

Draft revisions for consultation: Prevocational (PGY1 and PGY2) outcome statements

Introduction

Revised text	Notes on changes
<p>These outcome statements state the broad and significant capabilities that prevocational doctors should achieve by the end of their two-year prevocational programs. The high-level statements are applicable at completion of postgraduate year 1 (PGY1) and postgraduate year two (PGY2), though the level of expectation, responsibility, supervision, and entrustability of the outcomes will be different between the two years. The outcome statements form part of the two-year Training and Assessment framework for prevocational doctors. The statements, describing the capabilities of a prevocational doctor, are complemented by entrustable professional activities, which describe the characteristics of the work of prevocational doctors.</p> <p>Prevocational training providers are responsible for designing learning and assessment programs that will enable prevocational doctors to achieve these outcomes. The outcome statements provide clinical supervisors and training directors with clear criteria for determining progress and completion. It should be noted that achievement of the outcomes is a requirement of PGY1, with General Registration remaining at the end PGY1. The process for certifying completion at the end of PGY2 will include achievement of the outcomes and meeting the requirements of the Medical Board of Australia's Registration Standard: Continuing Professional Development.</p> <p>Safe and high-quality practice is an expectation of all practitioners, at all stages of training, and all healthcare and training providers. Accordingly, prevocational training programs and prevocational doctors should take account of the work of the Australian Commission on Safety and Quality in Health Care. All doctors should practice according to <i>Good Medical Practice: A Code of Conduct for Doctors in Australia</i> once registered.</p>	<p>Introduction expanded to include postgraduate year two (PGY2) and to note the Medical Board of Australia's CPD requirements for PGY2.</p> <p>Areas relevant across all outcomes have been raised from the Domains into the introduction:</p> <ul style="list-style-type: none"> • Importance of quality and safety • Good Medical Practice – not an outcome but an expectation of practice.

The outcome statements are:

- set within four domains¹.
- to be achieved by the end of prevocational years (PGY1 and PGY2).
- work-based, patient-centred, and take account of the prevocational doctor's increasing responsibility for patient care under supervision.
- designed to be sufficiently generic to cover a range of learning environments.

¹ The same four domains are used in the graduate outcome statements for medical students, and can be found in *Standards for Assessment and Accreditation of Primary Medical Programs by the Australian Medical Council 2012* [Internet]. Canberra: Australian Medical Council; 2012 [cited 2013 Sep 23]. Available from: <http://www.amc.org.au/index.php/ar/bme/standards>.

Outcome statements for prevocational training

Domain 1: The prevocational doctor as scientist and scholar

[New text added to describe the broad intent of each Domain] This Domain is about the doctor who applies and expands their medical knowledge and evaluates and applies relevant evidence to their clinical practice. The doctor who recognises the importance of research and quality improvement and assurance to clinical practice and the broader healthcare system.

On completing training, Australian prevocational doctors are able to:

Original statement	Revised statement	Notes on change
1.1 Consolidate, expand and apply knowledge of the aetiology, pathology, clinical features, natural history and prognosis of common and important presentations at all stages of life.	1.1 Consolidate, expand and apply knowledge of the aetiology, pathology, clinical features, natural history and prognosis of common and important presentations in a variety of settings.	Changes to improve clinical relevance of Domain 1.
New statement	1.2 Access, critically appraise, interpret and apply evidence from the medical and scientific literature to clinical practice.	Changes to improve clinical relevance of Domain 1. Included 1.4 from graduate outcomes with edits.
Moved statement	1.3 Participate in quality assurance and quality improvement activities such as risk management and incident reporting.	Statement moved from Domain 3 with edits.

Domain 2: The prevocational doctor as practitioner

[New text added to describe the broad intent of each Domain] This Domain describes the work expected of prevocational doctors in assessing and caring for patients including appropriately communicating, documenting, prescribing, ordering investigations, and transferring. It is expected that prevocational training will equip doctors with the broad skills they need to continue their education and practice in a range of settings.

On completing training, Australian prevocational doctors are able to:

Original statement	Revised statement	Notes on change
2.1 Place the needs and safety of patients at the centre of the care process. Demonstrate safety skills including effective clinical handover, graded assertiveness, delegation and escalation, infection control, and adverse event reporting.	2.1 Place the needs and safety of patients at the centre of the care process.	Second sentence removed, captured in EPAs.
2.2 Communicate clearly, sensitively and effectively with patients, their family/carers, doctors and other health professionals.	2.2 Communicate sensitively and effectively with patients, their family/carers, and health professionals.	Minor wording changes.
2.3 Perform and document a patient assessment, incorporating a problem-focused medical history with a relevant physical examination, and generate a valid differential diagnosis.	2.3 Perform and document patient assessments, incorporating a problem-focused medical history with a relevant physical examination, and generate a valid differential diagnoses.	Minor wording changes.

2.4 Arrange common, relevant and cost-effective investigations, and interpret their results accurately.	2.4 Order and interpret common and relevant investigations using evidence-based knowledge and principles of cost-effectiveness.	Wording changes to improve clarity.
2.5 Safely perform a range of common procedural skills required for work as an intern.	2.5 Safely perform a range of common procedural skills required for work as a PGY1 or PGY2 doctor.	Minor wording changes.
2.6 Make evidence-based management decisions in conjunction with patients and others in the healthcare team.	2.6 Make evidence-based management decisions in conjunction with patients and others in the healthcare team.	No changes.
2.7 Prescribe medications safely, effectively and economically, including fluid, electrolytes, blood products and selected inhalational agents.	2.7 Prescribe therapies and other products including drugs, fluid, electrolytes, blood products and allied health treatments, safely, effectively and economically.	Change to include include allied health treatments.
2.8 Recognise and assess deteriorating and critically unwell patients who require immediate care. Perform basic emergency and life support procedures, including caring for the unconscious patient and cardiopulmonary resuscitation.	2.8 Recognise, assess, escalate as required, and provide immediate management to deteriorating and critically unwell patients.	Removed detail.
2.9 Retrieve, interpret and record information effectively in clinical data systems (both paper and electronic).	2.9 Appropriately utilise systems and technology to facilitate practice, including for communication, information management and supporting decision making.	Expanded from previous statement to encompass flexible and adaptive practice in context of changing systems and technology.

Domain 3: The prevocational doctor as a health advocate

[New text added to describe the broad intent of each Domain] This Domain describes the doctor who applies whole of person care and partners with their patients in their care. Who recognises the broader determinants of health have tangible effects on their patients and considers their context. Who understands and considers how these factors influence a patient’s symptoms, interpretation, presentation and behaviours.

On completing training, Australian prevocational doctors are able to:

Original statements	Revised statements	Notes on change
3.1 Apply knowledge of population health, including issues relating to health inequities and inequalities; diversity of cultural, spiritual and community values; and socio-economic and physical environment	3.1 Incorporate disease prevention, health promotion and health surveillance into interactions with individual patients. Including screening for common diseases and discussing healthcare behaviours with patients.	Made more relevant to PGY1/PGY2 level interactions with patients and separated

<p>factors.</p> <p>3.3 Demonstrate ability to screen patients for common diseases, provide care for common chronic conditions, and effectively discuss healthcare behaviours with patients.</p>	<p>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. Acknowledging that these factors can influence a patient’s description of symptoms, presentation of illness, healthcare behaviours and access to health services or resources.</p> <p>3.3 Demonstrate culturally safe practise 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.</p>	<p>statements to clarify meaning:</p> <ol style="list-style-type: none"> 1. Population health (includes screening for common diseases) 2. Whole of person care 3. Culturally safe care (aligned with AHPRA definition).
<p>3.2 Apply knowledge of the culture, spirituality and relationship to land of Aboriginal and Torres Strait Islander peoples to clinical practice and advocacy.</p>	<p>3.4 To be revised</p>	<p>Consulting separately on this outcome statement with Aboriginal and Torres Strait Islander groups.</p>
<p>New statement</p>	<p>3.5 Partner with the patient in their healthcare journey, recognising the importance of interaction with and connection to the broader healthcare system. Where relevant, this should include communicating with caregivers and other health professionals.</p>	<p>New outcome on the patient’s journey in the broader healthcare system.</p>
<p>3.4 Participate in quality assurance, quality improvement, risk management processes, and incident reporting.</p>	<p>Statement moved.</p>	<p>Moved to Domain 1 and revised.</p>

Domain 4: The prevocational doctor as a professional and leader

[New text added to describe the broad intent of each Domain] [This Domain describes the professional dimension of the doctor. The importance of ethical behaviours, professional values, maintaining wellbeing, lifelong learning and team-work.](#)

On completing training, Australian prevocational doctors are able to:

Original statement	Revised statement	Notes on change
<p>4.1 Provide care to all patients according to <i>Good Medical Practice: A Code of Conduct for Doctors in Australia</i>, and demonstrate ethical behaviours and professional values including integrity; compassion; empathy; and respect for all patients, society and the profession.</p>	<p>4.1 Demonstrate ethical behaviours and professional values including integrity; compassion; self-awareness, empathy; and respect for all.</p>	<p>Reference to Good Medical Practice moved to introduction as a requirement from the beginning not an outcome.</p>
<p>4.2 Optimise their personal health and wellbeing, including responding to fatigue, managing stress and adhering to</p>	<p>4.2 Self-evaluate and optimise their personal health, wellbeing and professional practice, including responding to fatigue and managing</p>	<p>Minor wording changes.</p>

infection control to mitigate health risks of professional practice.	stress to mitigate health risks of professional practice.	
4.3 Self-evaluate their professional practice, demonstrate lifelong learning behaviours, and participate in educating colleagues.	4.3 Demonstrate lifelong learning behaviours and participate in, and contribute to, teaching and supervision.	Minor wording changes.
4.4 Take increasing responsibility for patient care, while recognising the limits of their expertise and involving other professionals as needed to contribute to patient care.	4.4 Take increasing responsibility for patient care, while recognising the limits of their expertise and involving other professionals as needed to contribute to patient care.	Minor wording changes.
4.5 Respect the roles and expertise of other healthcare professionals, learn and work effectively as a member or leader of an inter-professional team, and make appropriate referrals.	4.5 Respect the roles and expertise of healthcare professionals, learn and work collaboratively as a member of an inter-professional team.	Minor wording changes.
New statement	4.6 Contribute to safe and supportive work environments, including being aware of professional standards and institutional processes on bullying, harassment and discrimination for themselves and others.	New statement to support safe work environments for self and others.
4.6 Effectively manage time and workload demands, be punctual, and show ability to prioritise workload to manage patient outcomes and health service functions.	4.7 Effectively manage time and workload demands, be punctual, and show ability to prioritise workload to manage patient outcomes and health service functions.	Minor wording changes.

Supporting documents

The following references are mentioned specifically within this document.

- *Medical Board of Australia’s revised CPD registration standard*
- *Good Medical Practice: A Code of Conduct for Doctors in Australia*
- *Intern training – Term assessment form*

Full information for all documents relevant to the intern training suite is available below.

Review of this document

By December 2017.

Approval

Australian Medical Council – 16 September 2014
 Medical Board of Australia – 24 September 2014