3

Requirements for prevocational (PGY1 and PGY2) training programs and terms

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This section outlines the experience that prevocational doctors should obtain during their two-year training program. The requirements for PGY1 build on the Medical Board of Australia's Registration standard – Granting general registration as a medical practitioner to Australian and New Zealand medical graduates on completion of intern training.

These guidelines should be read alongside Training and assessment requirements for prevocational (PGY1 and PGY2) training programs, which provide a guide for prevocational training over the first two years. The work-based learning opportunities described in these guidelines should allow prevocational doctors to develop the required learning outcomes, which supervisors will then assess using the 'Prevocational training entrustable professional activity (EPA) assessment forms' and the 'Prevocational training term assessment form' (Section 3D of Training and assessment requirements).

Health services seeking accreditation as prevocational training providers need to demonstrate that they have

Required parameters

Table 1 and Table 2 summarise program and term requirements. Health services seeking accreditation as prevocational training providers need to demonstrate that they have processes to approve terms that meet the requirements.

Table 1 – Program-level requirements

Quality requirements for all programs and terms	Programs and terms will be accredited against the 'National standards' (Section 2 of National standards and requirements for programs and terms). The following standards are particularly relevant to the quality of the learning experiences expected in programs and terms: 1. adequate supervision (Standard 4.2) 2. training and assessment according to national requirements (Standard 3.3) 3. longitudinal oversight (Standards 3.4 and 4.2) 4. continuity of supervision and priority of learning (Standard 4.2).
Program length	PGY1 and PGY2: minimum of 47 weeks (including professional development leave). • PGY1: maximum 3 years to complete • PGY2: maximum 4 years to complete PGY1: If a PGY1 doctor is absent for more than 10 working days within the required 47 weeks (such as for sick leave, personal leave or carer's leave), the assessment review panel will commence a review and continue monitoring the doctor's progress. This review and monitoring allows the panel to assess at the end of the year whether that doctor has met the required training standard and can be recommended to the Medical Board of Australia for general registration. Note: Finalising this parameter for PGY1 depends on the review of the Medical Board of Australia's Registration standard – Granting general registration on completion of intern training. The wording will be con rmed once this is complete. PGY2: If the minimum 47 weeks requirement is not met due to remediation requirements from PGY1 in PGY2 (for example, repeating a PGY1 term in PGY2) the assessment review panel will have discretion to certify the individual based on successful remediation, and a consensus the individual has longitudinally met the outcomes of PGY1 and PGY2 and level expected at the end of PGY2.
Program structure	• PGY1: minimum 4 terms (at least 10 weeks) in di erent specialties (maximum of 50% any specialty and 25% subspecialty in a year[9]) • PGY2: minimum 3 terms (at least 10 weeks) in di erent subspecialties (more exibility permitted, breadth is encouraged; maximum of 25% in subspecialty) [9] • PGY1 and PGY2: maximum of 5 terms in each year. Note: Finalising this parameter for PGY1 depends on the review of the Medical Board of Australia's Registration standard – Granting general registration on completion of intern training. The wording will be con rmed once this is complete. The AMC supports innovation in prevocational education. While PGY1s must meet the requirements documented in the MBA General Registration Standard, the program and term requirements for PGY2 allow for more exible approaches. For example, longer 'blended' terms may o er exposure to a range of clinical specialties, settings and supervisors during the term such as a 24 week PGY2 term in a rural setting combining general practice, ward-based and Emergency Department experience where di erent days of the week are spent in di erent settings with di erent supervisors, or some weeks are spent in one setting before switching to another.

9. Note: The intention is for PGY1 and PGY2 to have breadth of exposure across a range of specialties (see clinical exposures below). PGY2 has more exibility in requirements for range, but breadth is still encouraged.

Program content - clinical experiences	PGY1: • Generalist experience and foundational skills preparing for future practice. Exposure to clinical care of patients in each of the following (1 or 2 per term): A. undi erentiated illness patient care B. chronic illness patient care C. acute and critical illness patient care D. peri-procedural patient care. PGY2: • Generalist experience and foundational skills preparing for future practice. Exposure to clinical care of patients in each of the following (1 or 2 per term): A. undi erentiated illness patient care B. chronic illness patient care C. acute and critical illness patient care. • Maximum of one term not involving direct clinical care allowed in PGY2. Other recommended areas in PGY1 and PGY2: • a range of settings to aid understanding of the full context of the healthcare setting (such as community, rural and metropolitan) • ambulatory care • critical care (ICU, ED, anaesthetics) • mental health • multidisciplinary team care • care across the life cycle (while acknowledging di culty in gaining paediatric experience) • (in PGY2) experience in terms in roles not involving direct clinical care (such as teaching, research and administration). Note: Finalising this parameter for PGY1 depends on the review of the Medical Board of Australia's Registration standard – Granting general registration on completion of intern training. The wording will be con rmed once this is complete.
Clinical teams	Prevocational doctors should be embedded in a clinical team for at least half of each year. Being part of a clinical team should provide opportunities for regular interactions with a nominated supervisor. Examples might include being a member of a general surgical team, member of an intensive care team, working in the emergency department or in a general practice. A rotation to an admission ward or short-stay ward with multiple di erent supervisors would not normally be considered being part of a clinical team.
Service terms – relief and nights [10]	Maximum time spent in service terms (relief or nights): • PGY1: maximum of 20% of the year (that is, no more than 1 term in a 4- or 5-term year) • PGY2: maximum of 25% of the year Service terms (relief or nights) in this context refers to terms that have: • discontinuous learning experiences, such as limited access to the formal education program or regular unit learning activities • less or discontinuous overarching supervision (for example, nights with limited sta).

10. A ward-based nights term would generally be considered as a service nights term, whereas staggered roster arrangements within a single specialty rotation such as emergency medicine or intensive care would not. In general, a relief term where a prevocational doctor rotates through multiple specialties within a period of time would be considered a service term, whereas a prevocational doctor back lling in a single term with continuous supervision by the same primary and day to day supervisors would not.

Table 2 – Term-level requirements

Requirements for all terms	Programs and terms will be accredited against the 'National standards' (Section 2 of National standards and requirements for programs and terms) and must meet the requirements described in Training and assessment requirements. Term descriptions must de ne: 1. term name 2. term length 3. supervision (including name and model of supervision) 4. team – including team composition and continuity (ward-based/clinical) 5. role 6. specialty/department 7. clinical experiences – 1 or 2 of the following, including main clinical learning experience – A. undi erentiated illness patient care, B. chronic illness patient care, C. acute and critical illness patient care, D. peri-procedural patient care, OR non-clinical experience (PGY2 only) 8. learning outcomes (including which EPAs could be assessed) 9. prerequisite learning (if relevant) 10. timetable – provide an example including formal education program, after-hours, normal working hours, and other relevant information.

Breadth of clinical experience

Training providers will review the speci c roles and responsibilities of prevocational doctors providing direct clinical care of patients in a given term. From this, providers will identify the primary (and sometimes secondary) area of clinical experience that prevocational doctors are expected to signi cantly gain during that term. These clinical experience categories are given in Figure 5.

The term description must identify the one (maximum of two) areas, and the categorisation approved by the prevocational accreditation authority as part of the accreditation of term proc ( )]TJ 0 -1.2e1.1.2e1.11itrtr (t)20 (es20 (times)]

A
Undi erentiated illness patient care

Clinical experience in undi erentiated illness patient care

Prevocational doctors must have experience in caring for, assessing and managing patients with undi erentiated illnesses. Learning activities include admitting, formulating an assessment, presenting and clinical handover. This means the prevocational doctor has clinical involvement at the point of rst presentation and when a new problem arises. This might occur working in a range of settings such as in an emergency department or in general practices.

B
Chronic illness patient care

Clinical experience in chronic illness patient care

Prevocational doctors must have experience in caring for patients with a broad range of chronic diseases and multi-morbidity, with a focus on incorporating the presentation into the longitudinal care of that patient. Learning activities include appreciating the context of the illness in the setting of the patient's co-morbidities, social circumstances and functional capacity. Experience should include working with multidisciplinary care teams to support patients, complex discharge planning and a focus on longitudinal care and engagement with ongoing community care teams. This might occur working in a range of settings, such as a medical ward, general practice, outpatient clinic, rheumatology, rehabilitation or geriatric care.

C
Acute and critical illness patient care

Clinical experience in acute and critical illness patient care

Prevocational doctors must have experience assessing and managing patients with acute illnesses, including participating in the care of the acutely unwell or deteriorating patient. Learning activities include to recognise, assess, escalate appropriately, and provide immediate management to deteriorating and acutely unwell patients. This experience could be gained working in a range of settings such as acute medical, surgical or emergency departments.

D
Peri-operative /procedural patient care

Clinical experience in peri-operative/procedural patient care

Prevocational doctors must have experience in caring for patients undergoing procedures, including pre-, peri- and post-operative phases of care. Clinical experience should include all care phases for a range of common surgical conditions/procedures. Learning activities include preadmission, intraoperative care/attendance in theatre, peri-operative management, post-operative care and longitudinal outpatient follow-up. This might occur working in a range of settings such as in interventional cardiology, radiology, anaesthetic units or surgical units.