National Framework for Prevocational (PGY1 & PGY2) Medical Training

Frequently asked questions

The current framework was introduced in 2014 and covers only the intern year (PGY1). Since then it has become apparent that prevocational training should be enhanced to better reflect the healthcare needs of the Australian population, including increased emphasis on Aboriginal and Torres Strait Islander health, more focus on trainee wellbeing and better supervision. Some of the proposed changes were recommendations of the 2015 Council of Australian Governments' (COAG) Review of Medical Intern Training and were agreed by COAG Health Ministers in 2018: development of a two-year

mix, volume and acuity of patients, access to outpatient clinics, ambulatory care and other settings, as well as the designated roles and responsibilities of prevocational doctors within that term. Therefore, not all terms within the same specialty will necessarily be classified in the same way, but instead will depend on the local clinical context, patient case mix and available learning opportunities. The PMC Accreditation Committee (or equivalent) will determine term classifications on a case-by-case basis.

A community term is a term providing non-hospital clinical experience. The AMC recognises the importance of community or non-hospital clinical experience; however, the revised framework does not mandate a com87lrT-2.9 (u-6.1 (n)-5 (it3.5 (yd)2.4 (t)-3 (e)-0.9 (.411 (m)-5.9 (d)1.4u))-4.8C r)2.2i (n)-5g(k)

patient. There is no requirement to reach a high level of entrustability in a minimum number of EPA assessments.

An entrustable professional activity (EPA) is a description of work that you undertake regularly in your clinical practice. Your performance of an EPA can be assessed, but an EPA is not in itself an assessment. In the assessment your supervisor makes a judgement about how safely you can perform this piece of work – your level of entrustability.

The four EPAs included in the revised framework have been adapted from the Royal Australasian College of Physicians (RACP) Basic Training EPAs and are based on the routine clinical work of prevocational doctors:

Clinical assessment,

Recognition and care of the acutely unwell patient,

Prescribing and

Team communication – documentation, handover and referrals.

Apart from EPA 2 (Recognition and care of acutely unwell patients) these activities occur on a daily basis.

Detailed descriptions of the four EPAs can be found in Section 2B of *Training and assessment requirements for prevocational (PGY1 and PGY2) training programs*. These descriptions outline the focus and content of the EPA, the activities (work) that could be assessed and the contexts that they aatont

Yes, the EPAs are the same for PGY1 and PGY2 doctors. There is a question on the EPA assessment form that asks the assessor whether the entrustability rating appropriate for the level of training, given the complexity of the case.

EPAS will be assessed through an activity-based discussion which can be a combination of direct observation and case-based discussion. The following are essential components of the assessment:

- the assessment is based on a patient you are caring for
- the patient is known to the assessing supervisor
- the supervisor has observed a significant part of your clinical interaction with the patient. If this is not possible (e.g., EPA2) feedback is sought from someone who was present.

In practice you and your supervisor will agree to assess a particular EPA as part of your day-to-day work looking after one of your patients. You will perform a work task and the assessor will observe all or part of this task. Then there will be a discussion between you and the assessor

The four EPAs have been designed to cover the most important tasks undertaken by prevocational doctors in the different environments in which they work. At the present time there are no plans to develop more EPAs. Any need for additional EPAs will be considered in future evaluations of the framework.

You do this by asking your supervisor to assess a particular EPA during your day-to-day work. It's important to be explicit about the work you would like to be assessed and for the supervisor to agree to take a few extra minutes to complete the online assessment form and give you some feedback. Here are some examples of how this might be done:

Example 1 (EPA 1): While working in the Emergency Department or in a general practice you are asked to see a new patient. You ask your supervisor to watch you take the history and / or examine the patient and then present your findings and management plan. The supervisor gives you feedback about your approach and may suggest some areas for improvement. The supervisor fills out an EPA assessment form W p 5 9 9

At the end of the year a global judgement will be made by the health service's Assessment Review Panel, based on consideration of the end-of-term assessments, the EPA assessments and any other learning activities documented in the e-portfolio's record of learning. The panel will make a recommendation on whether a PGY1 or PGY2 doctor has met all the *Prevocational Outcome Statements* at the required standard. There is no requirement to 'pass' a minimum number of EPA or end-of-term assessments.

EPAs are descriptions of the core clinical work in PG1 and PGY2. You will be performing this work on a daily basis. There should be no need to undertake additional practice before an assessment.

Multiple factors can impact performance, including individual skills, wellbeing, and the work environment. All these factors need to be assessed and addressed to optimise performance. The revised framework includes a strong emphasis on assisting prevocational doctors who are experiencing difficulties to improve performance, with a focus on early identification, feedback, and support.

There is a three-phase process to assist these doctors, which involves the prevocational doctor, the Director of Clinical Training and term supervisor(s): an informal discussion, a formal discussion and action plan, and a period of managed supervised practice. The health service's Assessment Review Panel will also be involved if there are more significant issues (phases 2 and 3). More details can be found in Section 3B *Training and assessment requirements for prevocational (PGY1 and PGY2) training programs*.

There will be some increase in workload, particularly in the changeover period: reviewing terms, term descriptions and orientation programs to ensure they are consistent with the new term and clinical exposure requirements, the544 -1.978 Td[T31.3 (h)-)14.4 (p)-036 (v)2.610391[Tc 89.6 (e)Aeatr 0toclit

The AMC is developing a number of resources to train supervisors, including:

- a guide for supervisors to support the revised Framework
- a series of short videos to support implementation of the Framework

The AMC will continue to consult with stakeholders about the development of training resources.

General Registration will continue to be granted by the Medical Board of Australia after satisfactory completion of an accredited PGY1 (intern) year. The Board is currently reviewing its *registration standard for granting general registration for Australian and New Zealand medical graduates on completion of internship* to reflect the revised framework and a new registration standard will be introduced in 2024. It is anticipated that the decision to grant general registration will be informed by recommendations of health services' Assessment Review Panels.

No, your Postgraduate Medical Council would need to agree arrangements with your health service to enable you to meet the Framework requirements, if you wish to receive a certificate of completion. Examples of particular scenarios are below:

Services (DMS). The health service's Human Relations or People and Culture Department will have