

Guide to Prevocational Training in Australia for PGY1 and PGY2 doctors

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



Take me to the National Framework documents:



What will I 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

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.



EPAs

Describe the work doctors do

EPA1 Clinical assessment

EPA2 Recognition and care of the acutely unwell patient

EPA3 Prescribing

EPA4 Team communication

Term supervisor

Day-to-day Clinical Supervisor

Primary Clinical Supervisor








A consultant or senior medical practitioner who is responsible for your term orientation and assessment. This person may also provide primary clinical supervision.

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

The person who provides your direct day-to-day supervision for most or all of a term (e.g a registrar). This person will have direct responsibility for patient care and will provide regular informal feedback as well as contributing to your assessment.

How will I be supervised?

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	

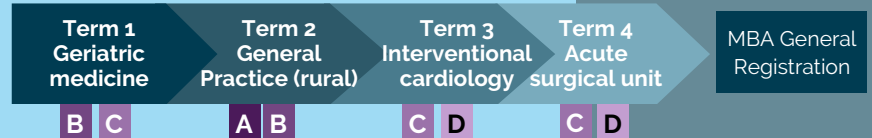
The primary focus of the clinical experience that the prevocational doctor is engaged with during the term

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

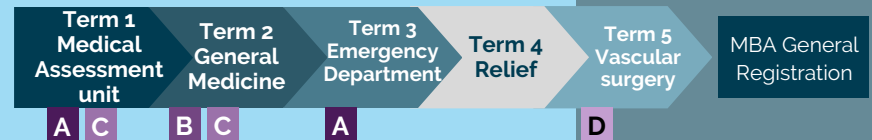
Significant exposure to clinical care of patients in these areas is required across the year

Example PGY1 programs

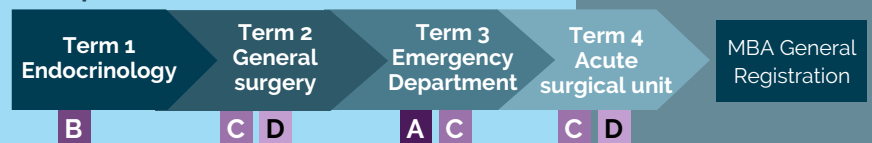
Example 1



Example 2



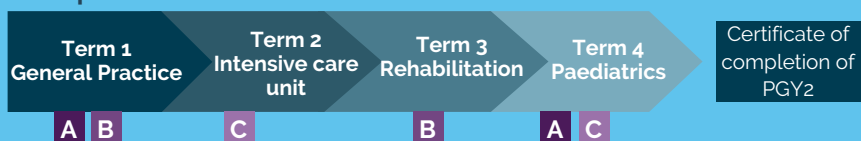
Example 3



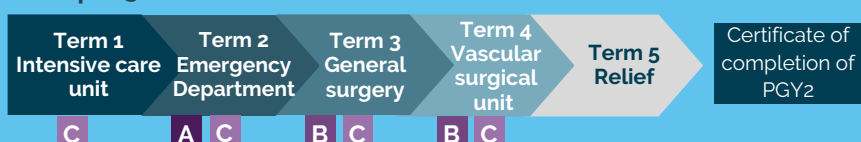
Example 1



Example 2



Example 3



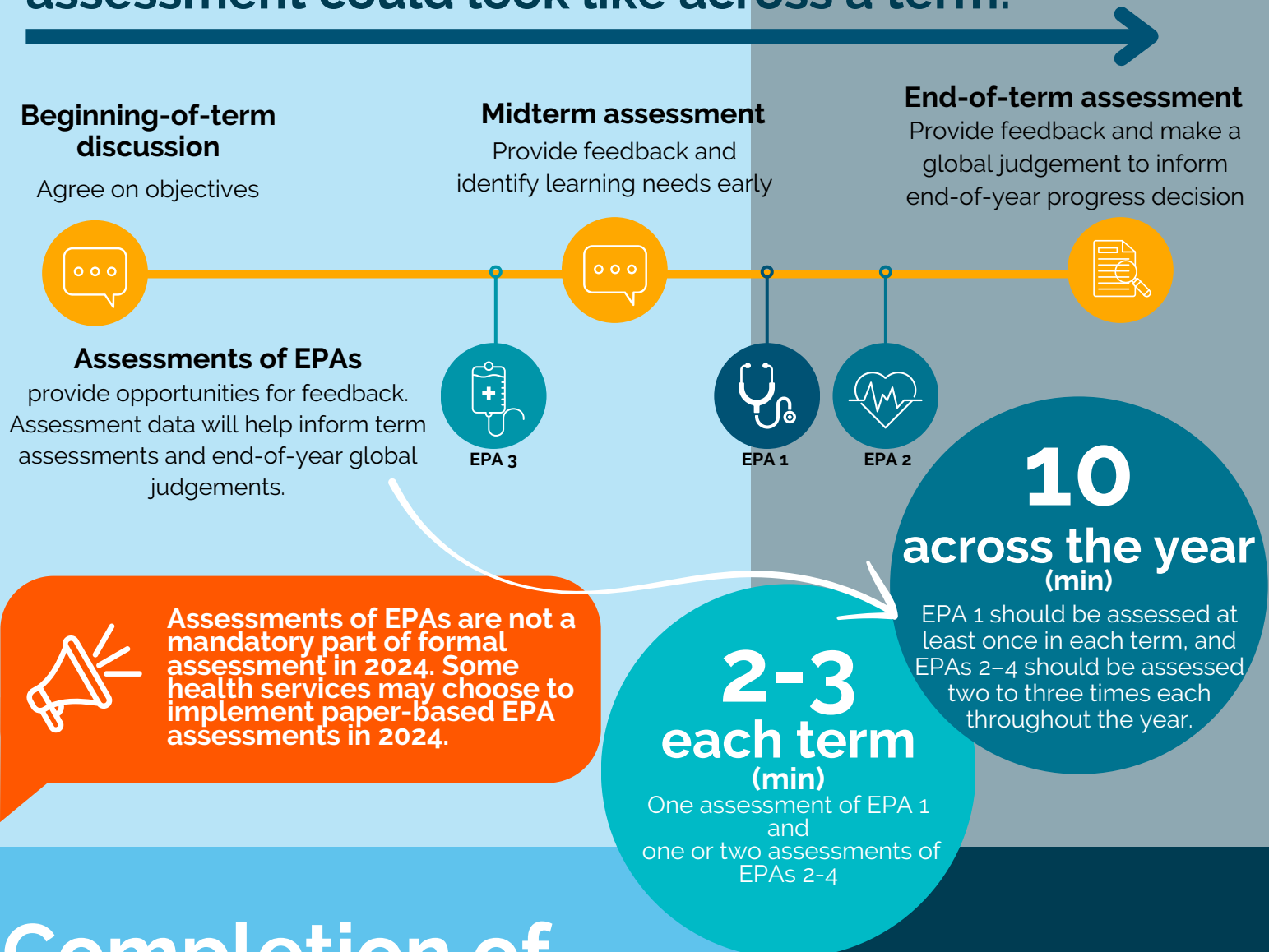
Example PGY2 programs





How will I be assessed?

Here's an example of what your assessment could look like across a term:



Completion of prevocational training

PGY1

At the end of your first postgraduate year you will apply to the Medical Board of Australia for general registration. Your health service will inform the Board if you have met the conditions for general registration by completing the requirements of PGY1.

PGY2

At the end of your second postgraduate year your health service's Assessment Review Panel will be asked to recommend that you are awarded a certificate of satisfactory completion.

Assessment Review Panel

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

What if I need help?

If you have any **concerns about your progress** it is important to seek help sooner rather than later. You should talk to one of your supervisors or to one of the staff responsible for your prevocational training program, e.g. your Director of Clinical Training (DCT) or your Medical Education Officer (MEO).

Prevocational training can be physically, intellectually and emotionally challenging. It is important to monitor your **wellbeing and mental and physical health**. Having your own general practitioner is critical to maintaining good health and wellbeing throughout your career.

If you have any **concerns** talk to your general practitioner, your supervisor or your DCT. You can also access your state Doctors Health Program, Drs4Drs, Beyond Blue or Lifeline.

If you experience or witness **bullying, harassment or discrimination** you should seek help from your DCT or Director of Medical Services/Chief Medical Officer



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.