

National Framework for Prevocational Medical Training

Newsletter
Issue 3

Welcome

Welcome to the third issue of National Framework newsletter for NSW training providers and stakeholders.

Latest from the AMC

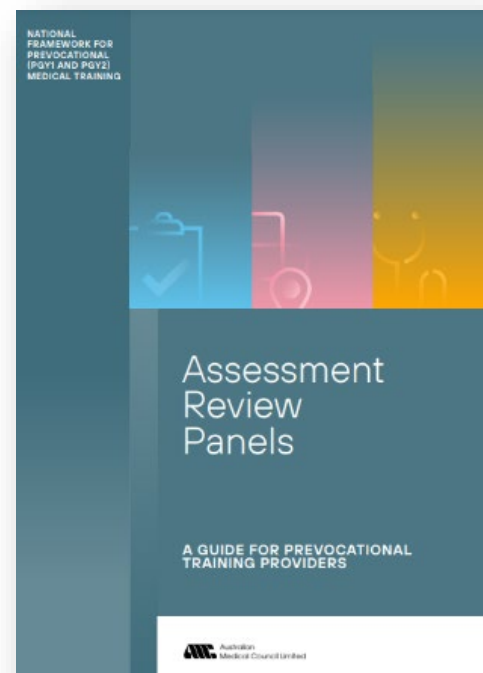
The AMC have developed a guide to support training providers outlining the requirements of an Assessment Review Panel (ARP). Please click on the thumbnail on the right to review this resource.

This guide aims to assist prevocational training providers to establish a panel (or make modifications to an existing panel) with the aim of meeting the requirements for both:

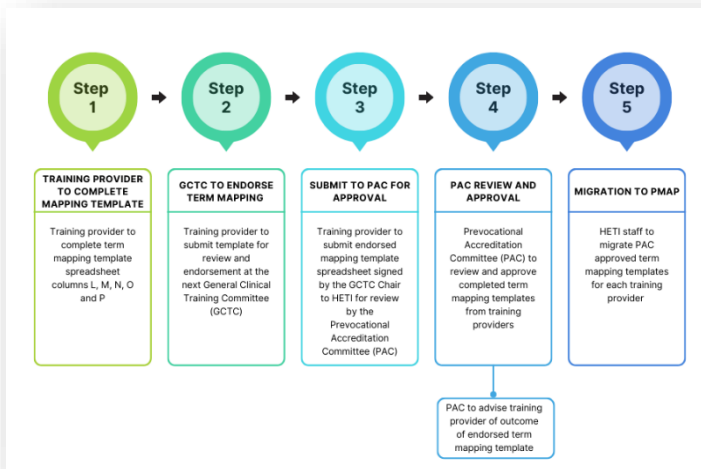
- Training and assessment (described in Training and assessment requirements for prevocational (PGY1 and PGY2) training programs) and
- The training environment (described in National standards and requirements for prevocational (PGY1 and PGY2) training programs and terms).

This guide contains important information about the panel's purpose and functions, membership, meetings, processes, decision making outcomes, appeals and documentation.

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 Prevocational Accreditation Committee have reviewed the term mapping for all training providers. The final submissions of data have been migrated into PMAP.

Focus for November – Review of rotations across the clinical year

Now that training providers have identified the classifications of provisionally and fully accredited terms they will need to review the combination of rotations for prevocational trainees across the clinical year.

In this process, providers should ensure that the runs of terms for individual trainees satisfy the program level requirements for PGY1 and PGY2 trainees. It is recommended that training providers commence by looking at their proposed PGY1 term allocations to ensure that they will meet General Registration requirements with the Medical Board of Australia.

PGY1 should have clinical experiences in all four A, B, C and D ensuring a breadth of exposure to patients of differential illness types. Remember that there are also limits on subspecialty/specialty terms and the proportion of time spent in service terms.

PGY2 should have clinical experiences in A, B, C. While PGY2s are not required to have exposure to D (peri-operative/procedural care), surgical terms in the second post graduate year are acceptable. PGY2s could also have additional experience in E (non-direct clinical care).

To assist with this activity, we have produced a short presentation outlining the program level requirements, which you can view [here](#). For more information on training term requirements review the national standards and requirements for prevocational (PGY1 and PGY2) training programs and terms [here](#).

	PGY1	PGY2
Length	Minimum 47 weeks	Minimum 47 weeks
Structure	Minimum of 4 terms (of at least 10 weeks)	Minimum of 3 terms (of at least 10 weeks)
Specialties	Maximum 50% any specialty and 25% subspecialty	Maximum 25% subspecialty in a year
Embedded in clinical teams	At least 50% of the year	At least 50% of the year
Service terms - relief and nights	Maximum 20% of the year	Maximum 25% of the year
Program content - Clinical experiences	<ul style="list-style-type: none"> A. Undifferentiated illness B. Chronic illness C. Acute and critical illness D. Peri-operative/procedural 	<ul style="list-style-type: none"> A. Undifferentiated illness B. Chronic illness C. Acute and critical illness
<p>The primary focus of the clinical experience that the prevocational doctor is engaged with during the term</p>		

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 requirement fields
- Update of the NSW Prevocational Standards to the National Standards
- Update of the evidence items to align with the National Standards

The upgrade has been completed. More information will follow with additional resources to support training providers on the key changes within PMAP, ahead of the 2024 implementation.

Spotlight – Standard 1: Organisational purpose and the context in which prevocational training is delivered

National Standard 1 outlines the organisational purpose and context in which prevocational training is delivered. It requires that training providers have a clear understanding of their role in the healthcare system and the needs of their trainees. This standard also emphasises the importance of providing a safe and supportive learning environment for trainees, as well as ensuring that training programs are aligned with the broader goals of the healthcare system.



Standard 1 Criteria

- 1.1 Organisational purpose
- 1.2 Outcomes of the prevocational training program
- 1.3 Governance
- 1.4 Program management
- 1.5 Relationships to support medical education
- 1.6 Reconsideration, review and appeals processes

Some examples of the types of evidence for accreditation surveys that support this standard include:

- Strategic plan and purpose statement
- Term allocations
- Committee terms of reference and minutes
- Reporting lines and organisational structure
- Process and procedures

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: Will the AMC National Framework be implemented in 2024 for PGY2 trainees in 2024?

The AMC has allowed states to determine whether they wish to implement the National Framework for PGY2 in 2024 or 2025 (at which point it is mandatory). In NSW the decision has been made to implement the framework from 2024 given that NSW already accredits PGY2 programs.

Q: Do PGY2 trainees need to undertake a term with A-Undifferentiated patient care?

PGY2 trainees are required to complete terms with exposure to the clinical experiences of:

- A – Undifferentiated illness patient care
- B – Chronic illness patient care
- C – Acute and critical illness patient care

The term classification of ‘undifferentiated illness patient care’ would usually be applied to Emergency department terms or General Practice terms where a trainee gains experience in assessing and managing patients with undifferentiated illness. For a term to be classified as providing ‘undifferentiated illness patient care’ the trainee would have clinical involvement at the point of first presentation and when a new problem arises (whereby the trainee assesses patients that have not previously been worked up).

Q: As a PGY2 in 2024, am I able to opt out of the National Framework requirements?

NSW Health trainees employed in prevocational training positions are required to be working in accredited terms (and programs) and as such, are unable to ‘opt out’ of completing the requirements of the prevocational training program. Any PGY2’s not employed in a prevocational training position would be required to meet the Medical Board requirements for continuing professional development including having a CPD home.

Q: Are the EPAs mandatory for 2024?

Within NSW, the implementation of Entrustable Professional Activities (EPAs) in 2024 is not a mandatory requirement for training providers. The use of EPAs is to be supported by the e-Portfolio which will be implemented in 2025.

Training providers have the option to implement paper-based EPAs in 2024. Paper based EPAs can be found on the [AMC National Framework website here](#).

Q: Does the National Framework requirements apply to IMG trainees?

The National Framework is for prevocational trainees. IMG trainees must adhere to the requirements as outlined by the Medical Board of Australia.