



# Understanding the National Framework for Prevocational Medical Training in NSW

An overview for Interns in 2024

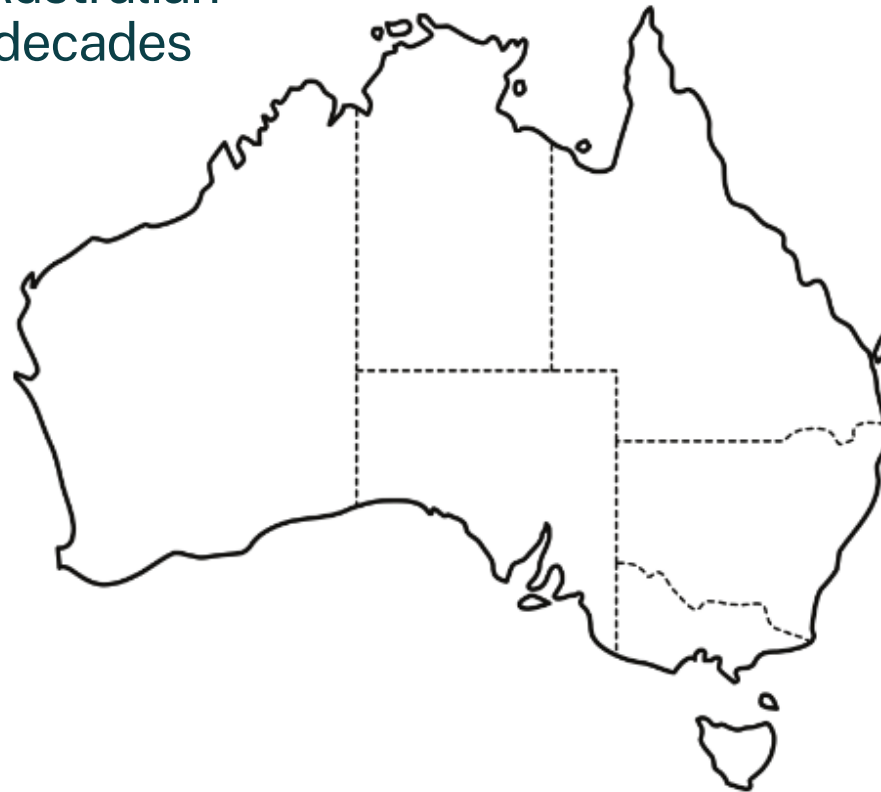


# Training for prevocational doctors is changing in 2024



## The National Framework for Prevocational Medical Training

is the most significant change to Australian  
prevocational training for several decades





By approaching prevocational training as a 2 year program there is an increased emphasis on **breadth of clinical experience** rather than core specialty terms



### The revised Framework:

- ✓ ensures safe and high quality care for patients
- ✓ provides longitudinal support, training and assessment of prevocational doctors

This is **not** a 2-year internship



The AMC established the revised Framework with the following aims:

Aligned with  
community need



Strengthen  
cultural safety  
awareness



Strengthen  
supervision



Focus on  
clinical work



Longitudinal  
approach



Improve quality  
of assessment



Trainee wellbeing  
and support



National  
consistency



# The 4 components of the Framework

## Training and assessment

Approach to assessment and improving performance

National assessment forms

Entrustable professional activities (EPAs)

Certification of completion



## Quality assurance

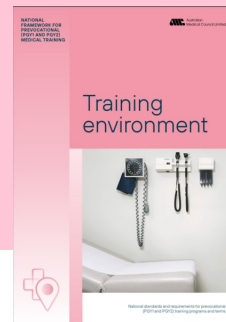
Domains for assessing and accrediting prevocational training accreditation authorities

Procedures for assessing and accrediting prevocational training accreditation authorities

## Training environment

National standards for prevocational training programs and terms

Requirements for prevocational training programs and terms



## e-Portfolio

Supporting the National Framework with a number of functions (to be introduced from 2025)





By the end of each year of training, prevocational doctors should be able to demonstrate the skills and knowledge outlined in the prevocational outcome statements at the appropriate level for that year.



# Program and term requirements



## Term description

- ✓ Term name
- ✓ Term supervisor
- ✓ Clinical experiences
- ✓ Learning outcomes / domains

	PGY1	PGY2	PGY1
Length	Minimum 47 weeks		Minimum 47 weeks
Structure	Minimum of 4 terms of at least 10 weeks each	at least 10 weeks each	Minimum of 4 terms of at least 10 weeks each
Specialties	Maximum 50% any specialty and 25% subspecialty		Maximum 50% any specialty and 25% subspecialty
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 20% of the year
Program content - Clinical experiences	<p><b>A</b> Undifferentiated illness patient care</p> <p><b>B</b> Chronic illness patient care</p> <p><b>C</b> Acute and critical illness patient care</p> <p><b>D</b> Peri-operative / procedural patient care</p>	<p><b>A</b> Undifferentiated illness patient care</p> <p><b>B</b> Chronic illness patient care</p> <p><b>C</b> Acute and critical illness patient care</p> <p><b>D</b> Peri-operative / procedural patient care</p>	<p><b>A</b> Undifferentiated illness patient care</p> <p><b>B</b> Chronic illness patient care</p> <p><b>C</b> Acute and critical illness patient care</p> <p><b>D</b> Peri-operative / procedural patient care</p>
		<p><b>Program content - Clinical experiences</b></p> <p><i>The primary focus of the clinical experience that the prevocational trainee is engaged with during the term</i></p>	

<b>Exposure in Term</b> <small>(Maximum of 2) A-Undifferentiated illness patient care; B-Chronic illness patient care; C-Acute critical illness patient care; D-Peri-operative / procedural patient care; E-Non-direct clinical experience (PGY2 Only)</small>		B - Chronic illness patient care C - Acute critical illness patient care	
<b>Is this a service term?</b> <small>(Service terms (relief or nights) in this context refers to terms that have discontinuous learning experiences, such as limited access to formal education program or regular unit learning activities; less or discontinuous overarching supervision (for example, nights with limited staff))</small>		Yes <input type="radio"/>	No <input type="radio"/>
<b>Term Category</b>		Core Medicine	
<b>Term Min Duration (weeks)</b>	10	<b>Term Max Duration (weeks)</b>	12
<b>Term Accredited for PGY1 terms are accredited for PGY1 and PGY2</b>		PGY1 <input type="radio"/>	PGY2 Only <input type="radio"/>
<b>Variation in PGY1/PGY2 Capacity</b>		Yes <input type="radio"/>	No <input type="radio"/>
<b>Total Number of Prevocational Trainees</b>	2	<b>PGY1 Capacity</b>	2
		<b>PGY2 Only Capacity</b>	0
<b>HETI Term Number</b>	██████	<b>Accreditation Status</b>	Provisional
<b>Date of Accreditation</b>	25 Sep 2007	<b>Last Approved by PAC</b>	17 Aug 2023





Prevocational training will now focus on **key clinical experiences** rather than core terms in medicine, surgery and emergency medicine.



### The clinical experience classifications are:

**A**



Undifferentiated  
illness patient care

**C**



Acute and critical  
illness patient care

**B**



Chronic illness patient  
care

**D**



Peri-operative /  
procedural patient care





## NSW Prevocational Training Term Description

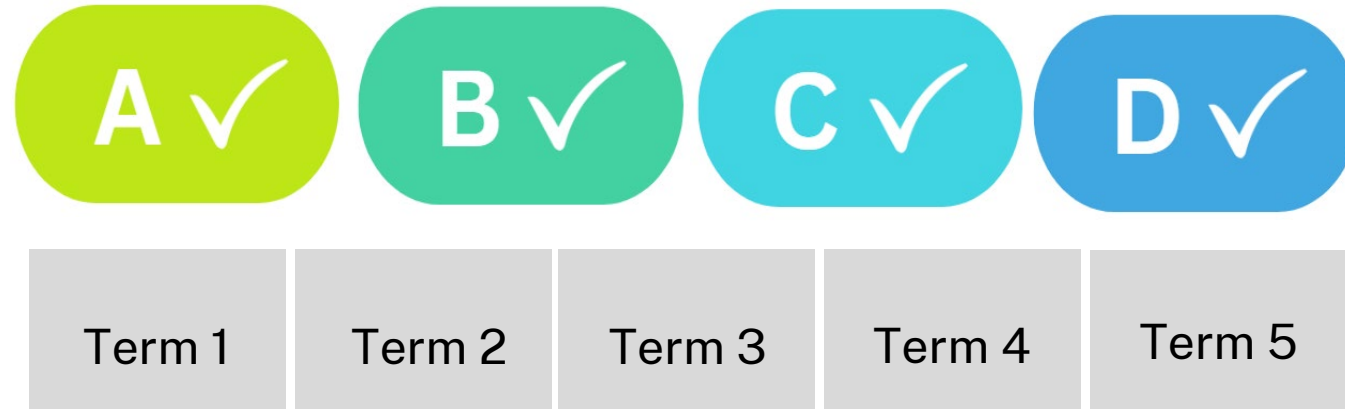
Term Detail			
Accredited Prevocational Training Provider (PTP)	[REDACTED]		
Term Name	Gastroenterology		
Term Location	[REDACTED]		
Term Specialty	Physician - Gastroenterology and hepatology		
For Offsite Term <i>Includes affiliated private hospitals, general practices, community based organisations</i>	No		
Classification of Clinical Exposure in Term <i>(Maximum of 2) A-Undifferentiated illness patient care; B-Chronic illness patient care; C-Acute critical illness patient care; D-Peri-operative / procedural patient care; E-Non-direct clinical experience (PGY2 Only)</i>	B - Chronic illness patient care C - Acute critical illness patient care		
Is this a service term? <i>Service terms (relief or nights) in this context refers to terms that have; discontinuous learning experiences, such as limited access to formal education program or regular unit learning activities; less or discontinuous overarching supervision (for example, nights with limited staff)</i>	Yes <input type="radio"/>	No <input type="radio"/>	
Term Category	Core Medicine		
Term Min Duration (weeks)	10	Term Max Duration (weeks)	12
Term Accredited for <i>PGY1 terms are accredited for PGY1 and PGY2</i>	PGY1 <input checked="" type="radio"/>		PGY2 Only <input type="radio"/>
Variation in PGY1/PGY2 Capacity	Yes <input type="radio"/>		No <input type="radio"/>
Total Number of Prevocational Trainees	2	PGY1 Capacity	2
		PGY2 Only Capacity	0
HETI Term Number	[REDACTED]	Accreditation Status	Provisional
Date of Accreditation	25 Sep 2007	Last Approved by PAC	17 Aug 2023

Terms will be assigned one or two clinical classifications that describe the main type of clinical experiences a prevocational trainee will be exposed to during the term.





In NSW, **PGY1** trainees must complete a 5 terms each year with clinical exposure across the 4 clinical classifications (A, B, C, D).





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### Prevocational Rotation Planner Sample



Rotation Options	Intern Preference	Term 1 (11 weeks)											Term 2 (11 weeks)											Term 3 (10 weeks)											Term 4 (10 weeks)											Term 5 (11 weeks)											Clinical Exp Valid	Total Service Terms
		29-Jan	5-Feb	12-Feb	19-Feb	26-Feb	4-Mar	11-Mar	18-Mar	25-Mar	1-Apr	8-Apr	15-Apr	22-Apr	29-Apr	6-May	13-May	20-May	27-May	3-Jun	10-Jun	17-Jun	24-Jun	1-Jul	8-Jul	15-Jul	22-Jul	29-Jul	5-Aug	12-Aug	19-Aug	26-Aug	2-Sep	9-Sep	16-Sep	23-Sep	30-Sep	7-Oct	14-Oct	21-Oct	28-Oct	4-Nov	11-Nov	18-Nov	25-Nov	2-Dec	9-Dec	16-Dec	23-Dec	30-Dec	6-Jan	13-Jan	20-Jan	27-Jan				
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53				
1		Relief											Gastroenterology											General Surgery											Emergency Medicine											Rehabilitation Medicine												
		Service Term											Subspecialty											Specialty											Specialty											Subspecialty**											✓	▶ 1
		N/A					N/A						C					B						D					C						C					A						B					N/A							



## Consistent culturally safe practice

should occur across all domains and clinical experiences

D1 ✓

D2 ✓

D3 ✓

D4 ✓

+

A ✓

B ✓

C ✓

D ✓

## What is culturally safe practice?

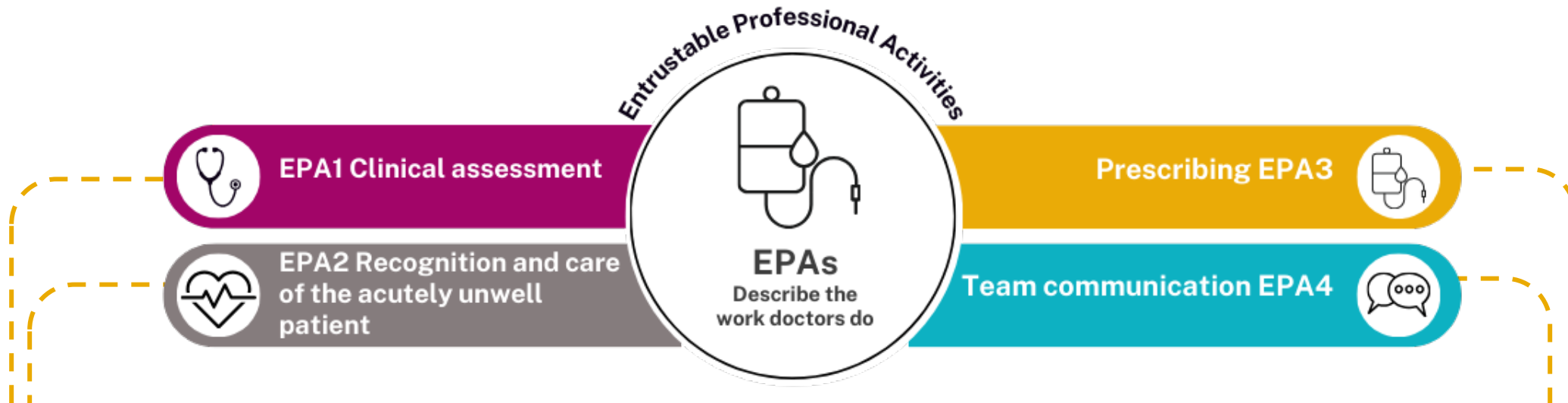


Cultural safety is determined by Aboriginal and Torres Strait Islander individuals, families and communities.

“**Culturally safe practice** is the ongoing critical reflection of health practitioner knowledge, skills, attitudes, practising behaviours and power differentials in delivering safe, accessible and responsive healthcare, free from racism.” - Ahpra



The National Framework includes four Entrustable Professional Activities (EPAs) which are common tasks that prevocational trainees undertake in their day-to-day clinical work



**Assessment of EPAs** measures the entrustability of the prevocational trainee to carry out these tasks – or how much supervision is required

# Support for the prevocational training program



Prevocational Accreditation Committee

DPET Forum

Prevocational Training Council

JMO Forum

Director of Prevocational Education and Training (DPET)

General Clinical Training Committee

JMO Manager

Assessment Review Panel

Local supports

Network Committee for Prevocational Training

Term Supervisor

Primary Clinical Supervisor

Day-to-day Clinical Supervisors



# Supervision structure

During PGY1 and PGY2, prevocational trainees take increasing responsibility for patient care as they progress toward more independent practice.

The National Framework uses the following terminology to refer to different supervisor roles



**Term supervisor** is a senior medical practitioner who is responsible for orientation and assessment during a particular term. They may also provide primary clinical supervision of the prevocational doctor for some or all of the term

**Primary clinical supervisor** is the supervisor with consultant level responsibility for managing patients in the relevant discipline that the prevocational trainee is caring for

**Day to day clinical supervisor** an individual who has direct responsibility for patient care, provides information feedback and contributes information to assessments. This individual should remain relatively constant during the term and should be at least PGY3 level



# Term assessment process



## Beginning of Term Discussion

- ✓ Discuss learning objectives
- ✓ Use term descriptions

## Mid Term Assessment

- ✓ Provide timely feedback on progress
- ✓ Identify any specific learning needs that have emerged
- ✓ Discuss how these can be addressed

## End of Term Assessment

- ✓ Completed by the Term Supervisor
- ✓ Discussion against the agreed learning objectives
- ✓ Focus on progression to independent practice

# Assessment forms



**Prevocational Training Term Assessment Form**

Australian Medical Council Limited

**Prevocational doctor details:**  
 Name: \_\_\_\_\_  
 Mid-term  End-of-term  self-assessment  
 Sources of information used to complete this form:  
 Nursing staff  Allied health professionals  
 Other specialists  Registrars  Other (please specify) \_\_\_\_\_  
 Consultation with/feedback from: \_\_\_\_\_

**Term details:**  
 Term Name: \_\_\_\_\_ Term: \_\_\_\_\_ of \_\_\_\_\_  
 PGY Level: \_\_\_\_\_

PGY1/PGY2 record of additional learning/professional development (demonstrating progress against outcome statements)

Achievement of outcomes can be assessed by direct observation or by providing evidence of learning. Where an outcome has not been observed, evidence should be reviewed to support the assessment and feedback for the Domain. In filling out the assessment, take account of the evidence provided and the context in which the assessment is being made. Evidence may include but not limited to, attending a relevant educational course, workshop or conference, or completion of online training. **If any outcomes were NOT observed, identify a) which outcome and b) if additional evidence was provided (e.g. attending a course)**

**Domain 1: Clinical practice | The prevocational doctor as practitioner**  
 (1=Rarely met, 2=Inconsistently met, 3=Consistently met, 4=Often exceeded, 5=Consistently exceeded)

1.1 Patient safety: Place the needs and safety of patients at the centre of the care process, working within statutory and regulatory requirements and guidelines. Demonstrate skills including effective clinical handover, graded assertiveness, delegation and escalation, infection control, and adverse event reporting.	N/A	1	2	3	4	5
1.2 Communication - Aboriginal and Torres Strait Islander patients: Demonstrate effective health professionals applying the principles of shared-decision making and informed consent.	N/A	1	2	3	4	5
1.3 Communication - Aboriginal and Torres Strait Islander patients: Demonstrate effective health professionals applying the principles of shared-decision making and informed consent.	N/A	1	2	3	4	5
1.4 Patient assessment: Perform and document patient assessments, incorporating a problem-focused medical history with a relevant physical exam, and generate a valid differential diagnosis inclusive of Indigenous knowledges of well-being and health models to support Aboriginal and Torres Strait Islander patient care.	N/A	1	2	3	4	5
1.5 Investigations: Request and accurately interpret common and relevant investigations using evidence-informed knowledge and principles of cost-effectiveness.	N/A	1	2	3	4	5
1.6 Procedures: Safely perform a range of common procedural skills required for work as a PGY1 or PGY2 doctor.	N/A	1	2	3	4	5
1.7 Patient management: Make evidence-informed management decisions and referrals using principles of shared decision-making with patients, carers and the health care team.	N/A	1	2	3	4	5
1.8 Prescribing: Prescribe therapies with patients, carers and the health care team.	N/A	1	2	3	4	5
1.9 Emergency care: Recognise, assess, communicate and escalate as required, and provide products safely, effectively and economically.	N/A	1	2	3	4	5
1.10 Emergency care: Recognise, assess, communicate and escalate as required, and provide immediate management to deteriorating and critically unwell patients.	N/A	1	2	3	4	5
1.11 Emergency care: Recognise, assess, communicate and escalate as required, and provide immediate management to deteriorating and critically unwell patients.	N/A	1	2	3	4	5
1.12 Utilising and adapting to dynamic systems: Appropriately utilises and adapts to dynamic systems and technology to facilitate practice, including for documentation, communication, information management and supporting decision-making.	N/A	1	2	3	4	5

**Domain 1 overall rating**  
 1  Rarely met | 2  Inconsistently met | 3  Consistently met | 4  Often exceeded | 5  Consistently exceeded  
 If a rating of 1 or 2 is selected, please specify which outcome/s were inconsistently or rarely met and provide any general feedback)

**Domain 2: Professionalism | The prevocational doctor as professional and leader**  
 (1=Rarely met, 2=Inconsistently met, 3=Consistently met, 4=Often exceeded, 5=Consistently exceeded)

2.1 Professionalism: Demonstrate personal and professional values including integrity, respect for all, and respect for one's own limitations to mitigate risks.	N/A	1	2	3	4	5
2.2 Professionalism: Demonstrate personal and professional values including integrity, respect for all, and respect for one's own limitations to mitigate risks.	N/A	1	2	3	4	5
2.3 Professionalism: Demonstrate personal and professional values including integrity, respect for all, and respect for one's own limitations to mitigate risks.	N/A	1	2	3	4	5
2.4 Professionalism: Demonstrate personal and professional values including integrity, respect for all, and respect for one's own limitations to mitigate risks.	N/A	1	2	3	4	5
2.5 Professionalism: Demonstrate personal and professional values including integrity, respect for all, and respect for one's own limitations to mitigate risks.	N/A	1	2	3	4	5
2.6 Professionalism: Demonstrate personal and professional values including integrity, respect for all, and respect for one's own limitations to mitigate risks.	N/A	1	2	3	4	5
2.7 Professionalism: Demonstrate personal and professional values including integrity, respect for all, and respect for one's own limitations to mitigate risks.	N/A	1	2	3	4	5
2.8 Professionalism: Demonstrate personal and professional values including integrity, respect for all, and respect for one's own limitations to mitigate risks.	N/A	1	2	3	4	5
2.9 Professionalism: Demonstrate personal and professional values including integrity, respect for all, and respect for one's own limitations to mitigate risks.	N/A	1	2	3	4	5
2.10 Professionalism: Demonstrate personal and professional values including integrity, respect for all, and respect for one's own limitations to mitigate risks.	N/A	1	2	3	4	5

**Domain 3: Scholarship | The prevocational doctor as scientist and scholar**  
 (1=Rarely met, 2=Inconsistently met, 3=Consistently met, 4=Often exceeded, 5=Consistently exceeded)

3.1 Scholarship: Demonstrate personal and professional values including integrity, respect for all, and respect for one's own limitations to mitigate risks.	N/A	1	2	3	4	5
3.2 Scholarship: Demonstrate personal and professional values including integrity, respect for all, and respect for one's own limitations to mitigate risks.	N/A	1	2	3	4	5
3.3 Scholarship: Demonstrate personal and professional values including integrity, respect for all, and respect for one's own limitations to mitigate risks.	N/A	1	2	3	4	5
3.4 Scholarship: Demonstrate personal and professional values including integrity, respect for all, and respect for one's own limitations to mitigate risks.	N/A	1	2	3	4	5
3.5 Scholarship: Demonstrate personal and professional values including integrity, respect for all, and respect for one's own limitations to mitigate risks.	N/A	1	2	3	4	5
3.6 Scholarship: Demonstrate personal and professional values including integrity, respect for all, and respect for one's own limitations to mitigate risks.	N/A	1	2	3	4	5
3.7 Scholarship: Demonstrate personal and professional values including integrity, respect for all, and respect for one's own limitations to mitigate risks.	N/A	1	2	3	4	5
3.8 Scholarship: Demonstrate personal and professional values including integrity, respect for all, and respect for one's own limitations to mitigate risks.	N/A	1	2	3	4	5
3.9 Scholarship: Demonstrate personal and professional values including integrity, respect for all, and respect for one's own limitations to mitigate risks.	N/A	1	2	3	4	5
3.10 Scholarship: Demonstrate personal and professional values including integrity, respect for all, and respect for one's own limitations to mitigate risks.	N/A	1	2	3	4	5

**Domain 4: Leadership | The prevocational doctor as supervisor and delegate**  
 (1=Rarely met, 2=Inconsistently met, 3=Consistently met, 4=Often exceeded, 5=Consistently exceeded)

4.1 Leadership: Demonstrate personal and professional values including integrity, respect for all, and respect for one's own limitations to mitigate risks.	N/A	1	2	3	4	5
4.2 Leadership: Demonstrate personal and professional values including integrity, respect for all, and respect for one's own limitations to mitigate risks.	N/A	1	2	3	4	5
4.3 Leadership: Demonstrate personal and professional values including integrity, respect for all, and respect for one's own limitations to mitigate risks.	N/A	1	2	3	4	5
4.4 Leadership: Demonstrate personal and professional values including integrity, respect for all, and respect for one's own limitations to mitigate risks.	N/A	1	2	3	4	5
4.5 Leadership: Demonstrate personal and professional values including integrity, respect for all, and respect for one's own limitations to mitigate risks.	N/A	1	2	3	4	5
4.6 Leadership: Demonstrate personal and professional values including integrity, respect for all, and respect for one's own limitations to mitigate risks.	N/A	1	2	3	4	5
4.7 Leadership: Demonstrate personal and professional values including integrity, respect for all, and respect for one's own limitations to mitigate risks.	N/A	1	2	3	4	5
4.8 Leadership: Demonstrate personal and professional values including integrity, respect for all, and respect for one's own limitations to mitigate risks.	N/A	1	2	3	4	5
4.9 Leadership: Demonstrate personal and professional values including integrity, respect for all, and respect for one's own limitations to mitigate risks.	N/A	1	2	3	4	5
4.10 Leadership: Demonstrate personal and professional values including integrity, respect for all, and respect for one's own limitations to mitigate risks.	N/A	1	2	3	4	5

**Overall Rating**  
 1  Rarely met | 2  Inconsistently met | 3  Consistently met | 4  Often exceeded | 5  Consistently exceeded  
 If a rating of 1 or 2 is selected, please specify which outcome/s were inconsistently or rarely met and provide any general feedback)

**Supervisor or delegate**  
 Name: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Signature: \_\_\_\_\_  
 Date: \_\_\_\_\_

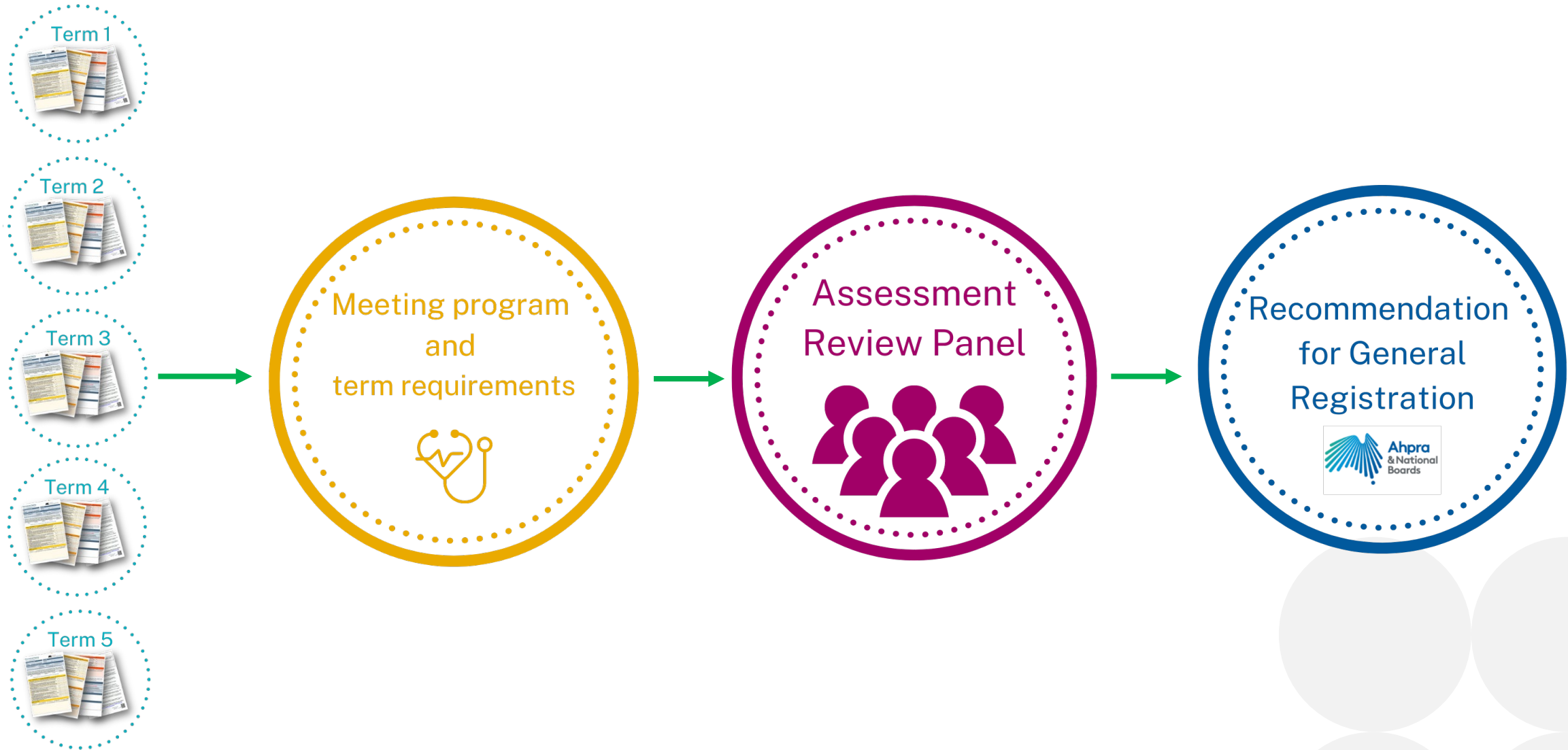
**Prevocational doctor**  
 Name: \_\_\_\_\_  
 Signature: \_\_\_\_\_  
 Date: \_\_\_\_\_

**Comments:**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Next steps:**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Scan to view the Training Environment Requirements**

# The assessment process



# What does this mean for interns in 2024?




- Structured PGY1 (nationally) – same standards
- Program and term requirements changed from previous years
- Meet requirements for general registration
- Some services may implement EPAs in a modified way
- HETI and AMC resources (PGY1 guide)

The screenshot shows the HETI website with a navigation menu including 'About HETI', 'News & Events', 'Education & Training', 'Placements, Scholarships & Grants', 'Research & Innovation', and 'Resources & Links'. The main content area features a large banner with the text 'Supporting NSW training providers to implement the National Framework'. Below this, there is a section titled 'National Framework for Prevocational Medical Training in NSW' with a 'Latest Newsletter' button. A video player is embedded, showing an overview of the framework by Dr. Jo Burnand, Deputy Medical Director. To the right of the video are buttons for 'Frequently Asked Questions' and 'Contact us'. At the bottom, a section titled 'The four components of the National Framework' lists: 1. Training and assessment requirements for training programs, 2. National standards and requirements for prevocational training programs and terms, 3. AMC domains and procedures for assessing and accrediting prevocational accreditation authorities, and 4. Qualification in interventional radiology. A diagram on the right shows four overlapping circles representing 'Training and assessment', 'Quality assurance', 'Prevocational Medical Training NSW National Framework components', and 'e-Portfolio'.



# Questions



National  
Framework for  
**Prevocational  
Medical Training NSW**

For further information  
[HETI-NationalFramework@health.nsw.gov.au](mailto:HETI-NationalFramework@health.nsw.gov.au)