Acknowledgement of country

The Australian Medical Council (AMC) acknowledges Aboriginal and/or Torres Strait Islander and M ori 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 M ori Peoples through its assessment and accreditation processes including equitable access to health services for First Nations Peoples.

"It has been a privilege to work with the AMC team and my peers

What is prevocational training?

I

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.

W a Na a F a P a a M a T a ?

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 di culties.

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).

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.

Ta 1: Q AMC a a a

DOMAIN 1 P a	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 P a a a	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 H a A a	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 e ects on their patients and takes account of their context as well as broader systemic issues.
DOMAIN 4 S a a	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.

Ta [illegible]

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 o ers. 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.

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

F 2: R PGY1 a a

F 3: T a PGY1 a

Example PGY1 programs

Term classi cations

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.

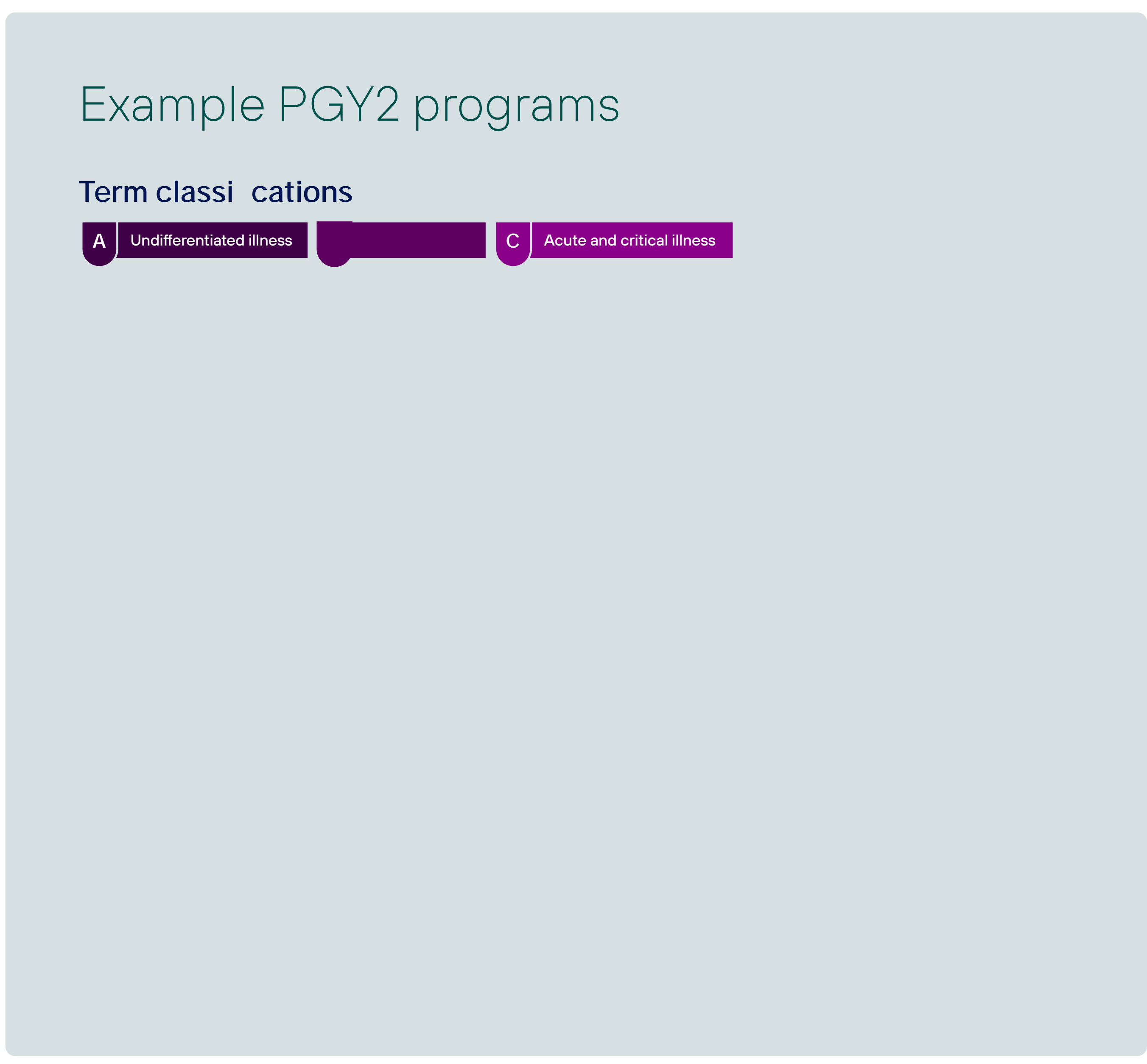
PGY2

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 di erent

F 5: T a a PGY2 a



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

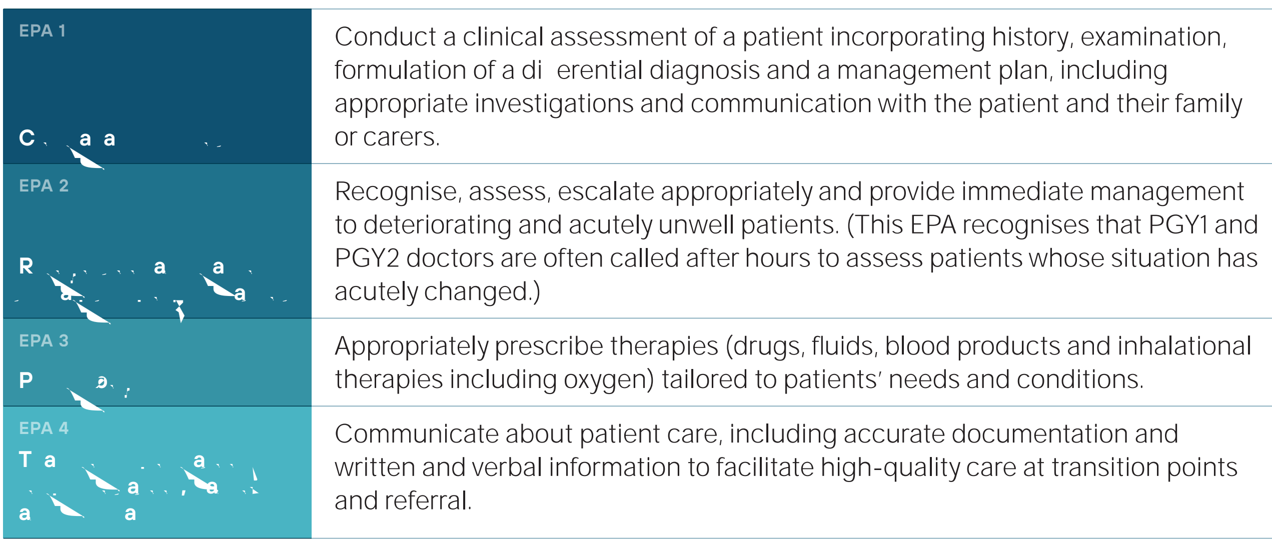
How will I learn?

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.

S a a aə a a (EPA)?

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.

Taə 2: T aə a a (EPA)

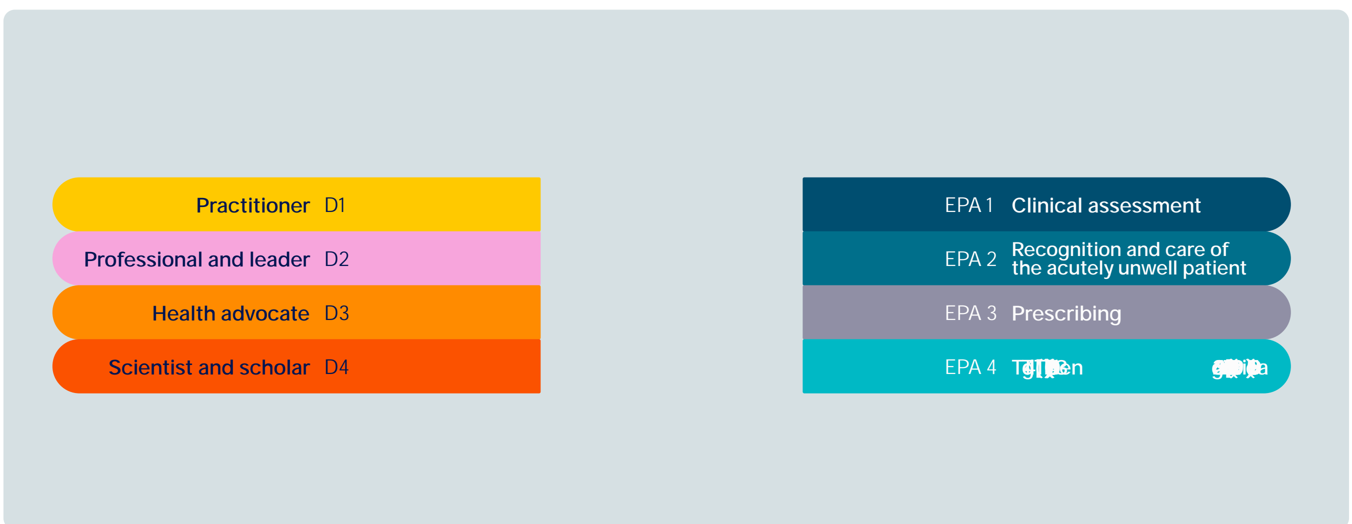


EPA	Description
EPA 1 C a a	Conduct a clinical assessment of a patient incorporating history, examination, formulation of a di erential diagnosis and a management plan, including appropriate investigations and communication with the patient and their family or carers.
EPA 2 R a a a a	Recognise, assess, 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 P ə	Appropriately prescribe therapies (drugs, fluids, blood products and inhalational therapies including oxygen) tailored to patients' needs and conditions.
EPA 4 T a a a a a	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.

F 6: P a a a aə a a



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 di erent 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.

T

The person responsible for your term orientation and assessment. They may also provide primary clinical supervision for some or all of the term.

P a a

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.

Da - - a a

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.

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.

T a

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:

> The 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-o by your primary clinical supervisor or term supervisor.

> The - - 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.

You can read more about assessment during PGY1 and PGY2 here and in the National Framework frequently asked questions on the AMC website.

I a

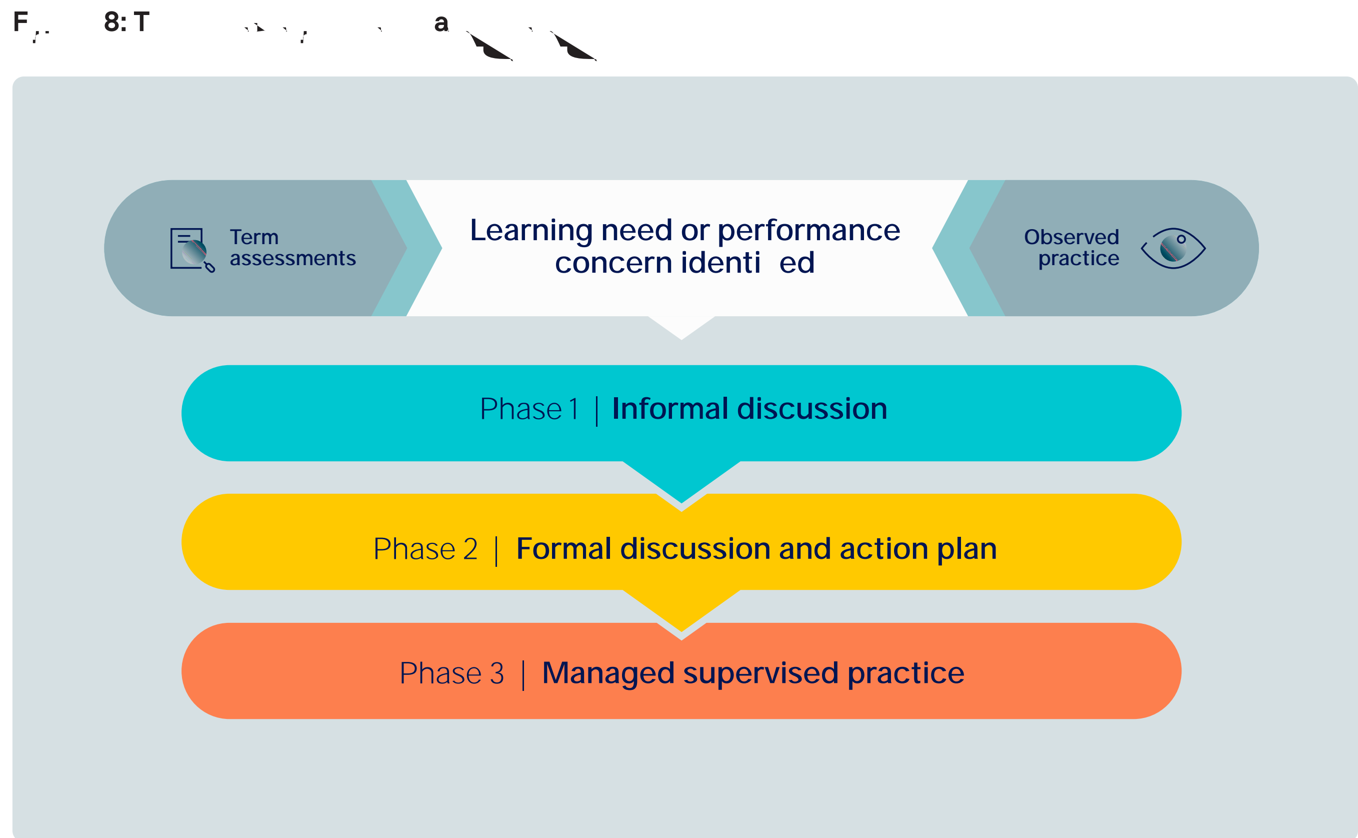
What if things are not going as well as you would like? During PGY1 and PGY2 you can experience many pressures and stressors, which can a ect your learning and your performance at work, and sometimes your wellbeing,

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 di culties, 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 sta (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 a ected, 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.

F 8: T a



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 (I)

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 di ereO (emeno)3O nglth ies3O (will se/FmO)

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 di culties.

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

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

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 di erentials 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 o cer (HMO or JMO) manager(s), the DMS and others involved in the *prevocational training program*. The role has a range of titles in di erent 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 communityomedt rollsOo 914 BDC f Fg (en-UM434EDU8 1O

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

Appendix 1

D a	Q a	E A1 C	E A2	E A3	E A4
D 3:	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	+/-		+/-	
D 4:	4.1 Knowledge				+/-
	4.2 Evidence-informed practice				
	4.3 Quality assurance	+/-	+/-	+/-	+/-
	4.4 Advancing Aboriginal and Torres Strait Islander health	+/-	+/-	+/-	+/-