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# Requirements for prevocational (PGY1 and PGY2) training programs and terms

INTRODUCTION

# Requirements for programs and terms

This section outlines the experience that prevocational doctors should obtain during their two-year training program. The requirements for PGY1 build on the Medical Board of Australia's *Registration standard – Granting general registration as a medical practitioner to Australian and New Zealand medical graduates on completion of intern training*.

These guidelines should be read alongside *Training and assessment requirements for prevocational (PGY1 and PGY2) training programs*, 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 using the 'Prevocational training entrustable professional activity (EPA) assessment forms' and the 'Prevocational training term assessment form' (Section 3D of *Training and assessment requirements*).

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 meeting the national standards described in 'National standards for prevocational (PGY1 and PGY2) training programs and terms' (Section 2 of *National standards and requirements for prevocational (PGY1 and PGY2) training programs and terms*).

Training needs to reflect the health needs of the Australian community and therefore should occur in a range of settings, including hospitals in metropolitan, regional and rural communities, general practices and other community-based health services. These guidelines recognise a need for greater flexibility in the location and nature of clinical experience offered during the prevocational years. 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.

# Requirements for programs and terms

## General

Prevocational training allows medical graduates to consolidate and apply clinical knowledge and skills while taking increasing responsibility for providing 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 either continuous or longitudinal. Work-based learning opportunities should allow prevocational doctors to achieve required learning outcomes, which supervisors can assess using the 'Prevocational training term assessment form' and 'Prevocational training entrustable professional activity (EPA) assessment forms' (Section 3D of *Training and assessment requirements*). 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 both the training environment, and the training and assessment requirements, of the two-year framework. This must include opportunities to achieve the prevocational outcome statements and assess the entrustable professional activities.

**Figure 4 – Requirements for programs and terms for PGY1 and PGY2**

## Required parameters

Table 1 and Table 2 summarise program and term requirements. Health services seeking accreditation as prevocational training providers need to demonstrate that they have processes to approve terms that meet the requirements.

### Table 1 – Program-level requirements

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|---|---|
| **Quality requirements for all programs and terms** | Programs and terms will be accredited against the 'National standards' (Section 2 of *National standards and requirements for programs and terms*). The following standards are particularly relevant to the quality of the learning experiences expected in programs and terms:<br>1. adequate supervision (Standard 4.2)<br>2. training and assessment according to national requirements (Standard 3.3)<br>3. longitudinal oversight (Standards 3.4 and 4.2)<br>4. continuity of supervision and priority of learning (Standard 4.2). |
| **Program length** | PGY1 and PGY2: minimum of 47 weeks (including professional development leave).<br>• PGY1: maximum 3 years to complete<br>• PGY2: maximum 4 years to complete<br>PGY1: If a PGY1 doctor is absent for more than 10 working days within the required 47 weeks (such as for sick leave, personal leave or carer's leave), the assessment review panel will commence a review and continue monitoring the doctor's progress. This review and monitoring allows the panel to assess at the end of the year whether that doctor has met the required training standard and can be recommended to the Medical Board of Australia for general registration.<br>Note: Finalising this parameter for PGY1 depends on the review of the Medical Board of Australia's *Registration standard – Granting general registration on completion of intern training*. The wording will be confirmed once this is complete.<br>PGY2: If the minimum 47 weeks requirement is not met due to remediation requirements from PGY1 in PGY2 (for example, repeating a PGY1 term in PGY2) the assessment review panel will have discretion to certify the individual based on successful remediation, and a consensus the individual has longitudinally met the outcomes of PGY1 and PGY2 and level expected at the end of PGY2. |
| **Program structure** | • PGY1: minimum 4 terms (at least 10 weeks) in different specialties (maximum of 50% any specialty and 25% subspecialty in a year)[9]<br>• PGY2: minimum 3 terms (at least 10 weeks) in different subspecialties (more flexibility permitted, breadth is encouraged; maximum of 25% in subspecialty)[9]<br>• PGY1 and PGY2: maximum of 5 terms in each year.<br>•<br>Note: Finalising this parameter for PGY1 depends on the review of the Medical Board of Australia's *Registration standard – Granting general registration on completion of intern training*. The wording will be confirmed once this is complete.<br>The AMC supports innovation in prevocational education. While PGY1s must meet the requirements documented in the MBA General Registration Standard, the program and term requirements for PGY2 allow for more flexible approaches. For example, longer 'blended' terms may offer exposure to a range of clinical specialties, settings and supervisors during the term such as a 24 week PGY2 term in a rural setting combining general practice, ward-based and Emergency Department experience where different days of the week are spent in different settings with different supervisors, or some weeks are spent in one setting before switching to another. |

9. Note: The intention is for PGY1 and PGY2 to have breadth of exposure across a range of specialties (see clinical exposures below). PGY2 has more flexibility in requirements for range, but breadth is still encouraged.

| | |
|---|---|
| **Program content - clinical experiences** | **PGY1:**<br>• Generalist experience and foundational skills preparing for future practice. Exposure to clinical care of patients in each of the following (1 or 2 per term):<br>A. undifferentiated illness patient care<br>B. chronic illness patient care<br>C. acute and critical illness patient care<br>D. peri-procedural patient care.<br>**PGY2:**<br>• Generalist experience and foundational skills preparing for future practice. Exposure to clinical care of patients in each of the following (1 or 2 per term):<br>A. undifferentiated illness patient care<br>B. chronic illness patient care<br>C. acute and critical illness patient care.<br>• Maximum of one term not involving direct clinical care allowed in PGY2.<br>**Other recommended areas in PGY1 and PGY2:**<br>• a range of settings to aid understanding of the full context of the healthcare setting (such as community, rural and metropolitan)<br>• ambulatory care<br>• critical care (ICU, ED, anaesthetics)<br>• mental health<br>• multidisciplinary team care<br>• care across the life cycle (while acknowledging difficulty in gaining paediatric experience)<br>• (in PGY2) experience in terms in roles not involving direct clinical care (such as teaching, research and administration).<br>Note: Finalising this parameter for PGY1 depends on the review of the Medical Board of Australia's *Registration standard – Granting general registration on completion of intern training*. The wording will be confirmed once this is complete. |
| **Clinical teams** | Prevocational doctors should be embedded in a clinical team for at least half of each year.<br>Being part of a clinical team should provide opportunities for regular interactions with a nominated supervisor. Examples might include being a member of a general surgical team, member of an intensive care team, working in the emergency department or in a general practice. A rotation to an admission ward or short-stay ward with multiple different supervisors would not normally be considered being part of a clinical team. |
| **Service terms – relief and nights**[10] | Maximum time spent in service terms (relief or nights):<br>• **PGY1:** maximum of 20% of the year (that is, no more than 1 term in a 4- or 5-term year)<br>• **PGY2:** maximum of 25% of the year<br>Service terms (relief or nights) in this context refers to terms that have:<br>• discontinuous learning experiences, such as limited access to the formal education program or regular unit learning activities<br>• less or discontinuous overarching supervision (for example, nights with limited staff). |

10. A ward-based nights term would generally be considered as a service nights term, whereas staggered roster arrangements within a single specialty rotation such as emergency medicine or intensive care would not. In general, a relief term where a prevocational doctor rotates through multiple specialties within a period of time would be considered a service term, whereas a prevocational doctor backfilling in a single term with continuous supervision by the same primary and day to day supervisors would not.

**Table 2 – Term-level requirements**

| | |
|---|---|
| **Requirements for all terms** | Programs and terms will be accredited against the 'National standards' (Section 2 of *National standards and requirements for programs and terms*) and must meet the requirements described in *Training and assessment requirements*.<br><br>Term descriptions must define:<br>1. term name<br>2. term length<br>3. supervision (including name and model of supervision)<br>4. team – including team composition and continuity (ward-based/clinical)<br>5. role<br>6. specialty/department<br>7. clinical experiences – 1 or 2 of the following, including main clinical learning experience – A. undifferentiated illness patient care, B. chronic illness patient care, C. acute and critical illness patient care, D. peri-procedural patient care, OR non-clinical experience (PGY2 only)<br>8. learning outcomes (including which EPAs could be assessed)<br>9. prerequisite learning (if relevant)<br>10. timetable – provide an example including formal education program, after-hours, normal working hours, and other relevant information. |

## Breadth of clinical experience

Training providers will review the specific roles and responsibilities of prevocational doctors providing direct clinical care of patients in a given term. From this, providers will identify the primary (and sometimes secondary) area of clinical experience that prevocational doctors are expected to significantly gain during that term. These clinical experience categories are given in Figure 5.

The term description must identify the one (maximum of two) areas, and the categorisation approved by the prevocational accreditation authority as part of the accreditation of term process. Training providers will allocate prevocational doctors in PGY1 to terms that provide clinical experiences in A–D over the year, and during PGY2, to terms providing clinical experiences in A, B and C. The next sections give description for each of the categories.

**Figure 5 – Program content – clinical experience categories**

A

**Undifferentiated illness patient care**

**Clinical experience in undifferentiated illness patient care**

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

B

**Chronic illness patient care**

**Clinical experience in chronic illness patient care**

Prevocational doctors 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 appreciating the context of the illness in the setting of the patient's co-morbidities, social circumstances and functional capacity. Experience should include working with multidisciplinary care teams 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 clinic, rheumatology, rehabilitation or geriatric care.

C

**Acute and critical illness patient care**

**Clinical experience in acute and critical illness patient care**

Prevocational doctors 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.

D

**Peri-operative /procedural patient care**

**Clinical experience in peri-operative/procedural patient care**

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

### Strongly recommended experiences across PGY1 and PGY2:

- A range of settings to facilitate understanding of the full context of the healthcare setting (such as community, rural and metropolitan)
- ambulatory care
- critical care (ICU, ED, anaesthetics)
- mental health
- multidisciplinary team care
- care across the life cycle (acknowledging difficulty in gaining paediatric experience)
- (in PGY2) experience in terms in roles not involving direct clinical care (such as teaching, research and administration).

### Terms that provide exposure to the required clinical experiences

Note:Table 3 is provided as an example only. The way in which terms are classified may depend on a range of factors including the setting, medical staff mix, volume and acuity of patients, access to outpatient clinics, ambulatory care and other settings, as well as the designated roles and responsibilities of prevocational doctors within that term. Therefore, not all terms within the same specialty will necessarily be classified in the same way, but instead will depend on the local clinical context, patient case mix and available learning opportunities.

While some terms are recognised to offer exposure in all four areas of patient care, the intention is to classify terms according to the principal one (or two at most) areas of patient care that a prevocational doctor will *primarily* gain exposure to during that term.

### Table 3 – Example classification of terms according to the principal areas of patient-care for a prevocational doctor

| Term | A<br>Undifferentiated illness patient care | B<br>Chronic illness patient care | C<br>Acute and critical illness patient care | D<br>Peri-operative/ procedural patient care |
|---|---|---|---|---|
| Acute Medical Unit / MAU | ✓ | | ✓ | |
| Cardiology | | ✓ | ✓ | |
| Dermatology* | | ✓ | ✓ | |
| Endocrinology* | | ✓ | ✓ | |
| Gastroenterology | | | ✓ | ✓ |
| General medicine | | ✓ | ✓ | |
| Geriatrics | | ✓ | ✓ | |
| Haematology | | | ✓ | |
| Hepatology | | ✓ | ✓ | |
| Hospital in the home (HITH)/ Acute post-acute care (APAC) | | ✓ | | ✓ |
| Infectious diseases | | | ✓ | |
| Interventional cardiology | | | ✓ | ✓ |
| Medical oncology | | | ✓ | |
| Nephrology | | | ✓ | |
| Neurology | | | ✓ | |
| Palliative medicine | | ✓ | | |
| Radiation oncology | | | ✓ | |
| Rehabilitation | | ✓ | | |
| Renal | | ✓ | ✓ | |
| Respiratory medicine | | ✓ | ✓ | |
| Rheumatology (with outpatient clinics) | | ✓ | ✓ | |
| Acute general surgical unit | | | ✓ | |
| Breast surgery** | | | | ✓ |

| Term | A Undifferentiated illness patient care | B Chronic illness patient care | C Acute and critical illness patient care | D Peri-operative/ procedural patient care |
|---|---|---|---|---|
| Cardiothoracic surgery** | | | | ✓ |
| Colorectal surgery** | | | | ✓ |
| ENT surgery | | | ✓ | |
| General surgery** | | | ✓ | ✓ |
| Maxillo-facial surgery | | | ✓ | |
| Neurosurgery | | | ✓ | |
| Ophthalmology | | | ✓ | ✓ |
| Orthopaedics** | | | | ✓ |
| Plastic surgery** | | | | ✓ |
| Paediatric surgery** | | | ✓ | ✓ |
| Surgical oncology** | | | | ✓ |
| Surgical unit (ward-based term) | | | ✓ | |
| Transplant surgery** | | | | ✓ |
| Trauma | ✓ | | ✓ | |
| Upper GI surgery** | | | ✓ | ✓ |
| Urology** | | | | ✓ |
| Vascular surgery** | | | | ✓ |
| Anaesthetics | | | ✓ | ✓ |
| Emergency care | ✓ | | ✓ | |
| Intensive care | | | ✓ | ✓ |
| Drug and alcohol medicine | | ✓ | | |
| General practice | ✓ | ✓ | | |
| Medical imaging (radiology) | | | | ✓ |
| Nights/relief | ✓ | | ✓ | |
| Obstetrics and gynaecology | | | ✓ | |
| Paediatrics | ✓ | ✓ | ✓ | |
| Psychiatry | | ✓ | ✓ | |
| **Non-direct clinical care (PGY2 only)*** ** | | | | |
| Pathology | | | | |
| Medical education | | | | |
| Medical administration | | | | |
| Quality and safety | | | | |
| Research | | | | |

* For example, in these terms, prevocational doctors are expected to attend and have a role in outpatient clinics.

** For example, in these terms, prevocational doctors are expected to attend and have a role in scheduled weekly theatre sessions, (noting that not all surgical terms offer prevocational doctors, opportunities to regularly attend the operating theatre).

*** Maximum of one term not involving direct clinical care is allowed in PGY2.