

# AMC National Framework for Prevocational (PGY1 & PGY2) Medical Training

## December 2022 - Overview presentation - Speaker notes

Slide No.	Slide image	Speaker notes
1		National Framework for Prevocational (PGY1 & PGY2) Medical Training
2		Background
3		<ul style="list-style-type: none"> <li>• In 2018 all Health Ministers' agreed to recommendations of 2015 COAG report including: Two-year capability and performance framework Entrustable professional activities E-portfolio specifications</li> <li>• In 2019 the AMC commenced a review of the PGY1 Framework</li> <li>• In 2020 the AMC was tasked to develop the two year framework by AHMAC (now HCEF)</li> <li>• Through 2020-22, the AMC conducted review and development work including extensive stakeholder consultation: 4 formal consultation periods Stakeholder workshops and Reference Group meetings Speaking engagements at conferences and stakeholder meetings</li> <li>• The AMC published the revised two year framework in 2022.</li> </ul>
4		<p>The revised National Framework includes three documents:</p> <ul style="list-style-type: none"> <li>• Training and assessment requirements for prevocational training programs</li> <li>• National standards and requirements for prevocational training programs and terms</li> <li>• AMC domains and procedures for assessing and accrediting prevocational training accreditation authorities</li> </ul>
5		<p>Point of General Registration remains at satisfactory completion of PGY1.</p> <p>Entry into specialty training in PGY2 permitted where specialist colleges allow.</p> <p>Expansion to PGY2 intended to provide better support and structure, while maintaining generalist experiences.</p> <p>PGY1 and PGY2 (in prevocational framework leading to certificate) will be exempt from Medical Board of Australia's new CPD requirements.</p>

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Key aims of the Framework review

Align with community health needs:

- Increased flexibility for learning in expanded settings new clinical experience categories focus of care types - inc. Chronic illness

Strengthen Aboriginal and Torres Strait Islander health

- New and strengthened outcomes and standards to promote the health & wellbeing of Aboriginal and Torres Strait Islander patients and doctors
- Observable behaviours within the EPAs

Improve supervision and feedback

- Revised standards regarding supervisor training and support
- EPAs emphasise observed practice and feedback discussions
- Formalising the role of the registrar

Increase focus on clinical work

- EPAs to anchor the prevocational years in clinical work
- Clinical experience categories to identify the main thrust of the clinical work undertaken by a prevocational doctor within a term

Longitudinal approach

- Expansion to PGY2
- Focus on programs rather than terms
- Introduction of the e-portfolio, a tool to track progression overtime

Provide broad generalist experiences

- Increased flexibility for learning in expanded settings
- EPAs that can be undertaken in any clinical setting
- Program and term requirements to ensure breadth

Increased emphasis on wellbeing

- Strengthened wellbeing standards
- Revised improving performance process emphasising early identification and support

Improve national consistency

- Mandated national standards

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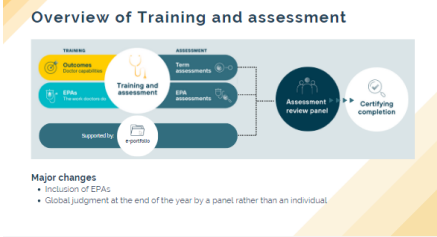
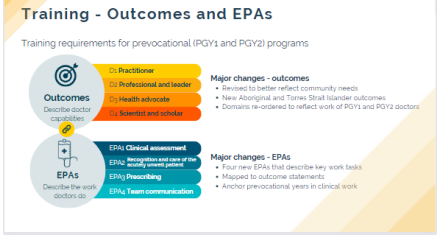
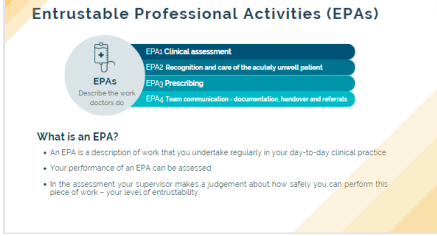


Framework and changes

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This diagram shows a further breakdown of what sections are included within the Framework documents.

<p>9</p>	 <p><b>Training and assessment</b> National Framework for Prevocational (PGY1 &amp; PGY2) Medical Training</p>	<p>Items in this section are described in full in Training and assessment requirements for prevocational training programs</p>
<p>10</p>	 <p><b>Overview of Training and assessment</b></p> <p><b>Major changes</b></p> <ul style="list-style-type: none"> <li>Inclusion of EPAs</li> <li>Global judgment at the end of the year by a panel rather than an individual</li> </ul>	<p>Overview of Training and assessment</p> <p>The training component comprises prevocational outcomes that describe the capabilities of the doctor, and the EPAs that describe the work prevocational doctors do.</p> <p>The assessment component comprises mid and end of term assessments and EPA assessments.</p> <p>Data points from assessment activities inform progression decisions in certifying completion of PGY1 and PGY2 made by the assessment review panel.</p> <p>The training and assessment component is supported by the e-portfolio.</p>
<p>11</p>	 <p><b>Training - Outcomes and EPAs</b></p> <p>Training requirements for prevocational (PGY1 and PGY2) programs</p> <p><b>Outcomes</b> Describe doctor capabilities</p> <ul style="list-style-type: none"> <li>1. Practitioner</li> <li>2. Professional and leader</li> <li>3. Health advocate</li> <li>4. Researcher and leader</li> </ul> <p><b>Major changes - outcomes</b></p> <ul style="list-style-type: none"> <li>Revised to better reflect community needs</li> <li>New Aboriginal and Torres Strait Islander outcomes</li> <li>Domains re-ordered to reflect work of PGY1 and PGY2 doctors</li> </ul> <p><b>EPAs</b> Describe the work doctors do</p> <ul style="list-style-type: none"> <li>1. Clinical assessment</li> <li>2. Recognition and care of the acutely unwell patient</li> <li>3. Prescribing</li> <li>4. Team communication - documentation handover and referral</li> </ul> <p><b>Major changes - EPAs</b></p> <ul style="list-style-type: none"> <li>Four new EPAs that describe key work tasks</li> <li>Mapped to outcome statements</li> <li>Anchor prevocational years in clinical work</li> </ul>	<p>Training requirements for prevocational (PGY1 and PGY2) programs</p> <p>Outcomes describe the capabilities of the doctor</p> <p>Outcome statements have been revised to better reflect community needs.</p> <p>New Aboriginal and Torres Strait Islander health related outcome statements have been included.</p> <p>The four existing Domains have been reordered to better reflect the work of PGY1 and PGY2 doctors – The prevocational doctor as a Practitioner is now Domain 1.</p> <p>Four new Entrustable professional activities (EPAs) have been introduced. They describe key work tasks of PGY1 and PGY2 doctors, they are mapped to the outcome statements and anchor the prevocational years in clinical work.</p>
<p>12</p>	 <p><b>Entrustable Professional Activities (EPAs)</b></p> <p><b>EPAs</b> Describe the work doctors do</p> <ul style="list-style-type: none"> <li>1. Clinical assessment</li> <li>2. Recognition and care of the acutely unwell patient</li> <li>3. Prescribing</li> <li>4. Team communication - documentation handover and referral</li> </ul> <p><b>What is an EPA?</b></p> <ul style="list-style-type: none"> <li>An EPA is a description of work that you undertake regularly in your day-to-day clinical practice</li> <li>Your performance of an EPA can be assessed</li> <li>In the assessment your supervisor makes a judgement about how safely you can perform this piece of work – your level of entrustability</li> </ul>	<p>Entrustable professional activities (EPAs)</p> <p>What is an EPA?</p> <p>An EPA is a description of work that you undertake regularly in your day-to-day clinical practice.</p> <p>The EPA in itself is not an assessment, however your performance of an EPA can be assessed.</p> <p>In the assessment your supervisor makes a judgement about how safely you can perform this piece of work for example with minimal, proximal or direct supervision – your level of entrustability.</p>

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### Assessment of EPAs

Activity-based discussion as part of routine clinical work.  
An EPA assessment is not a 'pass/fail' assessment.

**Number of EPA assessments**

**Global requirements**  
10 minimum across the year  
2 x 3 within each term

**Specific requirements**  
EPA 1 a minimum across the year  
EPA 2, 3 & 4 a minimum across the year

**Assessors**

- At least 1 EPA a term must be assessed by a specialist or equivalent
- Other EPAs in each term can be assessed by other health professionals once training in EPA assessments has been completed e.g. specialists, registrars, nurse/ nurse practitioners, pharmacists, others as appropriate

### Assessment of the EPAs

The format of the assessment is an activity-based discussion as part of routine clinical work.

An EPA assessment is not a "pass/fail" assessment. At the end of each year your health service's Assessment Review Panel will make a global judgement on whether you have reached the required standard and achieved all the prevocational outcome statements. The panel will review the EPA assessments but there is no requirement to 'pass' a minimum number of assessments.

Across the year you must complete a minimum of 10 EPA assessments.

Within the term you must complete a minimum of 2 EPA assessments (1x EPA 1 and 1 or 2x EPA 2-4)

Overall, you will complete a minimum of 4 assessments of EPA 1 and two assessments of EPAs 2, 3 and 4 in each year.

However, to improve your clinical skills you can complete as many EPA assessments as you would like throughout the year.

At least one EPA in each term must be assessed by a specialist or equivalent. Other EPAs in each term can be assessed by specialists, registrars, nurse/ nurse practitioners, pharmacists or other health professionals as appropriate.

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### EXAMPLE - Assessment within a term

**Term 1** → **Term 2** → **Term 3** → **Term 4**

**Beginning-of-term discussion**  
Agree on objectives  
EPA 1

**Mid-term assessment**  
Provide feedback and identify learning needs early  
EPA 2, 3

**Mid-term assessment**  
Provide feedback and identify learning needs early  
EPA 1, 2

**End-of-term assessment**  
Provide feedback and make a global judgement to inform end-of-year progress decision  
EPA 1, 2, 3

For example, this is how assessment across one term may look:

- A Beginning-of-term discussion to agree on objectives within the term
- An assessment of performance of EPA 3 – Prescribing
- A midterm assessment to provide feedback and identify any learning needs early within the term
- An assessment of performance of EPA 1 – Clinical Assessment
- An assessment of performance of EPA 2 – Recognition and care of the acutely unwell patient
- An End-of-term assessment to provide feedback and to make a global judgement to inform the Assessment Review Panel's end-of-year progress decision

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### Improving performance

Revision to existing remediation process

Term identified → Learning need or performance concern identified → Observed practice

**Phase 1: Informal discussion**

**Phase 2: Formal discussion and action plan**





**Phase 3: Managed supervised practice**

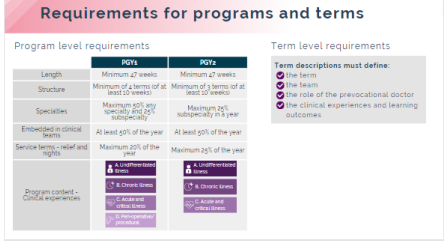


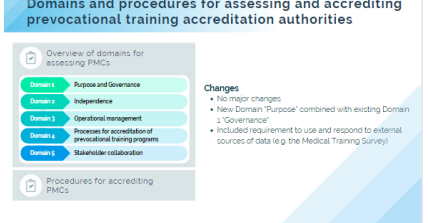
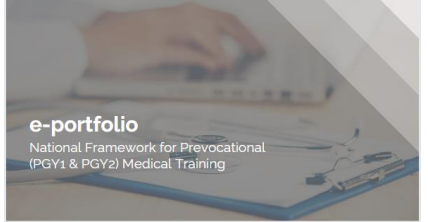
**Major changes**




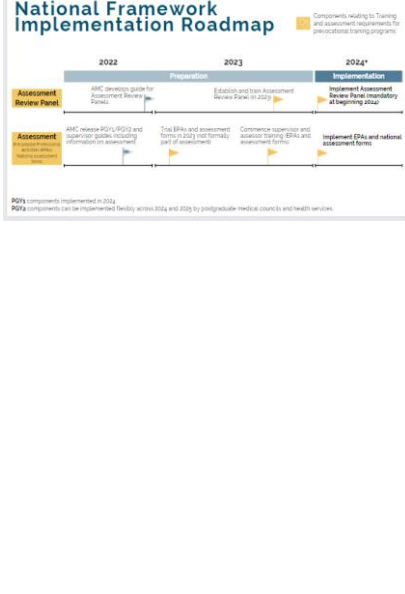
- Emphasis on improving performance and support
- Change in structure: 3-Phase approach

The existing remediation process has been revised to a three - phase improving performance process with an emphasis on early identification and support.

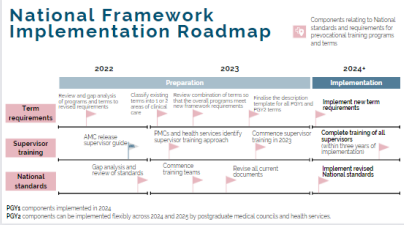
- Phase 1 – informal discussion
- Phase 2 – Formal discussion and action plan
- Phase 3 – Managed supervised practice

<p>16</p>	 <p><b>Certifying completion</b></p> <p>Global judgement by an assessment panel at the end of each year. Satisfactory performance is judged on attainment of the required standard by end of year rather than a requirement to pass a specified number of assessments or terms.</p> <p>Assessment review panel → Certifying completion → PGY1 - Health service submits certificate of completion to the Medical Board of Australia → PGY2 - Health service submits certificate of completion to AMC (TBC) → Evidence provided by: Training of learning, clinical competency, record of terms completed</p> <p>Evidence provided to the assessment panel to support decision making:</p> <ul style="list-style-type: none"> <li>• Program length (47 weeks)</li> <li>• Term requirements (revised parameters)</li> <li>• Completion of the outcomes</li> <li>• Term assessments (mid and end)</li> <li>• Assessment of EPAs</li> </ul>	<p>New requirement for a global judgement by an assessment panel at the end of each year. Satisfactory performance is judged on attainment of the required standard by end of year rather than a requirement to pass a specified number of assessments or terms.</p> <p>At the end of PGY1 the health service submits certificate of completion to the Medical Board of Australia</p> <p>At the end of PGY2 the health service submits certificate of completion to AMC (process TBC)</p> <p>Evidence provided to the assessment panel to support decision making includes:</p> <ul style="list-style-type: none"> <li>• Program length (47 weeks)</li> <li>• Term requirements (revised parameters)</li> <li>• Completion of the outcomes</li> <li>• Term assessments (mid and end)</li> <li>• Assessment of EPAs</li> </ul> <p>The assessment panel does not need to discuss all prevocational doctors in detail. To streamline the process, the panel might consider the evidence in varying levels of detail, depending on the outcomes of assessments.</p> <p>The e-portfolio will support the certifying completion process</p>
<p>17</p>	 <p><b>Training environment</b></p> <p>National Framework for Prevocational (PGY1 &amp; PGY2) Medical Training</p>	<p>Items in this section are described in full in National standards and requirements for prevocational training programs and terms</p> <p>AMC domains and procedures for assessing and accrediting prevocational training accreditation authorities</p>
<p>18</p>	 <p><b>Overview of Training environment</b></p> <p>National standards and requirements</p> <ul style="list-style-type: none"> <li>• National standards for prevocational (PGY1 and PGY2) training programs and terms</li> <li>• Requirements for prevocational (PGY1 and PGY2) training programs and terms</li> </ul> <p>Used by postgraduate medical councils in accrediting training programs</p> <p>Used by training providers in delivering prevocational training</p>	<p>The Training environment component comprises two main sections</p> <ul style="list-style-type: none"> <li>• National standards for prevocational training programs and terms</li> <li>• Requirements for prevocational training programs and terms</li> </ul> <p>This document is used by postgraduate medical councils in accrediting training programs and by training providers in delivering prevocational training</p>
<p>19</p>	 <p><b>National standards</b></p> <p>These standards are used by postgraduate medical councils in accrediting training providers.</p> <ul style="list-style-type: none"> <li>Standard 1: Operational structure and the context in which prevocational training is delivered</li> <li>Standard 2: The prevocational training program - structure and content</li> <li>Standard 3: The prevocational training program - delivery</li> <li>Standard 4: The prevocational training program - prevocational doctors</li> <li>Standard 5: Monitoring, evaluation and continuous improvement</li> </ul> <p><b>Major changes</b></p> <ul style="list-style-type: none"> <li>• Mandated use of national standards</li> <li>• Expanded to PGY2</li> <li>• Mandated term supervisor training (within 3 years)</li> <li>• Strengthened Aboriginal and Torres Strait Islander standards</li> <li>• Strengthened wellbeing standards</li> <li>In future - Mandatory community terms</li> </ul>	<p>The national standards are used by postgraduate medical councils in accrediting training providers.</p>

<p>20</p>	<p><b>Requirements for programs and terms</b></p> 	<p>Requirements for programs and terms</p> <p>Focus has shifted to programs rather than terms; program and term requirements have been separated out.</p> <p>New requirements that will ensure a breadth of experience, more flexibility and a focus on quality of learning:</p> <ul style="list-style-type: none"> <li>• Program length</li> <li>• Structure (number of terms)</li> <li>• Specialties. Note, definition of specialties can be found in the glossaries of the Framework documents.</li> <li>• Embedded in clinical teams</li> <li>• Service terms – relief and nights. Note, definition of service terms can be found in the glossaries of the Framework documents.</li> <li>• Program content - Clinical experiences. The primary focus of the clinical experience that the prevocational doctor is engaged with during the term. Only one or two clinical experience categories can be assigned to each term to ensure breadth across the program.</li> </ul> <p>Term descriptions must define the term, the team, the role of the prevocational doctor, the clinical experiences and learning outcomes.</p>
<p>21</p>		<p>Items in this section are described in full in AMC domains and procedures for assessing and accrediting prevocational training accreditation authorities</p>
<p>22</p>		<p>The Training environment component comprises two main sections</p> <ul style="list-style-type: none"> <li>• Domains for assessing and accrediting prevocational training accreditation authorities</li> <li>• Procedures for assessing and accrediting prevocational training accreditation authorities</li> </ul> <p>This document is used by the AMC to accredit prevocational training accreditation authorities.</p>
<p>23</p>		<p>No major changes were made to the Domains or the Procedures:</p> <ul style="list-style-type: none"> <li>• New Domain "Purpose" combined with existing Domain 1 "Governance"</li> <li>• Included requirement to use and respond to external sources of data with the Medical Training Survey included as an example</li> </ul>
<p>24</p>		<p>e-portfolio</p>

<p>25</p>	 <p><b>e-portfolio</b></p> <p>The AMC has been tasked by Health ministers to develop specifications for an e-portfolio to support the revised two year framework.</p> <p>Framework supported by:</p> <ul style="list-style-type: none"> <li>including: <ul style="list-style-type: none"> <li>tracking against outcomes</li> <li>record of learning</li> <li>platform for assessments</li> <li>record of assessments</li> </ul> </li> <li>reflections</li> <li>ability to upload learning activities</li> <li>program delivery/ administration</li> <li>record of terms completed</li> <li>data collection</li> </ul> <p>Next steps</p> <ul style="list-style-type: none"> <li>High-level specifications currently being translated into detailed system requirements.</li> <li>Awaiting response on proposal to HCEP on 'national' e-portfolio</li> </ul>	<p>The AMC was tasked by Health ministers to develop specifications for an e-portfolio to support the revised two year framework.</p> <p>During consultation periods there was strong stakeholder support for a national e-portfolio system.</p> <p>The AMC is awaiting a response on a proposal to HCEP on a national e-portfolio.</p> <p>In the meantime, the AMC high-level specifications are currently being translated into detailed system requirements.</p> <p>The e-portfolio will support the revised Framework with a number of functions including:</p> <ul style="list-style-type: none"> <li>• Tracking against outcomes</li> <li>• record of learning</li> <li>• platform for assessments</li> <li>• record of assessments</li> <li>• reflections</li> <li>• ability to upload learning activities</li> <li>• program delivery/ administration</li> <li>• record of terms completed</li> <li>• data collection</li> </ul>
<p>26</p>	 <p><b>Preparation (2022-2023) and Implementation (2024+)</b></p> <p>National Framework for Prevocational (PGY1 &amp; PGY2) Medical Training</p>	<p>2022 and 2023 are years of preparation Implementation will begin in 2024</p>
<p>27</p>	 <p><b>Implementation timelines</b></p> <ul style="list-style-type: none"> <li><b>PGY1</b> PGY1 components implemented in <b>2024</b></li> <li><b>PGY2</b> PGY2 components can be implemented <b>flexibly</b> across <b>2024 and 2025</b> by postgraduate medical councils and health services.</li> </ul>	<p>PGY1 components will be implemented in 2024. PGY2 components can be implemented flexibly across 2024 and 2025 by postgraduate medical councils and health services.</p>
<p>28</p>	 <p><b>National Framework Implementation Roadmap</b></p> <p>Components relating to Training and assessment requirements for prevocational training programs</p> <p>2022: AMC develop guide for Assessment Review Panels; HCEP release PGY1/PGY2 and supervisor guides including information on assessment</p> <p>2023: Establish and train Assessment Review Panels; Train EPAs and assessment forms (not formally part of assessment); Commence supervisor and assessor training, EPAs and assessment forms</p> <p>2024*: Implement Assessment Review Panels mandatory at beginning 2024; Implement EPAs and national assessment forms</p> <p>PGY1 components implemented in 2024 PGY2 components can be implemented flexibly across 2024 and 2025 by postgraduate medical councils and health services.</p>	<p>Assessment review panels</p> <ul style="list-style-type: none"> <li>• The AMC will develop a guide for assessment review panels in 2022.</li> <li>• Assessment review panels are to be established and members trained during 2023.</li> <li>• Assessment review panels will be mandatory at beginning 2024.</li> </ul> <p>Assessment</p> <ul style="list-style-type: none"> <li>• The AMC will develop guides for PGY1/PGY2 doctors and supervisors, which will include information on assessment in 2022</li> <li>• The AMC encourages the trialling of EPAs and assessment forms in 2023, however not formally part of assessment</li> <li>• Supervisor and assessor training on the EPAs and assessment forms can begin in 2023</li> <li>• EPAs and national assessment forms to be implemented in 2024</li> </ul>

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Term requirements

- Preparation tasks in 2023 include classifying existing terms into one or two clinical experience categories, reviewing combinations of terms so that the overall programs meet new requirements and finalising PGY1 and PGY2 term descriptions.
- New term requirements will be implemented in 2024

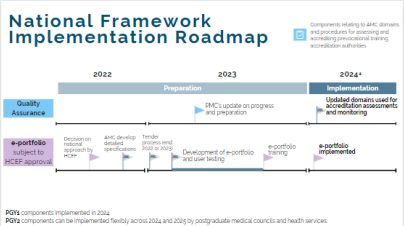
Supervisor training

- The AMC will develop a guide for supervisors in 2022.
- PMCs and health services to identify supervisor training approach and commence training in 2023
- Training of all supervisors to be completed within 3 years of implementation.

National standards

- Preparation tasks in 2023 include training teams and revising all current documents
- Revised national standards to be implemented in 2024

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Quality Assurance

- PMC's will update on progress and preparation in monitoring processes
- Updated domains used for accreditation assessment and monitoring from 2024

e-portfolio

- Pending a decision on a national approach by HCEF, the tender process, development, user testing and training will occur in 2023.
- The e-portfolio will be implemented in 2024.
- The AMC has a contingency roadmap in the event of a delay to a national e-portfolio, however, most components of the Framework could be implemented as planned in this scenario.