Guide to the revised PGY1 Term Description Template

The Australian Medical Council (AMC) National Framework for Prevocational Medical Training is being implemented nationally from 2024 for PGY1 and PGY2 in 2025.

The South Australian Medical Education and Training (SA MET) Health Advisory Council and the SA MET Accreditation Committee have revised the PGY1 Term Description Template to align with the term requirements stipulated within the AMC's Training Environment – Requirements for prevocational training programs and terms.

To support the Local Health Networks to transition term descriptions to the revised template, we have outlined the new and revised content expected within the term descriptions in the below table and provided the changes visible in Appendix 1.

Please review this document in conjunction with the AMC's Training Environment – Requirements for prevocational training programs and terms document.

HEADING	DETAILS/JUSTIFICATION
Term specialty	LHNs to identify the term specialty/department. • New content as stipulated under *'Requirements for all terms'*, p.37.
Clinical team structure: Ward based/Team based	LHNs to identify the team composition and supervision continuity. TMOs are to be within a clinical team for 50% of the year. Being part of a clinical team provides opportunities for regular interactions with a nominated supervisor. Examples might include being a member of a general surgical team, intensive care team, emergency department or in a general practice. Terms for an admission ward or short-stay ward with multiple different supervisors would not normally be considered being part of a clinical team. • New content as stipulated under *'Clinical Teams'*, p.36. • Addresses Standard 2.1.2 *'working within a clinical team for at least half of the year'*, p. 16. • This content will also be captured in the National e-Portfolio once implemented.
Clinical team structure: Other Staff (Ward-based, Admin)	LHNs to identify any other clinical or administrative staff on the unit or term. Allows LHNs to include relevant staffing information for the TMO rotating through the term. • New content, stipulated under *'Requirements for all terms'*, p.37.
Term Length (minimum/ maximum duration)	LHNs to stipulate term length. PGY1s must complete a minimum of 4 terms (at least 10 weeks) and PGY2s must complete a minimum of 3 terms (at least 10 weeks). • Revised content that provides increased flexibility for the LHNs. • Content stipulated under *'Requirements for all terms'*, p.37. • Addresses Standard 2.1.2, p. 16.
Identifying clinical patient care categories	LHNs to identify 1 or 2 (maximum of 2) areas of clinical patient care experiences to be gained on the term. • New content that replaces the core surgical/ED/medicine requirements. • Addresses Standard 2.1.3 *'terms are structured to reflect and provide exposure to one or two of the requirement clinical experiences'*, p. 16. • Content stipulated under *'Program content – clinical experiences'*, p.36.

	• Content stipulated under *'Requirements for all terms'*, p.37. • Identification of 1 or 2 clinical care categories is mandatory for Ahpra's *'Registration standard: Granting general registration as a medical practitioner to Australian and New Zealand medical graduate on completing of intern training'*, p. 3. [Revisions are pending approval]. • The SA MET Accreditation Committee will be assessing terms to ensure the clinical care categories have been appropriately identified.
Is it a service term?	LHNs to indicate if a service term (relief or nights). • New content as stipulated under *'Service terms – relief and nights',* p.36. • Addresses Standard 2.1.2 *'a maximum time spent in a service term of 20% PGY1 and 25% PGY2'*, p. 16.
Overview of Unit or Service	• Revised content to remove *'patient catchment area'*. • Included content *'how acutely ill the patient generally are?'*.
Clinical Experience	LHNs to expand on clinical patient care experiences identified. LHNs to details how the terms provides Aboriginal and Torres Strait Islander clinical opportunities and educational opportunities. • Expand on how the term will provide exposure to the identified clinical patient care categories. Allows for the identification of secondary categories if necessary. • Addresses Standard 2.1.3 *'terms are structured to reflect and provide exposure to one or two of the required clinical experiences'*, p. 16. • Addresses Standard 2.2.2 *'identified and documented the training requirements…. Including relevant skills, procedures and clinical experience available'*, p. 17. • Addresses Standard 2.2.3 to provide *'clinical opportunities in line with the prevocational outcome statements regarding Aboriginal and Torres Strait Islander peoples' health'*, p. 17. • Content stipulated under *'Requirements for all terms'*, p.37.
Learning Outcomes ***[EPAs are optional in 2024, mandatory from 2025]***	LHNs to detail what skills and knowledge TMOs will gain during the term, including identifying the EPAs that could be assessed. • Revised content to identify term learning outcomes that describe the skills, knowledge and experience the TMO should expect to gain during the term. • Revised content to identify the outcome statements (Refer to Appendix 2 the AMC Prevocational Outcome Statements) which the TMO will be expected to undertake during the term. • Revised content to identify the EPAs which could be assessed to achieve the outcome statements. (Refer to Appendix 3 for EPAs mapped to the Prevocational Outcome Statements). The EPAs guide the identification of the learning outcomes. • Addresses Standard 2.3 *'Assessment requirements'*, p. 18. • Addresses Standard 2.2.2 *'identified and documented the training requirements…. Including outcome statements'*, p. 17. • Addresses Standard 2.4.1 *'provide regular, formal and documented feedback to prevocational doctors on their performance',* p. 18. TMOs should undertake at least two EPAs per term using the EPA assessment form (mandatory from 2025). • Content stipulated under *'Requirements for all terms'*, p.37.
Clinical Management	• Removed content; captured in *'TMOs clinical responsibilities and tasks'*.
Communication	• Removed content; captured in EPAs.

Professionalism	• Removed content; captured in EPAs.
Timetable	LHNs to further details of the shifts start and finish times, clinical handover, education sessions, ward rounds, unit meetings, outpatient attendance, theatre sessions etc. • Revised content, to include scheduled shift handover, rostered start and finish time and option to include other relevant details. • Content stipulated under *'Requirements for all terms'*, p.37. • Addresses standard 4.2.3, p. 27.
Education	• Revised content, to include aspect around Aboriginal and Torres Strait Islander educational opportunities (Standard 2.2.3).
Average Patients	• Removed content, captured in *'patient load'*.
Attachments	• New content that to link documents/intranet resources.
Endorsement	• New content that supports document version control and provide a mechanism for clinical governance (Standard 5.1.1).
Appendix 1: Program Content – Clinical Experience	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. Below provides a description for each of the categories. • New content to support the identification of the clinical patient care categories (Standard 2).
Appendix 2: Prevocational Outcome Statements	LHNs must select the statements that describe the capabilities that prevocational doctors will undertake during the term. These are guided by the EPAs selected. • New content for LHNs to select the learning outcomes TMOs should expect to gain during the term (Standard 2.3). • Replaces the Australian Curriculum Framework for Junior Doctors (ACFJD).
Appendix 3: Entrustable Professional Activities (EPAs) Behaviours Mapped to the Prevocational (PGY1 and PGY2) Outcome Statements	• New content to describe how the EPAs are mapped to the outcome statement. Provides a guide to term supervisors.

APPENDIX 1: REVISED TERM DESCRIPTION – IDENTIFIED CHANGES

Australian Medical Council Limited

NATIONAL FRAMEWORK FOR PREVOCATIONAL PGY1 AND PGY2 MEDICAL TRAINING

The highlighted content identifies sections that are new, revised or removed.

SA MET+ SOUTH AUSTRALIAN MEDICAL EDUCATION & TRAINING

TERM DESCRIPTION TEMPLATE

Term descriptions are designed to provide important information to prevocational trainee medical officers (TMOs) regarding a particular term. They are best regarded as a clinical job description and should contain information regarding the:

- Breadth of clinical experience
- Roles and Responsibilities
- Supervision arrangements
- Contact Details
- Weekly timetable
- Learning outcomes

The term description may be supplemented by additional information such as Clinical Protocols which are term specific. Term supervisors should have considerable input into the content of the term description, and they are responsible for approving the content. In determining learning outcomes, supervisors should refer to the Australian Medical Council (AMC) National Framework for Prevocational (PGY1 and PGY2) Medical Training. The term description is a crucial component of orientation to the term, it should also be referred to during the mid-term appraisal and end-of-term assessment processes with the TMO.

FACILITY:	
TERM NAME:	
TERM SPECIALTY:	
TERM SUPERVISOR NAME AND POSITION:	
CLINICAL TEAM STRUCTURE: *Please identify if the TMO will be allocated to a clinical team or ward for this term. Include the names and contact details of consultants, registrars, nurses and other relevant staff on unit.*	☐ Clinical Team Based ☐ Other
	CONSULTANTS: •
	REGISTRARS: •
	OTHER CLINICAL STAFF (PGY2+, INTERNS): •
	OTHER STAFF (Ward-based, Admin): •

ACCREDITED TERM FOR:

	Number	**Term Length** *(minimum/maximum duration)*	**Clinical Patient Care Categories** *(Identify 1 or 2 areas of clinical experience to be gained on the term)*
PGY1			☐ A – Undifferentiated illness patient care ☐ B – Chronic illness patient care ☐ C – Acute and critical illness patient care ☐ D – Peri-operative/procedural patient care (PGY1 Only) ☐ Non-direct clinical experience (PGY2 Only)
PGY2+			

Is this a service term? *Service terms that have discontinuous learning experiences, such as limited access to formal education or regular unit learning activities, less or discontinuous overarching supervision (for example, relief or nights with limited staff).*	☐ YES ☐ NO

OVERVIEW OF UNIT OR SERVICE: *Provide a short overview of the role of the unit, the range of clinical services provided including general information such as bed capacity, casemix and how acutely ill the patients generally are.*	
REQUIREMENTS FOR COMMENCING THE TERM: *Identify the knowledge or skills required by the TMO **before** commencing the term and how the term supervisor will determine competency.* *If there are separate requirements for PGY1 and PGY2, these must be clearly distinguished.*	
ORIENTATION: *Detail specific arrangements for orientation to the term. Who is responsible for providing orientation and link resource documents such as clinical policies and guidelines required as reference material for the TMO.*	
TMOs CLINICAL RESPONSIBILITIES AND TASKS: *Detail the routine duties and clinical responsibilities that the TMOs will be required to undertake during the term, including clinical handover.*	
CLINICAL EXPERIENCE: *Detail the generalist experience and foundational skills preparing for future practice available, including 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* *If more than 2 clinical experiences available within the term, please include the main clinical experience/s (maximum of 2) and the secondary clinical experience. Refer to Appendix 1 for Clinical Experience description)* *Detail how the term provides clinical opportunities for TMOs to demonstrate knowledge and provide culturally safe and competent clinical practice to Aboriginal and Torres Strait Islander peoples'.*	

SUPERVISION: *Indicate how the supervision of the TMO is being provided and by whom. To develop competencies required for the sustained care of patients, as well as for episodes of acute care, the TMO must be supervised by a more senior clinician who is responsible for the progress of the patient's care. The term supervisor must still have sufficient contact with the TMO to assess their progress across the activities of the term.* *Please identify staff members with responsibility for TMO supervision and the mechanisms for contacting them, including after hours.*	**IN HOURS:** **AFTER HOURS:**
LEARNING OUTCOMES: *Detail the knowledge, skills and experience the TMO should expect to acquire during the term. Learning outcomes should be used as a basis of the mid and end-of-term assessments and assists at the beginning of the term to outline expected learning.* *The Entrustable Professional Activities (EPAs) that could be assessed should be identified. The Outcome Statements are guided by the identified EPAs.* *Pre-requisite learning to be identified (if relevant).* **PLEASE NOTE: EPAs are optional for trial implementation during 2024, mandatory from 2025.**	**Learning Outcomes:** *Please identify a maximum of 5 learning outcomes TMOs should expect to gain on the term and complete the AMC Prevocational Outcome Statements in Appendix 2.* • • • • • **Entrustable Professional Activities (EPAs):** *During this term, prevocational doctors should expect to complete the following EPAs. Please refer to Appendix 3 for mapping of outcome statements and EPAs.* ☐ EPA 1 Clinical assessment ☐ EPA 2 Recognition and care of the acutely unwell patient ☐ EPA 3 Prescribing ☐ EPA 4 Team communication – documentation, handover and referrals
STANDARD TERM OBJECTIVES: The term supervisor should identify the knowledge, skills and experience that the TMO should expect to acquire during the term in relations to clinical management, communication and professionalism training aspects. This should include reference to the ACFJD. The term objectives should be used as a basis of the mid and end of term assessments. – Removed.	
CLINICAL MANAGEMENT: *Common conditions, procedures and routine work the TMO will be exposed to during the term.*	Removed. Covered within the "TMOs clinical responsibilities and tasks".
COMMUNICATION: *Patient interaction, patient information note taking, liaising with patient family members, working as member of a team, communicating with senior consultants, communicating with other health care professionals regarding longer term patient management.*	Removed. Covered under EPA 2.
PROFESSIONALISM: *Communicate and participate effectively in a multidisciplinary clinical team. Develop skills in the setting of personal learning goals and achievements through self-directed medical education and supervised practice. Develop skills in information technology, collection and*	Removed. Covered under EPA 2.

interpretation of clinical data and understanding the principles of evidence-based practice of medicine and clinical quality assurance techniques. Develop increased understanding of medical ethics and confidentiality, and of the medico-political and medico-legal environment.	

TIMETABLE:

Please indicate the start time and finish times of the shifts the TMO will be rostered to.
The timetable below should be completed to also include term specific and facility wide education opportunities. For example, include TMO education sessions, ward rounds, theatre sessions (where relevant), in-patient time, outpatient clinic, shift handover, morning handover from hospital night team, afternoon handover to hospital's after-hours team. It is not intended to be a roster but rather a guide to the activities that the TMO should participate in during the week. Examples have been provided below:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
AM	*07.30-08.00 Handover followed by Registrar ward round (meet in Ward 4b)*	*07.30-08.00 Handover followed by Registrar ward round (meet in Ward 4b)*	*07.30-08.00 Handover from nights* *08.00-09.00 multidisciplinary meeting*	*07.30-08.00 Handover followed by registrar ward round (meet in Ward 4b)*	*07.30-08.00 Handover followed by registrar ward round (meet in Ward 4b)*	*07.30-10:30 Handover followed by ward round*	*07.30-10:30 Handover followed by ward round*
	08.00-09.00 Surgical Forum		*09.00-10.00 Consultant ward round (meet in Ward 4b)*		*08.00-09.00 Unit meeting (2a)*		
	09.30-11.30 Outpatients		*10.00-13.00 Outpatients, Area 1 residents*				
PM	*13.00-17.00 Pre-admission Clinic (OPD)*		*12.15-13.30 Intern Tutorial*		*12:00-13:00 Grand Rounds (protected time)*		
	14.00-14.30 Registrar paper round	*14.00-14.30 Registrar paper round*	*14.00-14.30 Registrar paper round*	*14.00-14.30 Registrar paper round*	*14.00-14.30 Registrar paper round*		
	16.30-17.00 End of shift handover	*16.30-17.00 End of shift handover*	*16.30-17.00 End of shift handover*	*16.30-17.00 End of shift handover*	*16.30-17.00 End of shift handover*		

DESCRIPTION OF UNIT ROSTER (Optional):

E.g.: Monday to Friday 7.30-17.00, 1 Saturday or Sunday every 2 – 3 weeks.

EDUCATION: *Detail education opportunities and resources available to the TMO during the term. Formal education opportunities should also be included in the unit timetable.* *Please specify how TMOs are supported on this term to provide culturally safe and competent healthcare to Aboriginal and Torres Strait Islander peoples.*	

PATIENT LOAD: *Facilities should indicate on average, how many patients a TMO is expected to manage per shift and specify the patient load for the unit.* *It is also useful to provide an indication of patient complexity and turnover as this is considered when determining the optimal patient load to support education and training.*		
AVERAGE PATIENTS: *Specifically, the average number of patients per day that the TMO is responsible for.*	Removed. Relocated to patient load.	
OVERTIME:	**AVERAGE HOURS PER WEEK:** *Average rostered plus unrostered hours*	
	ROSTERED HOURS: *Actual hours as per roster*	
	UNROSTERED HOURS: *Average additional hours due to unforeseen events*	
ASSESSMENT AND FEEDBACK: Detail the formal mid and end-of-term assessment process, using the AMC's Prevocational Training Term Assessment Form.		
ADDITIONAL INFORMATION: Please include any additional information that the facility considers relevant to the term.		
ATTACHMENTS: Provide links to relevant documents resources (unit orientation, handbooks, protocols, intranet pages. etc).		

ENDORSEMENT:

Review/Revised by MEO: _____ Date: _____

Reviewed by Term Supervisor: _____ Date: _____

Endorsed by DCT: _____ Date: _____

Appendix 1: Program Content – Clinical Experience Categories

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. Below provides a description for each of the 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 – Clinical experience in 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, postoperative 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.

Sourced from the AMCs Training Environment - National Standards and requirements for prevocational (PGY1 and PGY2) training programs and terms..

Appendix 2: AMC Prevocational Outcome Statements

Select the statements that describe the capabilities that prevocational doctors will undertake during the term.

Domain 1: The prevocational doctor as practitioner	**Domain 2:** The prevocational doctor as a professional and leader	**Domain 3:** The prevocational doctor as a health advocate	**Domain 4:** The prevocational doctor as scientist and scholar
☐ 1.1: Place the needs and safety of patients at the centre of the care process, working within statutory and regulatory requirements and guidelines. Demonstrate skills including effective clinical handover, graded assertiveness, delegation and escalation, infection control, and adverse event reporting. ☐ 1.2: Communicate sensitively and effectively with patients, their family/carers, and health professionals applying the principles of shared–decision making and informed consent. ☐ 1.3: Demonstrate effective culturally safe interpersonal skills, empathic communication, and respect, within an ethical framework, inclusive of Indigenous knowledges of well-being and health models to support Aboriginal and Torres Strait Islander patient care. ☐ 1.4: Perform and document patient assessments, incorporating a problem-focused medical history with a relevant physical examination, and generate a valid differential diagnosis and/or summary of the patients' health and other relevant issues. ☐ 1.5: Request and accurately interpret common and relevant investigations using evidence-informed knowledge and principles of cost-effectiveness. ☐ 1.6: Safely perform a range of common procedural skills required for work as a PGY1 or PGY2 doctor. ☐ 1.7: Make evidence-informed management decisions and referrals using principles of shared decision-making with patients, carers and the health care team. ☐ 1.8: Prescribe therapies and other products including drugs, fluid, electrolytes, and blood products safely, effectively and economically. ☐ 1.9: Recognise, assess, communicate and escalate as required, and provide immediate management to deteriorating and critically unwell patients. ☐ 1.10: Appropriately utilises and adapts to dynamic systems and technology to facilitate practice, including for documentation, communication, information management and supporting decision-making.	☐ 2.1: Demonstrate ethical behaviours and professional values including integrity; compassion; self-awareness, empathy; patient confidentiality and respect for all. ☐ 2.2: Identify factors and optimise personal wellbeing and professional practice, including responding to fatigue, and recognising and respecting one's own limitations to mitigate risks associated with professional practice. ☐ 2.3: Demonstrate lifelong learning behaviours and participate in, and contribute to, teaching and supervision and feedback. ☐ 2.4: Take increasing responsibility for patient care, while recognising the limits of their expertise and involving other professionals as needed to contribute to patient care. ☐ 2.5: Respect the roles and expertise of healthcare professionals, learn and work collaboratively as a member of an inter-professional team. ☐ 2.6: Contribute to safe and supportive work environments, including being aware of professional standards and institutional policies and processes regarding bullying, harassment and discrimination for themselves and others. ☐ 2.7: Critically evaluate cultural and clinical competencies to improve culturally safe practice and create culturally safe environments for Indigenous communities. Incorporate into the learning plan strategies to address any identified gaps in knowledge, skills, or behaviours that impact Aboriginal and Torres Strait Islander patient care. ☐ 2.8: Effectively manage time and workload demands, be punctual,	☐ 3.1: Incorporate disease prevention, appropriate and relevant health promotion and health surveillance into interactions with individual patients. Including screening for common diseases, chronic conditions, and discuss healthcare behaviours with patients. ☐ 3.2: Apply whole of person care principles to clinical practice, including consideration of a patient's physical, emotional, social, economic, cultural and spiritual needs and their geographical location. Acknowledging that these factors can influence a patient's description of symptoms, presentation of illness, healthcare behaviours and access to health services or resources. ☐ 3.3: Demonstrate culturally safe practice with ongoing critical reflection of health practitioner knowledge, skills, attitudes, practicing behaviours and power differentials in delivering safe, accessible and responsive healthcare free of racism and discrimination. ☐ 3.4: Demonstrate knowledge of the systemic and clinician biases in the health system that impact on the service delivery for Aboriginal and Torres Strait Islander peoples. This includes understanding current evidence on systemic racism as a determinant of health and how racism maintains health inequity. ☐ 3.5: Demonstrate knowledge of the ongoing impact of colonisation, intergenerational trauma and racism on the health and wellbeing of Aboriginal and Torres Strait Islander peoples. ☐ 3.6: Partner with the patient in their healthcare journey, recognising the importance of interaction with and connection to the broader healthcare system.	☐ 4.1: Consolidate, expand and apply knowledge of the aetiology, pathology, clinical features, natural history and prognosis of common and important presentations in a variety of stages of life and settings. ☐ 4.2: Access, critically appraise and apply evidence from the medical and scientific literature to clinical and professional practice. ☐ 4.3: Participate in quality assurance and quality improvement activities such as peer review of performance, clinical audit, risk management and incident reporting and reflective practice. ☐ 4.4: Demonstrate a knowledge of evidence informed medicine and models of care that support and advance Aboriginal and Torres Strait Islander health.

Appendix 3: Entrustable Professional Activities (EPAs) Behaviours Mapped to the Prevocational (PGY1 and PGY2) Outcome Statements

- A shaded box indicates that the particular outcome is addressed specifically within an EPA.
- +/- indicates that it is possible the outcome will be assessed when the EPA is assessed depending on the individual patient characteristics.

Domains	Outcome statement	EPA 1 Clinical assessment	EPA 2 Recognition and care of the acutely unwell patient	EPA 3 Prescribing	EPA 4 Team communication - documentation, handover and referrals
Domain 1: The prevocational doctor as a practitioner	1.1 Patient safety	+/-	+/-	+/-	
	1.2 Communication				
	1.3 Communication - Aboriginal and Torres Strait Islander patients	+/-	+/-	+/-	+/-
	1.4 Patient assessment		+/-		+/-
	1.5 Investigations				
	1.6 Procedures	+/-	+/-		
	1.7 Patient management				
	1.8 Prescribing		+/-	+/-	
	1.9 Emergency Care			+/-	+/-
	1.10 Utilising and adapting to dynamic Systems	+/-	+/-		
Domain 2: The prevocational doctor as a professional and leader	2.1 Professionalism				
	2.2 Self-management				
	2.3 Self-education				
	2.4 Clinical responsibility		+/-		+/-
	2.5 Teamwork	+/-			
	2.6 Safe workplace culture	+/-		+/-	+/-
	2.7 Culturally safe practices for Aboriginal and Torres Strait Islander patients	+/-	+/-	+/-	+/-
	2.8 Time management				
Domain 3: The prevocational doctor as a health advocate	3.1 Population health			+/-	+/-
	3.2 Whole-of-person care		+/-		
	3.3 Culturally safe for all communities	+/-	+/-	+/-	+/-
	3.4 Understanding biases	+/-	+/-	+/-	+/-
	3.5 Understanding the impacts of colonisation and racism	+/-	+/-	+/-	+/-
	3.6 Integrated healthcare	+/-		+/-	
Domain 4: The prevocational doctor as a scientist and scholar	4.1 Knowledge				+/-
	4.2 Evidence-informed practices				
	4.3 Quality assurance	+/-	+/-	+/-	+/-
	4.4 Advancing Aboriginal and Torres Strait Islander health	+/-	+/-	+/-	+/-

Sourced from the AMCs Training and Assessment Requirements for Prevocational (PGY1 and PGY2) Training Programs.