

2A

PREVOCATIONAL TRAINING

Prevocational outcome statements

NATIONAL
FRAMEWORK FOR
PREVOCATIONAL
(PGY1 AND PGY2)
MEDICAL TRAINING

Introduction

The prevocational outcome statements describe the broad and significant capabilities that prevocational doctors should achieve by the end of their postgraduate year 1 (PGY1) and postgraduate year 2 (PGY2) programs. The high-level statements apply at completion of both PGY1 and PGY2, though the level of expectation, responsibility, supervision, and entrustability of the outcomes will be different between the two years.

The outcome statements form part of 'Prevocational training' (Section 2 of *Training and assessment requirements for prevocational (PGY1 and PGY2) programs*). The statements describe the capabilities of a prevocational doctor and are complemented with entrustable professional activities (EPAs), which describe common essential tasks that prevocational doctors undertake as part of providing health care.

Prevocational doctors must ensure they understand the two-year prevocational training and assessment requirements, monitor their progress against those requirements, and proactively work with their supervisors and training providers to address any areas needing improvement to meet the requirements.

Prevocational training providers must design learning and assessment programs that will enable prevocational doctors to achieve these outcomes. The outcome statements provide clinical supervisors and training directors with clear criteria for determining progress and completion. Achieving the outcomes is a requirement for general registration at the end PGY1.

The outcome statements and the training and assessment requirements assume that prevocational doctors work within their scope of practice. Delivering safe and high-quality health care is an overarching expectation on all practitioners, at all stages of training, in all healthcare settings, and in the programs developed by training providers. Accordingly, prevocational training programs and prevocational doctors should take account of:

- the work of the Australian Commission on Safety and Quality in Health Care
- the National Safety and Quality Health Service (NSQHS) Standards
- the NSQHS Standards *User guide for Aboriginal and Torres Strait Islander health*¹.

All doctors should practice according to the Medical Board of Australia's *Good medical practice: a code of conduct for doctors in Australia*².

The outcome statements are:



Set within four domains³



To be achieved by the end of each prevocational year (PGY1 and PGY2)



Work-based, person-centred, and take account of the prevocational doctor's increasing responsibility for patient care under supervision



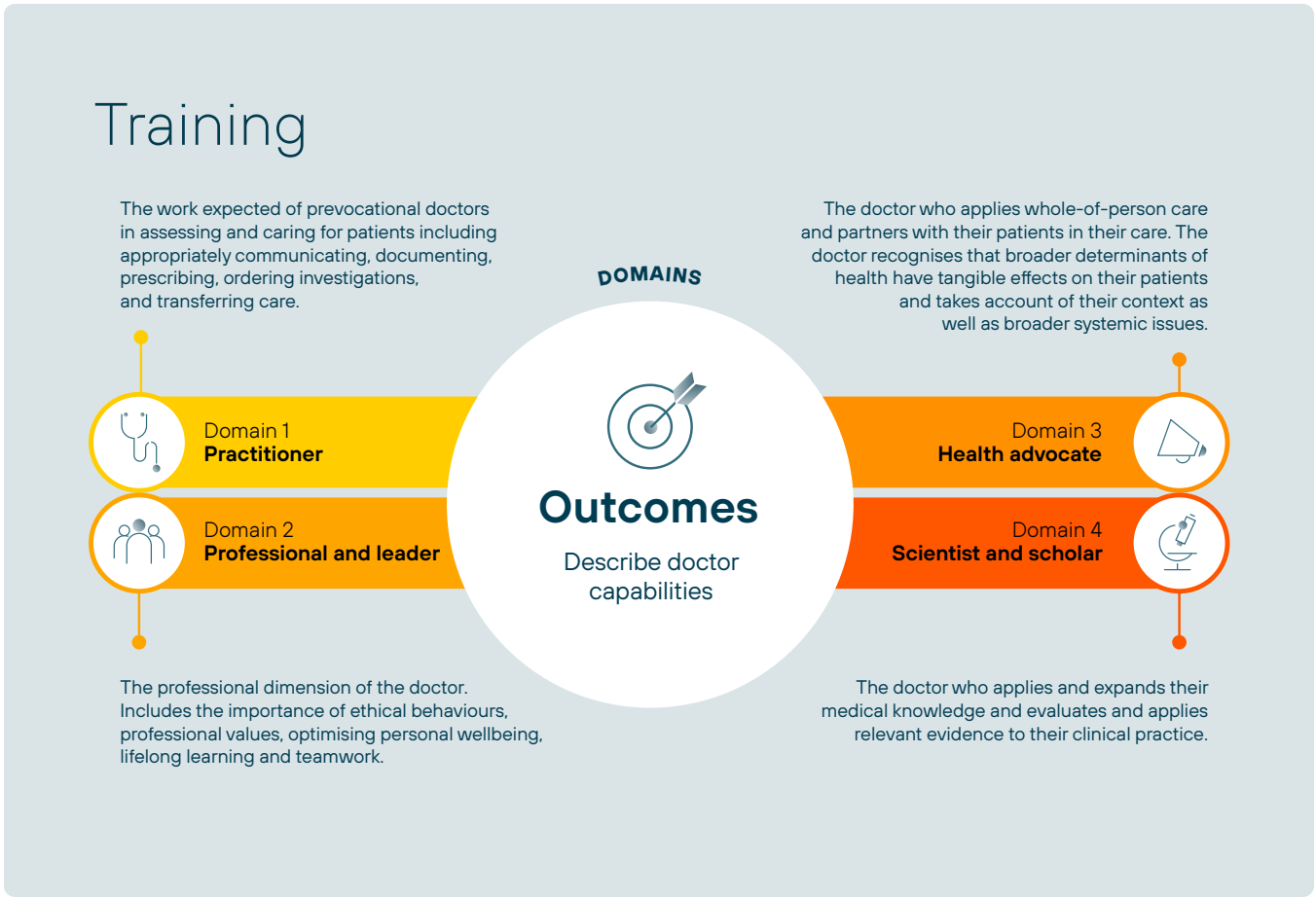
Designed to be sufficiently generic to cover a range of learning environments

1. Australian Commission on Safety and Quality in Health Care, *NSQHS standards user guide for Aboriginal and Torres Strait Islander health*, ACSQHC website, 2017, accessed 22 April 2022.

2. [The Medical Board of Australia \(MBA\), *Good medical practice: a code of conduct for doctors in Australia*](#), MBA website, 2021, accessed 22 April 2022.

3. The same four domains are used in the graduate outcome statements for medical students, and can be found in Australian Medical Council (AMC), *Standards for assessment and accreditation of primary medical programs by the Australian Medical Council 2012*, AMC website, 2012, accessed 22 April 2022.

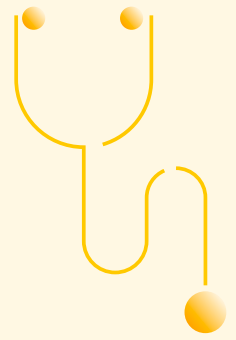
Figure 3 – Overview of the prevocational outcome statements



The prevocational doctor as a practitioner

DOMAIN 1





Domain 1 describes the work expected of prevocational doctors in assessing and caring for patients including appropriately communicating, documenting, prescribing, ordering investigations, and transferring care. It is expected that prevocational training will equip doctors with the broad skills they need to continue their education and practice in a range of settings.

On completing training, Australian prevocational doctors are able to:

- 1.1 Place the needs and safety of patients at the centre of the care process, working within statutory and regulatory requirements and guidelines. Demonstrate skills including effective clinical handover, graded assertiveness, delegation and escalation, infection control, and adverse event reporting.
- 1.2 Communicate sensitively and effectively with patients, their family and carers, and health professionals, applying the principles of shared decision-making and informed consent.
- 1.3 Demonstrate effective, culturally safe interpersonal skills, empathetic communication and respect within an ethical framework inclusive of Indigenous knowledges of wellbeing and health models to support Aboriginal and Torres Strait Islander patient care.
- 1.4 Perform and document patient assessments, incorporating a problem-focused medical history with a relevant physical examination, and generate a valid differential diagnosis and/or summary of the patient's health and other relevant issues.
- 1.5 Request and accurately interpret common and relevant investigations using evidence-informed knowledge and principles of sustainability and cost-effectiveness.
- 1.6 Safely perform a range of common procedural skills required for work as a PGY1 or PGY2 doctor.
- 1.7 Make evidence-informed management decisions and referrals using principles of shared decision-making with patients, carers and the health care team.
- 1.8 Prescribe therapies and other products including drugs, fluids, electrolytes, and blood products safely, effectively and economically.
- 1.9 Recognise, assess, communicate and escalate as required, and provide immediate management to deteriorating and critically unwell patients.
- 1.10 Appropriately use and adapt to dynamic systems and technology to facilitate practice, including for documentation, communication, information management and supporting decision-making.

The prevocational doctor as a professional and leader

DOMAIN 2





Domain 2 describes the professional dimension of the doctor. It includes the importance of ethical behaviours, professional values, optimising personal wellbeing, lifelong learning and teamwork. Responsibilities of the doctor also include supporting the health and wellbeing of individuals, communities and populations now and for future generations, teaching, and promoting the environmental and financial sustainability of the healthcare system.

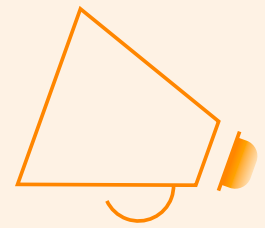
On completing training, Australian prevocational doctors are able to:

- 2.1 Demonstrate ethical behaviours and professional values including integrity, compassion, self-awareness, empathy, patient confidentiality and respect for all.
- 2.2 Identify factors and optimise personal wellbeing and professional practice, including responding to fatigue, and recognising and respecting one's own limitations to mitigate risks associated with professional practice.
- 2.3 Demonstrate lifelong learning behaviours and participate in, and contribute to, teaching, supervision and feedback.
- 2.4 Take increasing responsibility for patient care, while recognising the limits of their expertise and involving other professionals as needed to contribute to patient care.
- 2.5 Respect the roles and expertise of healthcare professionals, and learn and work collaboratively as a member of an inter-professional team.
- 2.6 Contribute to safe and supportive work environments, including being aware of professional standards and institutional policies and processes regarding bullying, harassment and discrimination for themselves and others.
- 2.7 Critically evaluate cultural safety and clinical competencies to improve culturally safe practice and create culturally safe environments for Aboriginal and Torres Strait Islander communities. Incorporate into the learning plan strategies to address any identified gaps in knowledge, skills, or behaviours that impact Aboriginal and Torres Strait Islander patient care.
- 2.8 Effectively manage time and workload demands, be punctual, and show ability to prioritise workload to manage patient outcomes and health service functions.

The prevocational doctor as a health advocate

DOMAIN 3





Domain 3 describes the doctor who applies whole-of-person care⁴ and partners with their patients in their care. The doctor recognises that broader determinants of health⁵ have tangible effects on their patients and takes account of their context as well as broader systemic issues. The doctor considers how these factors influence a patient's presentation, symptoms, interpretation, and behaviours. Acting as an advocate occurs as a response to acknowledgment of the disempowerment that patients may experience as they access the health system. As a health practitioner, the prevocational doctor considers their own biases and reflects on their impact on their practice.

On completing training, Australian prevocational doctors are able to:

- 3.1** Incorporate disease prevention, relevant health promotion and health surveillance into interactions with individual patients, including screening for common diseases, chronic conditions, and discussions of healthcare behaviours with patients.
- 3.2** Apply whole-of-person care principles to clinical practice, including consideration of a patient's physical, emotional, social, economic, cultural and spiritual needs and their geographical location, acknowledging that these factors can influence a patient's description of symptoms, presentation of illness, healthcare behaviours and access to health services or resources.
- 3.3** Demonstrate culturally safe practice with ongoing critical reflection of the impact of a health practitioner's knowledge, skills, attitudes, practising behaviours and power differentials in delivering safe, accessible and responsive healthcare free of racism and discrimination.
- 3.4** Demonstrate knowledge of the systemic and clinician biases in the health system that impact on the service delivery for Aboriginal and Torres Strait Islander peoples. This includes understanding current evidence around systemic racism as a determinant of health and how racism maintains health inequity.
- 3.5** Demonstrate knowledge of the ongoing impact of colonisation, intergenerational trauma and racism on the health and wellbeing of Aboriginal and Torres Strait Islander peoples.
- 3.6** Partner with the patient in their healthcare journey, recognising the importance of interaction with and connection to the broader healthcare system. Where relevant, this should include culturally appropriate communication with caregivers and extended family members while also including and working collaboratively with other health professionals (including Aboriginal Health Workers, practitioners and Liaison Officers).

4. Whole-of-person care includes consideration of all dimensions that can affect a person's overall health. These dimensions include but are not limited to an individual's geographical location, culture, sexual orientation, gender identity and any disabilities.

5. Social, economic, cultural, historical and environmental (including climate change).

The prevocational doctor as a scientist and scholar

DOMAIN 4





Domain 4 describes the doctor who applies and expands their medical knowledge and evaluates and applies relevant evidence to their clinical practice. The doctor recognises that research, and quality improvement and assurance underpin continuous improvement of clinical practice and the broader healthcare system, and conscientiously supports these activities.

On completing training, Australian prevocational doctors are able to:

- 4.1** Consolidate, expand and apply knowledge of the aetiology, pathology, clinical features, natural history and prognosis of common and important presentations in a variety of stages of life and settings.
- 4.2** Access, critically appraise and apply evidence from the medical and scientific literature to clinical and professional practice.
- 4.3** Participate in quality assurance and quality improvement activities such as peer review of performance, clinical audit, risk management, incident reporting and reflective practice.
- 4.4** Demonstrate a knowledge of evidence-informed medicine and models of care that support and advance Aboriginal and Torres Strait Islander health.