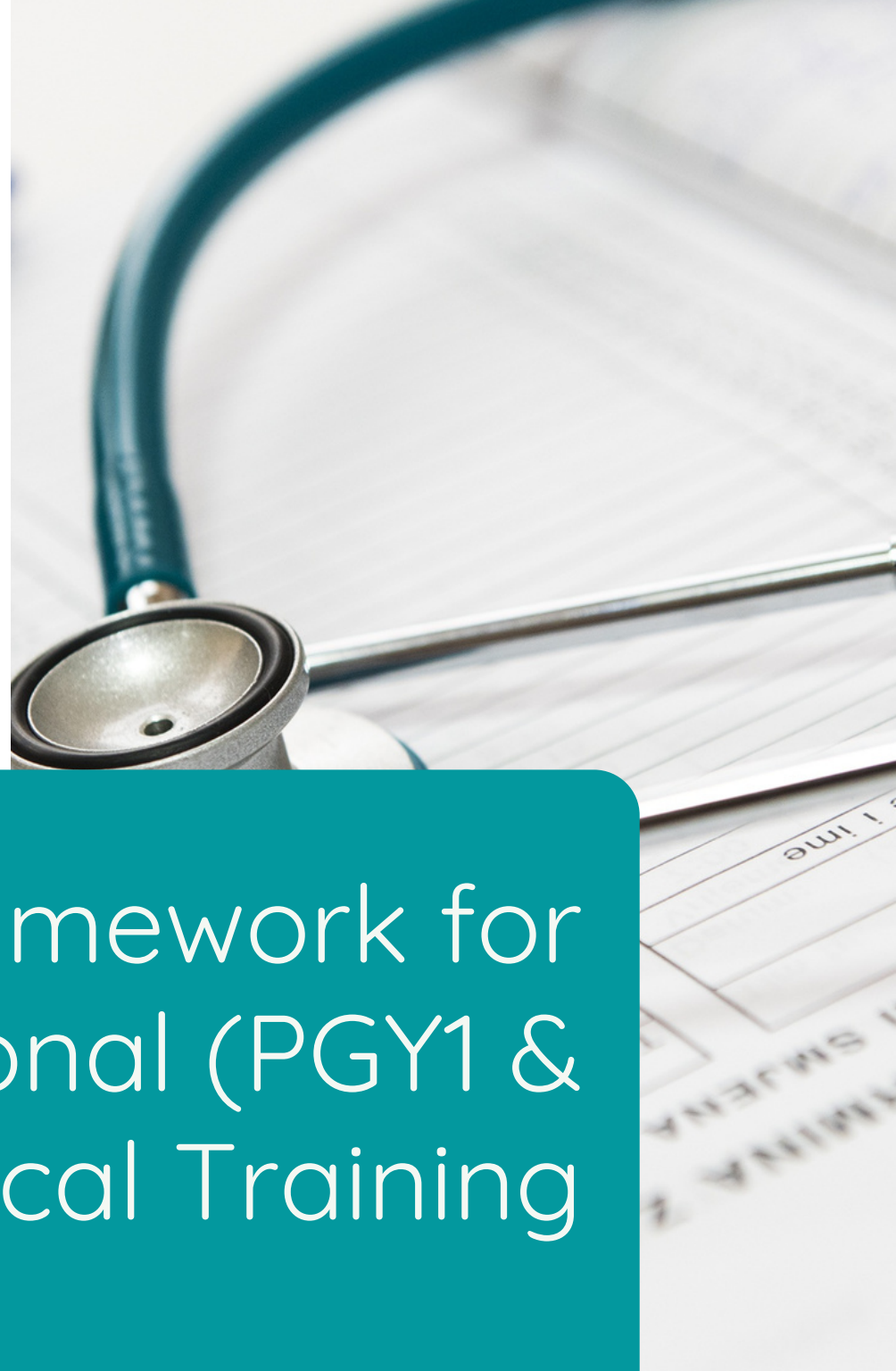


MAY, 2022



# National Framework for Prevocational (PGY1 & PGY2) Medical Training





# PRESENTATION AIMS

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1. Provide an update on the Review of the National Framework for Prevocational (PGY1 & PGY2) Medical Training
2. Provide a summary of what has changed and the final content of changes to each component of the Framework
3. Provide an overview of the next phases of the Framework Review - Preparation and Implementation

# PRESENTATION SECTIONS



1

REVIEW OVERVIEW, BACKGROUND AND STATUS

2

SUMMARY OF FINAL CHANGES TO THE NATIONAL FRAMEWORK  
(REVIEW PHASE 2)



TRAINING AND ASSESSMENT



TRAINING ENVIRONMENT



QUALITY ASSURANCE



E-PORTFOLIO SPECIFICATIONS

3

PREPARATION AND IMPLEMENTATION (REVIEW PHASE 3 AND 4)



PREPARATION 2022-2023 (REVIEW PHASE 3)



IMPLEMENTATION 2024+ (REVIEW PHASE 4)



# REVIEW OVERVIEW, BACKGROUND AND STATUS

# PREVOCATIONAL TRAINING - ROLES AND RESPONSIBILITIES



## BODIES



**Postgraduate medical councils**  
(PMAQ, HETI, PMCV, PMAS, SA MET,  
PMCT, PMCWA, CRMEC)

**Jurisdictions and health services**

## ROLE IN PREVOCATIONAL TRAINING

### National regulation of medical profession

- Sets registration standards
- Registers individual practitioners

### National standards body for medical education

- Develops National Prevocational Framework (on behalf of Ahpra (PGY1) and Health Chief Executive Forum (PGY2))
- Accredits postgraduate medical councils

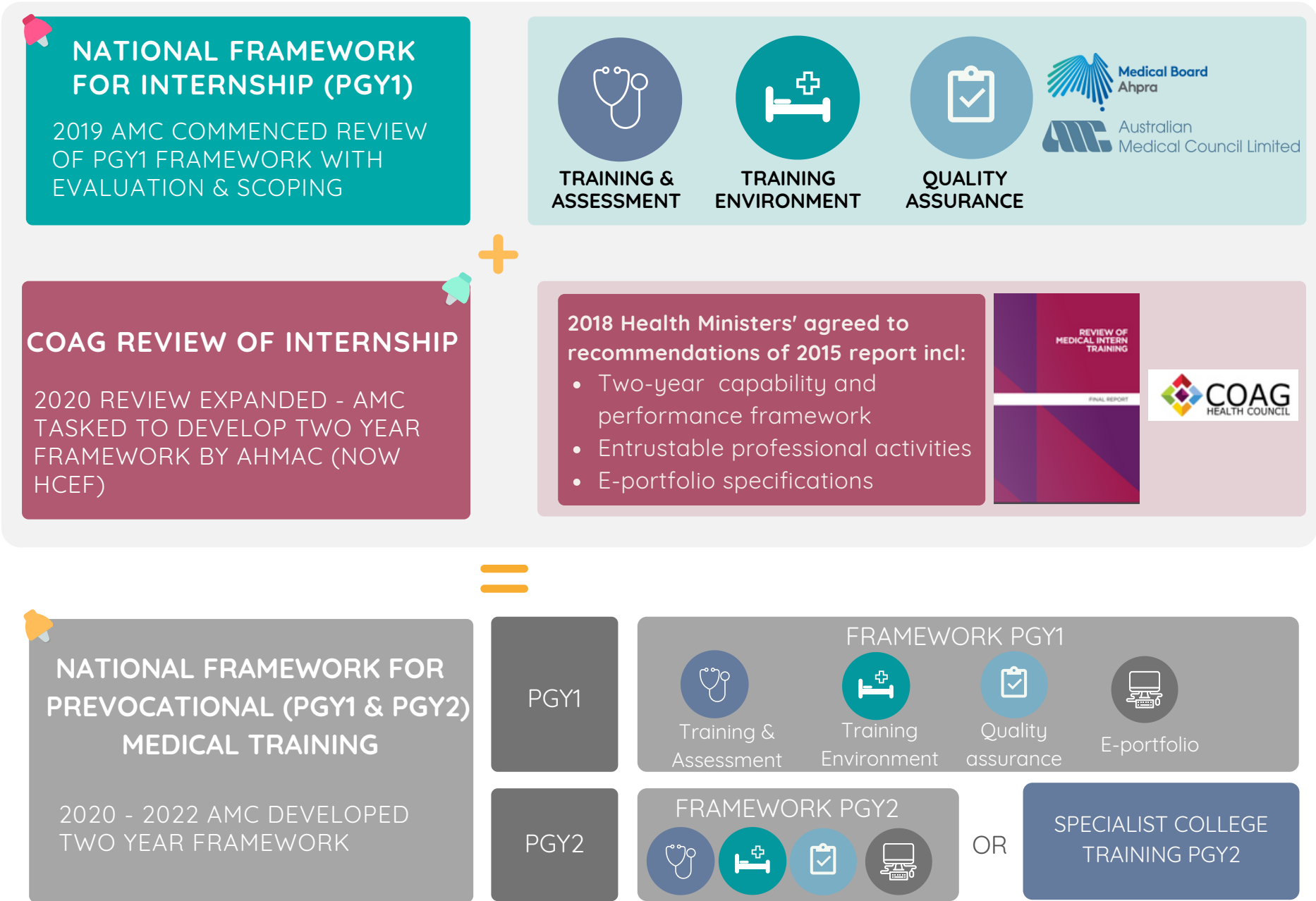
### State & territory level accreditation of prevocational programs and terms

**Employment of prevocational doctors and development and delivery of prevocational training programs**

# REVIEW BACKGROUND & DRIVERS



The following summarises the background and drivers for the two-year prevocational Framework



# REVISED TWO-YEAR **PREVOCATIONAL** FRAMEWORK

WITH POINT OF GENERAL REGISTRATION REMAINING AT THE END OF PGY1



The Prevocational Framework sets national requirements for prevocational training. There are four components. The existing PGY1 Framework has been revised and expanded to include PGY2. The diagram below notes new developments and revised components.

A



## Training & Assessment

Outcomes and assessment  
- prevocational doctors

### Training requirements

- Capabilities of the doctor - outcome statements (revised)
- Characteristics of the work - entrustable professional activities (new)

### Assessment requirements

- Feedback and observation - assessment of EPAs (new)
- Mid/end term assessment - revised
- Global judgement - end of year by panel (new)
- Remediation (strengthened)

B



## Training environment

Requirements for  
programs and terms

### National standards for prevocational programs

- Describe accreditation requirements for prevocational programs and terms (revised, including expansion to PGY2)
- Requirements for terms (revised to increase flexibility and focus on outcomes rather than settings)

C



## Quality assurance

AMC accreditation of PMCs

### Domains & procedures for AMC accreditation

- Standards and procedures for assessing postgraduate medical councils (minor revisions)

D



## E-portfolio

Supporting  
the revised  
framework  
(new)

# REVISED TWO-YEAR **PREVOCATIONAL** FRAMEWORK

WITH POINT OF GENERAL REGISTRATION REMAINING AT THE END OF PGY1

The following summarises the two-year Framework and important points of note

## NATIONAL FRAMEWORK FOR PREVOCATIONAL MEDICAL TRAINING



- Point of change to General Registration remains at satisfactory completion of PGY1
- Entry into specialty training in PGY2 permitted where specialist colleges allow
- Expansion to PGY2 intended to provide better support and structure, while maintaining generalist experiences
- PGY1 and PGY2 (in prevocational framework leading to certificate) will be exempt from Medical Board of Australia's new Continuing Professional Development requirements



# REVIEW AIMS TO IMPROVE



AMC scoping and evaluation activities and the 2015 COAG review highlighted a number of areas for improvement in PGY1 and PGY2. Some of the areas the review has aimed to improve are summarised below.

## TRAINING AND ASSESSMENT



- Focus on clinical work relevant to community need
- Relevance, quality & consistency of assessment
- Feedback based on observed clinical practice
- Focus on supportive learning environments
- Recognising the role of the registrar
- Aboriginal and Torres Strait Islander health

## TRAINING ENVIRONMENT



- Relevance, quality and consistency of training
- Relevance of training to community need
- Flexibility - training in range of settings
- Workplace culture and support (incl. wellbeing & cultural safety)
- Supervisor engagement and support

## QUALITY ASSURANCE



- Consistency in interpretation of national requirements

## E-PORTFOLIO SPECIFICATIONS

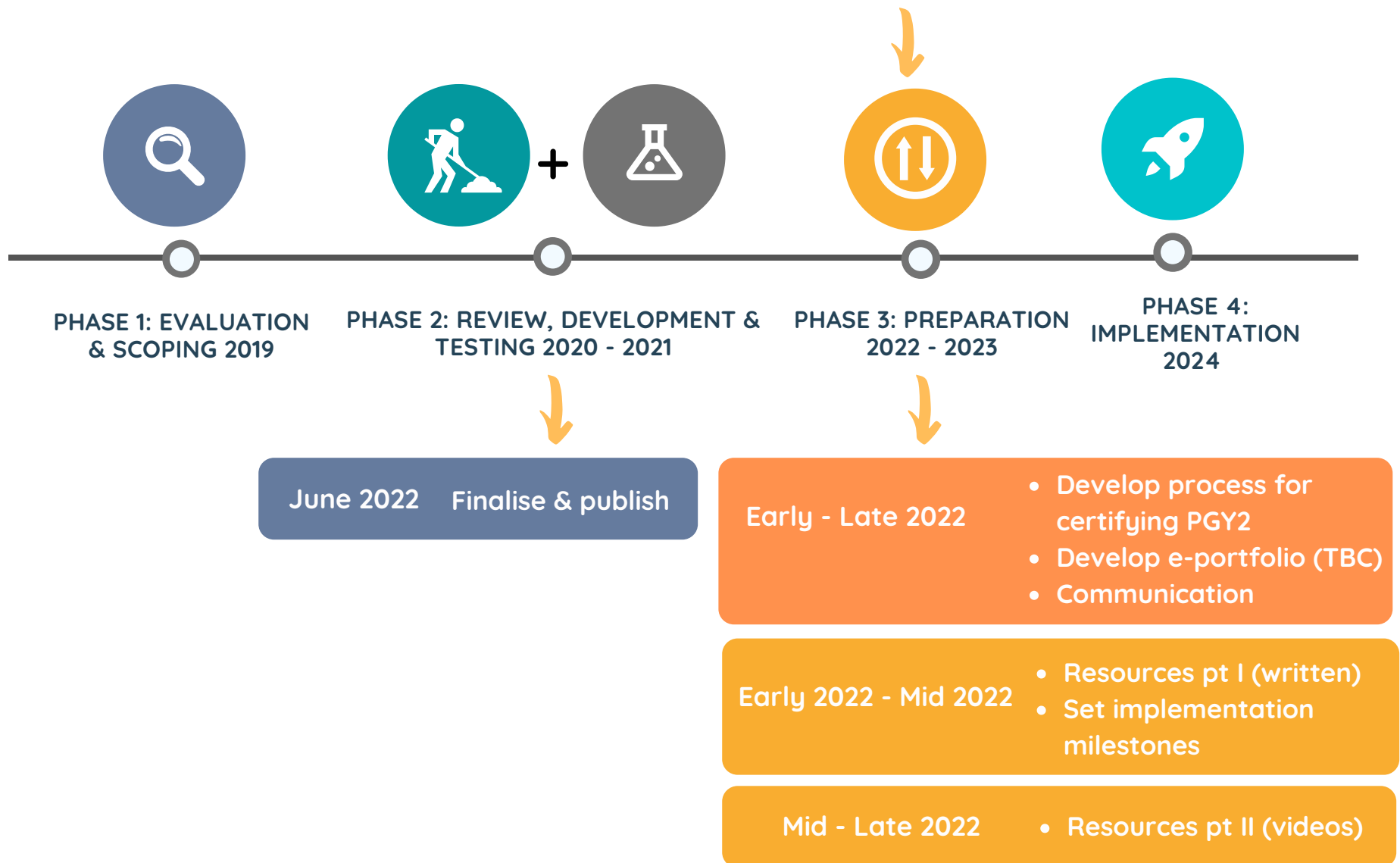


- Longitudinal program
- Record of learning and assessment
- Efficiency

# REVIEW TIMELINE



The Review timeline is summarised below. The AMC has commenced Phase 3: Preparation (2022-2023).


















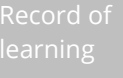
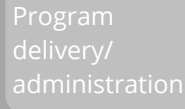
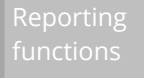


# SUMMARY OF FINAL CHANGES TO THE NATIONAL FRAMEWORK

RESULTING FROM REVIEW PHASE 2: REVIEW, DEVELOPMENT & TESTING

# FRAMEWORK COMPONENTS

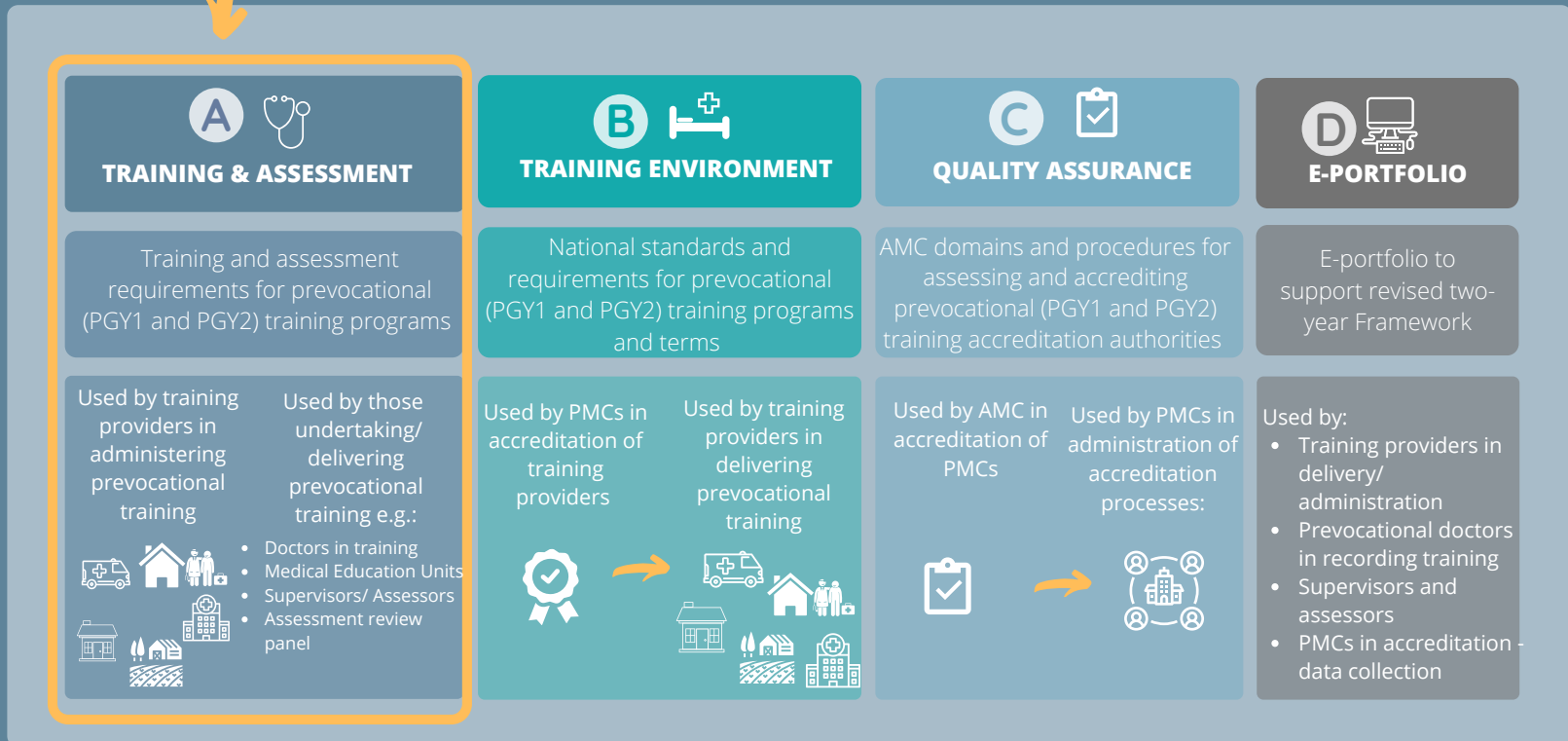
A summary of the Framework components and how they apply within the system is provided below.

COMPONENT:	COMPRISES:	APPLIED/ USED BY:
<p><b>A</b> </p> <p><b>TRAINING &amp; ASSESSMENT</b></p> <p>Training and assessment requirements for prevocational (PGY1 and PGY2) training programs</p>	<p><b>1. TRAINING</b> <b>2. ASSESSMENT</b></p> <p> Outcomes - capabilities</p> <p> EPAs - key work</p> <p>   Assessment processes</p> <p> Improving performance</p> <p> Assessment review panel</p>	<p>By training providers in administering prevocational training</p> <p>By those undertaking/delivering prevocational training e.g.:</p> <ul style="list-style-type: none"> <li>• Doctors in training</li> <li>• Medical Education Units</li> <li>• Supervisors/ Assessors</li> <li>• Assessment review panel</li> </ul>
<p><b>B</b> </p> <p><b>TRAINING ENVIRONMENT</b></p> <p>National standards and requirements for prevocational (PGY1 and PGY2) training programs and terms</p>	<p><b>1. STANDARDS</b> <b>2. REQUIREMENTS</b></p> <p> National accreditation standards</p> <p> National requirements - program and term structure and content</p>	<p>By PMCs in accreditation of training providers</p> <p>By training providers in delivering prevocational training</p>
<p><b>C</b> </p> <p><b>QUALITY ASSURANCE</b></p> <p>AMC domains and procedures for assessing and accrediting prevocational (PGY1 and PGY2) training accreditation authorities</p>	<p><b>1. DOMAINS</b> <b>2. PROCEDURES</b></p> <p> Domains for accrediting PMCS (standards)</p> <p> Procedures for conduct of the AMC accreditation process</p>	<p>By AMC in accreditation of PMCs</p> <p>By PMCs in developing/ applying accreditation processes:</p>
<p><b>D</b> </p> <p><b>E-PORTFOLIO</b></p>	<p>Include functions to support/provide:</p> <p> Record of learning</p> <p> Program delivery/ administration</p> <p> Reporting functions</p>	<p>By training providers in delivery/ administration</p> <p>By prevocational doctors in recording training</p> <p>By supervisors and assessors</p> <p>By PMCs in accreditation - data collection</p>



# A Training & Assessment

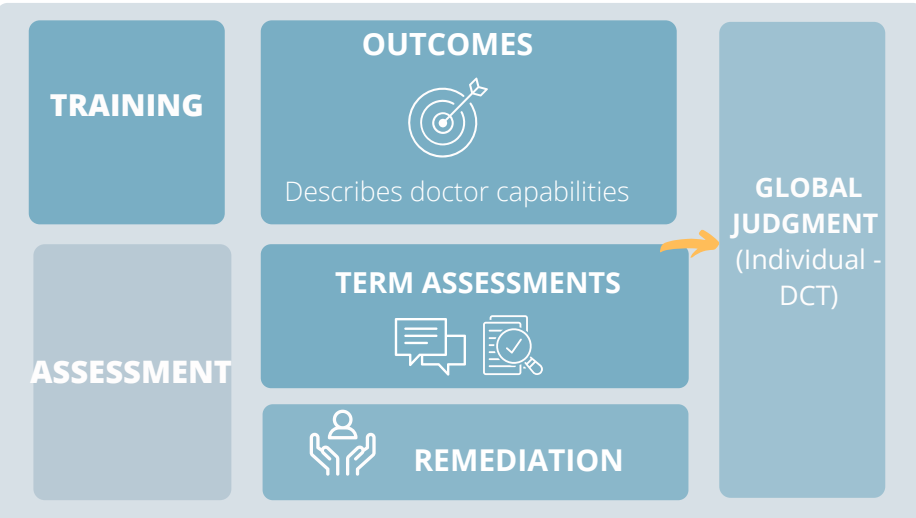
Training and assessment requirements for prevocational (PGY1 and PGY2) training programs



# CHANGES TO TRAINING & ASSESSMENT

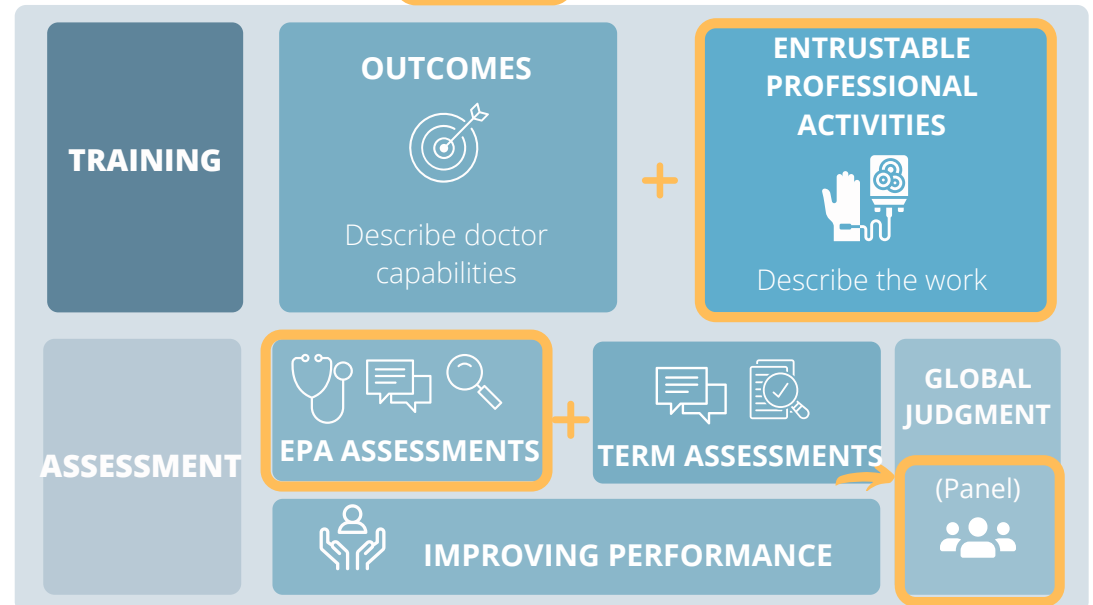


## PGY1 (NOW)



NEW IN REVISED FRAMEWORK

## PGY1 and **PGY2** (FROM 2024\*)



### Big changes

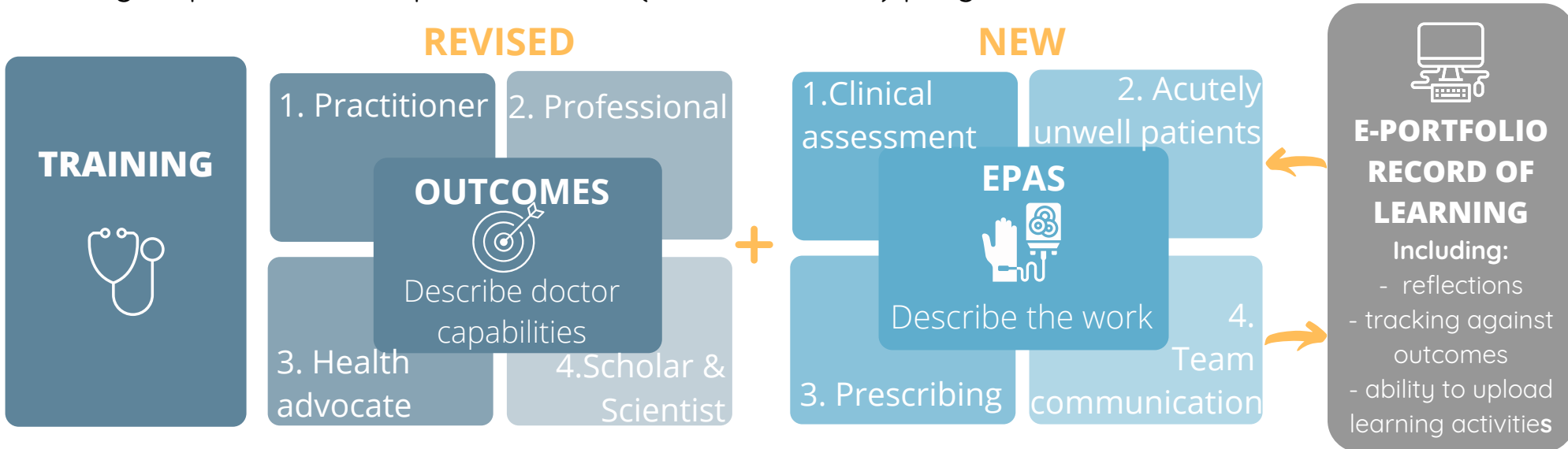
- Expanded to PGY2
- New - entrustable professional activities that describe key work (focus on clinical training) and assessment of the EPAs (increase opportunities for feedback based on observed clinical practice)
- Global judgment at the end of the year by a panel rather than an individual

\*Implementation date for PGY2 TBC - for further consultation in 2022

# TRAINING - OUTCOMES & EPAS



Training requirements for prevocational (PGY1 and PGY2) programs



## SUMMARY OF CHANGES

### OUTCOMES (REVISED) -

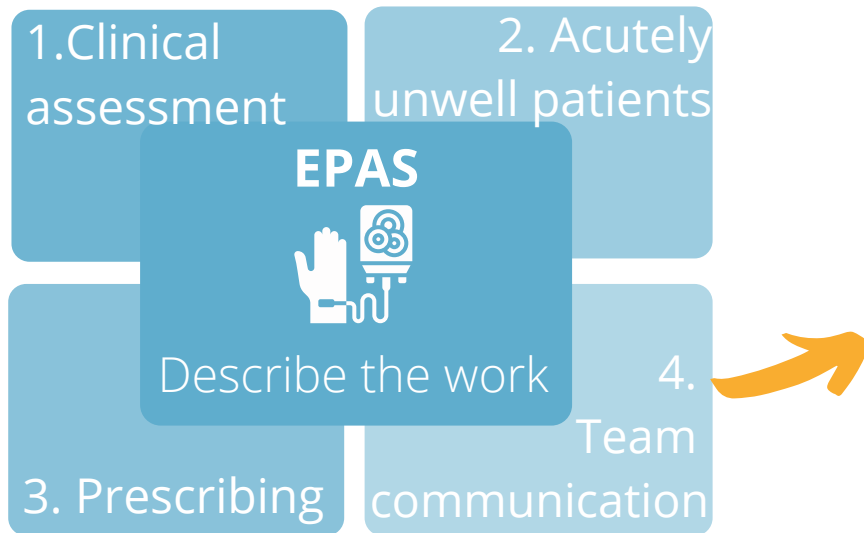
Capabilities of the doctor

- Revised to better reflect community needs & improve clarity
- Expanded to PGY2
- New Aboriginal and Torres Strait Islander outcomes
- Re-ordered to reflect work of PGY1 and PGY2 doctors

### EPAS (NEW) - Key professional work

- Four new EPAs for PGY1 & PGY2 describe key work tasks
- Mapped to outcome statements
- Anchor prevocational years in clinical work

# TRAINING - WHAT IS AN EPA?



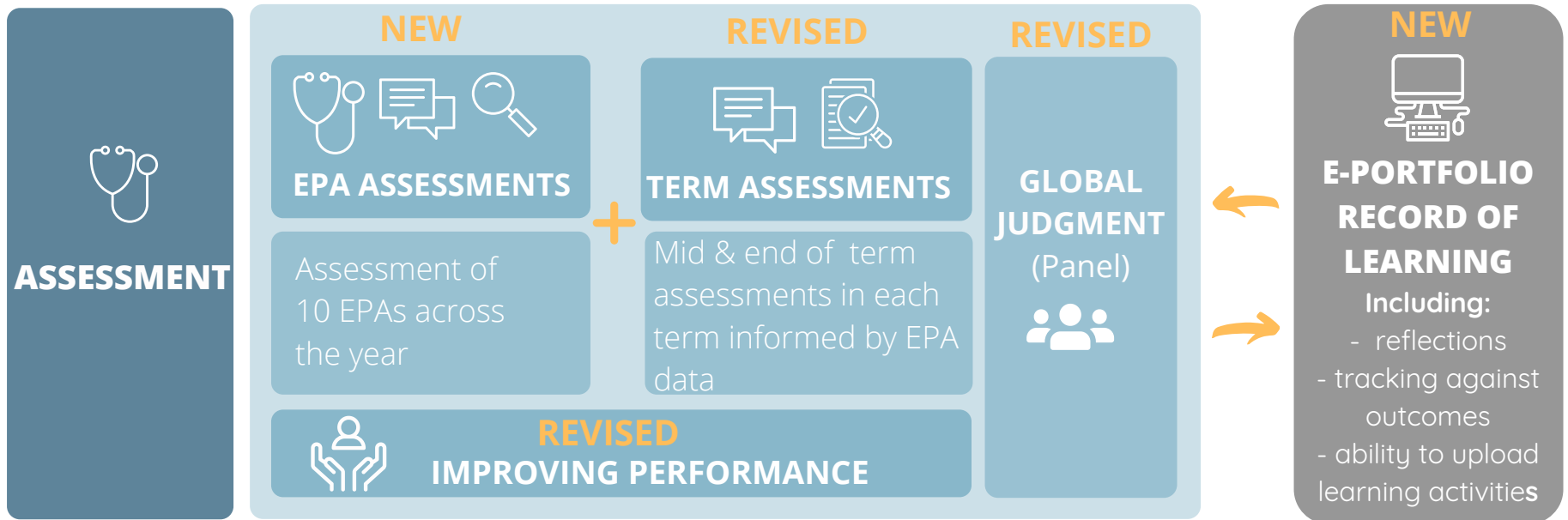
## GUIDING PRINCIPLES:

- An EPA is a description of work.
- Mapped to the outcome statements and anchor the prevocational years in clinical work.
- An EPA is not an assessment tool but performance of an EPA can be assessed.
- Assessment of EPAs will include judgements about entrustability (level of supervision required to perform this work safely).
- Same EPAs for PGY1/ PGY2, however, they will be assessed at a higher level for PGY2.



# ASSESSMENT-PROCESS & FORMS

Assessment requirements for prevocational (PGY1 and PGY2) programs



## SUMMARY OF CHANGES OVERALL

### EPA ASSESSMENTS (NEW)

- Activity-based discussion as part of routine clinical work
- Increased opportunities for feedback based on observed practice
- Task/activity entrustability rating - does the doctor require direct, proximal and minimal supervision
- Increased data for end of year progression decision

### MID/ END TERM ASSESSMENTS (REVISED)

- Includes involvement of registrar
- Revised form to a rating against Domains (rather than outcomes)
- E-portfolio record of progress against outcomes
- Includes data from EPA assessments
- New process for assessing Aboriginal and Torres Strait Islander outcomes

### PANEL (REVISED)

- Panel to make end of year progress decision rather than individual

# ASSESSMENT - HOW DO YOU ASSESS AN EPA?



## GUIDING PRINCIPLES:

- **Activity-based discussion** as part of routine clinical work
- Increased opportunities for feedback based on observed practice
- **Across the year:** 10 EPAs assessed (all 4 EPAs)
- **Within the term:** ~2 EPAs assessed (EPA 1 and 1 (or 2) others)
- At least 1 EPA a term must be assessed by a **specialist or equivalent.**
- Other EPAs in each term can be assessed by specialists, registrars, nurse/ nurse practitioners pharmacists or other health professionals as appropriate
- Task/activity entrustability rating - requires minimal, proximal or direct supervision

## SUMMARY OF PROCESS:

1. Prevocational doctor performs a work task
2. Assessor observes all or part of this work task
3. Assessor discusses work task with other team members as appropriate
4. Prevocational doctor fills out their section of the EPA form in the e-portfolio
5. **Discussion of the performance of the task by the assessor and the prevocational doctor**
6. Assessor fills out their section of the EPA form using the e-portfolio
7. Assessor signs EPA form using the e-portfolio

# ASSESSMENT- WITHIN A TERM

## REVISED TERM ASSESSMENT



### BEGINNING DISCUSSION

Outline learning outcomes & assessment requirements

### MID TERM ASSESSMENT (with registrar)

Feedback on performance, identify learning needs early

### END OF TERM ASSESSMENT

Feedback on performance, evidence to support global decision at the end of the year

## LONGITUDINAL ASSESSMENT ACROSS THE TERM

## NEW EPA ASSESSMENTS



+ EPA 3 PRESCRIBING  
(By consultant)

+ EPA 1 CLINICAL ASSESSMENT  
(By registrar)

### Activity based discussion:

- Increased opportunities for feedback based on observed clinical practice: about what is observed with that patients, at that time, in that context
- Provide data for end of year global judgements

## + ASSESSMENT AT POINT IN TIME



## E-PORTFOLIO

- Record of learning
- Platform for assessments
- Record of assessments
- Data collection

# CERTIFYING COMPLETION - EVIDENCE

Global judgement by an assessment panel at the end of each year. Current longitudinal approach maintained - satisfactory performance is judged on attainment of the required standard by end of year rather than a requirement to pass a specified number of assessments or terms.

REVISED

GLOBAL  
JUDGMENT  
(Assessment  
Panel)



Evidence provided to the assessment panel to support decision making:

- Program length (47 weeks)
- Term requirements (revised parameters)
- Completion of the outcomes
- Term assessments (mid and end)
- Assessment of EPAs

To streamline the process - assessment panel to consider evidence in varying level of detail depending on outcomes of assessment:

1. **Routine (all components satisfactory):** High level summary of components (for noting only)
2. **Routine with some areas for discussion/noting:** Summary of components, further detail where required (for discussion/nothing)
3. **Complex:** Details of each component provided (for discussion)



Process  
supported by  
E-PORTFOLIO

- Record of learning
- Record of assessments
- Record of terms completed

PGY1 - HEALTH SERVICE SUBMITS CERTIFICATE OF COMPLETION TO THE MEDICAL BOARD



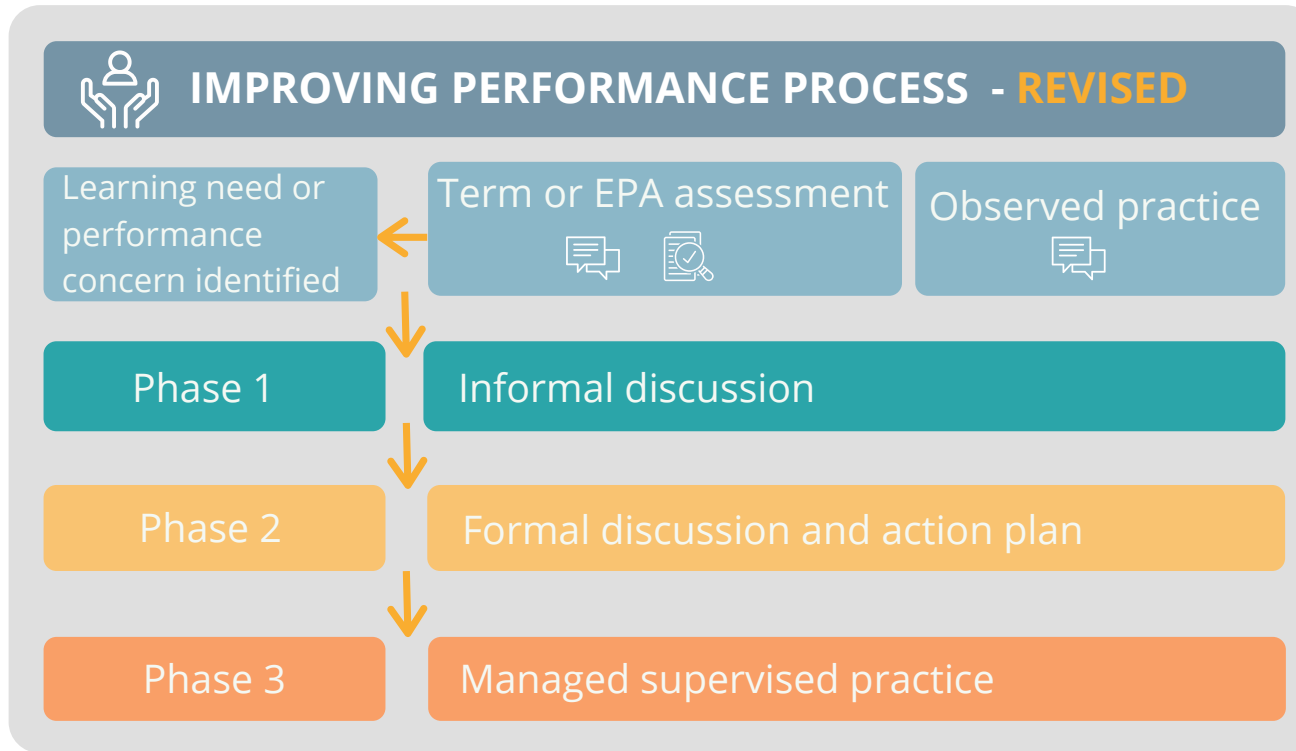
PGY2 - HEALTH SERVICE SUBMITS CERTIFICATE OF COMPLETION TO AMC (TBC)\* (Proposal pre-requisite for entry to vocational training)



# ASSESSMENT - IMPROVING PERFORMANCE



Revision to existing remediation process - renamed improving performance and structure clarified



## SUMMARY OF CHANGES

- Emphasis shift towards improving performance and support
- Change in structure: 3-Phase approach

# Intended outcomes

## TRAINING



**Align with community health needs** (including chronic disease)



**Strengthen Aboriginal and Torres Strait Islander health**



**Increase focus on clinical work +**

## ASSESSMENT



**Improve supervision+**



**Longitudinal approach**



**Increase and improve feedback+**  
(on observed practice)



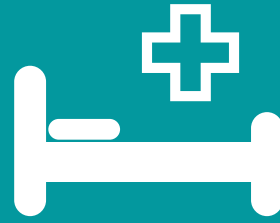
**Increase emphasis on Aboriginal and Torres Strait Islander health**



**Part of routine work**



**Recognise and support registrar role**



# Training Environment

## NATIONAL REQUIREMENTS FOR PGY1 & PGY2 TRAINING PROVIDERS



# TRAINING ENVIRONMENT - ACCREDITATION STANDARDS



National accreditation standards for prevocational (PGY1 and PGY2) programs. These standards are used by postgraduate medical councils in accrediting training providers.

## SUMMARY OF CHANGES

### NATIONAL ACCREDITATION STANDARDS FOR PROGRAMS

Standard 1: Purpose and context

Standard 2: Training & assessment  
- Structure and content

Standard 3: Training & assessment  
- Delivery


Standard 4: Prevocational doctors


Standard 5: Evaluation



 Mandated use of national standards

 Expanded to PGY2

 Mandated term supervisor training (within 3 years)

 Strengthened Aboriginal and Torres Strait Islander standards

 Wellbeing standards strengthened

 Changes to structure



 IN FUTURE - Mandatory community terms



# CHANGES TO PROGRAM STRUCTURE & CONTENT

## PGY1 (NOW)



Limited flexibility for expanded settings



Focus on setting not learning

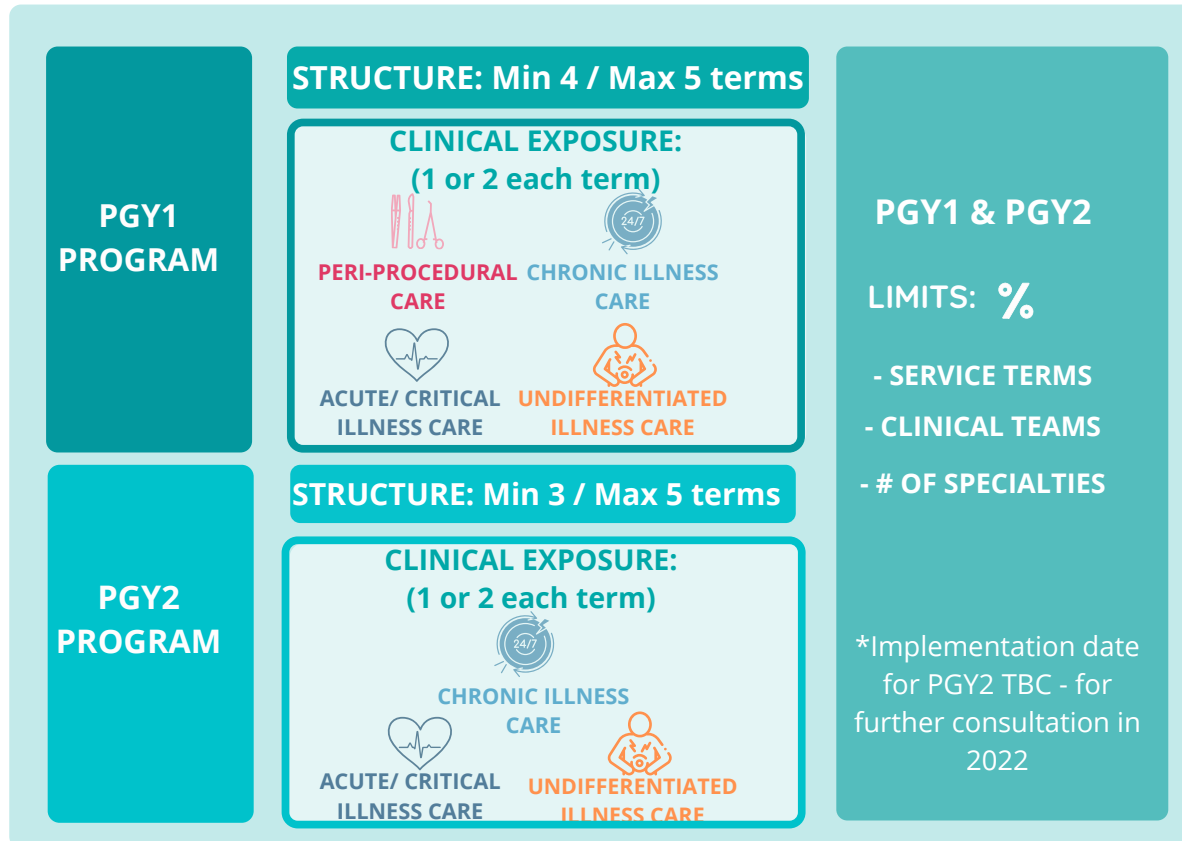


## PGY1 and PGY2 (FROM 2024\*)



### Major changes

- Expanded to include PGY2
- Focus on the program rather than terms
- New parameters that will ensure a breadth of experience but with more flexibility and a focus on quality of learning



Increased flexibility for expanded settings



Focus on learning



# TRAINING ENVIRONMENT - REQUIREMENTS AND GUIDELINES FOR PROGRAMS AND TERMS



Requirements and guidelines for prevocational (PGY1 and PGY2) programs and terms

**PROGRAM LEVEL**

**PGY1**

**CLINICAL EXPOSURE: (1 or 2 each term)**

PERI-PROCEDURAL CARE    CHRONIC ILLNESS CARE

ACUTE/ CRITICAL ILLNESS CARE    UNDIFFERENTIATED ILLNESS CARE

**STRUCTURE: Min 4 / Max 5 terms**

**PGY1 & PGY2**

**LENGTH: 47 WEEKS**

**LIMITS: %**

- SERVICE TERMS
- CLINICAL TEAMS
- # OF SPECIALTIES

**PGY2**

**CLINICAL EXPOSURE: (1 or 2 each term)**

CHRONIC ILLNESS CARE

ACUTE/ CRITICAL ILLNESS CARE    UNDIFFERENTIATED ILLNESS CARE

**STRUCTURE: Min 3 / Max 5 terms**

**TERM LEVEL**

Term descriptions must define:

- the term
- the team
- the role of the prevocational doctor and
- the clinical experiences and learning outcomes.

## SUMMARY OF CHANGES OVERALL

- Expanded to PGY2
- Replace current mandatory term requirements (10 weeks surgery/ 10 weeks medicine/ 8 weeks emergency medical care) with parameters more appropriate to current health context
- Separated program and term requirements
- **Next steps: Medical Board review of Registration Standard (PGY1)**

# Intended outcomes



**Improve supervisor engagement and support +**



**Improve culture for Aboriginal and Torres Strait Islander doctors**



**Provide broad generalist experiences**



**Increase clarity+**



**Increase opportunities for learning in expanded settings**  
(location and terms)



**Improve prevocational doctor wellbeing and focus on workplace culture**



**Align with community health needs** (including chronic disease)

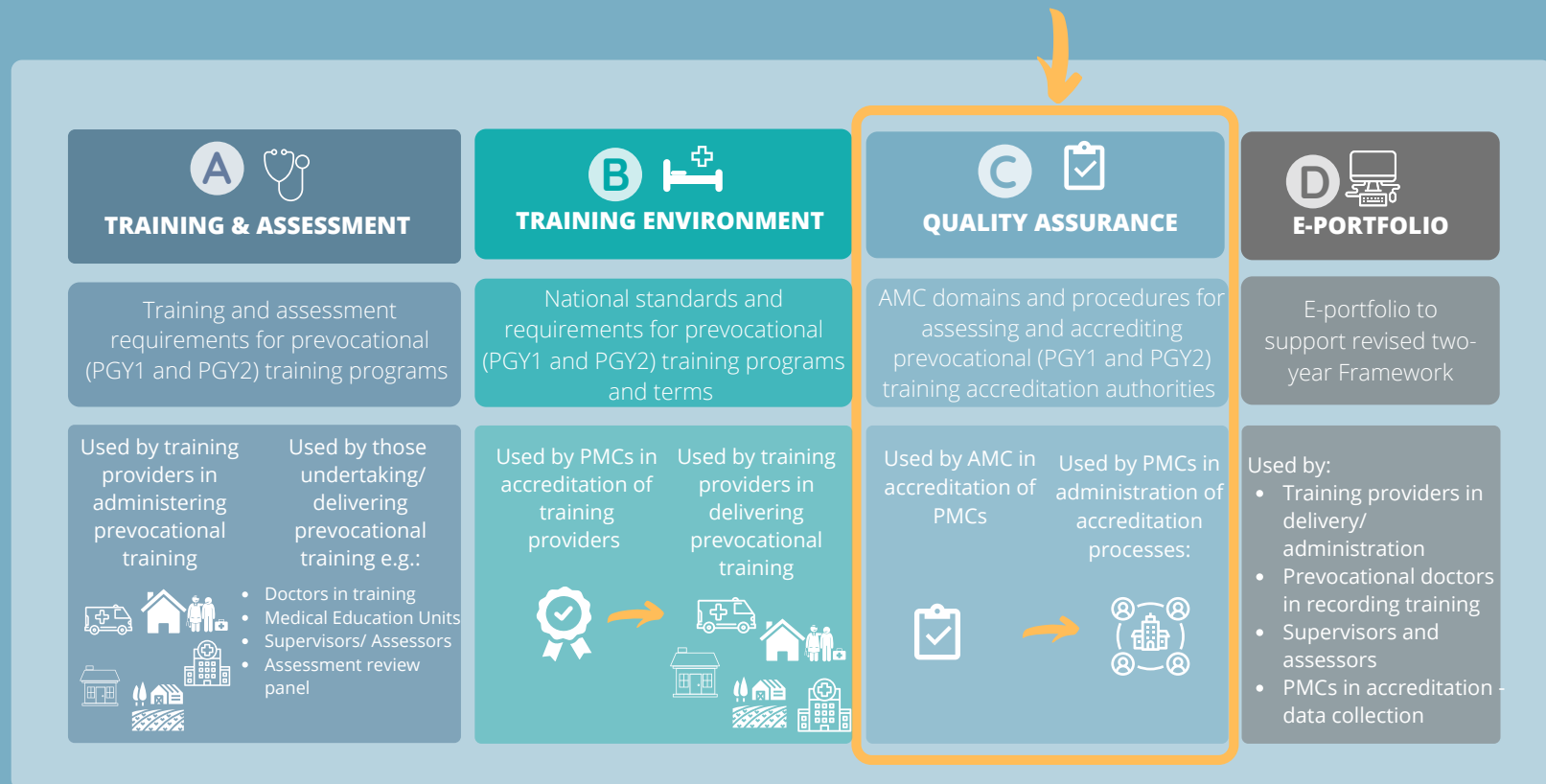


**Longitudinal focus**



# Quality Assurance

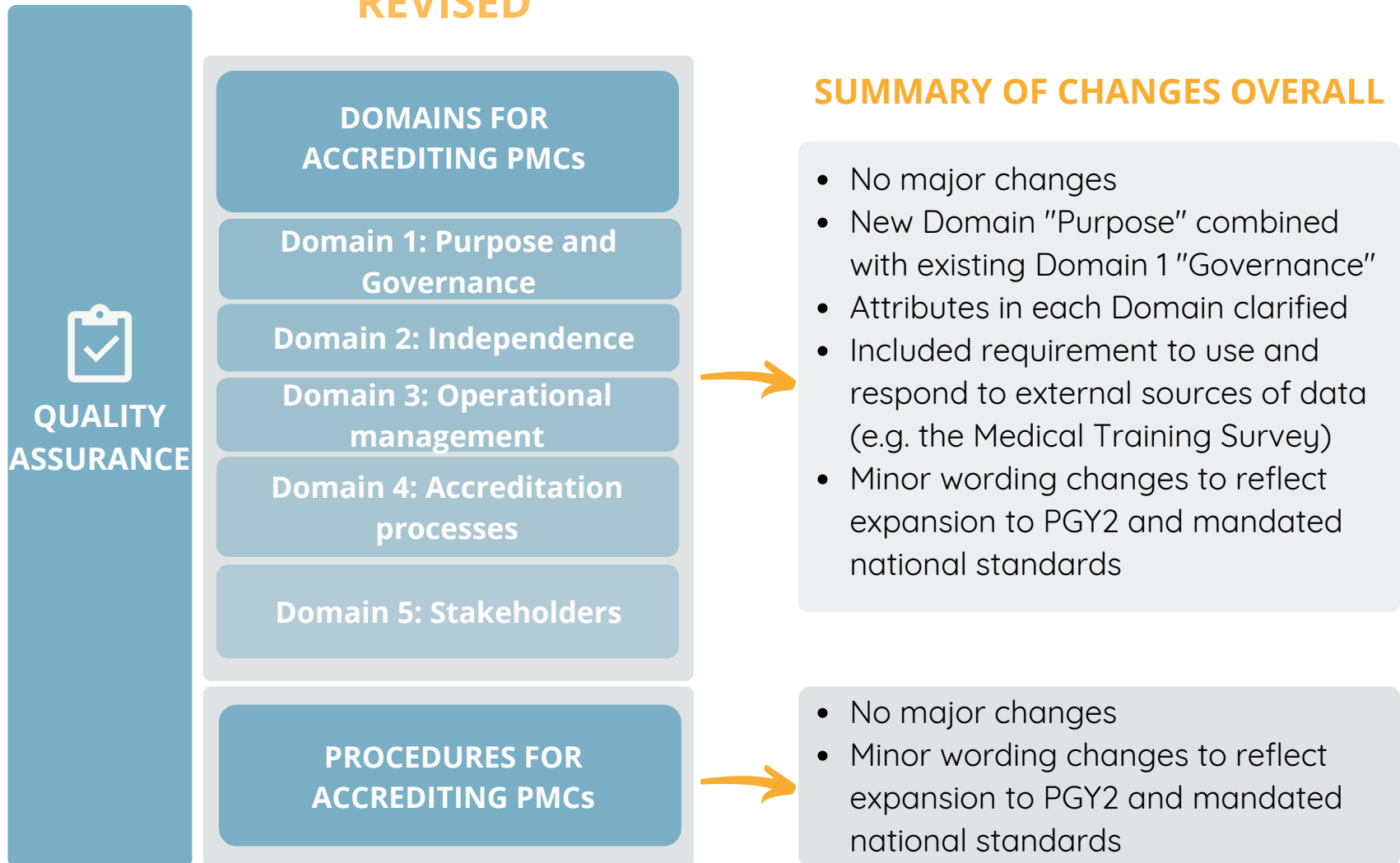
Domains and Procedures for assessing prevocational (PGY1 and PGY2) accreditation authorities





AMC standards and procedures for accrediting postgraduate medical councils

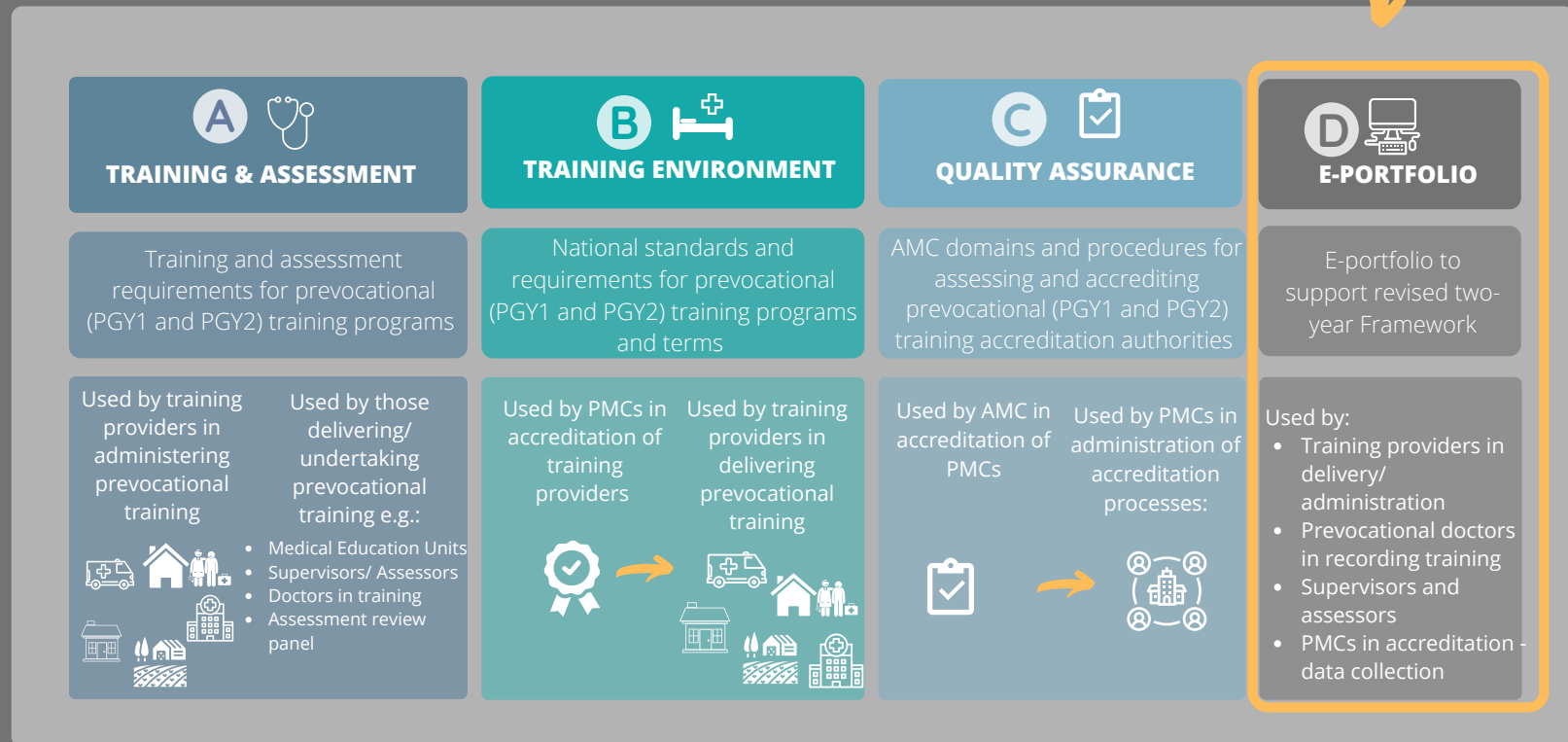
## REVISED





# e-portfolio Specifications

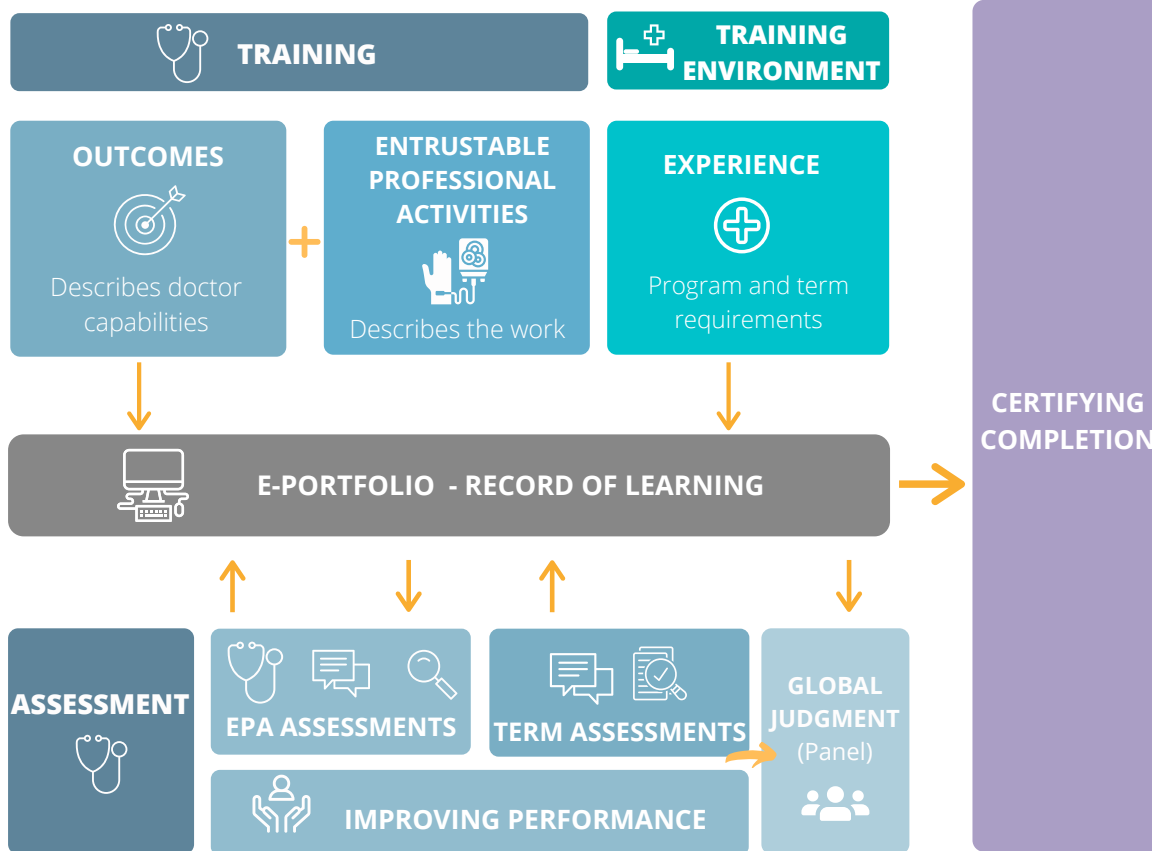
E-portfolio to support the revised two-year prevocational (PGY1 & PGY2) framework



# E-PORTFOLIO SPECIFICATIONS



E-portfolio to support the revised two-year framework



## KEY AIMS

- Individual accountability for learning
- Support longitudinal learning and development
- Improve quality of training and assessment
- Platform for assessments and multiple data points to inform decisions
- Support and streamline administration of the program
- Reporting functions

+

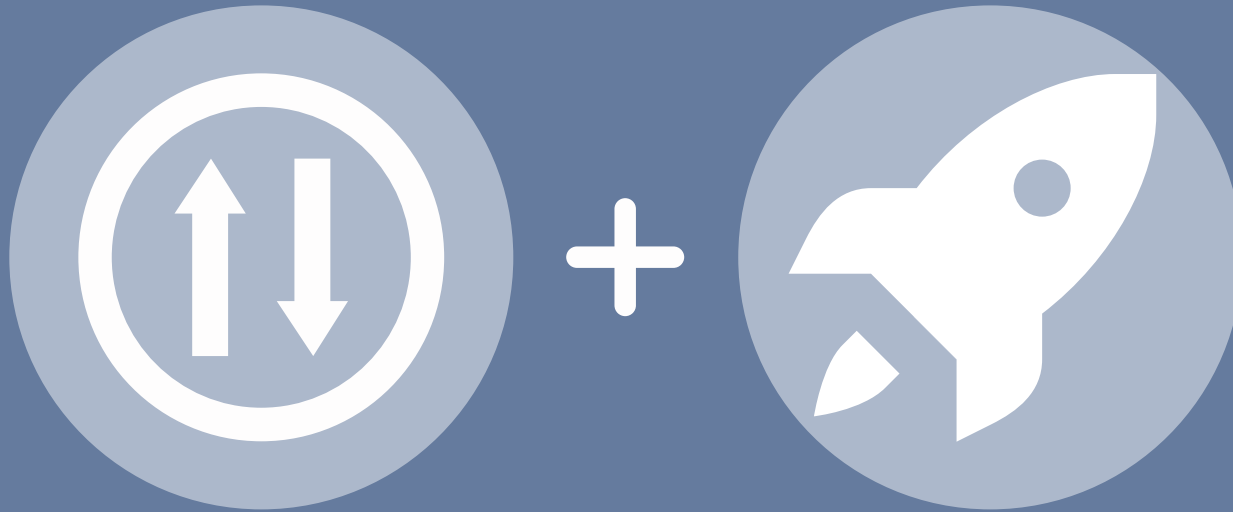
DELIVERY/ ADMINISTRATION

+

ACCREDITATION - DATA

## NEXT STEPS

- Detailed requirements to be developed
- Awaiting response to proposal to HCEF on 'National' e-portfolio



**PREPARATION (2022 - 2023) AND  
IMPLEMENTATION (2024+)**

REVIEW PHASES 3 AND 4





**PHASE 3: PREPARATION 2022 - 2023**

# PHASE 3 - PREPARATION 2022 - 2023



2022

AMC

- Finalise and publish **documents** [early-mid 2022]
- Develop and publish resources [mid-late 2022]
- Work with PMCs on **communication**
- **e-portfolio** (TBC)
  - Detailed specifications, procurement, development

2023

- Continue current accreditation cycle with monitoring reports summarising progress
- **e-portfolio** (TBC) - testing

PMCs

- **Communication** with stakeholders regarding changes (AMC to assist initially e.g. slides)
  - Sessions with committees/ teams
- Commence **preparation** including:
  - Identify gaps and changes required to policy and procedure documents
  - Identify local resources to be developed
- Progress reports to the AMC summarising progress and process for health services to report on preparation to PMC

- Continue **communication** with stakeholders
- Continue **preparation** including:
  - Finalise changes and development of policies and procedures as required
  - Resource development as required
  - Prepare for adoption of national standards (including training)
- Progress reports to the AMC summarising progress and process for reporting from health services

HEALTH SERVICES

- **Communication** with prevocational doctors and those involved in prevocational training
- Commence **preparation** including:
  - Review and gap analysis of current programs and terms (cont. 2023)
  - Begin training
  - Approach to support Aboriginal Torres Strait Islander and prevocational doctor wellbeing

- **Communication** with prevocational doctors and those involved in prevocational training
- Continue **preparation** including:
  - Continue training relevant individuals (inc. supervisors and prevocational doctors)
- Establish assessment review panels
- Complete term descriptions for all terms
- Trial EPAs for PGY1

**NOTE:** Outlines possible preparation activities, acknowledging PMCs & health services will develop their own plans & approaches.



**PHASE 4: IMPLEMENTATION FROM 2024**

# PHASE 4 - IMPLEMENTATION FROM 2024



	2024	2025
AMC	<ul style="list-style-type: none"><li>• Certification of PGY2. TBC.</li><li>• Accreditation following current cycle with monitoring reports to describe progress of implementation</li><li>• e-portfolio - Support use of e-portfolio by prevocational doctors and health services</li></ul>	<ul style="list-style-type: none"><li>• Note: Not confirmed if changes for PGY2 will be implemented in 2024 or 2025</li></ul>
PMCs	<ul style="list-style-type: none"><li>• Implementation of accreditation changes for PGY1 and PGY2.*</li><li>• Implement new national standards and program/term requirements for PGY1 and PGY2.*<ul style="list-style-type: none"><li>◦ Some components will have extended timeframes (e.g. supervisor training)</li></ul></li></ul>	<ul style="list-style-type: none"><li>• Note: National standards should be implemented in 2024 regardless of PGY2 implementation date. There will be flexibility in meeting some standards in the first year</li></ul>
HEALTH SERVICES	<ul style="list-style-type: none"><li>• Implement training and assessment changes for PGY1 and PGY2* including certifying completion</li><li>• Implement new national standards and program/term requirements for PGY1 and PGY2.*<ul style="list-style-type: none"><li>◦ Some components will have extended timeframes (e.g. supervisor training)</li></ul></li></ul>	

**\*Note:** Parameters replacing mandatory term requirements are intended to be more flexible. It is anticipated that most current terms will meet the revised requirements.

Timelines for the implementation of PGY2 components will be consulted on in early-mid 2022.