



Understanding the National Framework for Prevocational Medical Training in NSW



Acknowledgement of Country



We acknowledge the Traditional Custodians on the lands on which we meet and their connections to land, sea and community. We pay our respect to their elders past and present and extend that respect to all Aboriginal and Torres Strait Islander peoples today.



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





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

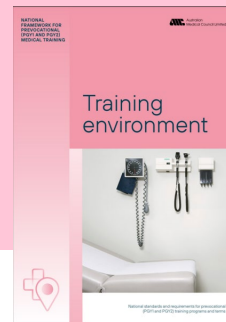
Domains for assessing and accrediting prevocational training accreditation authorities

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



	PGY1	PGY2
Length	Minimum 47 weeks	Minimum 47 weeks
Structure	Minimum of 4 terms of at least 10 weeks each	Minimum of 3 terms of at least 10 weeks each
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	<p>A Undifferentiated illness patient care</p> <p>B Chronic illness patient care</p> <p>C Acute and critical illness patient care</p> <p>D Peri-operative / procedural patient care</p>	<p>A Undifferentiated illness patient care</p> <p>B Chronic illness patient care</p> <p>C Acute and critical illness patient care</p>

Term description

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

general practices, community based medical services			
Classification of Clinical Exposure in Term (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)		B - Chronic illness patient care C - Acute critical illness patient care	
Is this a service term? <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"/>
Term Category		Core Medicine	
Term Min Duration (weeks)	10	Term Max Duration (weeks)	12
Term Accredited for PGY1 terms are accredited for PGY1 and PGY2		PGY1 <input 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	██████	Accreditation Status	Provisional
Date of Accreditation	25 Sep 2007	Last Approved by PAC	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



TO BE THE FIRST-CHOICE
PARTNER FOR EDUCATION
AND TRAINING IN NSW HEALTH

NSW Prevocational Training Term Description

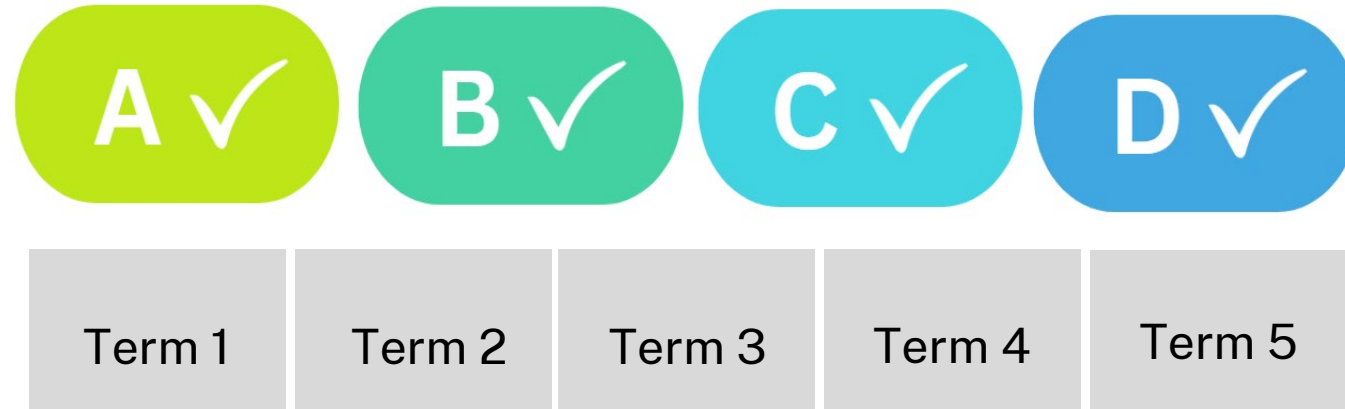
Term Detail			
Accredited Prevocational Training Provider (PTP)	[REDACTED]		
Term Name	Gastroenterology		
Term Location	[REDACTED]		
Term Specialty	Physician - Gastroenterology and hepatology		
For Offsite Term <i>Includes affiliated private hospitals, general practices, community based organisations</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).





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

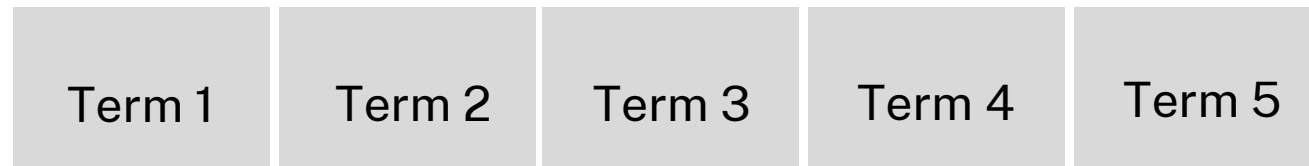
Prevocational Rotation Planner Sample



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					✓	▶ 1																														
		Service Term					Subspecialty					Specialty					Specialty					Subspecialty**																																				
		N/A					C					B					D					C							C					A					B					N/A														



In NSW, **PGY2** trainees must complete a minimum of 5 terms each year with clinical exposure across the 3 clinical classifications (A, B, C).



PGY2 trainees can also complete terms with classification D and E classifications



In NSW, **PGY2** trainees must complete a minimum of 5 terms each year with clinical exposure across the 3 clinical classifications (A, B, C).

Prevocational Rotation Planner Sample



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
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
Gastroenterology											Emergency Medicine A						Emergency Medicine B						Clinical Governance						Orthopaedic Surgery						✓	▶ 0																
Subspecialty											Specialty						Specialty						Subspecialty						Subspecialty																							
C			B								C			A			C			A			E			N/A			D			C																				



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?

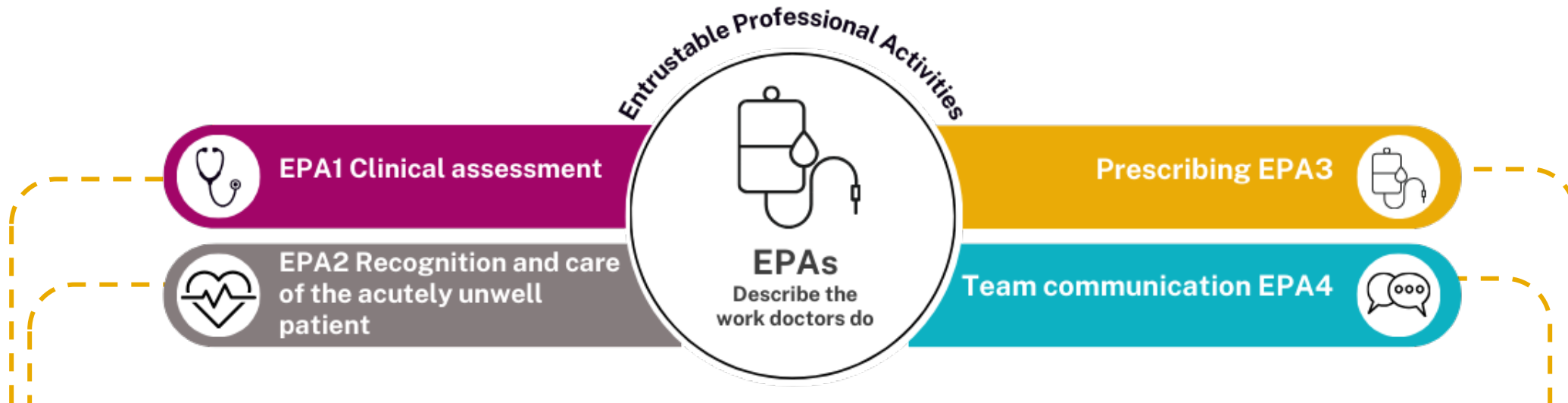


Cultural safety is determined by Aboriginal and Torres Strait Islander individuals, families and communities.

“**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: _____ Term Name: _____ Term: ____ of ____

Term details: PGY Level: _____

Sources of information used to complete this form: Mid-term End-of-term self-assessment

Consultation with/feedback from: Nursing staff Allied health professionals Other specialists Registrars Other (please specify) _____

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)**

*** Please return the completed form to your Medical Education Unit ***

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, effectively and economically.	N/A	1	2	3	4	5
1.9 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
1.10 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:

Consistently exceeded
 Often exceeded
 Inconsistently met
 Rarely met

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

2.1 Research: Undertake research projects, including the design, implementation, analysis and reporting of research projects, including the design, implementation, analysis and reporting of research projects.	N/A	1	2	3	4	5
2.2 Teaching: Participate in, and contribute to, the development and delivery of educational activities such as teaching, supervision, and reflective practice.	N/A	1	2	3	4	5
2.3 Professionalism: Demonstrate 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 Leadership: Participate in, and contribute to, the development and delivery of educational activities such as teaching, supervision, and reflective practice.	N/A	1	2	3	4	5
2.5 Professionalism: Demonstrate 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 Leadership: Participate in, and contribute to, the development and delivery of educational activities such as teaching, supervision, and reflective practice.	N/A	1	2	3	4	5

Supervisor or delegate to complete this form within 14 days.

Scan to view the Training Environment Requirements

Concerns about prevocational trainees



DPET contact details



0001 234 567





@health.nsw.gov.au



Further information



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Supporting NSW training providers to implement the National Framework

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- Prevocational Accreditation
- Contact us

National Framework for Prevocational Medical Training in NSW

HETI supports NSW training providers in the implementation of the National Framework for Prevocational (PGY1 and PGY2) Medical Training. The National Framework provides a structured and comprehensive training pathway, that equips doctors with the necessary knowledge, skills, and breadth of clinical experiences in the PGY1 and PGY2 years.

The information on this page aims to provide training providers and key stakeholders the latest updates, resources, and guidelines, on National Framework implementation in 2024.

The National Framework is being implemented in NSW for both PGY1 and PGY2 in 2024.

Latest Newsletter

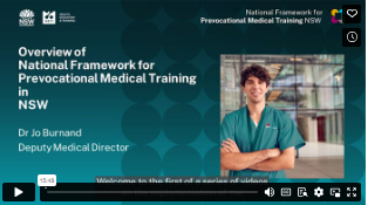
Frequently Asked Questions

Contact us

Introduction to the National Framework

Dr Jo Burnand provides an overview of the National Framework for Prevocational (PGY1 and PGY2) Medical Training, highlighting the key changes in NSW.


[See our Vimeo channel](#)



The four components of the National Framework


The National Framework comprises of 4 key components.

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
4. *(partially obscured)*





Questions

National
Framework for
 **Prevocational
Medical Training NSW**

For further information
HETI-NationalFramework@health.nsw.gov.au

[HETI National Framework webpage](#)