

# Draft for consultation: Training environment - proposed revisions to PGY1 and PGY2 programs and terms

## Current requirements

Current components	Description
<a href="#">National standards for programs</a>	Outlines requirements for processes, system and resources that contribute to good quality intern training. AMC requires that intern training accreditation authorities map their standards to these national standards.
<a href="#">Guidelines for terms</a>	Outlines the experience interns should obtain during terms. Builds on the Medical Board of Australia's registration standard.
<a href="#">Registration standard</a>	Defines requirements for general registration.

## Concepts for consultation – proposed revisions to program structure and content (guidelines for terms)

The AMC is proposing some significant changes to prevocational program and term requirements. This is in line with stakeholder feedback received during the evaluation phase of the review. The AMC has commenced preliminary review and development work on these requirements.

One of the proposed changes is to discontinue the current mandatory term model. Feedback from stakeholders suggests the current model creates a number of challenges in the current healthcare environment, including that:

- The model is not reflective of community health needs, and limits opportunities for expanded settings
- The model restricts flexibility to explore and take advantage of valuable learning experiences in other settings
- Capacity constraints and changing models of care (e.g. high acuity, short stay, increasing specialisation) have resulted in significant variations in interns' experience of mandatory terms. Health services report that they face challenges in providing enough terms that meet current requirements
- Defining the 'setting' does not necessarily ensure relevance, quality or consistency of learning experience

The revisions are aimed at improving the longitudinal nature and flexibility of the prevocational training programs and the quality and relevance of learning experiences. **Important note:** the removal of mandatory term requirements would not require an immediate change to the current program term structure.

General expectations		
	<ul style="list-style-type: none"> <li>• Prevocational training allows medical graduates to consolidate and apply clinical knowledge and skills while taking increasing responsibility for the provision of safe, high quality patient care.</li> <li>• Experience should be planned, continuous and longitudinal.</li> <li>• All rotations should include quality supervision with feedback and a range of clinical experiences and learning opportunities.</li> <li>• Work-based learning opportunities should allow interns to achieve required learning outcomes, which supervisors will assess using the term assessment form and entrustable professional activities</li> </ul>	
Area	Rationale/ intention	Possible parameter/ requirement
PGY1/ PGY 2	Formalising support and structure for PGY2. Proposing structure is broadly similar for PGY1 and PGY2, with some additional flexibility for PGY2.	Broadly similar requirements for PGY1 and PGY2 with flexibility to account for: <ul style="list-style-type: none"> <li>• Some experiences more appropriate for PGY2.</li> <li>• Possible entry into specialty training in PGY2.</li> <li>• Possible increased focus in PGY2 (e.g. lower number of rotations or a narrower range of clinical exposures).</li> </ul>
Program length	Confirming program length. Current 47 week requirement for PGY1 proposed to remain and that this requirement be extended to PGY2.	At least 47 weeks equivalent full time experience in PGY1 and in PGY2 in supervised clinical practice completed in accredited hospital, general practice or other ambulatory rotations. Each 47 weeks of experience must be completed within a period of no more than three years. It excludes annual leave but may include up to two weeks

		of professional development leave (current requirement for PGY1).
Program experiences (breadth)	Aim for generalist experience with a balance of clinical exposure/ patient profiles. Want to ensure that there remains appropriate breadth and variety of clinical exposure and activities. Noting that the introduction of Entrustable Professional Activities will also assist in ensuring programs provide appropriate clinical experiences.	<p>Program must include rotations through a variety of settings / experiences. The framework could specify one or a number of the following:</p> <ul style="list-style-type: none"> <li>• Breadth of settings/ environments – for example experience in different settings (outpatient, inpatient, community, general practice etc.)</li> <li>• Breadth of clinical exposure/ patient profiles – for example patients with acute or chronic illnesses, and opportunities for assessment and management of acutely unwell patients</li> <li>• Balance of specialty exposure. Consider whether to specify maximum periods working in individual specialties (PGY1) and sub-specialties (PGY1 and PGY2).</li> <li>• Exposure across the 24 hour cycle of the health service (including after hours – noting provisions in place to ensure adequate supervision).</li> <li>• Limits on periods spent on nights and relieving terms with the aim of retaining appropriate balance of learning experience with ‘service terms’.</li> </ul>
Rotation/ experience length	Aim for a balance between the continuity of longer terms and the need to gain general experience across a range of specialties. Proposing specifying a minimum and maximum experience length.	<p>Minimum and maximum term length requirements (could be different for PGY1 and PGY2), for example:</p> <ul style="list-style-type: none"> <li>• Minimum 13 weeks of full time equivalent experience in one rotation</li> <li>• Maximum 26 weeks of full time equivalent experience in one rotation, allowing flexibility for “blended terms”, which cover more than one specialty (e.g. combined Emergency Dept / GP terms).</li> </ul>
Rotation/ experience number	Linked to previous point, setting a requirement for number of experiences is similarly about ensuring balance between adequate exposure and continuity.	Could propose minimum and/or maximum number of rotations, recognising that minimum and maximum term length parameters will influence the number of rotations that can be completed within each one the two year period.
Program supervision and support	<p>Acknowledge the importance of:</p> <ul style="list-style-type: none"> <li>• consistent supervision and/ or governance around supervision.</li> <li>• being embedded in a team</li> </ul>	<p>Consider:</p> <ul style="list-style-type: none"> <li>• Requirements for consistent supervision (consultants and/ or registrars) or a framework of governance of supervision and communication (noting that ED is well supervised with changing supervisors because there is a strong governance structure.)</li> <li>• Requirements for embedding in a team.</li> </ul>

**Concepts for consultation - summary of proposed areas for review in national standards for programs**

The Intern Training – National Standards for Programs, outlines the requirements for process, systems and resources that contribute to good training. The postgraduate medical councils are required to map their accreditation standards to these. A high-level summary of proposed areas for change are summarised below:

Area for review	Details (with examples in standards provided where relevant)
PGY2	Expand the wording of the standards to include PGY2. Consider differences required. Include the Medical Board CPD requirements for PGY2.
Governance	Strengthening standards around governance - prioritising and providing adequate support for the training program.

Area for review	Details (with examples in standards provided where relevant)
Aboriginal and Torres Strait Islander Health	Strengthening standards on the provider's responsibilities regarding both Aboriginal and Torres Strait Islander patients and doctors. The AMC will be seeking advice from its Aboriginal and Torres Strait Islander and Māori Committee.
Supervisor training	Supervisor training and engagement is critical. Proposing that supervisor training requirements be strengthened, including recognition of training completed for supervision of medical students or College trainees. This will include consideration of the role of and support for registrars.
Assessment	Revisions to be made to the assessment requirements in line with the work of the Training & Assessment component of the review. Including: <ul style="list-style-type: none"> <li>• Process for assessing EPAs</li> <li>• Panel decision at the end of the term</li> <li>• Strengthening remediation processes</li> </ul>
Longitudinal approach to internship	Consider mechanisms in the standards to re-inforce the requirement for a longitudinal approach to learning and assessment in internship.
Quality and variability of learning and assessment – clinical exposure, supervision and learning experiences	Providing sufficient guidance for training providers to provide valuable terms and programs (particularly if current mandatory term structure is removed), maintaining flexibility and providing support for expanded settings.
Medical Board of Australia's Training Survey	Incorporate the use of the data from the Medical Training Survey in accreditation processes.
Expanded settings	While a mandatory community setting might not be currently feasible, will explore ways to support and encourage these opportunities.
E-portfolio	Consider how the e-portfolio requirements will be included in the standards, including the use of data.
Specificity/ consistency and areas of variation in interpretation	Consider additional requirements or guidance to support national consistency of implementation.