

# Guide to Prevocational Training in Australia for Supervisors

Take me to the National Framework documents:



This guide is based on the AMC's National Framework for Prevocational (PGY1 and PGY2) Medical Training



## What should prevocational doctors learn?

By the end of each year, you should be able to demonstrate the **skills and knowledge** outlined in the Outcome Statements at the appropriate level for that year. The outcomes are organised into four Domains

### Outcomes

Describe doctor capabilities

- D1 Practitioner
- D2 Professional and leader
- D3 Health advocate
- D4 Scientist and scholar

## How will prevocational doctors learn?

Entrustable professional activities (EPAs) have been introduced to increase **focus on clinical work**. There are 4 EPAs which are based on the most important work you do as a prevocational doctor. You will be assessed on your performance of EPAs. Prevocational doctors are also encouraged to take advantage of other **on the job learning opportunities**.



### EPAs

Describe the work doctors do

- EPA1 Clinical assessment
- EPA2 Recognition and care of the acutely unwell patient
- EPA3 Prescribing
- EPA4 Team communication

## How are prevocational doctors supervised?

**Term supervisor**

**Day-to-day Clinical Supervisor**

**Primary Clinical Supervisor**

The person responsible for term orientation and assessment, who may also provide primary clinical supervision for some or all of the term.

A consultant or senior medical practitioner with experience managing patients in the term's discipline. The person in this role might change during the term and could also be the term supervisor.

An additional supervisor who has direct responsibility for patient care, provides informal feedback and contributes information to assessments. The person in this role should remain relatively constant during the term and should be at least PGY3 level, such as a registrar.

# How is prevocational training structured?

	PGY1	PGY2
Length	Minimum 47 weeks	Minimum 47 weeks
Structure	Minimum of 4 terms (of at least 10 weeks)	Minimum of 3 terms (of at least 10 weeks)
Specialties	Maximum 50% any specialty and 25% subspecialty	Maximum 25% any subspecialty in a year
Embedded in clinical teams	At least 50% of the year	At least 50% of the year
Service terms (e.g. relief term)	Maximum 20% of the year	Maximum 25% of the year
Program content - clinical experiences	A. Undifferentiated illness	A. Undifferentiated illness
	B. Chronic illness	B. Chronic illness
	C. Acute and critical illness	C. Acute and critical illness
	D. Peri-operative/procedural	

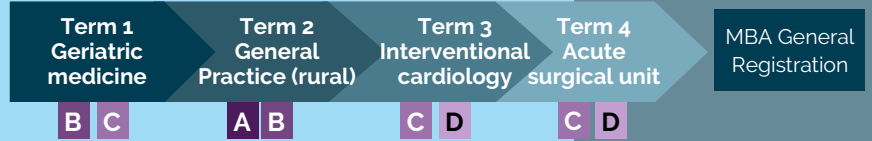
The primary focus of the clinical experience that the prevocational doctor is engaged with during the term

Each term is classified as providing one or two types of clinical experience.

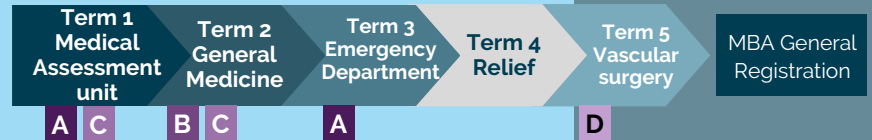
Significant exposure to clinical care of patients in these areas is required across the year

## Example PGY1 programs

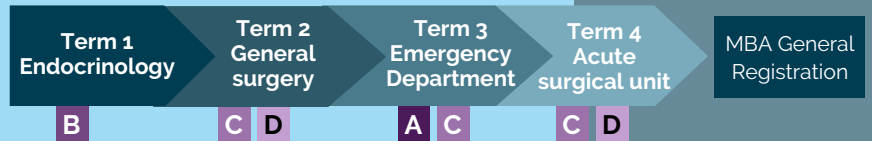
### Example 1



### Example 2



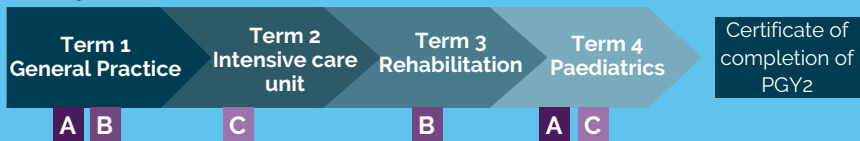
### Example 3



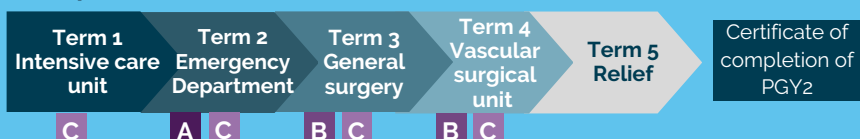
### Example 1



### Example 2



### Example 3



## Example PGY2 programs

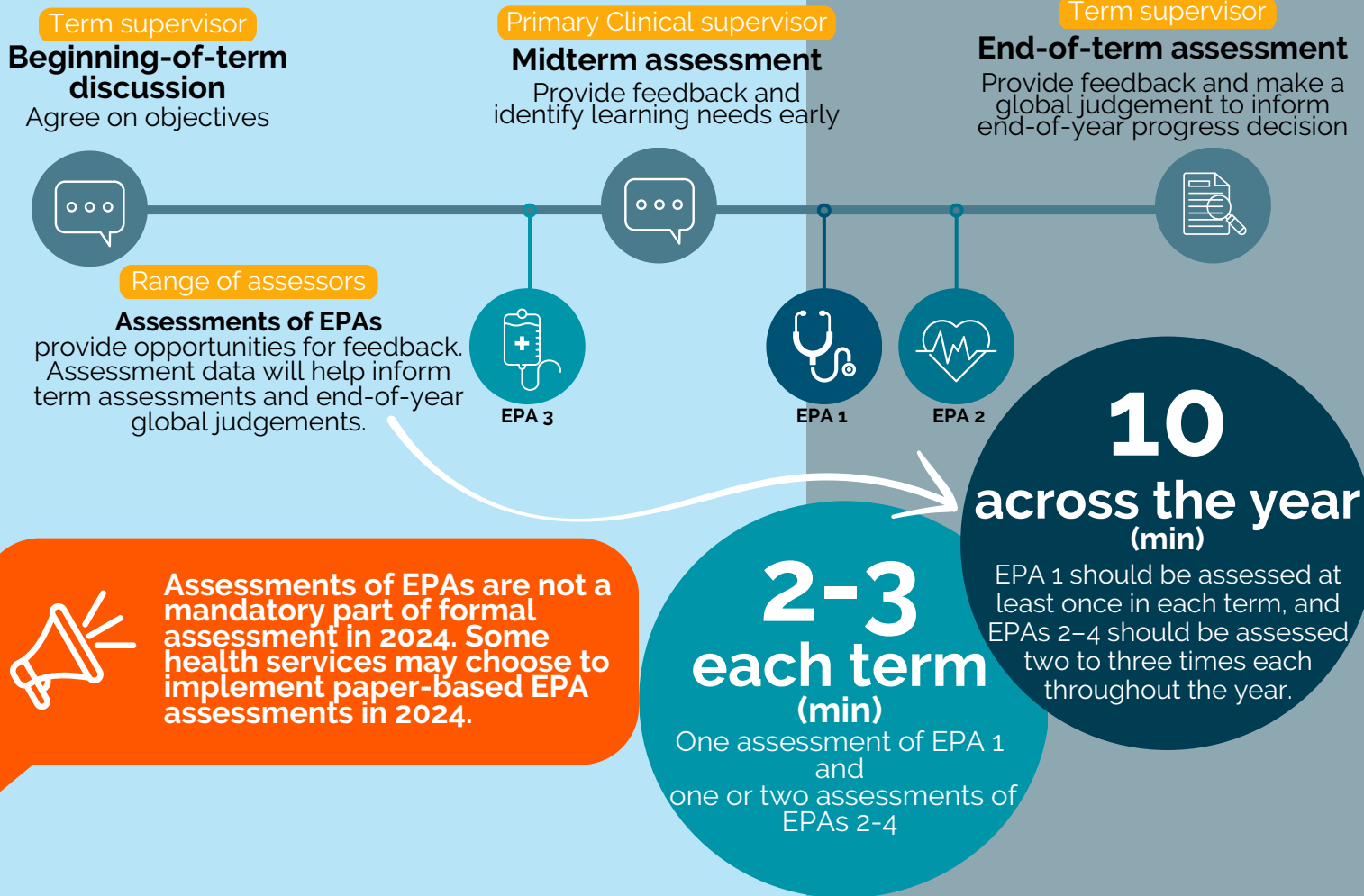




# How are prevocational doctors assessed?

## Here's an example of what a prevocational doctor's assessment could look like across a term:

The supervisor responsible for each assessment is highlighted. Some assessments can be delegated. See the Framework documents for further information.



## Completion of prevocational training

### PGY1

At the end of the first postgraduate year, prevocational doctors apply to the Medical Board of Australia for general registration. The employing health service informs the Board if interns have met the conditions for general registration by completing the requirements of PGY1.

### PGY2

At the end of the second postgraduate year the health service's Assessment Review Panel is asked to recommend whether a prevocational doctor should be awarded a certificate of satisfactory completion. This recommendation is based on completing the requirements of PGY2.

### Assessment Review Panel

At the end of each year, the health service's Assessment Review Panel will consider the results of end-of-term and EPA assessments and any additional learning activities that have been documented. **There is no minimum number of assessments that must be passed;** the panel's role is to make an assessment of **whether a prevocational doctor has the skills and knowledge outlined in the outcome statements** at the end of the year.

## What if a prevocational doctor needs additional support?

If you have concerns about a prevocational doctor's wellbeing, it is **critical that you act quickly** to seek help for them. Individuals who have the skills and authority to provide this help, include experienced supervisors, the Director of Clinical Training (DCT), the Supervisor of Intern Training, Medical Education Unit staff, the Medical Education Officer (MEO) or the Director of Medical Services (DMS).

Prevocational training can be physically, intellectually and emotionally challenging. Prevocational doctors are strongly encouraged to seek help if they have any concerns about their **wellbeing or their mental or physical health**. They should have their own general practitioner.

If a prevocational doctor has **concerns**, they can talk to their general practitioner, supervisor or DCT. The state's Doctors Health Program, Drs4Drs, Beyond Blue or Lifeline can also be accessed.

If you have witnessed **bullying, harassment or discrimination**, you should report it to the DCT, DMS or your health service's Human Relations or People and Culture Department.



## How is the quality of prevocational training programs assured?



Health services develop and deliver prevocational training programs, and both the programs and the individual terms within them must be accredited.

PMC



State and territory postgraduate medical councils (PMCs) appoint accreditation teams, which usually include prevocational doctors or registrars, to accredit prevocational training programs and terms against the criteria described in the national standards.

AMC

PMC

PMCs in turn are accredited by the AMC, which also accredits medical schools and specialist colleges. The AMC appoints accreditation teams, which often include prevocational doctors or registrars, to accredit PMCs against the criteria outlined in the National Framework.