



PGY1 and PGY2 Program Planning Principles

BACKGROUND

The Australian Medical Council (AMC) revised National Framework for Prevocational Medical Training (National Framework) outlines the requirements that all PGY1 and PGY2 training programs in Australia must comply with from 2025.

This document was developed to provide practical guidance for implementing the National Framework in the Victorian health care setting and is designed to complement it.

STEP 1 – Classifying terms to Clinical Experiences

All PGY1 and PGY2 terms must be classified as a Clinical Experience – a maximum of two Clinical Experience classifications can be allocated to a term. All Clinical Experience classifications must be reviewed and endorsed by the PMCV Accreditation Committee.

Further guidance regarding this process has been outlined in the following documents:

1. *PGY2 Program Guidelines*
2. *Development of PGY2 Term Descriptions – Further Guidance*
3. *PMCV Review and Endorsement Process of PGY2 Term Descriptions, Rotation Planners and PGY2 Posts.*
4. *Term Description template*
5. *Service Rotation template*

STEP 2 – Creating a compliant year planner

Following completion of Step 1 – Classifying terms to clinical experience and endorsement of Term Descriptions, the subsequent step is to create a yearly rotation planner.

The following guidance aims to support this process and has been developed with reference to:

1. *The Medical Board of Australian Registration standard: Granting general registration as a medical practitioner to Australian and New Zealand medical graduates on completion of postgraduate year one training*
2. *The AMC National Framework for Prevocational Medical Training*

PRINCIPLE ONE: ADEQUATE EXPOSURE TO CLINICAL EXPERIENCE AND THE EFFECT OF LEAVE AND TIME

The National Framework specifies:

- That all PGY1 doctors must have adequate exposure to all four Clinical Experiences (A –D).
- That each rotation should be a minimum of 10 weeks and can be inclusive of leave.

The National Framework does NOT specify:

- A minimum time exposure for each Clinical Experience.

PMCV recommends that to ensure adequate exposure:

- No more than two weeks of annual leave should be allocated to a term if this is the only exposure to that Clinical Experience in the planner.
- A higher annual leave allocation may be taken during a term if there is a second opportunity for exposure to do the same Clinical Experience.
- It is possible that, at the discretion of the health services Assessment Review Panel, up to one more week of other leave, such as sick or carers leave, may still provide the PGY1 doctor with adequate exposure to a Clinical Experience.
- Each prevocational doctor must ensure they also meet the EPA expectations of the term.

PRINCIPLE TWO: BROAD GENERALIST EXPERIENCE

- The intent of the National Framework is to provide broad generalist experience throughout prevocational medical training (PGY1 and PGY2).
- The National Framework outlines that PGY1 doctors can spend a maximum of 25% in any one subspecialty and a maximum of 50% in any one specialty (including its subspecialties).

PMCV confirms the following for PGY1:

- Where possible, it is recommended that each PGY1 doctor undertake a general medical rotation.
- Two rotations in ED, GP, General Medicine or General Surgery are permitted in PGY1, however they should be undertaken in different units unless the health service only has one unit. This is to maximise breadth of clinical styles and interactions with staff and patient case mix.

Clinical Experience A: Undifferentiated illness patient care

- Every PGY1 doctor is expected to undertake an ED or GP rotation
 - Further rotations with Clinical Experience A will be additional and may provide the extra exposure required if outcomes are not achieved at the end of the ED/GP rotation that are considered to be related to Clinical Experience A. NB. This is at the discretion of the Assessment Review Panel

Clinical Experience D: Peri-operative/procedural patient care

- Every PGY1 doctor is expected to undertake a surgical rotation
 - Further rotations with Clinical Experience D will be additive and may provide the extra exposure required if outcomes are not achieved at the end of the surgical rotation that are considered to be related to Clinical Experience D. NB. This is at the discretion of the Assessment Review Panel

PMCV confirms the following for PGY2:

- It is the preference of the PMCV that all PGY2 doctors undertake a further ED or GP rotation, however it is understood that this is not possible in all health services at this time.

PRINCIPLE THREE: TIMEFRAMES IN A COMPETENCY-BASED FRAMEWORK

- The National Framework is competency based – i.e. The progression point is achieved when the outcomes are met.
- There is no requirement to ‘pass’ every term (though there is a requirement to have adequate exposure to each clinical experience as determined by the Assessment Review Panel).
- There is a requirement to complete EPAs as per the Framework.
- There is no requirement to achieve competency for each Clinical Experience. Consequently, there is no requirement to pass every term. If an end-of-term global rating is marked as conditional pass or unsatisfactory then the health service Assessment Review Panel should consider the appropriate rotation for improving performance.

There are two time-based components within the National Framework:

Component one:

- PGY1 in Victoria: 5 terms (minimum 10 weeks duration)
- PGY2 in Victoria: 4 terms
- A 10-week term counts as a 10-week term even if leave is taken during it, for the purposes of meeting the Framework requirements.

Component two:

- Each PGY1 doctor is required to complete 47 weeks of supervised clinical practice. Further to this, the 47 weeks:
 - *“Excludes annual leave but may include up to two weeks of professional development leave.” (Page 2, Granting general registration as a medical practitioner to Australian and New Zealand medical graduates on completion of postgraduate year one training | Medical Board of Australia)*
 - *“If a PGY1 doctor is absent for more than 10 working days within the required 47 weeks (such as for sick leave, personal leave or carer’s leave), the assessment review panel will commence a review and continue monitoring the doctor’s progress. This review and monitoring allow the panel to assess at the end of the year whether that doctor has met the required training standard and can be recommended to the Medical Board of Australia for general registration.” (Page 35, Training environment | Requirements for prevocational training programs and terms)*

- *“If you have practiced for less than 47 weeks (such as for sick leave, personal leave or carer’s leave), the Board will consider whether to grant general registration on a case-by-case basis. It will take into consideration information provided by the Director of Clinical Training, Director of Medical Services or the Assessment Review Panel Chair (or other person acceptable to the Board) about your performance, whether or not you have met the required training standard and whether you have been recommended to the Board for general registration.” (Page 3, Granting general registration as a medical practitioner to Australian and New Zealand medical graduates on completion of postgraduate year one training | Medical Board of Australia)*

This means that if a PGY1 doctor has practiced for less than 47 weeks, the recommendation to progress to the next level of training is first at the discretion of the Assessment Review Panel. When granting General Registration, the Medical Board of Australia will consider the recommendation made by the panel.

- In respect to PGY2, the National Framework states:
 - *“If the minimum 47 weeks requirement is not met due to remediation requirements from PGY1 in PGY2 (for example, repeating a PGY1 term in PGY2) the assessment review panel will have discretion to certify the individual based on successful remediation, and a consensus the individual has longitudinally met the outcomes of PGY1 and PGY2 and level expected at the end of PGY2.” (Page 35, Training environment | Requirements for prevocational training programs and terms)*

This means that if PGY1 remediation training time is taken during PGY2, it does not preclude the prevocational doctor from completing PGY2 in their second calendar year, at the discretion of the Assessment Review Panel.

Version approved along with date of next review.

Version	Amendments by	Changes	Date
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