

Guide to Prevocational Training in Australia for Supervisors

Take me to the **National Framework** documents:



This guide is based on the AMC's National Framework for **Prevocational** (PGY1 and PGY2) Medical Training



What should prevocational doctors

By the end of each year, you should be able to demonstrate the skills and knowledge outlined in the Outcome Statements at the appropriate level for that year. The outcomes are organised into four Domains

How will prevocational doctors learn? (EPAS) have

introduced to increase focus on clinical work. There are 4 EPAs which are based on the most important work you do as a prevocational doctor. You will be assessed on your performance of EPAs.

Prevocational doctors are also encouraged to take advantage of other on the job learning opportunities.



Describe doctor capabilities

D₁ Practitioner

D2 Professional and leader

D3 Health advocate

D4 Scientist and scholar



Describe the work doctors do



EPA1 Clinical assessment

EPA2 Recognition and care of the acutely unwell patient

EPA3 Prescribing

EPA₄ Team communication

What if a prevocational doctor needs additional support?

If you have concerns about a prevocational doctor's wellbeing, it is critical that you act quickly to seek help for them. Individuals who have the skills and authority to provide this help, include experienced supervisors, the Director of Clinical Training (DCT), the Supervisor, Medical Education Unit staff or the Director of Medical Services (DMS).

Prevocational doctors are strongly encouraged to seek help if they have any concerns about their wellbeing or their mental or physical health. They should have their own general practitioner.

If a prevocational doctor has **concerns**, they can talk to their general practitioner, supervisor or DCT. The state's Doctors Health Program, Drs4Drs, Beyond Blue or Lifeline can also be accessed.

If you have witnessed bullying, harassment or **discrimination**, you should report it to the DCT, DMS or your health service's HR Department.



How are prevocational doctors assessed?

Here's an example of what a prevocational doctor's assessment could look like across a term:

The supervisor responsible for each assessment is highlighted. Some assessments can be delegated. See the Framework documents for further information.

Beginning-of-term discussion

Agree on objectives

Primary Clinical supervisor

Midterm assessment

Provide feedback and identify learning needs early

End-of-term assessment

Provide feedback and make a global judgement to inform end-of-year progress decision



Assessments of EPAs

provide opportunities for feedback. Assessment data will help inform term assessments and end-of-year global judgements.







across the year

EPA 1 should be assessed at least once in each term, and EPAs 2-4 should be assessed. two to three times each throughout the year.



Assessments of EPAs are not a mandatory part of formal assessment in 2024. Some health services may choose to implement paper-based EPA assessments in 2024.

Completion of prevocational training

PGY₁

At the end of the first postgraduate year, prevocational doctors apply to the Medical Board of Australia for general registration. The employing health service informs the Board if interns have met the conditions for general registration by completing the requirements of PGY1.

At the end of the second postgraduate year the health service's Assessment Review Panel is asked to recommend whether a prevocational doctor should be awarded a certificate of satisfactory completion. This recommendation is based on completing the requirements of PGY2.

ssessment` eview Panel

At the end of each year, the health service's Assessment Review Panel will consider the results of end-of-term and EPA assessments and any activities that documented. There is no minimum number of assessments that must be passed; the panel's role is to make an assessment of whether a prevocational doctor has the skills and knowledge outlined in the outcome statements at the end of the year.