

National Framework for Prevocational (PGY1 and PGY2) Medical Training

Guide to Prevocational Training in Australia for supervisors

Australian Medical Council

Acknowledgment of Country

The Australian Medical Council acknowledges Aboriginal, Torres Strait Islander Peoples 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, 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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Introduction – What is prevocational training?

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 general registration by the Board. A small minority begin specialty training in their second postgraduate year (PGY2), but most go on to complete a second year of generalist training, sometimes with increased emphasis on rotations most relevant to the specialty training program they want to enrol in. These two years make up prevocational training and are supported by a new *National Framework for Prevocational (PGY1 & PGY2) Medical Training*, to be introduced in 2024 with the intention of improving learning experiences in both hospital and community settings (see Figure 1 below).

The first two years as a doctor are crucial to medical graduates' development as competent and compassionate medical practitioners. Many doctors report that these two years were when they really learnt to be a doctor by consolidating what they had studied at university in the real world of medical practice. Many also say that their learning, wellbeing and eventual career direction were significantly enhanced by high quality supervision during the prevocational years.

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

What is the National Framework for Prevocational Medical Training?




Prevocational training programs are developed and delivered by the health services employing PGY1 and PGY2 doctors. Each health service's program must be accredited against the Australian Medical Council (AMC) [National Standards and Requirements for Prevocational \(PGY1 and PGY2\) Training Programs and Terms](#), by a state or territory postgraduate medical council (PMC). The quality assurance process is strengthened by AMC accreditation of postgraduate medical councils against the [Domains and Procedures for Assessment and Accreditation of Prevocational Training Accreditation Authorities](#).

These two documents and a suite of documents on [Training and Assessment](#) are the key components of the *National Framework for Prevocational (PGY1 & PGY2) Medical Training*, which was introduced in 2024 with the intention of improving learning experiences in both hospital and community settings (Figure 1).

Introduction of 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 Torres Strait Islander 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

 Training and Assessment Training and assessment requirements for prevocational (PGY1 and PGY2) training programs		
Section 2 Prevocational training	2A	Prevocational outcome statements
	2B	Entrustable professional activities (EPAs)
	2C	Record of learning
Section 3 Prevocational assessment	3A	Assessment approach
	3B	Improving performance
	3C	Certifying completion of PGY1 and PGY2 training
	3D	National assessment forms
 Training Environment National standards and requirements for prevocational (PGY1 and PGY2) training programs and terms		
Section 2	National standards for prevocational (PGY1 and PGY2) training programs and terms	
Section 3	Requirements for prevocational (PGY1 and PGY2) training programs and terms	
 Quality Assurance AMC domains and procedures for assessing and accrediting prevocational (PGY1 and PGY2) training accreditation authorities		
Section 2	Domains for assessing and accrediting prevocational training accreditation authorities	
Section 3	Procedures for assessing and accrediting prevocational training accreditation authorities	

This guide can be used to help ensure that the prevocational doctors you supervise make the most of their training terms, especially through the teaching, feedback and assessment you provide. The guide is an overview of 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 (FAQs) throughout the guide. A 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 postgraduate medical council (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 prevocational training, prevocational doctors should be able to demonstrate the skills and knowledge outlined in the [AMC Prevocational Outcome Statements](#) at the appropriate level for that year. These outcome statements are grouped in four domains (the same domains used for the AMC's Medical School Outcome

Statements): Practitioner, Professional and Leader, Health Advocate, and Scientist and Scholar (Table 1).

Table 1: Overview of the AMC Prevocational Outcome Statements

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.
2 Professional and leader	Describes the professional dimension of the doctor. It includes the importance of ethical behaviours, professional values, optimising personal wellbeing, lifelong learning and teamwork.
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.
4 Scientist and 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 learning on the job. 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 just by doing their job.

Doctors completing an accredited PGY1 or PGY2 program are excepted from the Medical Board of Australia's continuing professional development (CPD) requirements.

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 the outcome statements are met over the course of the year. Development during the two prevocational years is facilitated by contact with patients, medical teams - particularly the supervisors who oversee terms - and the wider health professional team.

The following are three key components that 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) prior to 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, the learning opportunities during the term and to develop a learning plan for the term. It 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 makes an assessment on 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 to be supported by your health service 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 for Prevocational (PGY1 & PGY2) Medical Training, includes a requirement 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) which enables prevocational doctors to demonstrate the skills and knowledge described in the AMC *Prevocational Outcome Statements*.

Each year comprises 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. There are a minimum of four terms in different specialties in the intern year 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 are the key individuals who support your role as a supervisor. These terms and roles may be slightly different in each jurisdiction.

The health service's program and all its terms are accredited by the local PMC 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. Within this 47 weeks, there is 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:

- patients presenting with undifferentiated illness (marked A in the diagrams that follow)
- patients with chronic illness (marked B)
- patients with acute and critical illness (marked C)
- peri-procedural patient care (marked D).

The term descriptions for each rotation will indicate which of these clinical experiences are covered in each term (one or two per term). Interns are also required to 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.

PGY1 may be undertaken part-time. It must be completed within three years.

Figure 2: Requirements for PGY1 programs and terms

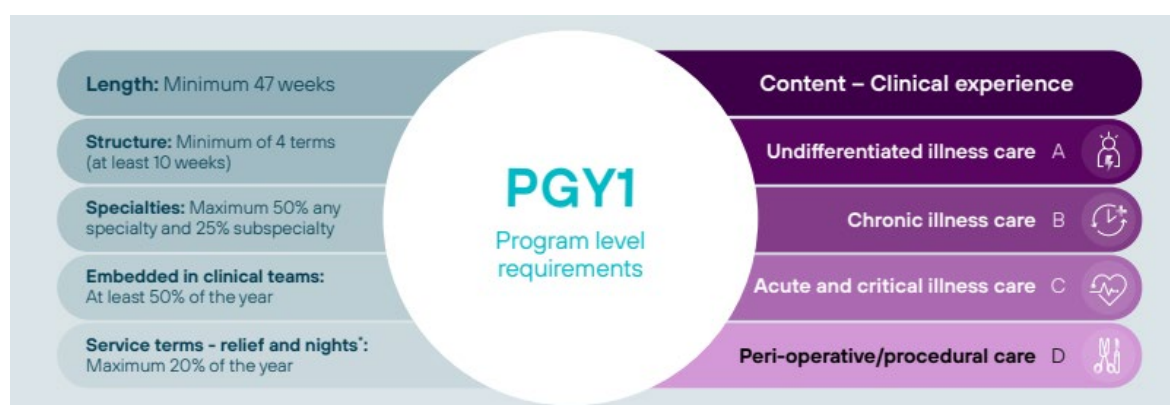


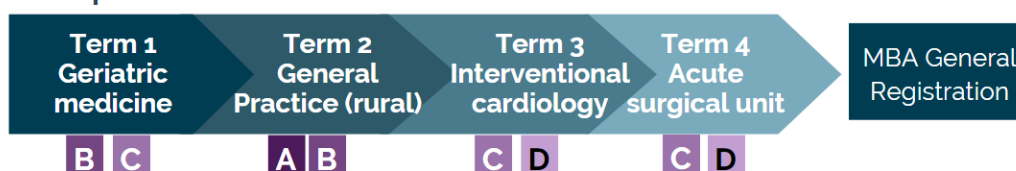
Figure 3: Three examples of potential PGY1 programs

Example PGY1 programs

Term classifications

A. Undifferentiated illness	B. Chronic illness	C. Acute and critical illness	D. Peri-operative/procedural
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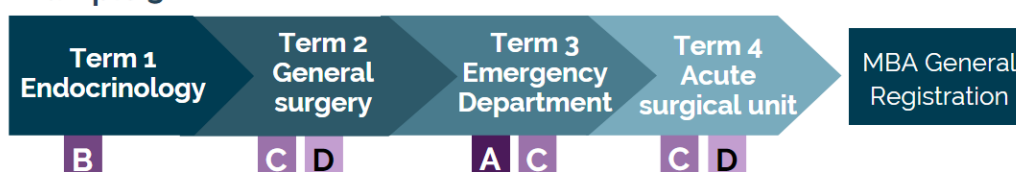
Example 1



Example 2



Example 3



Note: a relief term may or may not be classified as a service term (See **Glossary** for 'service term' definition). The relevant PMC would determine if the term was a structured learning experience and whether the relief term could be classified into a clinical experience category.

There are more details about the requirements for PGY1 terms [here](#), and more examples of sample programs [here](#) [link to be added].

PGY2

You 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 within an accredited prevocational training program.

PGY2 is designed to continue broad generalist experience. If you are working towards a specialty training program, you should check that your term allocations include the College pre-requisites for that program.

During a 47-week year PGY2 doctors are required to complete a minimum of 3 terms of 10 weeks to 6 months duration in different subspecialties which provide exposure to:

- patients presenting with undifferentiated illness (marked A in the diagrams that follow)
- patients with chronic illness (marked B)
- patients with acute and critical illness (marked C)

The term descriptions for each rotation will indicate which of these clinical experiences are covered in each term (one or two per term). PGY2 doctors are also required to 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, medical education).

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

Figure 4: Requirements for PGY2 programs and terms

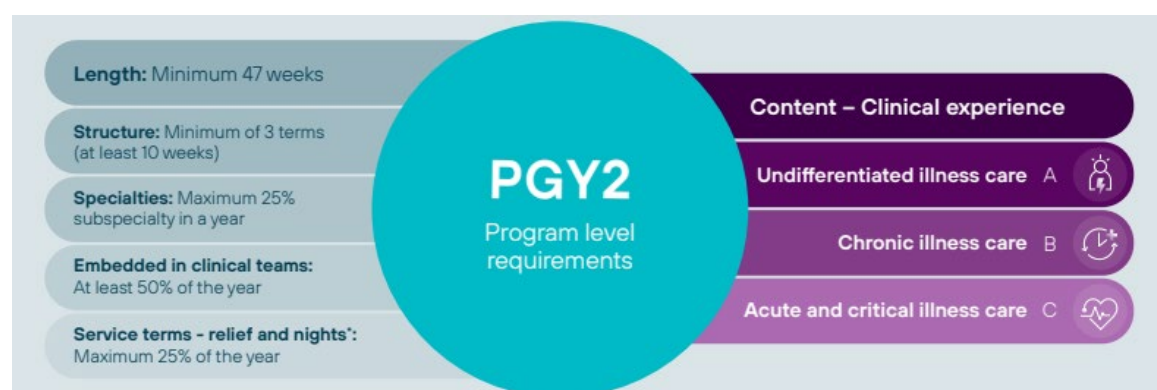


Figure 5: Three examples of potential PGY2 programs

Example PGY2 programs

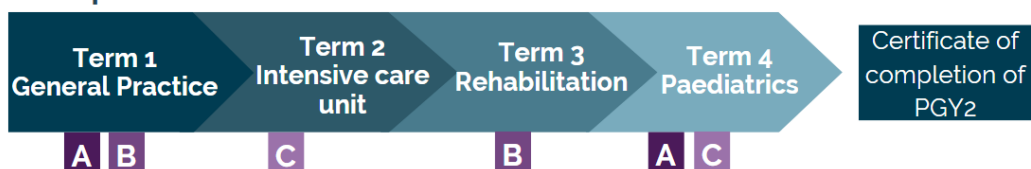
Term classifications

A. Undifferentiated illness	B. Chronic illness	C. Acute and critical illness
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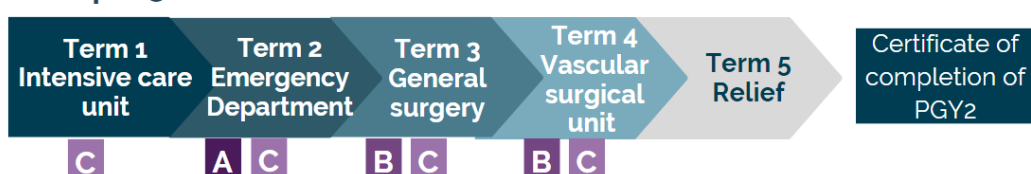
Example 1



Example 2



Example 3



Note: a relief term may or may not be classified as a service term (See **Glossary** for 'service term' definition). The relevant PMC would determine if the term was a structured learning experience and whether the relief term could be classified into a clinical experience category.

You can find more details about the requirements for PGY2 terms [here](#), and more examples of sample programs [here](#) [link to be added].

How will prevocational doctors learn?

Prevocational training is centred on work-based clinical learning or learning on the job. However, the AMC national standards require health services to provide educational programs for prevocational doctors, including a dedicated formal education program for the intern year 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 excepted from the Medical Board of Australia's continuing professional development (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 AMC [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. An e-portfolio will be introduced in 2025 (see below), which will automatically map progress against the Prevocational Outcome Statements over the year.

End-of-term and entrustable professional activity (EPA) assessments (more details 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 (e.g., Hand Hygiene modules, Basic Life Support courses, Cultural Safety modules) for some of the outcomes.

They are advised to talk to their term supervisor if they have any concerns about their progress.

The e-portfolio and record of learning

Health Ministers have agreed to the development of a national e-portfolio to support prevocational training. The e-portfolio will be web-based and accessible from desktop or mobile devices. The AMC is working with Health Departments and postgraduate medical councils to support the development.

When it becomes available, the e-portfolio will be used by prevocational doctors 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

will be able to be adjusted, and will automatically map progress against the Prevocational Outcome Statements.

The e-portfolio will be the vehicle for documenting the beginning of term discussion and for completing the midterm and end-of-term assessments and EPA assessments. Supervisors will enter their feedback onto the e-portfolio and prevocational doctors will be able to enter self-reflections on their progress and learning needs.

Entrustable professional activities (EPAs)

The *National Framework for Prevocational (PGY1 &PGY2) Medical Training* includes four entrustable professional activities (EPAs) that describe essential components of the day-to-day work of PGY1 and PGY2 doctors. 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.

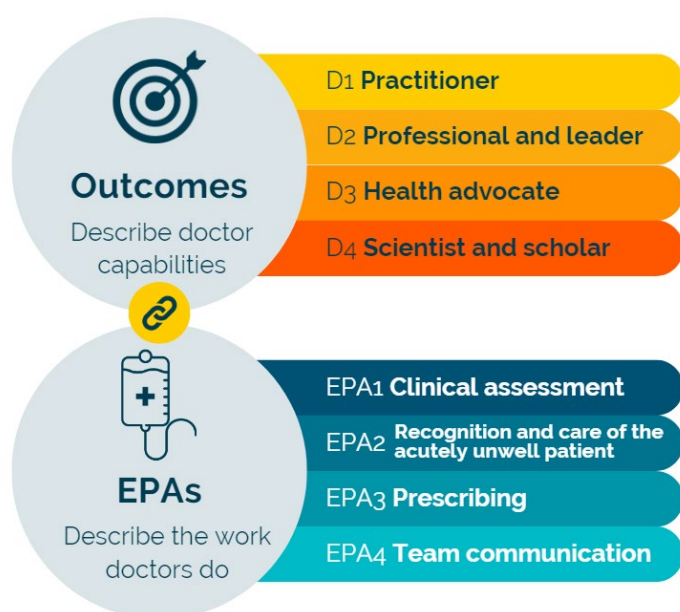
Table 2: The entrustable professional activities

The four EPAs are:	
EPA 1 Clinical assessment	Conduct a clinical assessment of a patient incorporating history, examination, and 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 acutely unwell patients	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, inhalational therapies including oxygen) tailored to patients' needs and conditions
EPA4 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.

The EPAs and their assessment are outlined in more detail [here](#). As discussed above, the e-portfolio under development will support assessment of EPAs. This assessment 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 AMC *Prevocational Outcome Statements* through assessment of the EPAs.

The following figure and table at 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/or 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 and Requirements for Prevocational (PGY1 and PGY2) Training Programs and Terms* 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. Supervisors should ensure that their 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 be included in the term description.

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

- A *Term Supervisor* – the person responsible for term orientation and assessment, who may also provide primary clinical supervision for some or all of the term.
- A *Primary Clinical Supervisor* – 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.
- A *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.

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

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 AMC [Prevocational Outcome Statements](#). Achieving these outcomes leads to general registration at the end of the intern year, and a Certificate of Completion of PGY2 before entering a vocational training program.

Prevocational doctors are required to 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 during that rotation. 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 their supervisors.

Term assessments

All prevocational doctors undergo midterm and end-of-term assessments every term. These assessments are based on achievement of the outcomes described in the AMC *Prevocational Outcome Statements* at a level appropriate for each year. The assessments are documented on a standardised national [form](#) which is completed by a supervisor.

The assessments are part of a discussion about performance during the term and prevocational doctors are encouraged to complete a self-assessment using the form as a starting point for this discussion. The supervisor should include key points of feedback

and suggested learning goals and activities on the form. Depending on the 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 during the term and to discuss how they can be addressed. The form will be completed by the prevocational doctor's Primary Clinical Supervisor. 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 prevocational doctor's performance will be reviewed by the health service's Assessment Review Panel, based on end-of-term assessments, assessment of the EPAs and any additional learning activities that have been documented. EPA assessments will not be mandatory in 2024 and will not be so until after the introduction of the e-portfolio. The panel will make a judgement on whether the prevocational doctor has the skills and knowledge outlined 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. It is important that prevocational doctors who don't pass an end-of-term assessment receive detailed feedback on the areas that need improvement, so that they can reach the required standard by the end of the year.

Assessment of entrustable professional activities (EPAs)

The most important components of prevocational doctors' clinical work are reflected in the four EPAs included in the *Framework for Prevocational (PGY1 & PGY2) Medical Training*: clinical assessment, recognition and care of acutely unwell patients, 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 ten-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, other health professionals. An EPA assessment should be able to be completed in less than 10-15 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. Supervisors who have concerns about a prevocational doctor's level of entrustability for a particular task, will be 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 performance of the EPA using this form. The supervisor observes the work and then enters an assessment and some feedback onto the form. The national EPA assessment form is available [here](#).

The supervisor's assessment is not 'pass/fail.' It is a judgement of the prevocational doctor's degree of entrustability for the work being observed, i.e., 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.

It is expected that EPAs will 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 PGY2, who may no longer need close supervision. However, other tasks will be complex for PGY2 doctors and will require closer supervision.

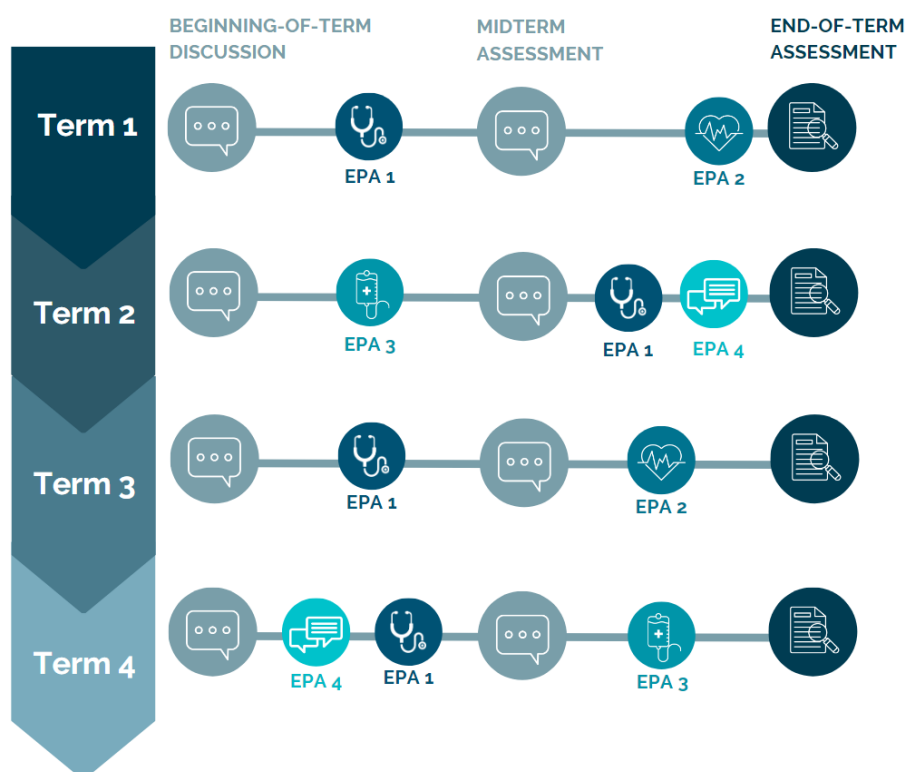
Depending on the feedback, the prevocational doctor may add additional learning goals to their learning plan.

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 *Framework for Prevocational (PGY1 & PGY2) Medical Training FAQs*.

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.

Example assessment across the year:



You can read more about assessment during PGY1 and PGY2 [here](#) and [here](#).

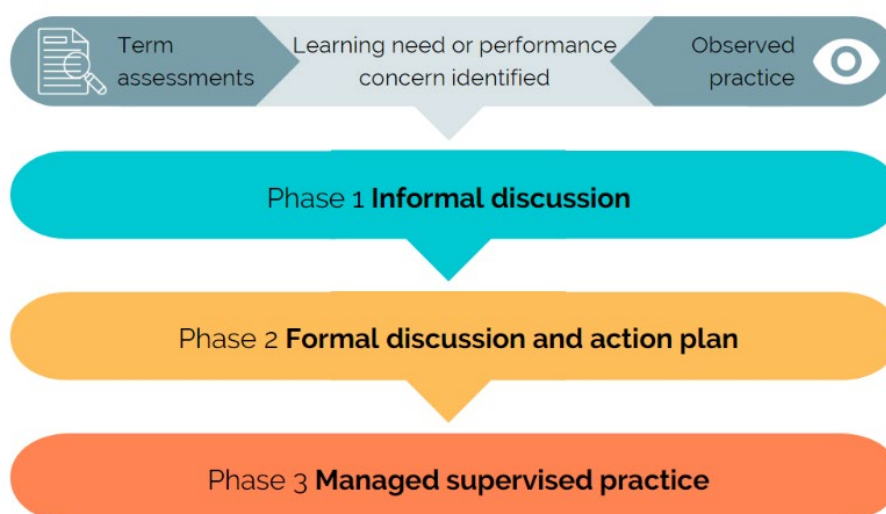
Improving performance

Throughout prevocational training there is 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 by the prevocational doctor or their supervisor during the term or through one of the assessments described above.

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 put in place supports that might help. You should explore the issues with the prevocational doctor, talk to other supervisors in your team about their perceptions 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 GP or the doctor's health advisory service in your state or territory.

Within the *National Framework for Prevocational Training* 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](#).

Completion of prevocational training

PGY1 (Internship)

At the end of the intern 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 the intern year described above (47 weeks of supervised practice in at least four accredited terms in different specialties with the required types of clinical exposure) and demonstrating the skills and knowledge outlined in the AMC Prevocational *Outcome Statements*.

The health service's Assessment Review Panel considers the results of end-of-term and EPA assessments and any additional learning activities that have been documented. 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 make an assessment of whether the prevocational doctor has the skills and knowledge outlined 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 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 described above (47 weeks of supervised practice in at least three accredited terms in different subspecialties with the required types of clinical exposure) and demonstrating the skills and knowledge outlined in the AMC Prevocational *Outcome Statements*.

As for the intern year, the panel considers the results of end-of-term and EPA assessments and any additional learning activities that have been documented. 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 make an assessment of whether the prevocational doctor has the skills and knowledge outlined 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 general practitioner. Confidential support is available from Doctors Health Programs in all states and territories and through telephone support at any time of the day from the

Doctors Health Service telehealth line (contact details available at <https://www.drs4drs.com.au/getting-help/>).

Under the *National Standards and Requirements for Prevocational (PGY1 and PGY2) Training Programs and Terms* 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 are also required to develop processes for collecting and responding to prevocational doctors' feedback and to identify and support doctors who are experiencing personal or professional difficulties.

Bullying, harassment and discrimination are all too 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, it is critical that you 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 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). 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. 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 at [here](#).



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 a process of external peer review of a training program against the AMC [National Standards and Requirements for Prevocational \(PGY1 and PGY2\) Training Programs and Terms](#). State and territory postgraduate medical councils (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.

PMCs in turn are accredited by the AMC, which also accredits 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 [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.

Figure 9: The roles and responsibilities of the bodies involved in prevocational training

BODIES	ROLE IN PREVOCATIONAL TRAINING
 Medical Board Ahpra	National regulation of medical profession <ul style="list-style-type: none"> • Sets registration standards • Registers individual practitioners
 Australian Medical Council Limited	National standards body for medical education <ul style="list-style-type: none"> • Develops National Prevocational Framework (on behalf of Ahpra (PGY1) and Health Chief Executive Forum (PGY2)) • Accredits postgraduate medical councils
Postgraduate medical councils (PMAQ, HETI, PMCV, PMAS, SA MET, PMCT, PMCWA, CRMEC)	State & 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 in the table 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 <i>assessment review panel</i> 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) / 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: <ul style="list-style-type: none"> • 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. <ul style="list-style-type: none"> • Primary clinical supervisor(s) – is the supervisor with consultant level responsibility for managing patients in the relevant discipline that the <i>prevocational doctor</i> is caring for. The consultant in this role might change and could also be the <i>term supervisor</i>. • 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 <i>term</i>. They should be at least PGY3 level, such as a registrar.
CULTURAL SAFETY	The AMC uses the Australian Health Practitioner Regulation Agency's (Ahpra) definition of cultural safety. Cultural safety is determined by Aboriginal and 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 <i>prevocational training program</i> 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 <i>prevocational training program</i> . 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 Chief Medical Officer (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 <i>prevocational training program</i> . For <i>interns</i> (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 <i>National standards and requirements for prevocational (PGY1 and PGY2) training programs and terms</i> . 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 <i>specialty</i> , 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 <i>term</i> 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:

	<ol style="list-style-type: none"> 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 <i>prevocational training program</i> , 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 <i>term</i> . They may also provide primary clinical supervision of the <i>prevocational doctor</i> for some or all of the term.

Appendix 1

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

- A darker shaded box indicates that the particular outcome is assessed specifically within an EPA.
- +/- (and a lighter shade) indicates that 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				
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	+	+	+	+