National Prevocational Framework Review

Draft consultation documents - Attachment B

TRAINING ENVIRONMENT

NATIONAL STANDARDS AND GUIDELINES FOR PREVOCATIONAL (PGY1 & PGY2) TRAINING PROGRAMS

Contents

1. About this document

This document contains the Draft revised Training Environment requirements for Prevocational Training Programs (PGY1 and PGY2) that forms part of the National Framework for Prevocational Medical Training. The following provides a summary of the areas for consultation in this document.

Summary of areas for consultation

Component	Status in review
Section 2. National standards for programs	Draft revised document. Concepts for change were consulted on in 2020. Further detail has been added and a number of changes have been made, based on responses to previous consultation.
Section 3. Requirements and guidelines terms and programs	Draft revised document (previously Intern Training – Guidelines for Terms). Concepts for change were consulted on in 2020. Further detail has been added and a number of changes have been made, based on responses to previous consultation.
Registration standard	The Medical Board of Australia standard on granting general registration to Australian and New Zealand medical graduates on completion of internship sets out the current term requirements. The registration standard will be amended to reflect the revised framework in consultation with the Board.

2. Prevocational training – National standards for programs

Introduction

These national standards outline requirements for processes, systems and resources that contribute to good quality prevocational (postgraduate year 1 and postgraduate year 2) training. Health services can apply these standards to programs of diverse size and structure.

Further, these national standards:

- Build on existing state and territory guidelines, the *Registration standard – Australian and New Zealand graduates*, and the Confederation of Postgraduate Medical Education Councils' Prevocational Medical Accreditation Framework (2009).[1]
- Are structured similarly to the approved accreditation standards for other phases of medical education, but customised to intern programs.
- Do not prescribe any one program model. Explanatory notes are included to clarify meaning, but the notes are not prescriptive and do not add new criteria or requirements.
- Intern training accreditation authorities will review a wide sample of terms to identify any significant deficiencies in the way the program selects and monitors terms. Intern training accreditation authorities, therefore, may accredit a program but disallow particular terms.

Update since last consultation

In the last consultation period concepts for change were proposed. The standards have been reviewed in line with proposed changes and response to stakeholder feedback provided during the September – November 2020 formal consultation period. A summary is provided in the table below. This is the first consultation on the revisions to the standards document. Changes are summarised in the table on the next page and in blue throughout the document.

Note: The review is proposing that these National standards become mandatory for accreditation authorities (postgraduate medical councils) to use in accrediting PGY1 and PGY2 programs and terms. Additional guidance might be developed by the different authorities to reflect the different training contexts in each State and Territory. The current requirement is that accreditation authorities map their standards to the national standards.

Overall	Stakeholder feedback supported proposed changes. Specific suggestions were considered in the detailed review of the standards.
Expanded settings	Stakeholder feedback was strongly supportive of better alignment of prevocational training with community health needs, particularly offering training opportunities outside the acute hospital environment in community settings. While acknowledging the challenges of mandating community terms within current Australian governance and funding models, the AMC is proposing to signal its intention to introduce mandatory prevocational community terms in the future, noting that this will require funding and organisational support from a range of stakeholders.
Supervisor training	Stakeholder feedback was strongly supportive of strengthening supervisor engagement, training and support, acknowledging opportunities for recognition of prior learning. Some specific training modules will be developed for the revised framework components, e.g. assessment of EPAs. The AMC is proposing mandating supervisor training for term supervisors within three years of implementation of the new Framework. Prior training completed for supervision of other cohorts would be recognised, such as medical students or College trainees.

[1] Prevocational Medical Accreditation Framework for the Education and Training of Prevocational Doctors [Internet]. Melbourne: Confederation of Postgraduate Medical Education Councils (CPMEC); 2009 [cited 2013 Sep 23]. Available from: http://www.cpmec.org.au/files/Revised%20PMAF%20-%20Final.pdf

Summary of high-level standards and changes

Standard 1 – Context		Proposed moving some standards into this standard for better alignment.
	1.1 Governance	• Strengthened resources and priority of prevocational training • Moved in 5.2.5 - procedures to address patient safety concerns regarding prevocational doctor performance. • Moved in 7.3.1 - prevocational doctor involvement in the governance of their training.
	1.2 Program management	• Wording revisions to clarify separation of operational and educational management.
	1.3 Relationships to support medical education	• Wording revisions to strengthen links to medical schools and specialist training providers
	1.5 Reconsideration, review and appeals	• Minor wording changes to clarify meaning.
Standard 2 – Purpose and prevocational training outcomes		Split previous standard to differentiate between purpose and outcomes. [Significant changes]
	2.1 Purpose	• Minor wording changes.
	2.2 Outcomes	• Strengthened relation of training to community health needs and aim for generalist clinical training. • Intention to strengthen Aboriginal and Torres Strait Islander focus.
Standard 3 – Prevocational training program – Structure and content		Combined original standard 3 about training and standard 5 about assessment for better alignment. [Significant changes]
	3.1 Program structure and composition	• Separated requirements for PGY1 and PGY2. • Moved previous standard 3.2 regarding flexible training to this standard.
	3.2. Training requirements	• Updated to reflect revised two-year training and assessment framework • Moved previous standard educational expertise 1.3 to better reflect that standard refers to principles of training. • Moved orientation into formal education program.
	3.3 Assessment approach	• Updated to reflect revised two-year training and assessment framework, including assessment pannel
	3.4 Feedback and supporting continuous learning	• Changes to structure • Addition of CPD requirements for PGY2 • Previous 5.2.6 on remediation made into separate standard • Previous 5.2.7 on assessment panel separated into 4.3 for routine progression decisions and 4.5 as part of remediation
	3.5 Improving performance [proposed name change]	• Separated into new standard to emphasise importance.
Standard 4 – Prevocational training program - Delivery		Moved standards relevant to work based teaching to reflect focus on clinical learning. [Significant changes]
	4.1 Work-based training	• Standards moved from previous 8.2 clinical experience to reflect importance of clinical learning.
	4.2 Supervision	• Standards related to supervision moved from previous standard 8.1 to reflect importance of supervision to the implementation of training and assessment program. • Changes made to standards to separate out attributes of supervisors and training requirements. • Strengthened training requirements.

		• New standard regarding longitudinal educational oversight.
	4.3 Supervisor support	• Moved from standard 8. Separated out supervision requirements in standard 5 from the requirements for the health service to provide support for supervisors in this standard.
	4.4 Formal education program	• Revisions to clarify importance of quality and relevance of the formal education program • Additional standard on PGY2 to reflect different requirements and Medical Board of Australia's new continuing professional development requirements.
	4.5 Facilities	• Moved from standard 8.
Standard 5 – Prevocational trainees		Wording revisions.
	5.1 Appointment to program and allocation to terms	• Separate appointment to programs from term allocation. Acknowleding appointment to programs is a separate process.
	5.2 Welbeing and support	• Standards strengthened and clarified. Separated standards to reflect wellbeing of the whole cohort, strategies for individuals and career counselling. • Additional standard to be developed for Aboriginal and Torres Strait Islander Doctors.
	5.3 Communication with prevocational doctors	• Changed order. • Added reference to monitoring and evaluation.
Standard 6 – Monitoring, evaluation and continuous improvement		Moved standard to the end and clarified structure.
	6.1 Program monitoring and evaluation	• Standard structures and headings changed to clarify intent of standards.
	6.2 Continous improvement	• Standard structures and headings changed to clarify intent of standards.

Prevocational training national standards

1 The context in which prevocational training is delivered

1.1 Governance

Original statement	Revised statement	Notes on change
1.1.1 The governance of the intern training program and assessment roles are defined.	1.1.1 The governance of the prevocational training program , supervisory and assessment roles are defined.	Addition of supervisory roles.
1.1.2 The health services that contribute to the intern 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.	1.1.2 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.	Addition of patient care.
1.1.3 The health services give appropriate priority to medical education and training relative to other responsibilities.	1.1.3 The health services give appropriate priority and resources to medical education and training relative to other responsibilities.	Strengthened providing adequate support for the training program.
1.1.4 The intern training program complies with relevant national, state or territory laws and regulations pertaining to prevocational training.	1.1.4 The prevocational training program complies with relevant national, state or territory laws and regulations pertaining to prevocational training.	Nil.
7.3.1 Interns are involved in the governance of their training.	1.1.6 Prevocational doctors are involved in the governance of their training.	Moved from previous standard 7.
5.2.5 The intern training program has clear procedures to immediately address any concerns about patient safety related to intern performance.	1.1.5 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 the employer and the regulator, where appropriate.	Moved from previous standard 5. Additional wording to clarify.

Notes

[**Notes will be reviewed** once changes to standard agreed, including to: Strengthen references to community health needs, National Safety and Quality standards, priority and resources to support education and training and involvement of prevocational doctors in the governance of their training, consider examples such as clinical training committee]

Prevocational training is a mixed model of supervised practice and integrated training. While some training is specific to them, prevocational doctors (PGY1 and PGY2) are also part of a wider training and service delivery system within the health service, which provides: clinical training for medical students; work-based training during internship and subsequent prevocational years; and training for doctors in specialist medical programs. This set of standards focuses on supporting interns, but recognises the importance of vertical integration across the medical training continuum.

These standards recognise that prevocational doctors can complete terms and training in a variety of health care settings, including hospitals, general practices, and community-based medical services.

The way these elements combine in an prevocational training program may vary, from training in a single health facility to a rotation program.

Teaching, training, appraising and assessing doctors are critical functions in caring for patients both now, and for developing a highly skilled workforce for the future. It is important health services recognise and resource this educational role.

The AMC recognises that prevocational training providers must comply with laws and regulations as businesses, employers and healthcare providers and that they have systems for audit and quality assurance processes to demonstrate compliance with laws and regulations. The policies and procedures they implement to meet these requirements will also pertain to prevocational training. Prevocational training providers may demonstrate they meet these National Standards for Programs by demonstrating compliance with laws and regulations through other processes[2].

1.2 Program management

Original statement	Revised statement	Notes on change
1.2.1 The intern training program has a mechanism or structures with the responsibility, authority, capacity and appropriate resources to direct the planning, implementation and review of the intern training program, and to set relevant policy and procedures.	1.2.1 The prevocational training program has decicated 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 policy and procedures.	Strengthened wording and clarified 1.2.1- education and training and 1.2.3 - operational.
1.2.2 The intern training program documents and reports to the intern training accreditation authority on changes in the program, units or rotations which may affect the program delivery meeting the national standards.	1.2.2 The prevocational training program documents and reports to the prevocational training accreditation authority on changes in the program, units or rotations which may affect the program delivery meeting the national standards.	Nil.
1.2.3 The health services have effective organisational and operational structures to manage interns.	1.2.3 The health services have effective organisational and operational structures dedicated to managing prevocational doctors, including rostering and leave management.	Strengthened wording and clarified 1.2.1 - education and training and 1.2.3 - operational.

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.

Program management normally includes a delegated manager with executive accountability for meeting prevocational education and training standards (for example, in a hospital, the Director of Medical Services) and a Director of Clinical Training (or equivalent), responsible for the quality of the training and education program, and who works in collaboration with supervisors.

[2] Intern training providers can provide policies and procedures demonstrating compliance with laws and regulations (such as workplace health and safety law) or evidence of having met other standards (such as the National Safety and Quality Health Service Standards or accreditation for specialist medical training) as evidence of complying with these standards.

Changes in a health service, prevocational training program or terms may affect intern training quality, and require the prevocational training accreditation authority's assessment. Major changes in circumstances that normally prompt a review include:

- Absence of senior staff with significant roles in prevocational training for an extended period with no replacement (for example, a Director Medical Services or Supervisor of Intern Training absent for more than one month).
- Plans for significant redesign or restructure of the health service that impacts on prevocational doctors (for example, a significant change to clinical services provided or a ward closure causing change to caseload and case mix for the term).
- Rostering changes that significantly alter access to supervision or exposure to educational opportunities.
- Resource changes that significantly reduce administrative support, facilities or educational programs available.

Prevocational training accreditation authorities also need to be informed of significant changes in a term or unit that may lead to a review.

1.3 Relationships to support medical education

Original statement	Revised statement	Notes on change
1.4.1 The intern training program supports the delivery of intern training through constructive working relationships with other relevant agencies and facilities.	1.4.1 The prevocational training program supports the delivery of prevocational training through constructive working relationships with other relevant agencies, such as medical schools and specialist education providers, and facilities.	Stengthened connection across the education and training continuum, noting that this is also relevant to the work of the postgraduate medical councils.
1.4.2 Health services coordinate the local delivery of the intern training program. Health services that are part of a network or dispersed program contribute to program coordination and management across diverse sites.	1.4.2 Health services coordinate the local delivery of the prevocational training program. Health services that are part of a network or dispersed program contribute to program coordination and management across diverse sites.	

Notes

[**Notes will be reviewed** once changes to standard agreed, including to: clarify expectations regarding relationships across training continuum, including community medicine and inter-disciplinary.]

Examples of other relevant agencies include the local prevocational training accreditation authority, the health jurisdiction, and the local health network.

1.4 Reconsideration, review and appeals processes

Original statement	Revised statement	Notes on change
1.5.1 The intern training provider has reconsideration, review and appeals processes that provide for impartial review of decisions related to intern training. It makes information about these processes publicly available.	1.5.1 The intern training provider has reconsideration, review and appeals processes that provide for impartial and objective review of decisions related to prevocational training. It makes information about these processes readily available to all relevant stakeholders.	Minor changes. To review once assessment panel processes consulted on. Change to wording to make readily available to 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.

In relation to decision-making conduct, the grounds for appeal may include matters such as:

- an error in law or in due process in the formulation of 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 the making of the original decision
- procedures that were required by the organisation's policies to be observed in connection with the making of 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 in accordance with a rule or policy without regard to the merits of the particular case; and
- the original decision was clearly inconsistent with the evidence and arguments put before the body making the original decision.

Procedural fairness, timeliness, transparency and credibility, including requiring written reasons for decisions to be issued, are also elements of a strong and effective appeals process.

2 Organisational purpose and prevocational training outcomes [revised]

2.1 Organisational purpose

Original statement	Revised statement	Notes on change
2.1 The purpose of the health services which employ and train interns includes setting and promoting high standards of medical practice and training	2.1.1 The purpose of the health services which employ and train prevocational doctors includes setting and promoting high standards of medical practice and training.	Nil.
New	In review - standard on purpose addressing Aboriginal and Torres Strait Islander people of Australia and their health.	For further consultation with Aboriginal and Torres Strait Islander groups.

2.2 Outcomes of the prevocational training program [new]

Original statement	Revised statement	Notes on change
New – aligned with medical school/ specialist college standards	2.2.1 The provider relates its training and education functions to the health care needs of the communities it serves.	Strengethed to ensure medical education meets community health needs.
New – aligned with medical school/ specialist college standards	2.2.2 Training program provides generalist clinical training which prepares prevocational doctors with a appropriate foundation for lifelong learning and for further postrgaduate training.	Strengthend focus on generalist training and providing a good foundation for future training.

Notes

[**Notes will be reviewed** once changes to standard agreed.]

3 The prevocational training program – structure and content

Significant change: Combined previous standard 3 – the intern training program and standard 5 – asessment of learning to reflect the integrated nature of training and assessment planning and delivery and the new requirements of the revised two-year framework.

3.1 Program structure and composition

Original statement	Revised statement	Notes on change
3.1.1 The intern training program overall, and each term, is structured to reflect the requirements of the Registration standard – Australian and New Zealand graduates and provide experiences as described in Intern training – Guidelines for terms	3.1.1 The prevocational training program overall, and each term, is structured to reflect and provide experiences as described in the requirements of *[Requirements and guidelines for programs and terms].* Additionally in PGY1 - to reflect the requirements of the *Registration standard – Australian and New Zealand graduates* and in PGY2 and the Medical Board of Australia's continuing professional development requirements.	Change to reflect expansion to PGY2 and new requirements. Separated requirements for PGY1 and PGY2. Note: titles of documents will be updated as confirmed.
3.2.1 The intern training provider guides and supports supervisors and interns in implementing and reviewing flexible training arrangements. Available arrangements are consistent with the *Registration standard – Australian and New Zealand graduates*.	3.1.1 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 – Australian and New Zealand graduates*.	Moved from previous standard 3.2 Flexible training. Incorporated here to reflect relevance of standard. Program design enables flexible training.

Notes

[Notes will be reviewed once changes to standard agreed, including to: clarify expectations of revised two-year training and assesment framework.]

Flexible training means training that fits within the 'specific circumstances' described in the Registration standard – Australian and New Zealand graduates. This relates to part-time training.

3.2 Training requirements – Separated to clarify updated framework requirements

Original statement	Revised statement	Notes on change
1.3.1 The intern training program is underpinned by sound medical education principles.	3.2.1 The prevocational training program is underpinned by sound medical education principles.	Moved from previous standard educational expertise 1.3 to better reflect that standard refers to principles.
3.1.2 For each term, the health services have identified the Intern training – Intern 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.	3.2.2 For each term, the health services have identified and documented the *Training requirements,* 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.	Updated to reflect program and terms to meet revised Training requirements. Note: Titles of documents will be updated as confirmed.

3.1.3 Interns participate in formal orientation programs, which are designed and evaluated to ensure relevant learning occurs.		Moved to standard 5.3. about formal education program.

Notes

[Notes will be reviewed once changes to standards agreed, including to: clarify expectations of revised two-year training and assesment framework and Aboriginal and Torres Strait Islander patients and doctors]

These national standards take account of outcome statements developed for interns, outlined in *Intern training – Intern outcome statements*. The *Intern outcome statements* document also describes the relationship between the outcome statements and the *Australian Curriculum Framework for Junior Doctors*.

The prevocational outcome statements align with the medical school graduate outcomes. The domains collectively state what medical students must demonstrate at graduation. The statements are set a higher level for internship, reflecting the additional training and experience of the junior medical officer completing their provisional registration year. During PGY1 and PGY2, what was learned in medical school should be reinforced through informal and formal education and prevocational doctors should seek to apply that knowledge.

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 and/or Māori, including history, spirituality and relationship to land, diversity of cultures and communities, 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 and/or Māori.

Prevocational doctors are expected to 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. The AMC recognises that it may not be possible to observe prevocational doctors meeting this outcome in every term or for assessment purposes. While an individual prevocational doctor may not be able to demonstrate all the elements of caring for Aboriginal and Torres Strait Islander peoples the principles still apply.

Adequate handover is essential for safe, quality clinical care. Separate processes should be defined for handover between terms and between shifts.

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

3.3 Assessment requirements – [from previous standard 5 – assessment of learning and 5.1 assessment approach]

Original statement	Revised statement	Notes on change
5.1.2. Intern assessment is consistent with the guidelines in Intern training – Assessing and certifying completion, and based on interns achieving outcomes stated in Intern training – Intern outcome statements.	3.3.1. Prevocational doctor assessment is consistent with the [Prevocational Training and Assessment], and based on prevocational doctors achieving outcomes stated in the Prevocational outcome statements.	Updated to reflect program and terms to meet revised Training requirements. Note: Titles of documents will be updated as confirmed.
5.1.1. The intern training program implements	3.3.2. The prevocational PGY1 training program implements assessment	Specifying registration

assessment consistent with the Registration standard – Australian and New Zealand graduates.	consistent with the Registration standard – Australian and New Zealand graduates.	standard specific to PGY1. Add CPD for PGY2.
5.1.3 Supervisors and interns understand the assessment program.	3.3.3. Prevocational doctors and supervisors understand all components of the assessment processes.	Slight shift in emphasis.
5.1.4 Intern assessment data is used to improve the intern training program.		Moved to evaluation.
5.2.6 The prevocational training program identifies early prevocational doctors who are not performing to the expected level and provides them with remediation.	3.3.4 The prevocational training program has an established assessment panel to review prevocational doctor's longitudinal assessment information and make decisions regarding progression in each year.	Moved from 5.2 and revised to reflect new requirement for assessment panel involvement in all sign off decisions.

Notes

[Notes will be reviewed once changes to standards agreed, including to: clarify expectations of revised two-year training and assesment framework and role of e-portfolio]

Requirements for the assessment process can be found in the document *Intern training – Assessing and certifying completion*. This includes regular performance assessment against the *Intern Training – Intern outcome statements*, managing progression and remediation, and certifying completion of internship.

An *Intern training – Term assessment form* is also available. At a minimum, any locally developed assessment forms must fulfil the requirements given in the *Intern Training – Assessing and certifying completion* document.

At the term orientation, prevocational doctors should receive an outline of the term assessment processes, including who is responsible for giving feedback and performing appraisals, and how this information will be collated. For example, direct observation, reports from supervisors, and information from co-workers such as nursing and allied health staff. There should be opportunities for input from a variety of sources, including other relevant medical, nursing and healthcare practitioners.

Assessment processes should apply equally to all prevocational doctors and occur at appropriate intervals. Assessment must include observation of clinical skills.

3.4 Feedback and supporting continuous learning [formerly ~~performance review~~]

Original statement	Revised statement	Notes on change
5.2.1 The intern training program provides regular, formal and documented feedback to interns on their performance within each term.	3.4.1 The prevocational training program provides regular, formal and documented feedback to prevocational doctors on their performance within each term.	Nil
5.2.2 Interns receive timely, progressive and informal feedback from term supervisors during every term.	3.4.2 Prevocational doctors receive timely, progressive and informal feedback from term supervisors during every term.	Nil
5.2.3 The intern training program documents the assessment of the intern's performance consistent with the Registration standard – Australian and New Zealand graduates.	3.4.3 The prevocational training program documents the assessment of the intern's performance consistent with the Training and Assessment requirements. Additionally in PGY1 the *Registration standard – Australian and New Zealand graduates* and in PGY2 the Medical Board of Australia's Continuing Professional Development standards.	Separated requirements for PGY1 and PGY2. Note: Titles of documents will be updated as confirmed.

5.2.4 Interns are encouraged to take responsibility for their own performance, and to seek their supervisor's feedback on their performance.	3.4.4 Prevocational doctors are encouraged to take responsibility for their own performance, and to seek their supervisor's feedback on their performance.	
5.2.5 The intern training program has clear procedures to immediately address any concerns about patient safety related to intern performance, including procedures to inform the the employer and the regulator, where appropriate.	-	Moved to standard 1
5.2.6 The prevocational training program identifies early prevocational doctors who are not performing to the expected level and provides them with remediation.	-	Moved into new standard 4.5 on remediation
5.2.7 intern training program establishes assessment review groups, as required, to assist with more complex remediation decisions for interns who do not achieve satisfactory supervisor assessments.	-	Separated into 4.3 requirement for panel as part of routine progression decisions and 4.5 the role in remediation

Notes

[Notes will be reviewed once changes to standards agreed, including to: clarify expectations of revised two-year training and assesment framework and role of e-portfolio]

Feedback and progress reviews can be assisted by prevocational doctors keeping a log or a learning portfolio, which they discuss and review with their supervisor.

There should be a documented process for managing poor performance which will ensure patient safety and prevocational doctor welfare.

When decisions about the performance of individual prevocational doctors needs review, the document *Intern training – Assessing and certifying completion* outlines processes to be followed. The prevocational training providers must establish review groups to assist with more complex decisions on remediation. The document *Intern training – Assessing and certifying completion* , provides further advice about the requirements of the assessment review group.

Interns' performance is assessed and reviewed to meet both the requirements of their provisional registration and employment requirements. It is important that there are clear procedures for the individuals responsible for the prevocational training program to inform the employer as well the regulator, where appropriate, when safety concerns are raised.

The requirement under national standard 5.2.5 to immediately address concerns about patient safety may require action beyond remediation, including possible withdrawal of a prevocational doctor from the clinical context. Prevocational training providers must be aware of the Health Practitioner Regulation National Law. This requires registered health practitioners and employers to make notifications about registered medical practitioners who have engaged in 'notifiable conduct' as defined in the National Law.

3.5 Improving performance [new sub-standard]

Original statement	Revised statement	Notes on change

5.2.6 The prevocational training program identifies early prevocational doctors who are not performing to the expected level and provides them with remediation.	3.5.1 The prevocational training program identifies early prevocational doctors who are not performing to the expected level and provides them with remediation.	Separated into new standard.
5.2.7 Intern training program establishes assessment review groups, as required, to assist with more complex remediation decisions for interns who do not achieve satisfactory supervisor assessments.	3.5.2 The assessment panel is convened as required, to assist with more complex remediation decisions for prevocational doctors who do not achieve satisfactory supervisor assessments.	Separated new requirement for panel as part of routine progression decisions and the role in remediation

Notes

[Notes will be reviewed once changes to standards agreed, including to: clarify expectations of revised two-year training and assesment framework]

4 The prevocational training program – Delivery

Significant change: Structure changes to emphasise importance of clinical work-based teaching and training. Standards brought up from previous standard 8 (resources) including clinical experience, supervision and resources.

4.1 Work-based teaching and training – [new sub heading to reflect focus on clinical learning]

Original statement	Revised statement	Notes on change
4.4 The health service reviews the opportunities for work-based teaching and training.	4.1.1 The prevocational training provider ensures opportunities for broad generalist clinical work-based teaching and training.	New structure to reflect focus on clinical learning and revised wording to ensuring opportunities.
8.2.1 The prevocational training program provides clinical experience consistent with the Registration standard – Australian and New Zealand graduates. The prevocational training program conforms to guidelines on opportunities to develop knowledge and skills, as outlined in Intern training – Guidelines for terms.	4.1.2 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 – Australian and New Zealand graduates. The prevocational training program conforms to guidelines on opportunities to develop knowledge and skills, as outlined in Training environment *Guidelines and requirements for terms and programs.*	Moved from 8.2 clinical experience to better align content. Note: Titles of documents will be updated as confirmed.
8.2.2 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 experience prevocational doctors can expect to gain	4.1.3 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 experience prevocational doctors can expect to gain	Moved from 8.2 clinical experience to better align content.

• how the prevocational doctor will be supervised, and who will supervise them.	• how the prevocational doctor will be supervised, and who will supervise them.	

Notes

[Notes will be reviewed once changes to standards agreed, including to: shift focus to clinical teaching expectations of revised two-year training and assesment framework and to emphasise expanded setting, will revise the notes to reflect different activities such as learning by doing (with feedback), unit based teaching (multidisciplinary meetings, teams and unit based activities) and service wide activities (e.g. grand rounds).]

In addition to clinical teaching, there should be opportunities for prevocational doctors to develop skills in self-care and peer support, including time management, and identifying and managing stress and burn-out.

Training can take place in a variety of health care settings, including hospitals, general practices, and community-based medical services, all of which may provide a good learning experience for the prevocational doctor. In each case the quality of the experience depends on the support the unit or service provides.

Clinical experience in the prevocational years involves supervised terms in units that provide medical, surgical and emergency care, together with opportunities for wide clinical experience in hospital and community settings. 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 *Intern training – Intern outcome statements*) that will prepare them for general registration, and allow them to further develop skills and competencies in subsequent training.

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.

4.2 Supervisors and assessors – attributes, roles and responsibilities - [new moved from 8]

Significant change: Structure change to emphasise importance of supervision in the delivery of the program. Content from previous standard 8.

Original statement	Revised statement	Notes on change
8.1.1 Interns are supervised at all times and at a level appropriate to their experience and responsibilities.	4.2.1 Prevocational doctors are supervised at all times at a level and with a model that is appropriate to their experience and responsibilities.	Added structure of supervision.
8.1.3 Intern supervisors understand their roles and responsibilities in assisting interns to meet learning objectives, and demonstrate a commitment to intern training.	4.2.2 Prevocational supervisors understand their roles and responsibilities in assisting prevocational doctors to meet learning objectives and in assessment processes.	Moved section on attributes to 5.2.3. Included understanding assessment requirements.
8.1.2 Supervision is provided by qualified medical staff with appropriate competencies, skills, knowledge, authority, time and resources to participate in training and/or orientation programs	4.2.3 Supervision is provided by qualified medical staff with appropriate competencies, skills, knowledge, and demonstrate a commitment to prevocational training.	Included section of previous 8.1.3 on attributes of supervisor.

8.1.5 Staff involved in prevocational training have access to professional development activities to support quality improvement in the prevocational training program.	4.2.4 The prevocational training program requires supervisors to have training in supervision and assessment, including participating in professional development activities to support quality improvement in the prevocational training.	Strengthened requirement for training on training.
New	4.2.5 The prevocational training program includes a supervision role for a qualified medical practitioner with longitudinal educational oversight of the prevocational doctors. (Based on MCNZ wording)	Strengthening requirement for principles of longitudinal supervision. Note this might be DCT and health services might also include another longitudinal educational supervisor.
5.4 Assessor's training	4.2.6. The prevocational training program has processes for ensuring those assessing prevocational doctors (including registrars and panel members) have relevant capabilities and understand the required processes.	Moved from standard 5 – about assessors

Notes

[Notes will be reviewed once changes to standards agreed, including to: clarify expectations of revised two-year training and assesment framework, set expectations for training including recognition of prior learning for assessor training (some formal training in two-year time frame not within standards), roles and support for registrars, clarify the supervision roles, role of longitudinal supervisor.]

Each term should have clear and explicit supervision arrangements. The following roles should be covered in the prevocational doctor supervision structure, although an individual clinician might perform more than one of these roles:

- A *Primary Clinical Supervisor*, who should be a consultant or senior medical practitioner with experience in managing patients in the relevant discipline.
- A *Term Supervisor*, who is responsible for orientation and assessment. There may also be an immediate supervisor who has direct responsibility for patient care and who would normally be at least at postgraduate-year-three level.

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 refers to providing training and feedback to assist prevocational doctors to meet the *Registration standard – Australian and New Zealand graduates*.

Prevocational training providers may offer training for prevocational training supervisors in performance management and communication skills.

4.3 Supervisor support

Original statement	Revised statement	Notes on change
8.1.5 Staff involved in intern training have access to professional development activities to support quality improvement in the intern training program.	5.1.1 Staff involved in prevocational training have access to professional development activities to support quality improvement in the prevocational training program.	Note takes out of alignment with heading.
8.1.4 The intern training program regularly evaluates the adequacy and effectiveness of intern supervision.	5.1.2 The prevocational training program regularly evaluates the adequacy and effectiveness of prevocational doctor supervision.	
	5.1.3 The prevocational training program supports supervisors to fulfull their training roles and responsibilities.	Strengthned that supervisors are supported to fulfill their roles and responsibilities.

4.4 Formal education program

Original statement	Revised statement	Notes on change
xxx. Interns have access to a formal education program in addition to work-based teaching and learning.	4.4.1 The training program provides postgraduate year 1 doctors with a quality formal education program that is relevant to their learning needs and supports them to meet the training outcomes that are not generally available through completion of clinical activities.	Statement separated in PGY1 and PGY2. Including a focus on quality and relevance of the program.
New	4.4.2 The training program monitors and supports postgraduate year 2 doctors with access to education programs that are flexible, relevant to their learning needs and linked to Medical Board of Australia's continuing professional development standards.	Statement separated in PGY1 and PGY2. Link to CPD and flexibility to meet learner needs
3.1.3 Interns participate in formal orientation programs, which are designed and evaluated to ensure relevant learning occurs.	4.4.3 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.	Clarified requirement for health service to provide and enable access to.
4.3 The health service ensures dedicated time for the formal education program	4.4.4 The health service ensures dedicated time for the formal education program, and ensures that they are supported by senior medical staff to do so.	Strengthened support to attend formal education sessions.

Notes

[Notes will be reviewed once changes to standards agreed, including to: clarify expectations of revised two-year training and assesment framework]

Formal education programs normally include:

- A program which 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 occurs at the beginning of the year.

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.

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

4.5 Facilities

Original statement	Revised statement	Notes on change
8.3.1 The intern training program provides the educational facilities and infrastructure to deliver intern training, such as access to the internet, library, journals and other learning facilities, and continuing medical education sessions	4.5.1 The prevocational training program provides the educational facilities and infrastructure to deliver prevocational training, such as access to the internet, library facilities, journals, modern technologies of learning and other learning facilities, and continuing medical education sessions.	Note intention to ensure updated to reflect online nature of clinical resources and simulation /technology.
8.3.2 The intern training program provides a safe physical environment and amenities that support the intern.	4.5.2 The prevocational training program provides a safe physical environment and amenities that support the prevocational doctor.	Note - Appropriate facilities to support after hours work

Notes

[Notes will be reviewed to include refernece to simulation, online clinical resources, quiet study spaces]

5 Prevocational training program - Prevocational doctors

Significant change: Prevocational doctor involvement in the governance of training has been moved to standard 1. Revision and strengthening of standards related to welfare and support.

5.1 Appointment to program and allocation to terms

Original statement	Revised statement	Notes on change
7.1.1 The processes for intern appointments: • are based on the published criteria and the principles of the program concerned • are transparent rigorous and fair.	5.1.1 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.	Separate appointment to programs from term allocation. Acknowleding appointment to programs is a separate process.
Based on original 7.1.1.	5.1.2 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.	As per above.

Notes

[**Notes will be reviewed** once changes to standard agreed and noting that appointment to programs is different in each jurisdiction]

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

The processes for selecting prevocational doctors for employment purposes are outside the scope of these standards.

5.2 Wellbeing and support

Standards strengthened and clarified. Separated standards to reflect wellbeing of the whole cohort, strategies for individuals and career counselling. Additional standard to be developed for Aboriginal and Torres Strait Islander Doctors.

Original statement	Revised statement	Notes on change
7.2.1 The intern training provider promotes strategies to enable a supportive learning environment	5.2.1 The prevocational training provider promotes strategies to enable a supportive training environment and optimise prevocational doctor wellbeing.	Clarfified focus on the culture of the whole cohort.
7.2.2 The duties, rostering, working hours and supervision of interns are consistent with delivering high-quality, safe patient care.	5.2.2 The duties, rostering, working hours and supervision arrangements of prevocational doctors are consistent with the Guidelines for terms and in line with principles of delivering safe and high-quality patient care.	Wording changes to clarify meaning. Focus on supervision 'arrangements', not just individuals. Note: Titles of documents will be updated as confirmed.
7.2.3 The intern training provider has policies and procedures aimed at identifying, addressing and preventing bullying, harassment and discrimination. These policies and procedures are publicised to interns, their supervisors, and other team members.	5.2.3 The prevocational training provider has systems in place, including policies and procedures to identify, address and prevent bullying, harassment and discrimination. These policies and procedures are publicised to prevocational doctors, their supervisors, and other team members.	Strengthened to reflect system requirements.
7.2.4 The intern training provider makes available processes to identify and support interns who are experiencing personal and professional difficulties that may affect their training, as well as career advice and confidential personal counselling. These services are publicised to interns, their supervisors, and other team members.	5.2.4 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.	Separated career advice into a new standard.
New	5.2.5 The procedure for accessing appropriate professional development leave is published, reasonable and practical.	
New	5.2.6 The prevocational training provider makes available services to provide career advice to prevocational doctors.	Separated from individual counselling standard.
	Under review - Aboriginal and Torres Strait Islander standard	Separate consultation occurring.

Notes

[**Notes will be reviewed** once changes to standard agreed and to reflect requirements of revised two year framework]

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. The *Good Medical Practice* guide discusses fatigue management and expectations for safe working hours.

Prevocational training providers can provide a supportive learning environment by 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 prevocational training provider should have mechanisms for identification, management and support for prevocational doctors who have experienced or witnessed discrimination, bullying and sexual harassment. The provider should include information about these mechanisms in their education program.

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

The prevocational training provider should consider the needs of groups of prevocational doctors that may require additional support to complete training, such as Aboriginal and Torres Strait Islander prevocational doctors.

5.3 Communication with prevocational doctors

Original statement	Revised statement	Notes on change
7.4.1 The intern training program informs interns about the activities of committees that deal with intern training.	5.3.1 The prevocational training program provides clear and easily accessible information about the training program, including outcomes of evaluation.	Changed order. Added reference to monitoring and evaluation.
7.4.2 The intern training program provides clear and easily accessible information about the training program.	6.3.2 The prevocational training program informs prevocational doctors about the activities of committees that deal with prevocational training.	Responsibility to communicate on the health service – notes clarify or standards strengthened

5.4 Resolution of training problems and conflicts

Original statement	Revised statement	Notes on change
7.5.1 The intern training provider supports interns in addressing problems with training supervision and training requirements, and other professional issues. The processes are transparent and timely, and safe and confidential for interns.	5.4.1 The prevocational training provider supports 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.	
7.5.2 The intern training provider has clear, impartial pathways for timely resolution of professional and/or training-related disputes between interns and supervisors, or interns and the health service.	5.4.2 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.	Changes made to reflect broader than supervisors, can be team.

Notes

[**Notes will be reviewed** once changes to standard agreed and to reflect requirements of revised two-year framework]

Prevocational doctors need clear advice on what they should do in the event of conflict with their supervisor or any other person involved in their training. Clear statements concerning the supervisory relationship can avert problems for both prevocational doctors and supervisors.

Processes that allow prevocational doctors to raise difficulties safely would typically be processes 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 upon in a timely manner.

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 the same individuals hold positions in the prevocational training provider and 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. Clear procedures are required to remove the disincentives for prevocational doctors to raise concerns about their training or employment.

6 Monitoring, evaluation and continuous improvement

Significant change: Structure change – standard moved to the end of the document. Separated into process for monitoring then process for acting on and/or communicating about the outcomes.

6.1 Program monitoring and evaluation

Original statement	Revised statement	Notes on change
6.1 The intern training provider regularly evaluates and reviews its intern training program and terms to ensure standards are being maintained. Its processes check program content, quality of teaching and supervision, assessment and trainees' progress.	6.1.1 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 trainees' progress.	Nil.
6.2 Supervisors contribute to monitoring and to program development. Their feedback is sought, analysed and used as part of the monitoring process.	6.1.2 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.	Statement more broad than supervisors
6.3 Interns 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.	6.1.3 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 Intern assessment data is used to improve the intern training program.	6.1.4 The prevocational training program uses internal and external sources of data in its evaluation and monitoring activities, such as surveys and assessment data.	Standard moved and expanded to consider external surveys such as the Medical Training Survey.

7.2 Evaluation outcomes and communication - [separated to reflect requirement to act on/and or communicate outcomes of evaluation]

New	6.2.1 Outcomes of evaluation activities are communicated to those involved in the prevocational training program, including prevocational doctors and supervisors.	Closing the feedback loop
6.4 The intern training program acts on feedback and modifies the program as necessary to improve the experience for interns, supervisors and health care facility managers.	6.2.2 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.	

3. Prevocational training – Requirements and guidelines for terms and programs

Introduction

Note: Further changes to be made to introduction. Current changes to reflect expansion to PGY2, changes to two-year framework and increased emphasis on reflecting the health needs of Australian community.

This section of the document outlines the experience that prevocational doctors should obtain during their programs. The requirements for PGY1 build on the Medical Board of Australia's *Registration standard – Australian and New Zealand graduates*.

These guidelines should be read alongside *Training and Assessment for Prevocational Doctors*, 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 against the *Entrustable Professional Activities* and the *Intern training – Term assessment form*.

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 *Intern training – National standards for programs*.

Training needs to reflect health needs of the Australian community therefore should occur in a range of settings. These guidelines recognise a need for greater flexibility in the location and nature of clinical experience offered during the prevocational years, particularly experience outside major hospitals. 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.

Update since last consultation

In the last consultation period concepts for change were proposed. The guidelines have been reviewed in line with proposed changes and response to stakeholder feedback provided during the September – November 2020 formal consultation period. A summary is provided in the table below.

Overall feedback	• Mandatory term structure: General support for changes to mandatory terms. However, support is dependent on ensuring that clear parameters are articulated that: ensure a generalist experience; avoid early streaming; balance health service priorities and training needs; and provide clarity for health services developing terms as well as accreditation authorities accrediting them. The review is proposing that mandatory term requirements be replaced by a set of parameters that reflect these conditions. • Afterhours/relief: The review is proposing a maximum proportion of each postgraduate year working in after hours and relief positions. • Program length (47 weeks): Feedback suggests that the current requirements require clarification.
Important parameters	The review has accepted stakeholder feedback that the following parameters should be included in the revised guidelines for terms and programs. • Breadth of clinical exposure ensuring generalist experience • Term length • Exposure to the 24-hour cycle of healthcare • Being part of a clinical team

Minimum and maximum term lengths	There was a general consensus that terms should be a minimum of 10 to 13 weeks, acknowledging the advantages and disadvantages of longer/shorter terms in relation to continuity vs breadth of experience.
Breadth of experience	There was strong feedback on: • the importance of a generalist experience • experiences in settings such as primary care, community care, mental health and other areas to reflect community health needs • expanding learning opportunities outside of metropolitan centres and in specialties with workforce shortages. • A large number of suggestions for breadth parameters were received. These have been distilled into the proposed options in the next section.
Being part of a clinical team (vs ward-based care)	Stakeholder feedback supported the importance of being embedded in a clinical team. This included opportunities to be part a multidisciplinary team.
Allocation and rostering considerations	Stakeholder feedback supports setting limits to term length, noting: • the impact of variable term lengths on orientation, workforce allocation and patient care • the importance of adequate leave for prevocational doctors' wellbeing • the significant challenges of establishing a PGY2 program for health services without an existing intern program.

Guidelines and requirements for terms and programs

General

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.
All terms should include quality supervision with feedback and a range of clinical experiences and learning opportunities.

Experiences should be planned, and continuous or longitudinal. Work-based learning opportunities should allow prevocational doctors to achieve required learning outcomes, which supervisors will assess using the term assessment form and entrustable professional activities. 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 the training environment and training and assessment requirements of the two-year framework (including opportunities to achieve the prevocational outcome statements and assess the entrustable professional activities).

Required parameters

The following summarises program and term requirements. Health services seeking accreditation as intern training providers need to demonstrate that they have processes to approve terms meeting the requirements.

Program length	PGY1 and PGY2: Minimum of 47 weeks (inclusive of professional development leave). Maximum absence of 10 working days (e.g. sick leave, personal leave or carer's leave) within 12 months, such cases to go to the assessment panel for review. Proposing a maximum period of 3 years for PGY2 to align with existing requirements for PGY1.

<table>
<tr><td rowspan="2">Breadth of clinical experience</td><td>PGY1</td><td>

The intention is to provide generalist clinical training which prepares prevocational doctors with an appropriate foundation for lifelong learning and for further postgraduate training. Including for broad generalist clinical work-based teaching and training.
Maximum of 50% of the year in any major discipline and 25% in a sub-specialty discipline.
In PGY 1 significant experience direct clinical care of patients in each of the following areas is mandated:
A. Undifferentiated care
B. Peri-procedural/operative care
C. Acute and critical care
D. Chronic illness care
Exposure to patients receiving care in the following settings is strongly recommended:

Ambulatory care
Critical care (ICU/ED/Anaesthetics)
Mental health
Multidisciplinary team care
Across the life cycle (acknowledging difficulty in gaining paediatric experience)
Range of settings to facilitate understanding of the full context of the healthcare setting (e.g. community/ rural/ metropolitan)

</td></tr>
<tr><td>PGY2</td><td>

The intention is to provide generalist clinical training which prepares prevocational doctors with an appropriate foundation for lifelong learning and for further postgraduate training. Including for broad generalist clinical work-based teaching and training. PGY2 may include the opportunity for early vocational emphasis.
Maximum of 50% of the year in the same discipline.
In PGY 2 significant experience direct clinical care of patients in each of the following areas is mandated:
A. Undifferentiated care
C. Acute and critical care
D. Chronic illness care
Exposure to patients receiving care in the following settings is strongly recommended:

Ambulatory care
Critical care (ICU/ED/Anaesthetics)
Mental health
Multidisciplinary team care
Across the life cycle (acknowledging difficulty in gaining paediatric experience)
Range of settings to facilitate understanding of the full context of the healthcare setting (e.g. community/ rural/ metropolitan)

PGY2 should also allow for experience in elective terms in roles not involving direct clinical care (e.g. teaching, research and administration)

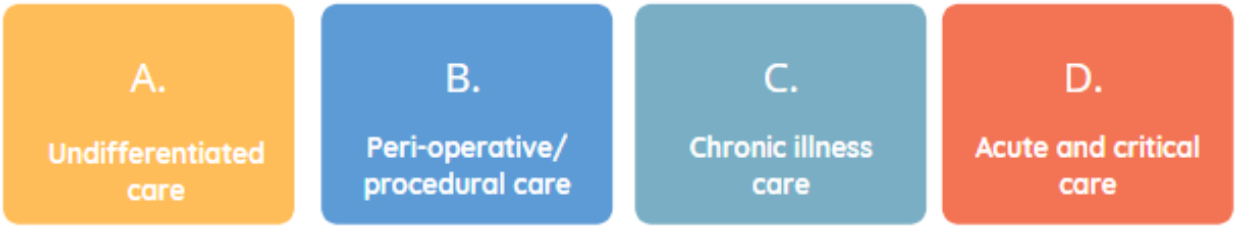
</td></tr>
<tr><td>Being part of a team</td><td colspan="2">A prevocational doctor should be a member of a clinical team for a minimum proportion of 75% in PGY1 and 50% in PGY2. *Note: Intention to maintain some continuity of supervision and team.</td></tr>
<tr><td>Supervision</td><td colspan="2">Each program must include a supervision role for a qualified medical practitioner with longitudinal educational oversight of the prevocational doctors.
Each term should have clear and explicit supervision arrangements that cover the following roles. The different roles might be performed by a single individual.

Term supervisor is the person responsible for orientation and assessment across the term and this person should not change across the term. Might also be the primary supervisor.
</td></tr>
</table>

	• Clinical supervisor(s) (primary) – is the supervisor with consultant level responsibility for the management of 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) – e.g. registrar. This supervisor has direct responsibility for patient care, provides informal feedback, and contributes information to assessments. The person in this role should remain relatively constant and would normally be at least PGY3 level. *Note: if not constant requires good infrastructure to support communication between supervisors.
Term length	• Terms need to be of sufficient length to allow for meaningful learning experiences to occur. A term might include composite experiences, however these should be in a single discipline, have continuity of supervision and coherent learning objectives. • A minimum of 4 terms in different disciplines of (at least 10 weeks) duration in PGY1 and minimum of 3 terms of (at least 10 weeks) duration in PGY2 • A maximum number of 5 terms in each PGY1 and PGY2.
24-hour cycle (out of standard hours)	All prevocational doctors (PGY1 and PGY2 doctors) should have exposure to working outside of standard hours, with appropriate supervision.
Service terms	To specify a maximum proportion of each postgraduate year working in service terms, such as nights or relief positions. As an indication, this would be 20% for PGY1 and 25% in PGY2.

Breadth of clinical experience

The prevocational program must provide clinical experiences in A – D in PGY1 and A, C and D in PGY2. Providers should identify terms in which significant experience in direct clinical care of patients in the following areas occur, and this should be documented in term descriptions.



A. Clinical experience in undifferentiated care

Prevocational trainees must have experience in caring for, assessing and managing patients with undifferentiated illnesses. Learning activities include admitting, formulating an assessment, presentation 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 general practices.

B. Clinical experience in peri-operative/ procedural care

Prevocational trainees have experience in caring for patients undergoing procedures including pre-peri and post-operative phases of care. Clinical experience in all care phases for a range of common surgical conditions/procedures. Learning activities include pre-admission, 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.

C. Clinical experience in chronic illness care

Prevocational trainees 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 appreciation of the context of this illness in the setting of their co-morbidities, social circumstance and functional capacity. Working with multidisciplinary care team 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 clinics, rheumatology, rehabilitation or geriatric care.

D. Clinical experience in acute and critical care

Prevocational trainees 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.

Strongly recommended experiences across the two prevocational years:

- Ambulatory care
- Critical care (ICU/ED/Anaesthetics)
- Mental health
- Multidisciplinary team care
- Across the life cycle (acknowledging difficulty in gaining paediatric experience)
- Range of settings to facilitate understanding of the full context of the healthcare setting (e.g. community/ rural/ metropolitan)
- PGY2 should also allow for experience in elective terms in roles not involving direct clinical care (e.g. teaching, research and administration)

Glossary [to be updated]

Assessment	The systematic process for measuring and providing feedback on the intern's progress or level of achievement. This assessment occurs in each term against defined criteria.
Certification	The final sign-off to the Medical Board of Australia that the intern has completed the statutory requirements for general registration.
Clinical supervisor	A medical practitioner who supervises the intern while they are assessing and managing patients. The AMC defines a suitable immediate clinical supervisor as someone with general registration and at least three years' postgraduate experience. The Primary Clinical Supervisor should be a consultant or senior medical practitioner.
Director of Clinical Training	A senior clinician with delegated responsibility for implementing the intern training program, including planning, delivery and evaluation at the facility. The Director of Clinical Training also plays an important role in supporting interns with special needs and liaising with term supervisors on remediation. Also known as the Director of Prevocational Education and Training (DPET) in some states. Other terms may be used in community or general practices.
Director of Medical Services	A senior medical administrator who leads the medical workforce at a facility. Also known as the Executive Director of Medical Services (EDMS). Other terms may be used in community or general practices.
Formal education program	An education program the intern training facility provides and delivers as part of the intern training program curriculum. Sessions are usually weekly and involve a mixture of interactive and skills-based face-to-face or online training.
Intern	A doctor in their first postgraduate year and who holds provisional registration with the Medical Board of Australia.
Intern training program	A period of 47 weeks of mandatory, supervised, work-based clinical training that includes medicine, surgery and emergency medical care terms to meet regulatory requirements. The program also includes orientation, formal and informal education sessions and assessment with feedback, and it may be provided by one or more intern training providers. Also called PGY1.
Intern training provider	The organisation that provides supervised clinical practice, education and training, and that is responsible for the standard of the intern training program. Providers may be a hospital, community, general practice setting, or a combination of these.
PGY	Postgraduate year, usually used with a number to indicate the number of years after graduation from medical school. For example, PGY1 is the first postgraduate year, also known as internship.
Term	A component of the intern training program, usually a nominated number of weeks in a particular area of practice. Also called clinical rotation, post, or placement.
Term Supervisor	The person responsible for intern orientation and assessment during a particular term. They may also provide clinical supervision of the intern along with other medical colleagues.