NATIONAL FRAMEWORK FOR PREVOCATIONAL (PGY1 AND PGY2) MEDICAL TRAINING

Guide to Prevocational Training in Australia

FOR PGY1 & PGY2 DOCTORS

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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Welcome to the National Framework for Prevocational (PGY1 and PGY2) Medical Training

Dr Hashim Abdeen and Dr Meghan Ellis are members of the AMC National Framework for Prevocational Medical Training Review Working Party.

Dr Hashim Abdeen

"The National Framework brings together the best in high-quality education and training standards and medical education principles to better support PGY1 and PGY2 doctors in Australia to have a well-rounded and high-quality foundational training experience. The Framework aims to support positive changes within the healthcare system and foster the development of safe and highly competent doctors ready to care for our communities and their needs. It does this by strengthening direct clinical experiences and encounters, allowing a diversity of training settings, emphasises better care for Aboriginal and/or Torres Strait Islander peoples, promotes flexible training and importantly safeguards prevocational doctor wellbeing."

Dr Meghan Ellis

"It has been a privilege to work with the AMC team and my peers to provide feedback on the new National Framework. The revised structure of the Framework takes into account the variability in workforces to create a more holistic approach to prevocational training. At its centre are ways to promote supervisors to provide higher quality and more comprehensive feedback to prevocational doctors. Ultimately, this aims to make the transition from medical student to doctor more supported, a transition that can often be stressful. Importantly, the wellbeing of junior doctors has been emphasised throughout and is reflected in the Framework's approach to assessment and feedback."

What is prevocational training?

Introduction

As an Australian medical graduate, you receive provisional registration from the Medical Board of Australia and must then 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 the 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 you want to enrol in. 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 your development as a competent and compassionate medical practitioner. Many doctors have reported that these two years are the time when they really learned to be a doctor and were able to consolidate their university studies in the real world of medical practice.

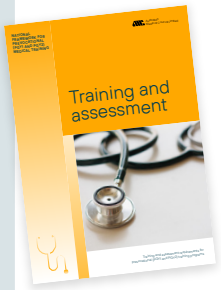
What is the National Framework for Prevocational Medical Training?

The National Framework has been designed to support you to achieve your career goals and has you, the PGY1 or PGY2 doctor, as its central focus. PGY1 and PGY2 doctors 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 that employ you. 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).

Figure 1 – National Framework for Prevocational Medical Training



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This guide helps you to make the most of your training terms, to get useful feedback and to make best use of the learning environments you work in during prevocational training. The guide is an overview of the components of prevocational training common to all sites across Australia, including the program structure, supervision, assessment, completion, and how to be involved in your training. More detail is available through the links to key documents and frequently asked questions throughout the guide. A separate guide has also been developed for your supervisors.

Some aspects of prevocational training differ between states, territories and health services. You will need to make local enquiries for further information about the application process (including prioritisation and allocation systems), industrial arrangements (such as pay and leave entitlements) and individual program details (such as available 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 will I learn?

Prevocational training is a transition from medical school to specialty training and independent practice, focusing on safe, high-quality patient care. You will receive practical (on-the-job or work-based) training under the supervision of senior colleagues, who will also provide support, feedback, teaching and assessment. You will have the opportunity to apply, consolidate and expand your clinical knowledge and skills, and progressively increase your responsibility for patient care.

By the end of each year of prevocational training, you 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 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.
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 and scholar**	Describes the doctor who applies and expands their medical knowledge and evaluates and applies relevant evidence to their clinical practice.

When you read the more detailed list of outcomes, you may feel overwhelmed. Don't be! The National Framework has been designed so that your day-to-day work as a PGY1 or PGY2 doctor will allow you 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 your job.

Take responsibility for achieving the prevocational outcomes

The people helping you to develop during prevocational training are your patients, your medical team (including the supervisors who will oversee your terms) and the wider health professional team. However, it is essential that you take responsibility for driving the process and ensuring the outcomes are met.

How do you do that? Read the term descriptions for each term before you start. Talk to colleagues who have completed the term before you. Think about which outcomes you can focus on during the term and which will you prioritise given what the term offers. Remember, you do not have to achieve all outcomes every term. Discuss your learning goals with your term supervisor at your beginning of term meeting and refine them if necessary. Check how you are going in the midterm conversation with your supervisor. For example, would doing some more EPA assessments be a good idea? When could these be done and who should do the assessment? Make further adjustments to your learning plan if necessary. Finally, when you have your end-of-term discussion with your supervisor, identify any areas that you could further develop, and take these thoughts forward into your plans for following terms.

What are my rights and responsibilities?

As a provisionally registered medical practitioner during PGY1 and during PGY2 when you will have general registration, your responsibilities are defined by the Medical Board of Australia's registration standards. During PGY1 you can only practise in an accredited intern position.

You have rights and responsibilities as an employee, and you will need to understand the terms and conditions and obligations of your employment, especially your responsibility for safe patient care. You have rights to an appropriate level of supervision, to an education program, and to a safe workplace free from bullying, harassment and discrimination.

How is prevocational training structured?

Prevocational training is a longitudinal program of supervised work-based learning over two years (PGY1 & PGY2) which enables you 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 you to develop generalist skills. There are a minimum of four terms in different specialties in the intern year and a minimum of three terms in PGY2.

The training program may be provided by one or more health services, but you will usually be employed through one health service on a one-, two- or three-year contract. You may complete terms in public and private hospitals, general practices and community-based facilities. Your health service will ensure that you are enrolled in an educational program and 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 your learning. Some have a dedicated supervisor of intern training for PGY1. These individuals play an important role in supporting you as a prevocational doctor, including liaising with the doctors supervising you during each term.

The local PMC accredits your 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 intern year you will be 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, you may not work for more than 50% of the year in surgical terms or paediatric terms. Some health services offer the option of part-time work, and in these cases PGY1 must be completed within three years of commencement.

During the year you must have exposure to the four clinical experience categories:

- 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 your rotations will indicate which of these clinical experiences are covered (one or two per term). You also must have some exposure to work outside standard hours, with appropriate supervision. Your roster may include one or more service terms, such as night or weekend cover, or backfilling doctors on leave. A minimum of 50% of your intern year must be spent attached to a clinical team and a maximum of 20% of the year can be spent in service terms.

Figure 2: Requirements for PGY1 programs and terms

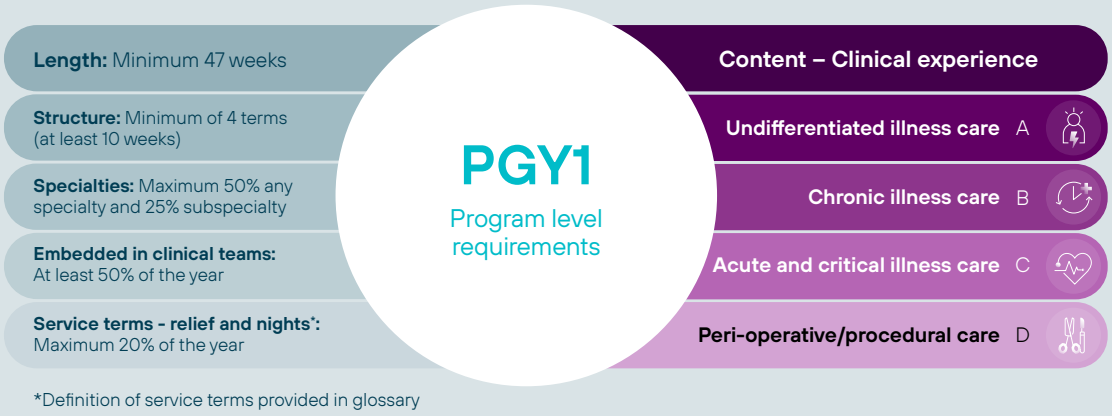
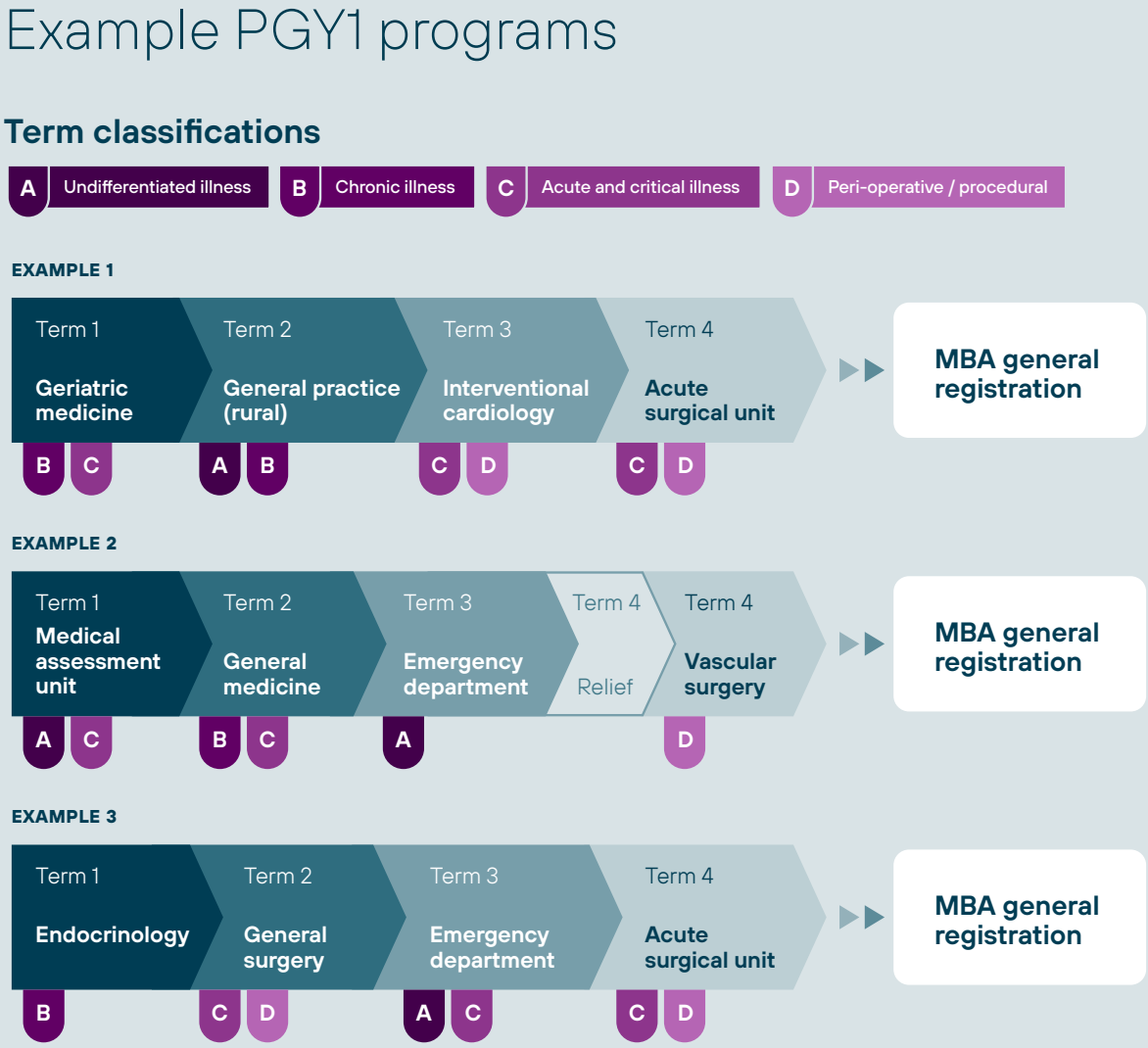


Figure 3: Three examples of PGY1 programs



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

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 who remain 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 prerequisites for that program.

During the 47-week year, you will need to complete a minimum of 3 terms of 10 weeks to 6 months in different subspecialties that provide exposure to:

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

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

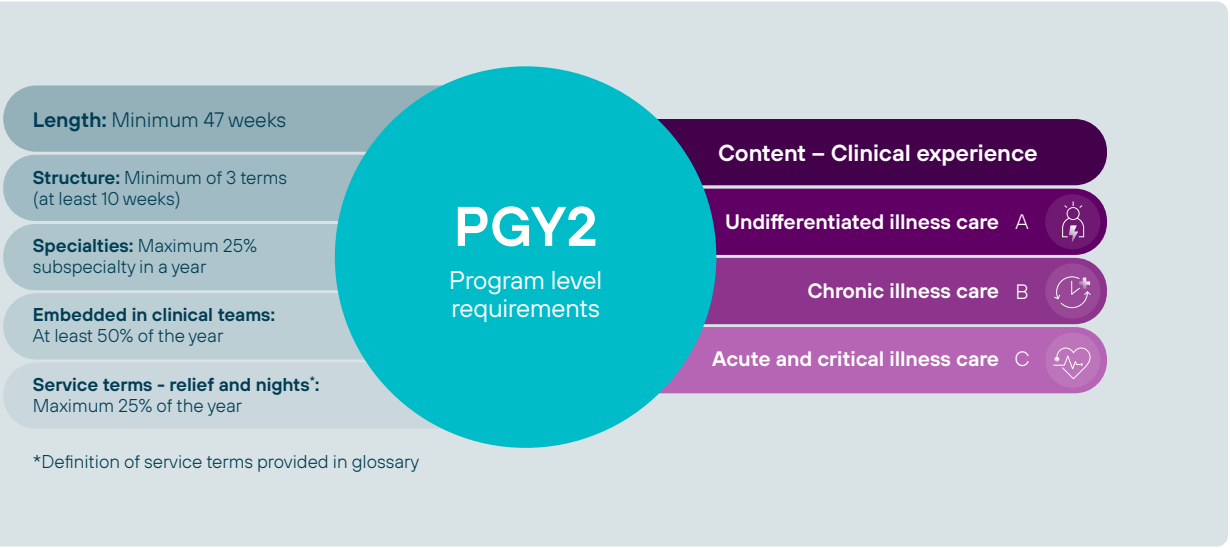
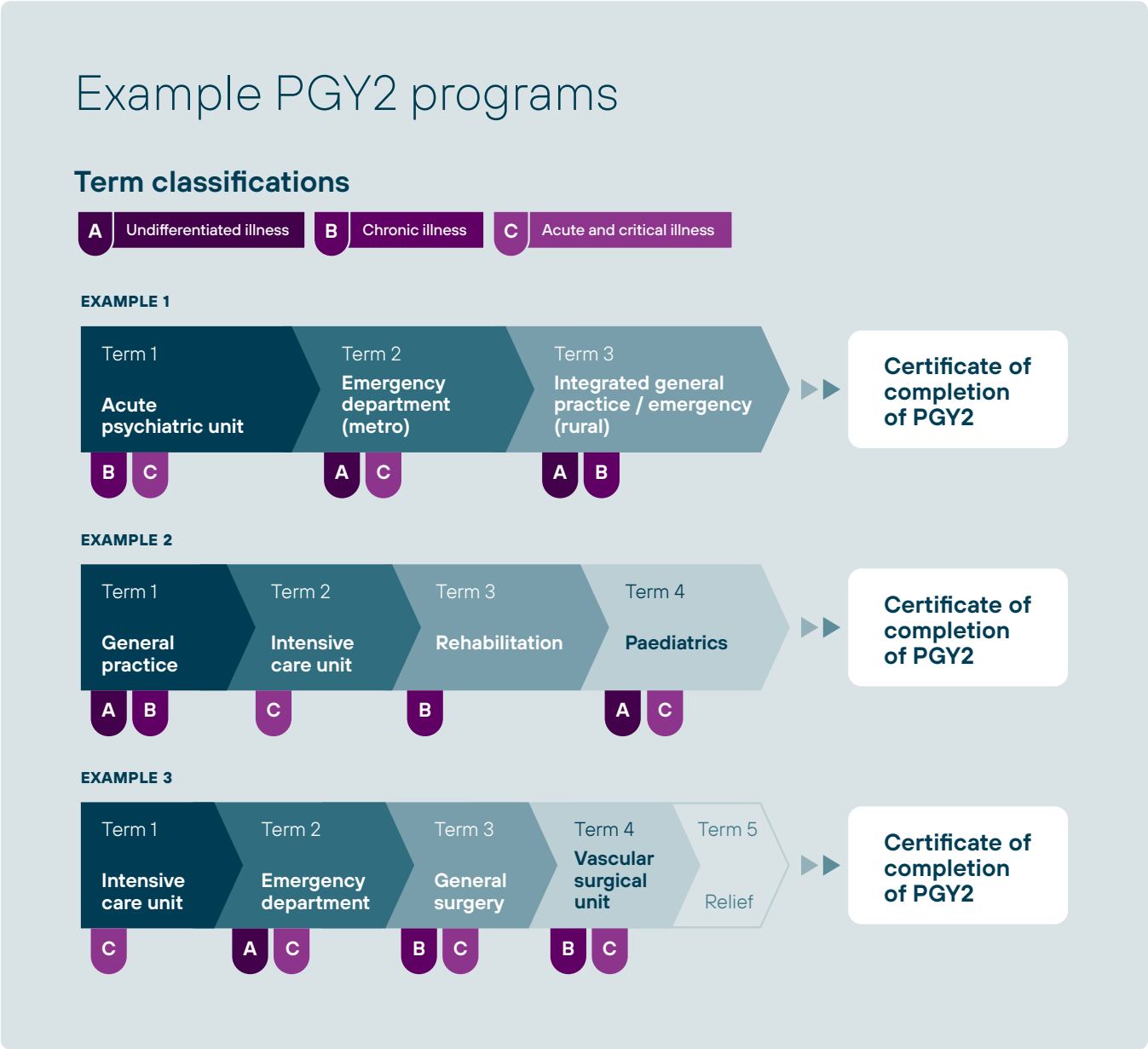


Figure 5: Three examples of potential PGY2 programs



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 I 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, you should meet with your term supervisor to understand their expectations of you and your role and responsibilities in the team. This is an important meeting: you should discuss the term description and the learning opportunities during the term. You should identify any specific skills and knowledge that you would like to gain and be assessed on during the term. During the meeting you should also confirm arrangements for you to attend formal education sessions, such as the health service's weekly intern education program.

At the end of each prevocational year you 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 your roster include the prevocational outcome statements that have been mapped to the term. Once introduced, an e-portfolio (see next section), will automatically map your progress against the prevocational outcome statements over the year.

Your end-of-term and EPA assessments (see section below) are also mapped to the outcome statements. You should check your progress regularly, asking about each outcome, "Have I demonstrated that I have achieved this outcome?" You may consider additional learning activities (such as hand hygiene modules, basic life support courses and cultural safety modules) for some of the outcomes. You may wish to record the procedures you have performed, which is sometimes relevant for entry into vocational training programs.

If you have any concerns about your progress, you should talk to your term supervisor about how you can address the relevant outcomes during the term.

What is 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 it becomes available, you will use the e-portfolio to access all framework documents, as well as your 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 you document your beginning of term discussion and complete the midterm, end-of-term and EPA assessments. Supervisors will enter their feedback into the e-portfolio and you will be able to enter self-reflections on your progress and learning needs. You will also be able to keep a record of procedures you have performed in the e-portfolio, which may be relevant for entry into vocational training programs.

So, what are entrustable professional activities (EPAs)?

The National Framework includes four EPAs that describe the most important components of your work as a prevocational doctor. This is really important to understand: EPAs are not abstract constructs or descriptions of attributes – they describe the actual work you do as a PGY1 and PGY2 doctor. Assessments of these EPAs document your level of *entrustability*, which is your assessor's judgement of how much supervision you need 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.

These EPAs do not cover all the work you do, but are the essential aspects of the work you do. For example, EPAs 1, 3 and 4 are work you do every day. You can read more about the EPAs and their assessment here. The e-portfolio being developed will support assessment of EPAs. This assessment will not be mandatory in both PGY1 and PGY2 until the e-portfolio is introduced but some health services have chosen to conduct EPA assessments without the e-portfolio, using a paper version of the national EPA assessment form. You 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

You are encouraged to take advantage of other on-the-job learning opportunities in both prevocational years, which may include:

- bedside or ward round teaching by your supervisor or registrar – you should take every opportunity to ask your supervisors about patients in your care
- 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.

How will I be supervised?

During prevocational training, you will be supervised at a level appropriate to your experience and responsibilities at all times. In each term the supervision arrangements (who supervises you and for which activities) should be clear and explicit. You will usually have a number of supervisors with different functions:

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

During prevocational training you will take increasing responsibility for patient care as you progress towards independent practice. Providing safe, high-quality patient care is paramount, and you should never be put in a position where you are asked to take on responsibilities beyond your scope of practice or perform procedures without appropriate supervision. You should discuss any concerns about your supervision with your term supervisor or DCT.

Term supervisor

The person responsible for your term orientation and assessment. They 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 will I be assessed?

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

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

In addition to these formal assessments, you are strongly encouraged to seek individual feedback on your performance from your supervisors.

Term assessments

You will 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. The assessments are documented on a standardised national form which your supervisor will complete.

The assessments are part of the discussions with your supervisor about your performance during the term and you are encouraged to complete a self-assessment using the form as a starting point for these discussions. Your supervisor will include key points of feedback and suggested learning goals and activities on the form. Depending on the feedback, you may need to adjust your learning goals:

1. The **midterm assessment** is designed to provide timely feedback on your performance, to identify any specific learning needs that have emerged and to discuss how they can be addressed. Your primary clinical supervisor will complete the form. Your registrar (day-to-day clinical supervisor) can also complete the midterm form with sign-off by your primary clinical supervisor or term supervisor.
2. The **end-of-term assessment** is completed by your term supervisor. Your supervisor will also assess whether you have met the learning objectives identified at the beginning of the term, or at an EPA or midterm assessment.

At the end of each year, your performance will be reviewed by your health service's assessment review panel, based on end-of-term and EPA assessments, and any additional learning activities you have documented.

Assessment of EPAs

The most important components of your clinical work as a prevocational doctor 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, PGY1 and PGY2 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.

One of your supervisors will generally perform these assessments during your normal clinical work. 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. If you are working at a health service that is assessing EPAs before the introduction of the e-portfolio, you could arrange additional assessments to ensure all the outcome statements have been covered, and for any areas where you feel you need to improve your skills. Ask one of your supervisors to observe your work and give you some feedback.

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

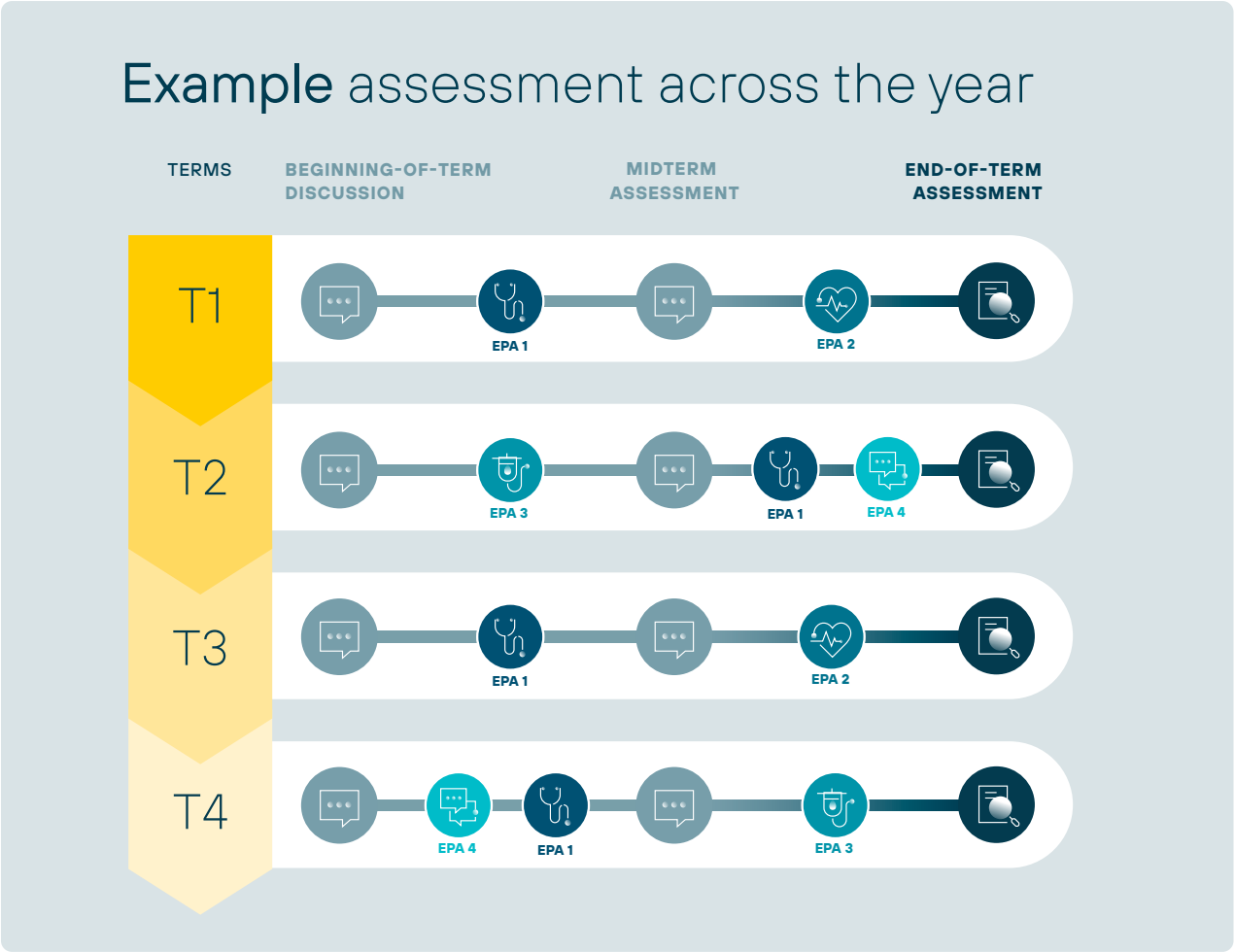
Your supervisor's assessment is their judgement of your degree of entrustability for the work being observed – that is, the level of supervision required for you to safely perform the work. There are three levels of entrustability:

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

Depending on the feedback, you may need to add additional learning goals to your learning plan. You can get more detailed information about EPAs and their assessment, including some suggestions for engaging your supervisors, 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 in the National Framework frequently asked questions on the AMC website.

Improving performance

What if things are not going as well as you would like? During PGY1 and PGY2 you can experience many pressures and stressors, which can affect your learning and your performance at work, and sometimes your wellbeing,

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. You might identify such difficulties, or they might be identified by your supervisor during the term or through one of the assessments.

If you have any concerns about your progress, don't wait – it is important to reach out early. Talk to your supervisor, to another member of the team, or the PGY1/PGY2 support staff (MEOs/DCT) within your organisation. It is often helpful to talk to one of your peers about how to get support. If your wellbeing has been affected, you might also seek help from your own general practitioner (GP) or the doctor's health advisory service in your state or territory (see What if I need help?, below). The earlier an issue can be identified, the more time there is to plan and place supports that might help.

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 you reach 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 I complete prevocational training?

PGY1 (Internship)

At the end of PGY1, 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, 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 demonstrate the skills and knowledge outlined in the *Prevocational outcome statements*.

Your health service's assessment review panel considers the results of your end-of-term and EPA assessments, and any additional documented learning activities. There is no minimum number of assessments that must be passed – the panel's role is to assess whether you have 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 you do not yet have the appropriate level of skills and knowledge your 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 your second postgraduate year, your health service's assessment review panel recommends whether you should be awarded a certificate of completion. This recommendation will be 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 will consider the results of your end-of-term and EPA assessments and any additional documented learning activities. There is no minimum number of assessments that must be passed – the panel's role is to assess whether you have 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 you do not yet have the appropriate level of skills and knowledge, they 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 I need help?

Prevocational training can be physically, intellectually and emotionally challenging. It is important that you monitor and maintain your wellbeing, and your mental and physical health during PGY1 and PGY2, and as you progress further in your medical career. Having your own GP is critical to maintaining good health and wellbeing throughout your career.

Under the *National standards* your health service has obligations to monitor and optimise your wellbeing, ensure that your workload is not excessive and provide you with adequate supervision and support. Health services must develop processes for collecting and responding to your feedback, and to identify and support 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 your personal wellbeing, or have witnessed or experienced bullying, harassment or discrimination, it is very important that you seek help. A number of individuals in your health service will have the experience and authority to provide this help, including your supervisor, DCT, supervisor of intern training, MEU, MEO or your director of medical services (DMS). The health service's human resources or people and culture department will have confidential mechanisms for reporting bullying, harassment or discrimination.

In addition to consulting your GP about any physical or mental health concerns, you can contact doctors' health programs in all states and territories or access 24/7 telephone support from Doctors' Health Services Helpline (details at www.drs4drs.com.au/getting-help/). You can also access support from services such as Lifeline or Beyond Blue or from community groups that provide support for doctors (some of these are national and some are state/territory based).

You can read more about your health service's obligations to support your 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 include prevocational doctors or registrars, 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. One of the criteria requires prevocational doctors to be involved in the governance of the training program. 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 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 your training program.

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**

How can I get involved?

Taking an active interest in your education and training will benefit both you and your fellow prevocational doctors. There are a number of ways for you to be involved:

Providing feedback	Feedback is crucial for improving the quality of prevocational training. Your health service will have formal mechanisms for you to provide confidential feedback on your training program, including on individual terms and educational activities. You can also provide direct feedback to your supervisor, MEO or DCT. You should complete the Medical Board of Australia's annual medical training survey. Your responses to this survey are strictly confidential but health services and PMCs can analyse de-identified survey responses at a hospital and state/territory level to identify any problems. You will have an opportunity to provide feedback to an external survey team if your health service is accredited during your prevocational training.
Participating on committees	Each health service has a local medical education and training (or similar) committee, which includes prevocational doctors as members. One of the main roles of the committee is to develop and improve prevocational training. You can nominate your colleagues or supervisors for awards administered by these committees. Each state or territory postgraduate medical council has a junior medical officers' forum (JMOF) and together these bodies make up the Australasian Junior Medical Officers' Committee (AJMOC), providing opportunities for state and national input, and state and territory prevocational doctor and supervisor awards. Federal, state and territory branches of the Australian Medical Association (AMA) also have committees of doctors-in-training. You can access information about the federal AMA Council of Doctors in Training here.
Becoming an accreditation team member	You can gain invaluable experience through being a member of an accreditation survey team. This allows you to see how other health services provide prevocational training and to bring the best ideas back to your own program. Prevocational doctors are also invited to join AMC teams accrediting PMCs.
Undertaking research in education and training	Each year a PMC hosts the ANZ Prevocational Medical Education Forum. Prevocational doctors are invited to attend and to present projects that address any aspect of prevocational training. Access information about the ANZ Prevocational Medical Education Forum on the Confederation of Postgraduate Medical Education Councils (CPMEC) website here.

Talk to your DCT, MEO, PMC or colleagues to find out how you can be involved in any of these activities.

Contact details

For information specific to each state and territory, you should 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	+/-	+/-	+/-	+/-