are based on the published criteria and the principles of the program concerned
- are transparent, rigorous and fair
- are free from racism, discrimination and bias
- have clear processes where disputes arise.

4.1.2 The processes for allocation of prevocational doctors to terms:

- are based on the published criteria and the principles of the program concerned
- are transparent, rigorous and fair
- are free from racism, discrimination and bias
- have clear processes where disputes arise.

NOTES

These standards deal only with the processes for allocating prevocational doctors to terms and health services within the prevocational training program.

The processes for selecting prevocational doctors for employment purposes are outside the scope of these standards. However, in jurisdictions where prevocational training providers are responsible for recruitment, they are expected to proactively recruit Aboriginal and Torres Strait Islander doctors in line with the National Agreement on Closing the Gap.

4.2 Wellbeing and support

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

4.2.2 The prevocational training provider develops, implements and promotes strategies to enable a supportive training environment and to optimise Aboriginal and Torres Strait Islander prevocational doctor wellbeing and workplace safety.

4.2.3 The duties, rostering, working hours and supervision arrangements of prevocational doctors are consistent with the *National standards and requirements for programs and terms* and in line with principles of delivering safe and high-quality patient care.

4.2.4 The prevocational training provider has and implements strategies, systems and safe reporting mechanisms to effectively identify, address and prevent bullying, harassment and discrimination (including racism). This includes policies and procedures that are publicised to prevocational doctors, their supervisors and other team members.

4.2.5 The prevocational training provider makes available processes to identify and support prevocational doctors who are experiencing personal and professional difficulties that may affect their training, and confidential personal counselling. These services are publicised to prevocational doctors, their supervisors and other team members.

4.2.6 The procedure for accessing appropriate professional development leave is published, reasonable and practical.

4.2.7 The prevocational training provider makes available services to provide career advice to prevocational doctors.

S4 Training program – prevocational doctors

NOTES

Ensuring prevocational doctors can meet their educational goals and service delivery requirements within safe working hours is the responsibility of all parties. This protects both the prevocational doctor's wellbeing and patient safety. *Good medical practice: a code of conduct for doctors in Australia*[7] discusses fatigue management and expectations for safe working hours.

Prevocational training providers should provide a supportive learning environment through a range of mechanisms including:

- promoting strategies to maintain health and wellbeing
- including mental health and cultural safety
- providing professional development activities to enhance understanding of wellness and appropriate behaviours, and
- ensuring availability of confidential support and complaint services.

The transition from medical school to internship is an important milestone for prevocational doctors and health services can implement a range of strategies to promote a smooth transition period. In particular, health services should consider sensitively managing personal information that medical graduates disclose before or at the start of internship. This process should abide by the principles of privacy, transparency, accountability and ongoing support. Where relevant, transfer of information between medical schools and health services will occur most effectively when there is a safe and supportive culture to receive and confidentially manage the information[8].

The prevocational training provider should have mechanisms for identifying, managing and supporting prevocational doctors who have experienced or witnessed discrimination, bullying and sexual harassment. This process should make all efforts to ensure confidentiality in line with the relevant health service policy. In particular, health services should make all efforts to ensure that there are no adverse repercussions for prevocational doctors reporting concerns about experienced or witnessed discrimination, bullying and sexual harassment. The prevocational training provider should include information about these mechanisms in their education program.

Prevocational training providers are expected to provide access to support for prevocational doctors that is free from conflicts of interest such as involvement in assessment, progression and employment decisions.

Health services are expected to have developed a specific cultural safety training program for all staff to reduce the cultural loading on Aboriginal and Torres Strait Islander prevocational doctors.

Prevocational training programs and prevocational doctors should take account of the relevant jurisdictional, industrial and health policy requirements in relation to workplace safety.

7. The Medical Board of Australia (MBA), *Good medical practice: a code of conduct for doctors in Australia*, MBA website, 2021, accessed 22 April 2022.
8. Medical Deans Australia and New Zealand, *Creating a culture of support for medical students and graduates transitioning to practice*, Medical Deans website, 2021, accessed 22 April 2022.

4.3 Communication with prevocational doctors

4.3.1 The prevocational training program provides clear and easily accessible information about the training program, including outcomes of evaluation, in a timely manner.

4.3.2 The prevocational training program informs prevocational doctors about the activities of committees that deal with prevocational training in a timely manner.

4.4 Resolution of training problems and conflicts

4.4.1 The prevocational training provider has processes in place to respond to and support prevocational doctors in addressing problems with training supervision and training requirements, and other professional issues. The processes are transparent and timely, and safe and confidential for prevocational doctors.

4.4.2 The prevocational training provider has clear, impartial pathways for timely resolution of professional and/or training-related disputes between prevocational doctors and supervisors, the healthcare team or the health service.

NOTES

Prevocational doctors who experience difficulties often feel vulnerable in raising questions about their training, assessment or supervision, even anonymously, and can be concerned about being identified and potentially disadvantaged as a consequence. Often individuals who hold positions in the prevocational training provider also hold senior supervisory positions in hospitals and health services, which may lead to conflicts of interest, especially if the prevocational doctor has a grievance about either their employment or training.

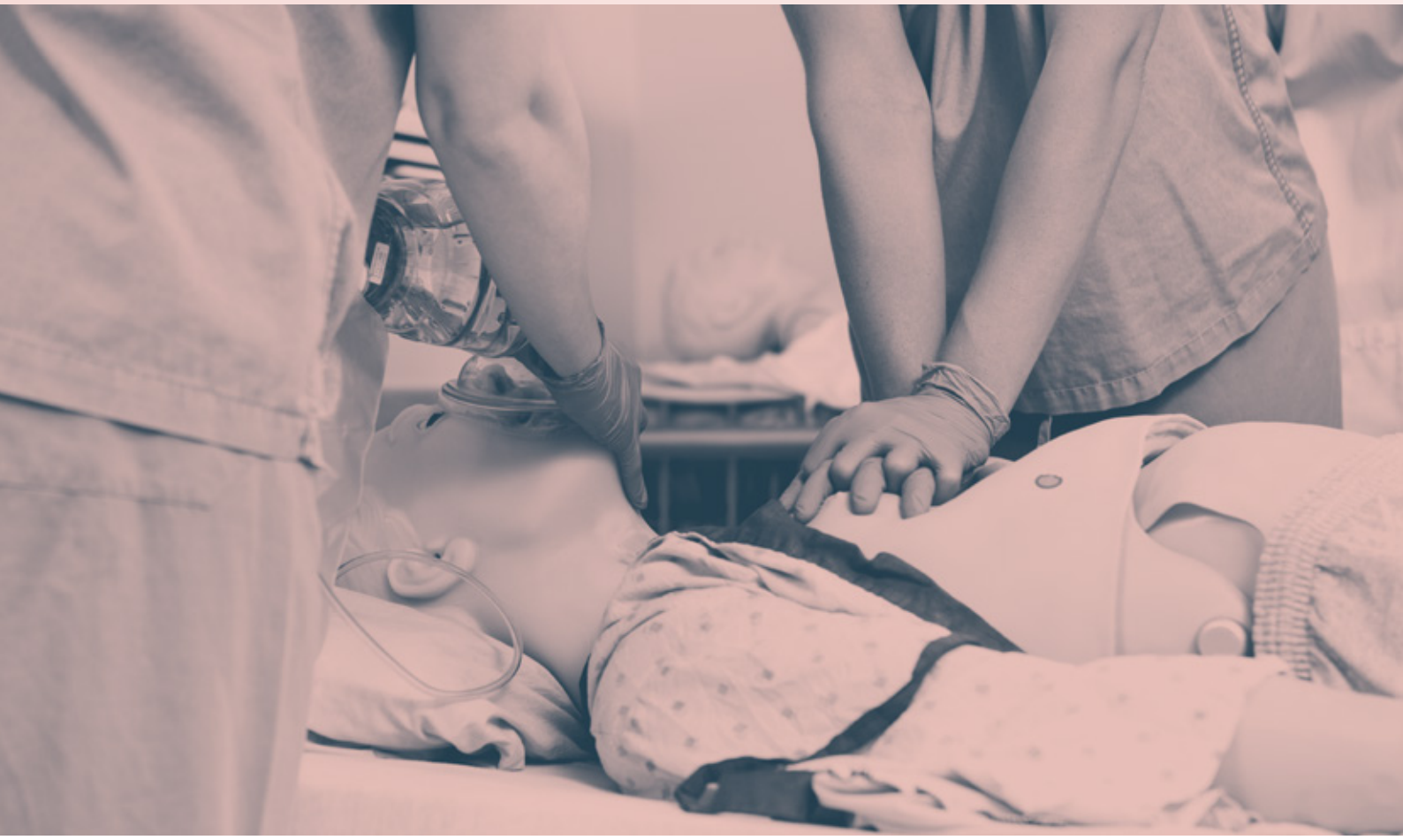
The prevocational training provider will have a published grievance policy that considers issues that are relevant to prevocational doctors. This should include clear advice to prevocational doctors on what they should do in the event of conflict with their supervisor or any other person involved in their training. Clear policies and procedures are intended to remove the barriers for prevocational doctors to raise concerns about their training or employment.

Processes that allow prevocational doctors to safely raise issues would generally be those that give prevocational doctors confidence that the provider will act fairly and transparently, that prevocational doctors will not be disadvantaged by raising legitimate concerns, and that their complaint will be acted on in a timely manner. This should also include managing potential or actual conflicts of interest where a prevocational doctor raises a grievance about a supervisor.

2

Monitoring, evaluation and continuous improvement

STANDARD 5



5. Monitoring, evaluation and continuous improvement

5.1 Program monitoring and evaluation

5.1.1 The prevocational training provider regularly evaluates and reviews its prevocational training program and terms to ensure standards are being maintained. Its processes check program content, quality of teaching and supervision, assessment, and prevocational doctors' progress.

5.1.2 Those involved in prevocational training, including supervisors, contribute to monitoring and to program development. Their feedback is sought, analysed and used as part of the monitoring process.

5.1.3 Prevocational doctors have regular structured mechanisms for providing confidential feedback about their training, education experiences and the learning environment in the program overall, and in individual terms.

5.1.4 The prevocational training program uses internal and external sources of data in its evaluation and monitoring activities, such as surveys and assessment data.

NOTES

Prevocational training providers should implement mechanisms for monitoring the delivery of the training program and use the results to inform continuous improvement activities.

Monitoring and evaluation should include collection and consideration of data from a range of sources and people involved in training including:

- Feedback from prevocational doctors. This must include opportunities to provide confidential feedback.
- Feedback from those involved in delivering the program including directors of clinical training (or equivalent) and supervisors (including registrars).
- External evaluation such as accreditation activities and the Medical Board of Australia's medical training survey results.
- Internal data such as assessment data or evaluation of the formal education program.

5.2 Evaluation outcomes and communication

5.2.1 The prevocational training program acts on feedback and modifies the program as necessary to improve the experience for prevocational doctors, supervisors and health care facility managers.

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

NOTES

The evaluation processes should enable a response to information and feedback received in the monitoring processes. Such responses include modifying the training program where required, overseen by the clinical training committee (or equivalent).

The prevocational training provider (with assistance from the prevocational training accreditation authority) needs to inform prevocational doctors about the processes for evaluating and developing the program, why engaging with these processes is important, and the outcomes of these processes. Prevocational doctor feedback must be part of evaluating the prevocational training program, including the formal education program.

Prevocational accreditation providers and accreditation authorities have a joint responsibility to take steps to engage and inform prevocational doctors about the importance of evaluation and accreditation processes. Prevocational doctors should be encouraged to contribute to and engage with these processes.

It is important that providers report the outcomes of evaluation activities to those involved in the prevocational training program, including supervisors and prevocational doctors. This should include the feedback received and actions taken.

3

Requirements for prevocational (PGY1 and PGY2) training programs and terms

INTRODUCTION

Requirements for programs and terms

This section outlines the experience that prevocational doctors should obtain during their two-year training program. The requirements for PGY1 build on 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*.

These guidelines should be read alongside *Training and assessment requirements for prevocational (PGY1 and PGY2) training programs*, which provide a guide for prevocational training over the first two years. The work-based learning opportunities described in these guidelines should allow prevocational doctors to develop the required learning outcomes, which supervisors will then assess using the 'Prevocational training entrustable professional activity (EPA) assessment forms' and the 'Prevocational training term assessment form' (Section 3D of *Training and assessment requirements*).

Health services seeking accreditation as prevocational training providers need to demonstrate that they have processes to approve terms meeting the requirements in these guidelines, as well as meeting the national standards described in 'National standards for prevocational (PGY1 and PGY2) training programs and terms' (Section 2 of *National standards and requirements for prevocational (PGY1 and PGY2) training programs and terms*).

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

Requirements for programs and terms

General

Prevocational training allows medical graduates to consolidate and apply clinical knowledge and skills while taking increasing responsibility for providing safe, high-quality patient care. All terms should include quality supervision with feedback, and a range of clinical experiences and learning opportunities.

Experiences should be planned, and either continuous or longitudinal. Work-based learning opportunities should allow prevocational doctors to achieve required learning outcomes, which supervisors can assess using the 'Prevocational training term assessment form' and 'Prevocational training entrustable professional activity (EPA) assessment forms' (Section 3D of *Training and assessment requirements*). Terms may be undertaken across a range of clinical settings and specialty disciplines, providing prevocational doctors with a broad variety of clinical learning opportunities, including different supervision arrangements.

The prevocational training program needs to provide a program and terms that deliver both the training environment, and the training and assessment requirements, of the two-year framework. This must include opportunities to achieve the prevocational outcome statements and assess the entrustable professional activities.

Figure 4 – Requirements for programs and terms for PGY1 and PGY2

Required parameters

Table 1 and Table 2 summarise program and term requirements. Health services seeking accreditation as prevocational training providers need to demonstrate that they have processes to approve terms that meet the requirements.

Table 1 – Program-level requirements

Quality requirements for all programs and terms	Programs and terms will be accredited against the 'National standards' (Section 2 of *National standards and requirements for programs and terms*). The following standards are particularly relevant to the quality of the learning experiences expected in programs and terms: 1. adequate supervision (Standard 4.2) 2. training and assessment according to national requirements (Standard 3.3) 3. longitudinal oversight (Standards 3.4 and 4.2) 4. continuity of supervision and priority of learning (Standard 4.2).
Program length	PGY1 and PGY2: minimum of 47 weeks (including professional development leave). • PGY1: maximum 3 years to complete • PGY2: maximum 4 years to complete PGY1: If a PGY1 doctor is absent for more than 10 working days within the required 47 weeks (such as for sick leave, personal leave or carer's leave), the assessment review panel will commence a review and continue monitoring the doctor's progress. This review and monitoring allows the panel to assess at the end of the year whether that doctor has met the required training standard and can be recommended to the Medical Board of Australia for general registration. Note: Finalising this parameter for PGY1 depends on the review of the Medical Board of Australia's *Registration standard – Granting general registration on completion of intern training*. The wording will be confirmed once this is complete. PGY2: If the minimum 47 weeks requirement is not met due to remediation requirements from PGY1 in PGY2 (for example, repeating a PGY1 term in PGY2) the assessment review panel will have discretion to certify the individual based on successful remediation, and a consensus the individual has longitudinally met the outcomes of PGY1 and PGY2 and level expected at the end of PGY2.
Program structure	• PGY1: minimum 4 terms (at least 10 weeks) in different specialties (maximum of 50% any specialty and 25% subspecialty in a year)[9] • PGY2: minimum 3 terms (at least 10 weeks) in different subspecialties (more flexibility permitted, breadth is encouraged; maximum of 25% in subspecialty)[9] • PGY1 and PGY2: maximum of 5 terms in each year. Note: Finalising this parameter for PGY1 depends on the review of the Medical Board of Australia's *Registration standard – Granting general registration on completion of intern training*. The wording will be confirmed once this is complete. The AMC supports innovation in prevocational education. While PGY1s must meet the requirements documented in the MBA General Registration Standard, the program and term requirements for PGY2 allow for more flexible approaches. For example, longer 'blended' terms may offer exposure to a range of clinical specialties, settings and supervisors during the term such as a 24 week PGY2 term in a rural setting combining general practice, ward-based and Emergency Department experience where different days of the week are spent in different settings with different supervisors, or some weeks are spent in one setting before switching to another.

9. Note: The intention is for PGY1 and PGY2 to have breadth of exposure across a range of specialties (see clinical exposures below). PGY2 has more flexibility in requirements for range, but breadth is still encouraged.

Program content - clinical experiences	**PGY1:** • Generalist experience and foundational skills preparing for future practice. Exposure to clinical care of patients in each of the following (1 or 2 per term): A. undifferentiated illness patient care B. chronic illness patient care C. acute and critical illness patient care D. peri-procedural patient care. **PGY2:** • Generalist experience and foundational skills preparing for future practice. Exposure to clinical care of patients in each of the following (1 or 2 per term): A. undifferentiated illness patient care B. chronic illness patient care C. acute and critical illness patient care. • Maximum of one term not involving direct clinical care allowed in PGY2. **Other recommended areas in PGY1 and PGY2:** • a range of settings to aid understanding of the full context of the healthcare setting (such as community, rural and metropolitan) • ambulatory care • critical care (ICU, ED, anaesthetics) • mental health • multidisciplinary team care • care across the life cycle (while acknowledging difficulty in gaining paediatric experience) • (in PGY2) experience in terms in roles not involving direct clinical care (such as teaching, research and administration). Note: Finalising this parameter for PGY1 depends on the review of the Medical Board of Australia's *Registration standard – Granting general registration on completion of intern training*. The wording will be confirmed once this is complete.
Clinical teams	Prevocational doctors should be embedded in a clinical team for at least half of each year. Being part of a clinical team should provide opportunities for regular interactions with a nominated supervisor. Examples might include being a member of a general surgical team, member of an intensive care team, working in the emergency department or in a general practice. A rotation to an admission ward or short-stay ward with multiple different supervisors would not normally be considered being part of a clinical team.
Service terms – relief and nights[10]	Maximum time spent in service terms (relief or nights): • **PGY1:** maximum of 20% of the year (that is, no more than 1 term in a 4- or 5-term year) • **PGY2:** maximum of 25% of the year Service terms (relief or nights) in this context refers to terms that have: • discontinuous learning experiences, such as limited access to the formal education program or regular unit learning activities • less or discontinuous overarching supervision (for example, nights with limited staff).

10. A ward-based nights term would generally be considered as a service nights term, whereas staggered roster arrangements within a single specialty rotation such as emergency medicine or intensive care would not. In general, a relief term where a prevocational doctor rotates through multiple specialties within a period of time would be considered a service term, whereas a prevocational doctor backfilling in a single term with continuous supervision by the same primary and day to day supervisors would not.

Table 2 – Term-level requirements

Requirements for all terms	Programs and terms will be accredited against the 'National standards' (Section 2 of *National standards and requirements for programs and terms*) and must meet the requirements described in *Training and assessment requirements*. Term descriptions must define: 1. term name 2. term length 3. supervision (including name and model of supervision) 4. team – including team composition and continuity (ward-based/clinical) 5. role 6. specialty/department 7. clinical experiences – 1 or 2 of the following, including main clinical learning experience – A. undifferentiated illness patient care, B. chronic illness patient care, C. acute and critical illness patient care, D. peri-procedural patient care, OR non-clinical experience (PGY2 only) 8. learning outcomes (including which EPAs could be assessed) 9. prerequisite learning (if relevant) 10. timetable – provide an example including formal education program, after-hours, normal working hours, and other relevant information.

Breadth of clinical experience

Training providers will review the specific roles and responsibilities of prevocational doctors providing direct clinical care of patients in a given term. From this, providers will identify the primary (and sometimes secondary) area of clinical experience that prevocational doctors are expected to significantly gain during that term. These clinical experience categories are given in Figure 5.

The term description must identify the one (maximum of two) areas, and the categorisation approved by the prevocational accreditation authority as part of the accreditation of term process. Training providers will allocate prevocational doctors in PGY1 to terms that provide clinical experiences in A–D over the year, and during PGY2, to terms providing clinical experiences in A, B and C. The next sections give description for each of the categories.

Figure 5 – Program content – clinical experience categories

A

Undifferentiated illness patient care

Clinical experience in undifferentiated illness patient care

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

B

Chronic illness patient care

Clinical experience in chronic illness patient care

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

C

Acute and critical illness patient care

Clinical experience in acute and critical illness patient care

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

D

Peri-operative /procedural patient care

Clinical experience in peri-operative/procedural patient care

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

Strongly recommended experiences across PGY1 and PGY2:

- A range of settings to facilitate understanding of the full context of the healthcare setting (such as community, rural and metropolitan)
- ambulatory care
- critical care (ICU, ED, anaesthetics)
- mental health
- multidisciplinary team care
- care across the life cycle (acknowledging difficulty in gaining paediatric experience)
- (in PGY2) experience in terms in roles not involving direct clinical care (such as teaching, research and administration).

Terms that provide exposure to the required clinical experiences

Note:Table 3 is provided as an example only. The way in which terms are classified may depend on a range of factors including the setting, medical staff mix, volume and acuity of patients, access to outpatient clinics, ambulatory care and other settings, as well as the designated roles and responsibilities of prevocational doctors within that term. Therefore, not all terms within the same specialty will necessarily be classified in the same way, but instead will depend on the local clinical context, patient case mix and available learning opportunities.

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

Table 3 – Example classification of terms according to the principal areas of patient-care for a prevocational doctor

Term	A Undifferentiated illness patient care	B Chronic illness patient care	C Acute and critical illness patient care	D Peri-operative/ procedural patient care
Acute Medical Unit / MAU	✓		✓	
Cardiology		✓	✓	
Dermatology*		✓	✓	
Endocrinology*		✓	✓	
Gastroenterology			✓	✓
General medicine		✓	✓	
Geriatrics		✓	✓	
Haematology			✓	
Hepatology		✓	✓	
Hospital in the home (HITH)/ Acute post-acute care (APAC)		✓		✓
Infectious diseases			✓	
Interventional cardiology			✓	✓
Medical oncology			✓	
Nephrology			✓	
Neurology			✓	
Palliative medicine		✓		
Radiation oncology			✓	
Rehabilitation		✓		
Renal		✓	✓	
Respiratory medicine		✓	✓	
Rheumatology (with outpatient clinics)		✓	✓	
Acute general surgical unit			✓	
Breast surgery**				✓

Term	A Undifferentiated illness patient care	B Chronic illness patient care	C Acute and critical illness patient care	D Peri-operative/ procedural patient care
Cardiothoracic surgery**				✓
Colorectal surgery**				✓
ENT surgery			✓	
General surgery**			✓	✓
Maxillo-facial surgery			✓	
Neurosurgery			✓	
Ophthalmology			✓	✓
Orthopaedics**				✓
Plastic surgery**				✓
Paediatric surgery**			✓	✓
Surgical oncology**				✓
Surgical unit (ward-based term)			✓	
Transplant surgery**				✓
Trauma	✓		✓	
Upper GI surgery**			✓	✓
Urology**				✓
Vascular surgery**				✓
Anaesthetics			✓	✓
Emergency care	✓		✓	
Intensive care			✓	✓
Drug and alcohol medicine		✓		
General practice	✓	✓		
Medical imaging (radiology)				✓
Nights/relief	✓		✓	
Obstetrics and gynaecology			✓	
Paediatrics	✓		✓	
Psychiatry		✓	✓	
Non-direct clinical care (PGY2 only)* **				
Pathology				
Medical education				
Medical administration				
Quality and safety				
Research				

* For example, in these terms, prevocational doctors are expected to attend and have a role in outpatient clinics.

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

*** Maximum of one term not involving direct clinical care is allowed in PGY2.

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	The AMC uses the Australian Health Practitioner Regulation Agency's (Ahpra) definition of cultural safety. Cultural safety is determined by Aboriginal and Torres Strait Islander individuals, families and communities. 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. See full definition at: https://www.ahpra.gov.au/about-ahpra/aboriginal-and-torres-strait-islander-health-strategy.aspx
DIRECTOR OF CLINICAL TRAINING (DCT) (OR EQUIVALENT)	A senior clinician with delegated responsibility for developing, coordinating, promoting and evaluating the *prevocational training program* 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 *prevocational training program*. 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.
DIRECTOR OF MEDICAL SERVICES	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.
FORMAL EDUCATION PROGRAM	An education program that the training facility provides and delivers as part of its *prevocational training program*. For *interns* (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.
INTERN	A doctor in their first postgraduate year (PGY1) and who holds provisional registration with the Medical Board of Australia.
MINI-CEX	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.
PREVOCATIONAL DOCTOR	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.

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 *National standards and requirements for prevocational (PGY1 and PGY2) training programs and terms*. 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 *specialty*, 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	A *term* 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). Two characteristics of service terms are: 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 *prevocational training program*, 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 *term*. They may also provide primary clinical supervision of the *prevocational doctor* for some or all of the term.