NATIONAL FRAMEWORK FOR PREVOCATIONAL (PGY1 AND PGY2) MEDICAL TRAINING

Guide to Prevocational Training in Australia

FOR SUPERVISORS

Australian Medical Council Limited

Acknowledgement of country

The Australian Medical Council (AMC) acknowledges Aboriginal and/or Torres Strait Islander and Māori Peoples as the Traditional Custodians of the lands the AMC works upon.

We pay respects to Elders past, present and emerging and acknowledge the ongoing contributions that Indigenous Peoples make to all communities. We acknowledge the government policies and practices that impact on the health and wellbeing of Indigenous Peoples and commit to working together to support healing and positive health outcomes.

The AMC is committed to improving outcomes for Aboriginal and/or Torres Strait Islander and Māori Peoples through its assessment and accreditation processes including equitable access to health services for First Nations Peoples.

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Australian medical graduates receive provisional registration from the Medical Board of Australia and must successfully complete a year of work-based generalist training in an accredited intern (PGY1) program before receiving general registration from the Board. A small minority of graduates begin specialty training in their second postgraduate year (PGY2), but most complete a second year of generalist training, sometimes with increased emphasis on rotations most relevant to their desired specialty training program. The new National Framework for Prevocational (PGY1 & PGY2) Medical Training supports these two prevocational training years).

The first two years as a doctor are crucial to medical graduates' development as competent and compassionate medical practitioners. Many practitioners report that these two years were when they really learned to be a doctor through consolidating their university studies in the real world of medical practice. Many also say that high-quality supervision significantly enhanced their learning, wellbeing and eventual career direction during the prevocational years. This emphasises the importance of your role as a supervisor.

What is the National Framework for Prevocational Medical Training?

The National Framework has been designed to support medical graduates to achieve their career goals and to ensure safe, high-quality care for their patients. PGY1 and PGY2 doctors and their supervisors have had extensive input into the development of all aspects of the National Framework, including the outcome statements, entrustable professional activities (EPAs), assessment, and assistance for doctors who are experiencing difficulties.

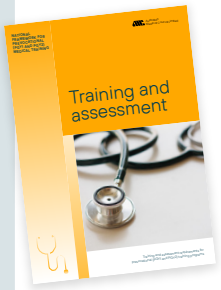
Prevocational training programs are developed and delivered by the health services employing PGY1 and PGY2 doctors. Each health service's program must be accredited by a state or territory postgraduate medical council (PMC) against the *National standards and requirements for prevocational (PGY1 and PGY2) training programs and terms*. The Australian Medical Council (AMC) strengthens the quality assurance process by accrediting PMCs against the *Domains and procedures for assessing and accrediting prevocational training accreditation authorities*.

These two documents, and a suite of documents on Training and Assessment, are the key components of the National Framework, introduced in 2024 with the intention of improving learning experiences in both hospital and community settings (Figure 1).

The National Framework is the most significant change to Australian prevocational training for several decades. The goals of the new framework are:

- to better align prevocational training with community health needs
- to strengthen the Aboriginal and/or Torres Strait Islander and Māori Peoples health component of prevocational training
- to provide broad generalist experience in PGY1 and PGY2
- to increase the focus on clinical work
- to replace the previous term-by-term approach with a longitudinal approach to building skills across each year
- to improve supervision and feedback
- to increase the emphasis on prevocational doctor wellbeing
- to improve national consistency.

Figure 1 – National Framework for Prevocational Medical Training



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This guide helps ensure that prevocational doctors you supervise make the most of their training terms, especially through the teaching, feedback and assessment you provide. The guide overviews the components of prevocational training common to all sites across Australia, including the program structure, supervision, assessment and completion process. More detail is available through links to key documents and frequently asked questions throughout the guide. A separate guide has also been developed for prevocational doctors.

Some aspects of prevocational training differ between states, territories and health services, including application processes (including prioritisation and allocation systems), industrial arrangements and individual program specifications (rotations, education programs and future training options). Your health service or PMC (see list at the end of the document) may publish a local guide for prevocational doctors.

What should prevocational doctors learn?

Prevocational training is a transition from medical school to specialty training and independent practice, focusing on safe, high-quality patient care. Prevocational doctors should receive practical (on-the-job or work-based) training under the supervision of senior colleagues, who provide support, feedback, teaching and assessment. The prevocational years provide opportunities for graduates to apply, consolidate and expand their clinical knowledge and skills, and progressively increase responsibility for patient care.

By the end of each year of PGY1 and PGY2 training, prevocational doctors should be able to demonstrate the skills and knowledge outlined in the *Prevocational outcome statements* at the appropriate level for that year. These outcome statements are grouped in four domains: Practitioner, Professional and leader, Health advocate, and Scientist and scholar (Table 1), the same domains used for the AMC's graduate outcome statements.

Table 1: Overview of the AMC prevocational outcome statements

DOMAIN 1 **Practitioner**	Describes the work expected of prevocational doctors in assessing and caring for patients including appropriately communicating, documenting, prescribing, ordering investigations and transferring care.
DOMAIN 2 **Professional & leader**	Describes the professional dimension of the doctor. It includes the importance of ethical behaviours, professional values, optimising personal wellbeing, lifelong learning and teamwork.
DOMAIN 3 **Health Advocate**	Describes the doctor who applies whole-of-person care and partners with their patients in their care. The doctor recognises that broader determinants of health have tangible effects on their patients and takes account of their context as well as broader systemic issues.
DOMAIN 4 **Scientist & Scholar**	Describes the doctor who applies and expands their medical knowledge and evaluates and applies relevant evidence to their clinical practice.

Prevocational training is centred on work-based clinical learning or on-the-job learning. The National Framework has been designed so that the day-to-day work of PGY1 or PGY2 doctors allows them to achieve the outcomes. Some additional learning activities may be necessary for a minority of the outcomes, but the vast majority will be achieved through prevocational doctors simply doing their job.

Doctors completing an accredited PGY1 or PGY2 program are exempt from the Medical Board of Australia's CPD requirements and are not required to nominate a CPD home.

Prevocational doctors take responsibility for achieving the prevocational outcomes – with your support

Prevocational doctors are expected to take responsibility for driving the learning and assessment process and ensuring they meet the outcome statements over the course of the year. During the two prevocational years, developing these outcomes is helped by contact with patients and medical teams – particularly the supervisors who oversee terms – and the wider health professional team.

The following three key components need to occur during every term:

1. **Beginning-of-term discussion**: At the start of every term, there is a meeting between the prevocational doctor and their term supervisor to discuss the role and the prevocational doctor's responsibilities in the team. Prevocational doctors should have read the term descriptions (which include learning objectives mapped to the prevocational outcome statements) before the meeting to understand the outcomes they can focus on and prioritise during the term. This is an important meeting to discuss the term description and learning opportunities, and to develop a learning plan for the term. The meeting is an opportunity for prevocational doctors to identify any specific skills and knowledge they would like to gain and be assessed on during the term, and to add these to their learning plan. The meeting should also confirm arrangements for attending formal education sessions, such as the health service's weekly intern education program.
2. **Midterm assessment**: Prevocational doctors will arrange a follow-up discussion with a supervisor for a midterm assessment. Based on the feedback they receive, they may adjust their learning plan and/or ask about additional EPA assessments at that meeting.
3. **End-of-term assessment**: At the end-of-term discussion the term supervisor assesses the prevocational doctor's performance during the term. The prevocational doctor will expect feedback on any areas that could be further developed and should take these suggestions forward into learning plans for subsequent terms.

Rights and responsibilities of prevocational doctors and their supervisors

The responsibilities of provisionally registered medical practitioners during the intern year, and of PGY2 doctors with general registration, are defined by the Medical Board of Australia's registration standards. Provisionally registered PGY1 doctors can only practise in an accredited intern position. All doctors, including prevocational doctors, are responsible for safe patient care.

Prevocational doctors have rights to an appropriate level of supervision, to an education program, and to a safe workplace free from bullying, harassment and discrimination. As a supervisor, you can expect your health service to support you through training in the framework and how to complete an EPA assessment. You also have the right to feedback on your performance as a supervisor.

The National Framework requires that all PGY1 and PGY2 term supervisors complete training in supervision within three years of the introduction of the framework. Relevant training for supervising medical students or vocational (specialty) trainees is recognised for prevocational supervision. All EPA assessors must complete a training module.

How is prevocational training structured?

Prevocational training is a longitudinal program of supervised, work-based learning over two years (PGY1 & PGY2) that enables prevocational doctors to demonstrate the skills and knowledge described in the *Prevocational outcome statements*.

Each year is 47 weeks, which excludes annual leave but may include professional development leave (depending on local policies) and up to 10 days of personal, carer's or sick leave.

Prevocational training is designed to support development of generalist skills with a minimum of four terms in different specialties in PGY1 and a minimum of three terms in PGY2.

Prevocational doctors may complete terms in public and private hospitals, general practices and community-based facilities. Health services are required to ensure that prevocational doctors are exposed to a breadth of clinical experiences in each year.

A senior clinician, often called the director of clinical training (DCT) or director of postgraduate medical education (DPME) will oversee the training program. Most health services have established medical education units (MEUs) and employ medical education officers (MEOs) to support prevocational doctors' learning. Some have a dedicated supervisor of intern training for PGY1. These terms and roles may be slightly different in each jurisdiction, but are the key people who support your role as a supervisor.

The local PMC accredits the health service's program and all its terms to ensure the quality of training.

PGY1 (Internship)

The Medical Board of Australia sets the broad structure for intern training in its *Registration standard* (note this registration standard is currently under review).

During a 47-week year, interns are required to complete a minimum of 4 terms of at least 10 weeks, with a maximum of 25% in any one subspecialty and a maximum of 50% in any one specialty (including its subspecialties). For example, an intern may not work for more than 50% of the year in surgical terms or paediatric terms. Part-time work is possible, but internship must be completed within 3 years.

During the year, interns must have exposure to the four clinical experience categories (see Figure 2 and Figure 3):

- A patients presenting with undifferentiated illness
- B patients with chronic illness
- C patients with acute and critical illness
- D peri-procedural patient care.

The term descriptions for each rotation will indicate which of these clinical experiences are covered (one or two per term). Interns also must have some exposure to work outside standard hours, with appropriate supervision. A minimum of 50% of the intern year must be spent attached to a clinical team and a maximum of 20% of the year can be spent in service terms, such as night or weekend cover, or backfilling doctors on leave.

Figure 2: Requirements for PGY1 programs and terms

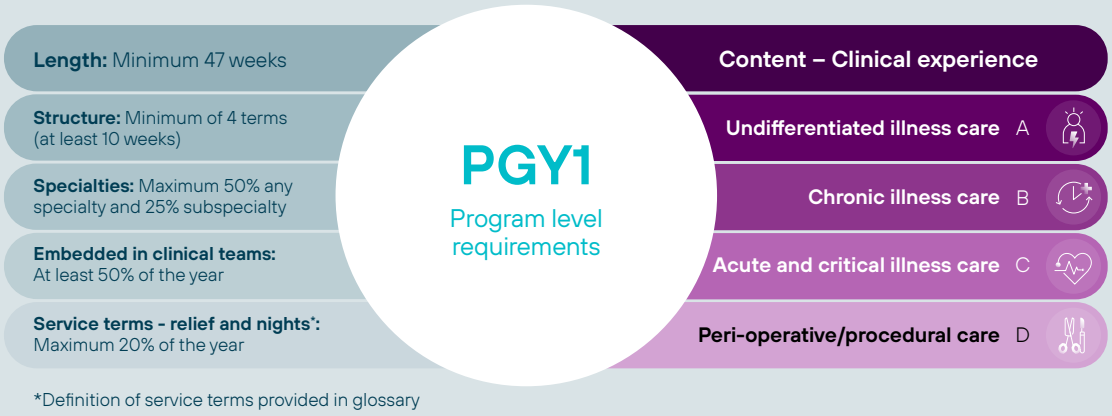
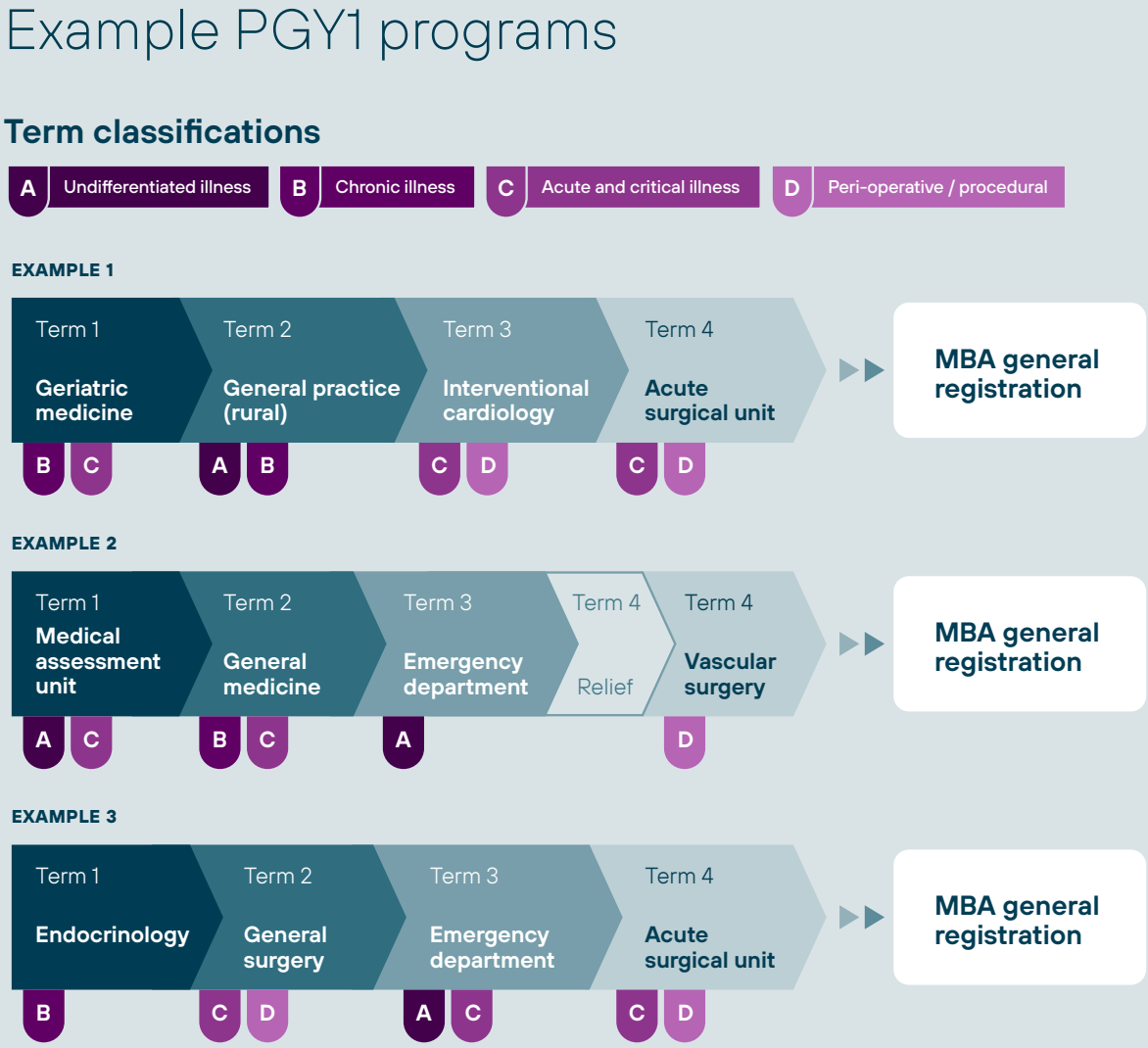


Figure 3: Three examples of PGY1 programs



Note that a relief term may or may not be classified as a service term (see Glossary for 'service term' definition). The relevant PMC determines if the term is a structured learning experience and whether the relief term can be classified into a clinical experience category.

You can read more about the requirements for PGY1 terms here, and find more example programs on the AMC website.

PGY2

Prevocational doctors are able to enrol in a vocational training program in PGY2 if the college overseeing the program accepts PGY2 trainees. The following information is for PGY2 doctors who remain within an accredited prevocational training program.

PGY2 is designed to continue broad generalist experience. If the prevocational doctor is working towards a specialty training program, they should check that the term allocations include the college prerequisites for that program.

During a 47-week year, PGY2 doctors need to complete a minimum of 3 terms of 10 weeks to 6 months in different subspecialties that provide exposure to (see Figure 4 and Figure 5):

- A patients presenting with undifferentiated illness
- B patients with chronic illness
- C patients with acute and critical illness.

The term descriptions for each rotation will indicate which of these clinical experiences are covered (one or two per term). PGY2 doctors also must have some exposure to work outside standard hours, with appropriate supervision. A minimum of 50% of the year must be spent attached to a clinical team and a maximum of 25% can be spent in service terms, such as night or weekend cover, or backfilling doctors on leave. PGY2 doctors can complete one term in a non-clinical specialty (pathology, public health, research, medical administration or medical education).

PGY2 may be undertaken part-time. It must be completed within four years of starting.

Figure 4: Requirements for PGY2 programs and terms

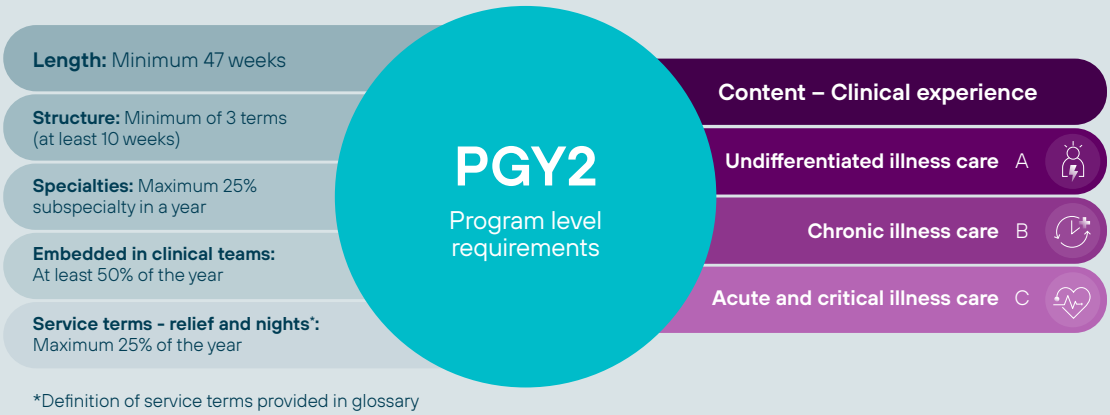
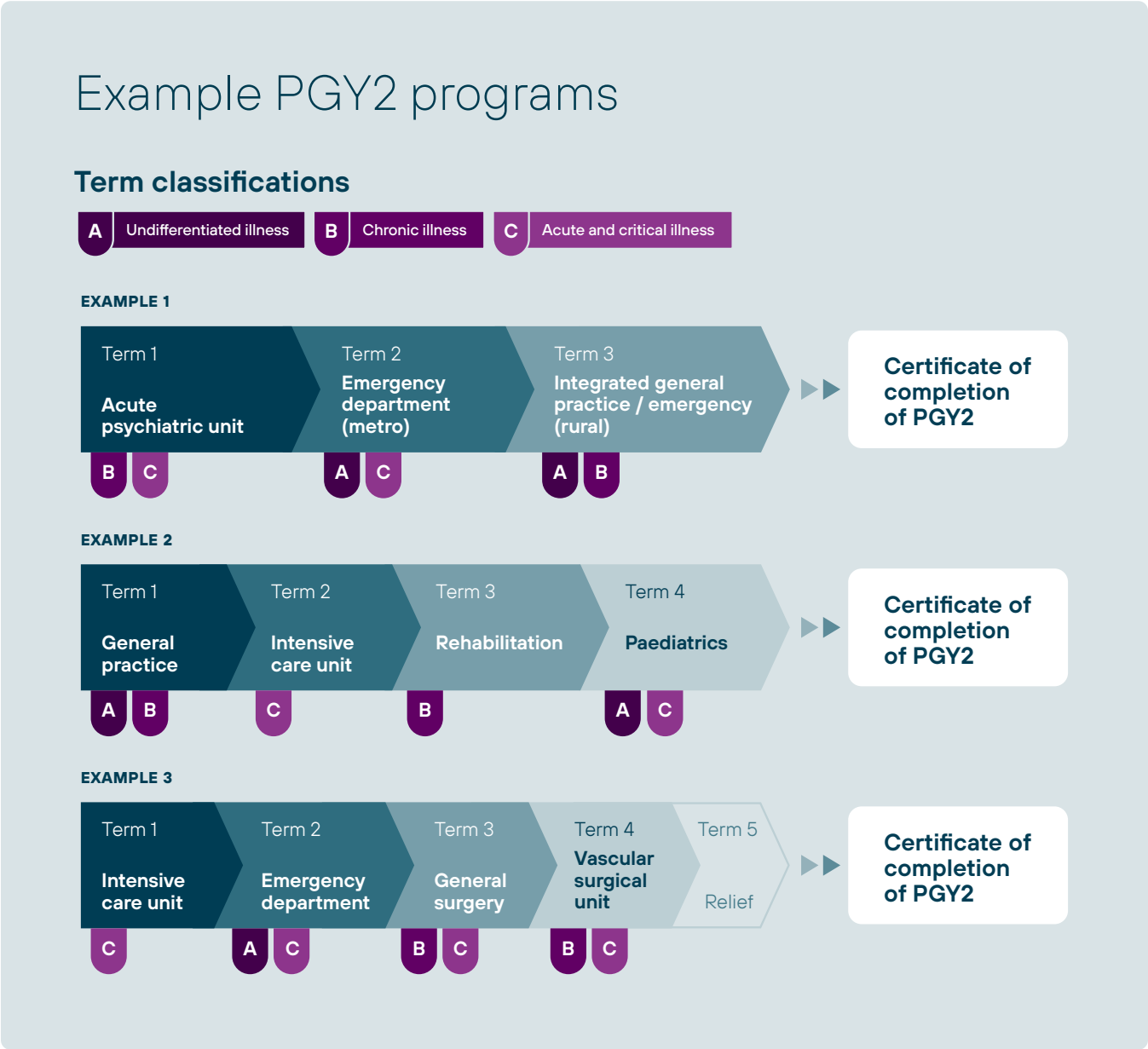


Figure 5: Three examples of potential PGY2 programs



Note that a relief term may or may not be classified as a service term (see Glossary for 'service term' definition). The relevant PMC determines if the term is a structured learning experience and whether the relief term can be classified into a clinical experience category.

You can read more about the requirements for PGY2 terms here, and find more example programs on the AMC website.

How will prevocational doctors learn?

Prevocational training is centred on work-based clinical learning or on-the-job learning. However, the *National standards* require health services to provide educational programs for prevocational doctors, including a dedicated formal education program for PGY1 and access for PGY2 doctors to education programs that are relevant to their individual learning needs.

Doctors completing an accredited PGY1 or PGY2 program are exempt from the Medical Board of Australia's CPD requirements and are not required to nominate a CPD home.

At the start of each term, there is a meeting with the term supervisor to outline the prevocational doctor's role and responsibilities in the team. This is an important meeting which should include a discussion of the term description and the learning opportunities during the term. The prevocational doctor should identify any specific skills and knowledge that they would like to gain and be assessed on during the term. During the meeting arrangements for attending formal education sessions, such as the health service's weekly intern education program, should be confirmed.

At the end of each year prevocational doctors should be able to demonstrate the skills and knowledge outlined in the *Prevocational outcome statements* at a level appropriate for that year. The term descriptions for each rotation in their roster include the prevocational outcome statements that have been mapped to the term. Once introduced, an e-portfolio (see next section), will automatically map progress against the outcome statements over the year.

End-of-term and EPA assessments (see section below) are also mapped to the outcome statements. Prevocational doctors are asked to check their progress against the outcome statements regularly, and to consider additional learning activities (such as hand hygiene modules, basic life support courses and cultural safety modules) for some of the outcomes.

Prevocational doctors should talk to you as their term supervisor if they have any concerns about their progress.

The e-portfolio and record of learning

Health ministers have agreed to developing a national e-portfolio to support prevocational training. The web-based e-portfolio will be accessible from desktop or mobile devices and the AMC is working with health departments and PMCs to support the development.

When available, prevocational doctors will use the e-portfolio to access all framework documents, as well as their rotations, term descriptions and supervisors. The e-portfolio will automatically create a learning plan for each term, which can be adjusted, and will automatically map progress against the prevocational outcome statements.

The e-portfolio will be the way to document the beginning of term discussion and complete the midterm, end-of-term and EPA assessments. Supervisors will enter their feedback into the e-portfolio and prevocational doctors will be able to enter self-reflections on their progress and learning needs.

EPAs

The National Framework includes four EPAs that describe essential components of the day-to-day work of PGY1 and PGY2 doctors. Your assessments of these EPAs measure the prevocational doctor's level of *entrustability* – your judgement of how much supervision the doctor needs to safely perform the piece of work that has been observed.

Table 2: The entrustable professional activities (EPAs)

EPA 1 **Clinical assessment**	Conduct a clinical assessment of a patient incorporating history, examination, formulation of a differential diagnosis and a management plan, including appropriate investigations and communication with the patient and their family or carers.
EPA 2 **Recognition and care of the acutely unwell patient**	Recognise, assess, escalate appropriately and provide immediate management to deteriorating and acutely unwell patients. (This EPA recognises that PGY1 and PGY2 doctors are often called after hours to assess patients whose situation has acutely changed.)
EPA 3 **Prescribing**	Appropriately prescribe therapies (drugs, fluids, blood products and inhalational therapies including oxygen) tailored to patients' needs and conditions.
EPA 4 **Team communication – documentation, handover and referrals**	Communicate about patient care, including accurate documentation and written and verbal information to facilitate high-quality care at transition points and referral.

You can read more about the EPAs and their assessment here. The e-portfolio under development will support assessment of EPAs. Assessing the EPAs will be voluntary in both PGY1 and PGY2 until the e-portfolio is introduced, but some health services have agreed to conduct EPA assessments without the e-portfolio, using a paper version of the national EPA assessment form. Prevocational doctors can cover nearly all of the prevocational outcome statements through assessment of the EPAs.

Figure 6 and Appendix 1 show how the four EPAs map to the outcomes.

Figure 6: Prevocational outcomes and entrustable professional activities

Other educational activities

Prevocational doctors are encouraged to take advantage of other on-the-job learning opportunities, which may include:

- bedside or ward round teaching by supervisors, including registrars
- team- and unit-based activities, including:
  - radiology and pathology meetings
  - multidisciplinary meetings
  - mortality and morbidity audits
  - case presentations and seminars
  - journal clubs.
- teaching by other health professionals during patient clinical care
- simulation-based training
- online training modules
- face-to-face or online teaching within vocational (specialty) training programs
- grand rounds
- quality improvement activities.

The *National standards* require health services employing prevocational doctors to provide a dedicated formal (usually weekly) education program for interns and to support access for PGY2 doctors to education programs that are relevant to their individual learning needs. As a supervisor, you should ensure that prevocational doctors can attend scheduled educational activities.

How are prevocational doctors supervised?

Prevocational doctors must be supervised at a level appropriate to their experience and responsibilities at all times. In each term the supervision arrangements should be clear and explicit and included in the term description.

There is usually more than one supervisor, each with different responsibilities:

- A *term supervisor*
- A *primary clinical supervisor*
- A *day-to-day clinical supervisor*

During PGY1 and PGY2, prevocational doctors take increasing responsibility for patient care as they progress towards independent practice. Providing safe, high-quality patient care is paramount, and prevocational doctors should never be put in a position where they are asked to take on responsibilities beyond their scope of practice or perform procedures without appropriate supervision.

Term supervisor

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

Primary clinical supervisor

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

Day-to-day clinical 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 are prevocational doctors assessed?

Work-based assessment is an important part of prevocational training to ensure PGY1 and PGY2 doctors acquire the skills and knowledge outlined in the *Prevocational outcome statements*. Achieving these outcomes leads to general registration at the end of the intern year, and a certificate of completion for PGY2 before entering a vocational training program.

Doctors must meet all of the outcome statements in each year of prevocational training. As outlined above, the term descriptions for each rotation will include the outcome statements that should be achieved in that term. EPA assessments will also map to outcome statements. Prevocational doctors are encouraged to monitor their progress against the outcomes during the year so that they can complete and document additional learning activities or arrange EPA assessments relevant to any outcome statements that have not been covered in the end-of-term (or EPA) assessments.

In addition to their formal assessments, prevocational doctors are strongly encouraged to seek individual feedback on their performance from you as their supervisor.

Term assessments

All prevocational doctors undergo midterm and end-of-term assessments every term. These assessments are based on achieving the outcomes described in the *Prevocational outcome statements* at a level appropriate for each year. As a supervisor, you complete the assessments on a standardised national form.

The assessments are part of the discussions about performance during the term and prevocational doctors are encouraged to complete a self-assessment using the form as a starting point for these discussions. As the supervisor, you should include key points of feedback and suggested learning goals and activities on the form. Depending on this feedback, the prevocational doctor may need to adjust their learning plan:

1. The **midterm assessment** is designed to provide timely feedback on performance, to identify any specific learning needs that have emerged and to discuss how they can be addressed. The prevocational doctor's primary clinical supervisor will complete this form. The prevocational doctor's registrar (day-to-day clinical supervisor) can also complete the midterm form with sign-off by the primary clinical supervisor or term supervisor.

2. The **end-of-term assessment** must be completed by the term supervisor, who will also assess and provide feedback on whether the prevocational doctor has met the learning objectives identified at the beginning of the term, or at an EPA or midterm assessment.

At the end of each year, the health service's assessment review panel will review the prevocational doctor's performance based on end-of-term and EPA assessments, and any additional documented learning activities. EPA assessments will not be mandatory until after the introduction of the e-portfolio. The panel will make a judgement on whether the prevocational doctor has the skills and knowledge described in the outcome statements (at a level appropriate for each year). There is no requirement to pass a minimum number of term assessments, so not satisfying all requirements at an end-of-term assessment does not mean that the prevocational doctor will not be able to progress at the end of the year. Prevocational doctors who do not pass an end-of-term assessment must receive detailed feedback on the areas for improvement so that they can reach the required standard by the end of the year.

Assessment of EPAs

The most important components of prevocational doctors' clinical work are reflected in the four EPAs included in the National Framework: clinical assessment, recognition and care of the acutely unwell patient, prescribing and team communication.

When the e-portfolio is introduced, prevocational doctors will be assessed on each of these EPAs during both years: a minimum of 10 assessments each year with at least two in every 10-week term. In the interim, some health services will implement EPA assessments using a paper version of the national EPA assessment form. The assessments will generally be performed by a supervisor and take place during normal clinical work.

At least one EPA assessment per term should be completed by the term supervisor; others can be completed by other clinical supervisors, the registrar or other health professionals. An EPA assessment should be able to be completed in 10 to 15 minutes, often less. EPA 1 (clinical assessment) will be assessed at least once in each term and EPAs 2–4 will be assessed at least twice throughout the year. Prevocational doctors will be encouraged to arrange additional assessments with their supervisors to ensure all the outcome statements have been covered, and for any areas where they feel they need to improve their skills. If you as a supervisor have concerns about a prevocational doctor's level of entrustability for a particular task, you are encouraged to suggest an additional EPA assessment.

The prevocational doctor will enter some clinical details about the patient and their problem using a national EPA assessment form which will be incorporated into a record of learning within the e-portfolio when it is introduced. They can also complete a self-assessment of their EPA performance using this form. The supervisor observes the work and then enters an assessment and some feedback onto the form. You can find the national EPA assessment form here.

Your assessment as a supervisor is not 'pass/fail' – it is a judgement of the prevocational doctor's degree of entrustability for the work being observed. That is, the level of supervision required for the doctor to safely perform the specific clinical task you observed. There are three levels of entrustability:

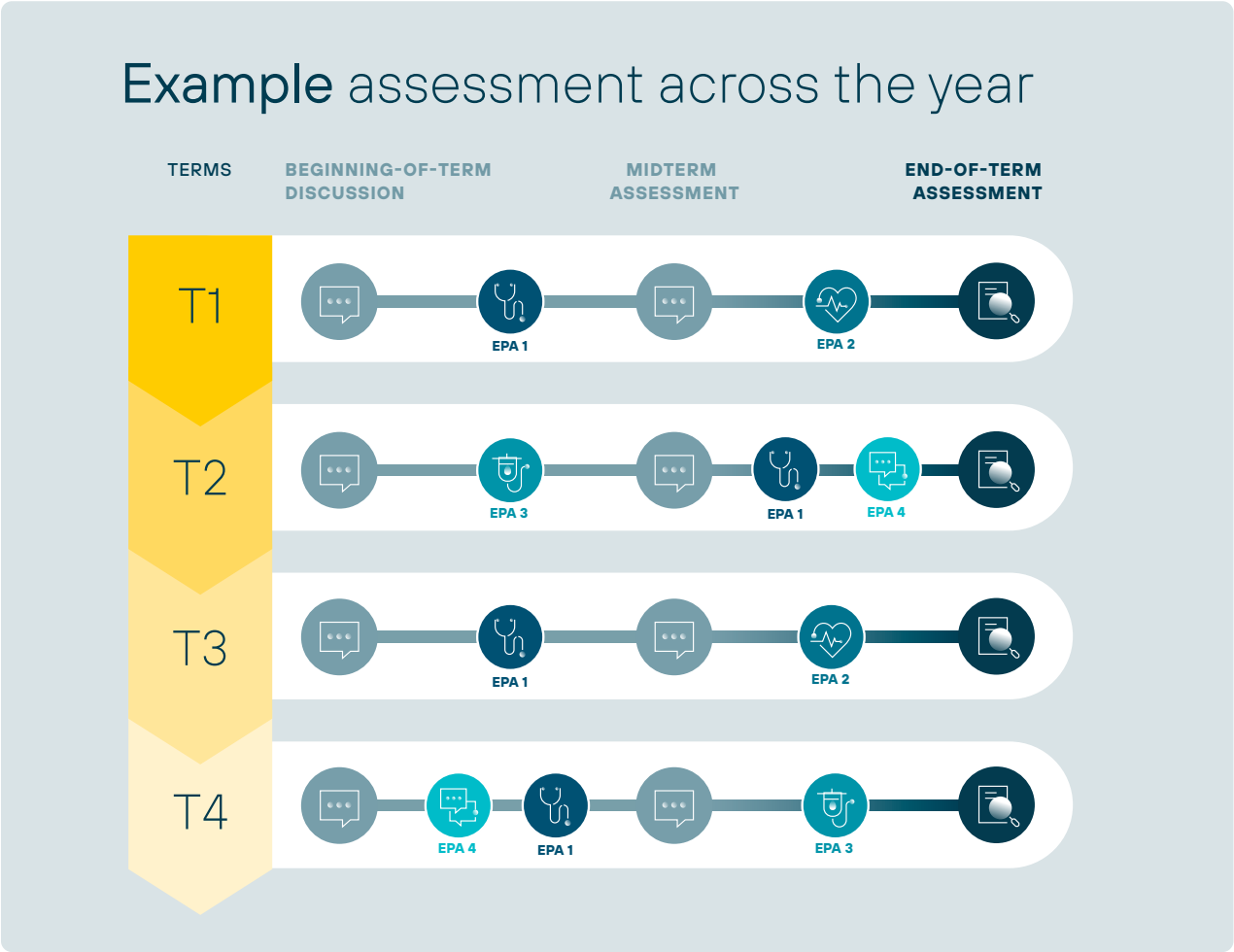
- requires direct supervision – the supervisor needs to directly observe the work
- requires proximal supervision – the supervisor needs to be easily contacted and available to provide immediate and detailed review of the work
- requires minimal supervision – the supervisor trusts the prevocational doctor to complete the task.

EPAs are expected to be assessed at increasing levels of complexity during prevocational training. A task that is complex early in PGY1 may not be complex for a prevocational doctor towards the end of PGY2, who may no longer need close supervision. However, other tasks will be complex for PGY2 doctors and will require closer supervision.

All EPA assessors are required to complete a training module. You can get more detailed information about EPAs and their assessment here and in the National Framework frequently asked questions on the AMC website.

Figure 7: An example of assessment across a four-term year (either PGY1 or PGY2)

Note that until the e-portfolio is introduced, EPA assessments will only be performed in some health services.



You can read more about assessment during PGY1 and PGY2 here and and in the National Framework frequently asked questions on the AMC website.

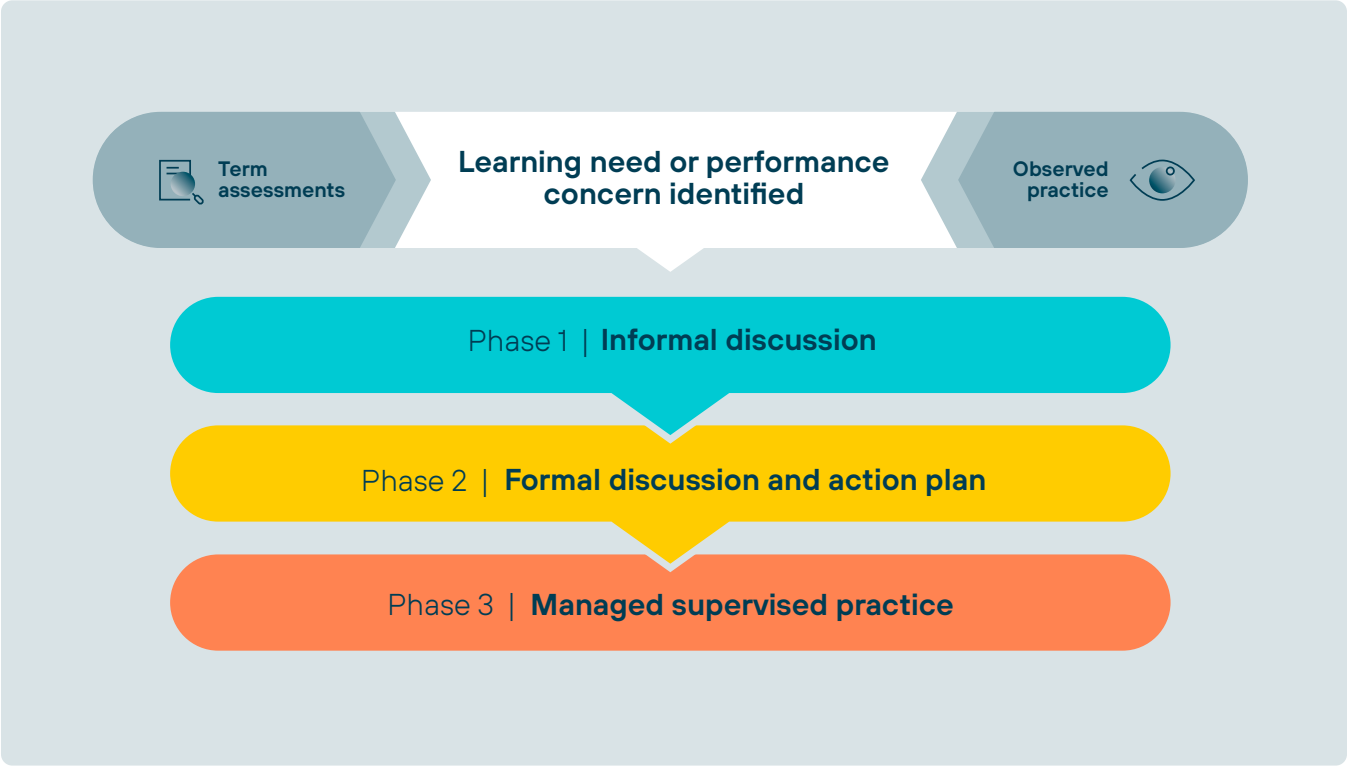
Improving performance

Prevocational training has a strong emphasis on early identification of prevocational doctors who are not progressing as expected, and on providing timely feedback and support to improve their performance. These difficulties might be identified during the term by the prevocational doctor or by you as their supervisor, or through one of the assessments.

If you have any concerns about a prevocational doctor's progress it is important to act on them. The earlier an issue is identified, the more time there is to plan and place supports that may help. You should explore the issues with the prevocational doctor, talk to other supervisors in your team about their views of the prevocational doctor's performance, and notify the PGY1/PGY2 support staff (MEO and/or DCT) within your organisation. If the prevocational doctor's health or wellbeing is impaired, the DCT may suggest external support from their general practitioner (GP) or the doctor's health advisory service in your state or territory.

Within the National Framework, a three-phase improving performance process has been developed to provide support.

Figure 8: The improving performance process



The goal of the improving performance process is to provide support and any additional training required to resolve the issues that have been identified. If the issues are addressed satisfactorily, and the prevocational doctor reaches the required standard for PGY1 or PGY2 at the end of the year, the assessment review panel will recommend progression.

You can read more about the improving performance process here.

How do prevocational doctors complete prevocational training?

PGY1 (Internship)

At the end of PGY1, 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, which is to complete the requirements of the intern year (47 weeks of supervised practice in at least 4 accredited terms in different specialties, with the required types of clinical exposure) and to demonstrate the skills and knowledge outlined in the *Prevocational outcome statements*.

The health service's assessment review panel considers the results of end-of-term and EPA assessments, and any additional documented learning activities. There is no minimum number of end-of-term assessments that must be passed and no minimum number of EPA assessments at the level of 'requires minimal supervision'. The panel's role is to assess whether the prevocational doctor has the skills and knowledge described in the outcome statements (at a level appropriate for an intern) at the end of the year. If the panel concludes that the prevocational doctor does not yet have the appropriate level of skills and knowledge, general registration may be delayed. In these circumstances the Board normally consults with the health service to recommend a period of additional supervised clinical practice as an intern.

PGY2

At the end of the second postgraduate year, the health service's assessment review panel recommends whether a prevocational doctor should be awarded a certificate of completion. This recommendation is based on completing the requirements of PGY2 (47 weeks of supervised practice in at least 3 accredited terms in different subspecialties, with the required types of clinical exposure) and demonstrating the skills and knowledge outlined in the *Prevocational outcome statements*.

As for PGY1, the panel considers the results of end-of-term and EPA assessments and any additional documented learning activities. There is no minimum number of end-of-term assessments that must be passed and no minimum number of EPA assessments at the level of 'requires minimal supervision'. The panel's role is to assess whether the prevocational doctor has the skills and knowledge described in the outcome statements (at a level appropriate for a PGY2 doctor) at the end of the year. If the panel concludes that the prevocational doctor does not yet have the appropriate level of skills and knowledge, it will usually recommend a period of additional supervised clinical practice as a PGY2.

You can read more about certifying completion of PGY1 and PGY2 here.

What if a prevocational doctor needs additional support?

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 GP. Confidential support is available from doctors' health programs in all states and territories and through 24/7 telephone support from Doctors' Health Services Helpline (details at www.drs4drs.com.au/getting-help/).

Under the *National standards,* health services have obligations to monitor and optimise prevocational doctors' wellbeing, to ensure their workload is not excessive and to provide adequate supervision and support. Health services must also develop processes for collecting and responding to prevocational doctors' feedback and for identifying and supporting doctors who are experiencing personal or professional difficulties.

Bullying, harassment and discrimination are common in the health industry. The national standards require health services to implement strategies, systems and safe reporting mechanisms to identify, address and prevent bullying, harassment and discrimination (including racism).

If you have concerns about a prevocational doctor's personal wellbeing, you must act quickly to seek help for them. There will be a number of individuals in your health service who have the skills and authority to provide this help, including experienced supervisors, the DCT, the supervisor of intern training, MEU staff, the MEO or the director of medical services (DMS). If you have witnessed bullying, harassment or discrimination, you should report it to the DCT, DMS or your health service's human resources or people and culture department. Your health service should have confidential mechanisms for reporting bullying, harassment or discrimination.

You can read more about your health service's obligations to support prevocational doctors' wellbeing here (Pg 27).

How is the quality of prevocational training programs assured?

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

Accreditation is an external peer review of a training program against the *National standards*. State and territory PMCs appoint accreditation teams, which usually include supervisors, registrars and prevocational doctors, to accredit prevocational training programs and terms against the criteria described in the *National standards*. These criteria outline minimum standards, including for program structure, governance, content and delivery, clinical experience, supervision and support, feedback and assessment. The standards also require health services to make the accreditation team's findings and recommendations available to the prevocational doctors they employ.

The AMC in turn accredits PMCs (in addition accrediting medical schools and specialist colleges). The AMC appoints accreditation teams, which often include supervisors, prevocational doctors or registrars, to accredit PMCs against the criteria outlined in *AMC Domains and procedures for assessing and accrediting prevocational training accreditation authorities*. Based on the accreditation team's report, the AMC makes recommendations to the Medical Board of Australia, which then approves the PMCs to accredit health service training programs.

Table 3: The roles and responsibilities of the bodies involved in prevocational training

BODIES	ROLE IN PREVOCATIONAL TRAINING
Medical Board Ahpra	**National regulation of medical profession** • Sets registration standards • Registers individual practitioners
Australian Medical Council	**National standards body for medical education** • Develops National Framework for Prevocational Medical Training (on behalf of Ahpra (PGY1) and Health Chief Executive Forum (PGY2)) • Accredits postgraduate medical councils
Postgraduate medical councils (CRMEC, HETI, PMAQ, NT PMAS, PMCT, PMCV, PMCWA, SA MET)	**State and territory level accreditation of prevocational programs and terms**
Jurisdictions and health services	**Employment of prevocational doctors and development and delivery of prevocational training programs**

Contact details

For information specific to each state and territory, contact the relevant PMC.
Their websites are listed below.

STATE	PMC	WEBSITE
ACT	Canberra Region Medical Education Council (CRMEC)	http://crmec.health.act.gov.au
NSW	Health Education and Training Institute (HETI)	https://www.heti.nsw.gov.au
NT	Northern Territory Prevocational Medical Assurance Services (NT PMAS)	https://www.ntmetc.com
QLD	Prevocational Medical Accreditation Queensland (PMAQ)	https://pmaq.health.qld.gov.au
SA	South Australian Medical Education & Training (SA MET)	https://www.samet.org.au
TAS	Postgraduate Medical Education Council of Tasmania (PMCT)	https://www.pmct.org.au
VIC	Postgraduate Medical Council of Victoria (PMCV)	https://www.pmcv.com.au
WA	Postgraduate Medical Council of Western Australia (PMCWA)	https://www.pmcwa.org.au

Glossary

ASSESSMENT

The systematic process for measuring and providing feedback on a prevocational doctor's progress and/or level of achievement of the prevocational outcome statements. This occurs in each term through formal midterm and end-of-term assessments and (where they are conducted) through clinical supervisor's assessment of entrustable professional activities (EPAs). At the end of each year (PGY1 and PGY2), an *assessment review panel* looks at the outcomes of term assessments and the record of learning and makes a recommendation on progress to the next stage of training.

ASSESSMENT REVIEW PANEL

A panel that recommends whether a prevocational doctor can progress to the next stage of training, based on a global judgement of the doctor's achievement of the prevocational outcome statements.

The panel members have a sound understanding of procedural fairness and prevocational training requirements. The panel must have at least three members, who may include the director of clinical training (DCT), the director of medical services (DMS) or chief medical officer (CMO) or delegate, the medical education officer (MEO), an individual with HR expertise, experienced supervisor/s, or a consumer.

CERTIFICATION

The final sign-off at the end of each year. Certification says that the prevocational doctor has:

- completed the statutory requirements for general registration at the end of PGY1 (forwarded to the Medical Board of Australia); or
- achieved the required standard at the end of PGY2 (leading to the issue of an AMC Certificate of Satisfactory Completion of PGY2).

CLINICAL SUPERVISOR

A medical practitioner who supervises the prevocational doctor while they are assessing and managing patients.

- Primary clinical supervisor(s) – is the supervisor with consultant level responsibility for managing 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) is an additional supervisor who has direct responsibility for patient care, provides informal feedback, and contributes information to assessments. This occurs in many settings, and the person in this role should remain relatively constant during the *term*. They should be at least PGY3 level, such as a registrar.

CONSUMER

A health consumer is someone who uses or has used healthcare services, including patients (clients), their family or carers. Many organisations, including the Australian Medical Council, use the experience and expertise of consumers as members of committees.

CULTURAL SAFETY	The AMC uses the Australian Health Practitioner Regulation Agency's (Ahpra) definition of cultural safety. Cultural safety is determined by Aboriginal and/or Torres Strait Islander individuals, families and communities. Culturally safe practice is the ongoing critical reflection of health practitioner knowledge, skills, attitudes, practising behaviours and power differentials in delivering safe, accessible and responsive healthcare free of racism. See full definition at: https://www.ahpra.gov.au/about-ahpra/aboriginal-and-torres-strait-islander-health-strategy.aspx
DIRECTOR OF CLINICAL TRAINING (DCT) (OR EQUIVALENT)	A senior clinician with delegated responsibility for developing, coordinating, promoting and evaluating the *prevocational training program* at all sites. This clinician also has an important role in longitudinal oversight, advocacy and support of prevocational doctors within the program. In fulfilling the responsibility of this role, the DCT will regularly liaise with term supervisors, MEOs and hospital or junior medical officer (HMO or JMO) manager(s), the DMS and others involved in the *prevocational training program*. The role has a range of titles in different jurisdictions and training sites, including director of prevocational education and training (DPET), and may interact with a supervisor of intern training, who has primary responsibility for PGY1 doctors (interns). Other titles may be used in community health settings, including general practice.
DIRECTOR OF MEDICAL SERVICES	A senior medical administrator with responsibility for the medical workforce at a health service, also known as the executive director of medical services (EDMS) or CMO. Other terms may be used for equivalent roles in community health settings or general practice.
FORMAL EDUCATION PROGRAM	An education program that the training facility provides and delivers as part of its *prevocational training program*. For *interns* (PGY1), there are usually weekly sessions, which involve a mixture of interactive and skills-based face-to-face or online training. Education programs for PGY2 doctors are more varied and may be adapted to address the career plans of these doctors.
INTERN	A doctor in their first postgraduate year (PGY1) and who holds provisional registration with the Medical Board of Australia.
PREVOCATIONAL DOCTOR	A doctor completing generalist, work-based clinical training during the first two years after graduation. The term is sometimes used to refer to any recent medical graduate who has not commenced a vocational training program, including PGY3 and beyond, but in this framework, it always refers to PGY1 or PGY2 doctors.
PREVOCATIONAL TRAINING PROGRAM	A period of two years of generalist, work-based, clinical training after graduation. Each year (PGY1 or internship and PGY2) comprises 47 weeks of supervised clinical training that meets the requirements set out in the *National standards and requirements for prevocational (PGY1 and PGY2) training programs and terms*. Each year of the program includes orientation, formal and informal education sessions, and assessment with feedback, and may be provided by one or more training providers.

PREVOCATIONAL TRAINING PROVIDER	The organisation that provides supervised clinical practice, education and training, and that is responsible for the standard of the prevocational training program. The program may be delivered in hospital, community health or general practice settings in both prevocational years. Additional settings are possible in PGY2 year rotations, such as pathology, medical administration, research or medical education. Providers may be a hospital, community health facility, general practice, or a combination of these.
PGY	Postgraduate year, usually used with a number to indicate the number of years after graduation from medical school. PGY1 is the first postgraduate year, also known as internship, and PGY2 is the second postgraduate year.
SPECIALTY	A major branch of medical practice, usually represented by a specialty college. Examples include general practice, internal medicine, surgery, emergency medicine, anaesthetics, obstetrics, paediatrics and psychiatry.
SUBSPECIALTY	A branch of a *specialty*, most commonly in internal medicine or surgery. Examples include: cardiology, endocrinology, neurology, nephrology and oncology in internal medicine or paediatrics; cardio-thoracic surgery, orthopaedics, plastic surgery and vascular surgery in surgery; and drug and alcohol services in psychiatry.
SERVICE TERM	A *term* where the prevocational doctor is either (a) rostered to provide ward cover on night shifts (service nights term) or (b) rotated through a number of accredited terms for short periods of time to backfill for doctors on leave (Relief service term). Two characteristics of service terms may be: 1. discontinuous learning experiences, such as limited access to the formal education program or regular unit learning activities 2. less or discontinuous supervision, such as nights with limited staff.
TERM	A component of the *prevocational training program*, usually a nominated number of weeks in a particular area of practice, also called a clinical rotation, post or placement.
TERM SUPERVISOR	The person responsible for orientation and assessment during a particular *term*. They may also provide primary clinical supervision of the *prevocational doctor* for some or all of the term.

Appendix 1

Table: Entrustable professional activities (EPA) behaviours mapped to the prevocational (PGY1 and PGY2) outcome statements

Darker shaded boxes - **the particular outcome is addressed specifically within an EPA.**

+/- and lighter shaded boxes – **the outcome may be assessed, depending on patient characteristics.**

Domains	Outcome statement	EPA 1 Clinical assessment	EPA 2 Recognition and care of the acutely unwell patient	EPA 3 Prescribing	EPA 4 Team communication – documentation, handover and referrals
Domain 1: The prevocational doctor as a practitioner	1.1 Patient safety	+/-	+/-	+/-	
	1.2 Communication				
	1.3 Communication – Aboriginal and Torres Strait Islander patients*	+/-	+/-	+/-	+/-
	1.4 Patient assessment		+/-		+/-
	1.5 Investigations				
	1.6 Procedures	+/-	+/-		
	1.7 Patient management				
	1.8 Prescribing		+/-		+/-
	1.9 Emergency care			+/-	+/-
	1.10 Utilising and adapting to dynamic systems	+/-	+/-		
Domain 2: The prevocational doctor as a professional and leader	2.1 Professionalism				
	2.2 Self-management				
	2.3 Self-education				
	2.4 Clinical responsibility		+/-		+/-
	2.5 Teamwork	+/-			
	2.6 Safe workplace culture	+/-		+/-	+/-
	2.7 Culturally safe practice for Aboriginal and Torres Strait Islander patients*	+/-	+/-	+/-	+/-
	2.8 Time management				

Domains	Outcome statement	EPA 1 Clinical assessment	EPA 2 Recognition and care of the acutely unwell patient	EPA 3 Prescribing	EPA 4 Team communication – documentation, handover and referrals
Domain 3: The prevocational doctor as a health advocate	3.1 Population health			+/-	+/-
	3.2 Whole-of-person care		+/-		
	3.3 Cultural safety for all communities	+/-	+/-	+/-	+/-
	3.4 Understanding biases	+/-	+/-	+/-	+/-
	3.5 Understanding impacts of colonisation and racism	+/-	+/-	+/-	+/-
	3.6 Integrated healthcare	+/-		+/-	
Domain 4: The prevocational doctor as scientist and scholar	4.1 Knowledge				+/-
	4.2 Evidence-informed practice				
	4.3 Quality assurance	+/-	+/-	+/-	+/-
	4.4 Advancing Aboriginal and Torres Strait Islander health	+/-	+/-	+/-	+/-