

National Framework for Prevocational Medical Training

Newsletter
Issue 2

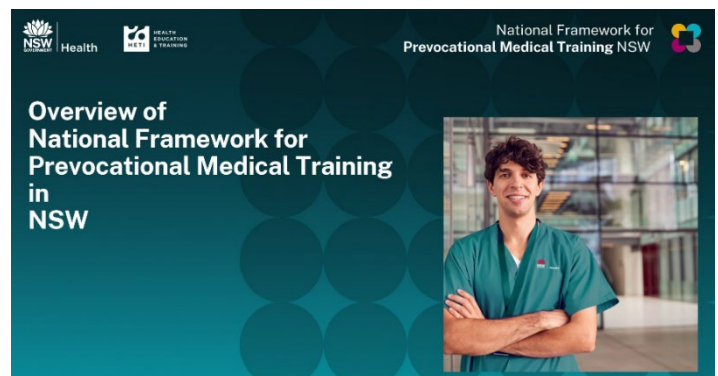
Welcome

Welcome to the second issue of the National Framework newsletter for NSW.

The latest in our series of videos is now available. This video introduces the National Framework.

Presented by Dr Jo Burnand, it provides an overview of the key components and changes to the prevocational medical training framework in NSW. View this presentation [here](#).

HETI has also launched our new national framework website [here](#).



Latest from the AMC

The AMC recently held a workshop in Melbourne for Australian Prevocational Medical Councils where state representatives participated in number of activities and discussions with a focus on the accreditation aspects of the National Framework.

The AMC has also released two written guides for prevocational training targeted for supervisors and prevocational medical trainees. These resources are available here:

- [Guide to prevocational training in Australia for PGY1 and PGY2 doctors](#)
- [Summary flyer - Guide to prevocational training in Australia for PGY1 and PGY2 doctors](#)
- [Guide to prevocational training in Australia for Supervisors](#)
- [Summary flyer - Guide to prevocational training in Australia for Supervisors](#)
- [Video - Introduction to the EPAs \(mandatory from 2025\)](#)

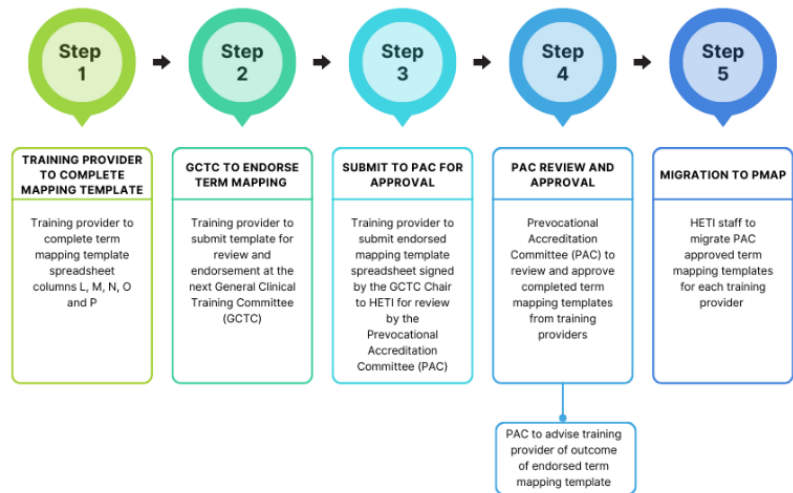
Please continue checking the latest news on the [AMC website](#) for the latest updates and developments.

What is happening in NSW

Review of term mapping preparatory activity

The majority of training providers have now submitted their term mapping.

All mapping spreadsheets are currently being reviewed by the PAC and once approved will be migrated by HETI staff into the Prevocational Medical Accreditation Program (PMAP) prior to the implementation of the new framework. Please note, should the PAC need to consult and/or clarify details of the mapping with training providers this will take place by the end of July 2023.



What is next for NSW training providers

We shortly will provide PAC confirmation of the approved term classifications and service terms review. Once this has occurred, we will then communicate the next steps around mapping of programs for the following clinical year.

PMAP Enhancements and Upgrade

In collaboration with eHealth, HETI has undertaken steps to align the Prevocational Accreditation Management Program (PMAP) with the National Framework. This body of work involves:

- Revising the term description template to align with National Framework requirements
- Update of the NSW Prevocational Standards to the National Standards
- Update of the evidence items to align with the National Standards

The upgrade is due for completion in September 2023. More information will follow with additional resources to support training providers on the key changes within PMAP, ahead of the 2024 implementation.

The revised term description template (PDF) is available from HETI and will enable providers to enter current and new framework term requirements. For any new or revised terms submitted via PMAP, the latest update is now live.

The revised term description features the following fields:

- Term classification (A-D)
- Service term
- Clinical team structure

There are also fields for domains and learning outcomes and EPAs assessed during the term, however, these are not yet mandatory.



Frequently Asked Questions

The purpose of this section is to share response to frequently asked questions submitted to our dedicated National Framework email.

Please email any further questions to HETI-NationalFramework@health.nsw.gov.au

Q: Prevocational trainees are only allowed to do 25% in a subspeciality, could a trainee do two general medicine terms?

General Medical terms accredited for prevocational trainees provide opportunities for exposure to a range of medical patients across multiple internal medicine subspecialities. Therefore, it would be reasonable for a prevocational trainee to complete up to two General Medical terms as long as they are two different terms with different teams and term supervisors.

Q: What does undifferentiated illness patient care mean?

Undifferentiated illness patient care provides prevocational medical trainees with experience in assessing and managing patients with undifferentiated illnesses. For example, the trainee will be involved at the point of first presentation and when a new problem arises. This might occur working in a range of settings such as in an emergency department or in a general practice.

Currently accredited medical or surgical terms where the prevocational trainee is part of a team caring for patients admitted either through emergency or electively would generally not attract the classification of undifferentiated illness patient care. In some circumstances, a term where the predominate responsibility of the prevocational trainee is to provide after hours ward cover may attract the classification of undifferentiated illness patient care.

