PMCV Clinical Learning for Prevocational Doctors Guidelines 2024

Purpose

The purpose of these guidelines is to ensure that facilities and supervisors are aware of their responsibilities with regards to the clinical learning for prevocational doctors (PGY1/PGY2) to ensure they meet their training requirements.

Key Outcomes

All Victorian Health Services with accredited PGY1 and PGY2 posts must ensure the clinical learning requirements outlined in this guideline are fully met.

Scope

Assessment of the clinical learning provided to prevocational doctors (PGY1/PGY2), in conjunction with the *PMCV Clinical Supervision of Prevocational Doctors Guidelines*, is a key component of prevocational medical training accreditation.

The Australian Medical Council (AMC) denotes that the training and assessment requirements are part of the National Framework for Prevocational (PGY1 and PYG2) Medical Training, which describes how doctors are trained and assessed in their first two years after medical school and sets standards that contribute to good quality training. The complete National Framework components and their relevant documents are:

- **Training and assessment** – Training and assessment requirements for prevocational (PGY1 and PGY2) training programs
- **Training environment** – National standards and requirements for prevocational (PGY1 and PGY2) training programs and terms
- **Quality assurance** – AMC domains and procedures for assessing and accrediting prevocational (PGY1 and PGY2) training accreditation authorities

Prevocational training allows medical graduates to consolidate and apply clinical knowledge and skills while taking increasing responsibility for providing safe, high-quality patient care. All terms should include quality supervision with feedback, and a range of clinical experiences and learning opportunities.

Training needs to reflect the health needs of the Australian community and therefore should occur in a range of settings, including hospitals in metropolitan, regional and rural communities, general practices and other community-based health services. These guidelines recognise a need for greater flexibility in the location and nature of clinical experience offered during the prevocational years. Prevocational doctors may undertake their work based clinical experience across a number of settings, even within a specific term. The Australian Medical Council (AMC) also acknowledges that as models of care evolve and change, prevocational training will evolve and change in response. These guidelines support innovation in defining clinical experiences in diverse health settings, while maintaining the

quality of the clinical experience.

References

These national standards relate to the Medical Board of Australia's registration standards in two important areas:

- **General registration.** The standards for PGY1 align with the Medical Board of Australia's Registration standard – *Granting general registration as a medical practitioner to Australian and New Zealand medical graduates on completion of PGY1 training*
- **CPD exemption for mandatory registration standards.** The Medical Board of Australia's revised Registration standard: *continuing professional development* will come into effect on 1 January 2023. As provisionally registered doctors, PGY1 doctors are exempt from further continuing professional development (CPD) requirements. PGY2 doctors undertaking a structured program leading to a certificate of completion will also be exempt from additional CPD requirements.

Accreditation Standards

Learning specific

2.1.2	The prevocational training program is longitudinal in nature and structured to reflect and provide the following experiences, as described in 'Requirements for prevocational (PGY1 and PGY2) training programs and terms' (Section 3 of National standards and requirements for prevocational (PGY1 and PGY2) training programs and terms): • a program length of 47 weeks • a minimum of 4 terms in different specialties in PGY1 • a minimum of 3 terms in PGY2 • exposure to a breadth of clinical experiences • exposure to working outside standard hours, with appropriate supervision • working within a clinical team for at least half the year • a maximum time spent in service terms of 20% in PGY1 and 25% in PGY2
2.1.3	Prevocational training terms are structured to reflect and provide exposure to one or two of the required clinical experiences as described in 'Requirements for programs and terms' (Section 3 of National standards and requirements for programs and terms)
2.2.2	For each term, the prevocational training provider has identified and documented the training requirements (see Training and assessment requirements for prevocational (PGY1 and PGY2) training programs: Section 2 – 'Prevocational training'), including the prevocational outcome statements that are relevant, the skills and procedures that can be achieved and the nature and range of clinical experience available to meet these objectives.
3.4.1	The training program provides PGY1 doctors with a quality formal education program that is relevant to their learning needs and supports them to meet the training outcomes that may not be available through completion of clinical activities.
3.4.2	The training program monitors and provides PGY2 doctors with access to formal education programs that are flexible and relevant to their individual learning needs. This may include specific education sessions to support PGY2 doctors meeting the training outcomes that may not be available through completion of clinical activities.
3.4.4	The health service ensures protected time for the formal education program and ensures that prevocational medical doctors are supported by supervising medical staff to attend.

Other relevant

2.1.1	The prevocational training program overall, and each term, is structured to reflect requirements described in the Medical Board of Australia's Registration standard – Granting general registration on completion of PGY1 training and requirements described in these standards for PGY2.
2.4.1	The prevocational training program provides regular, formal and documented feedback to prevocational doctors on their performance within each term.
3.2.1	Prevocational doctors are supervised at all times at a level and with a model that is appropriate to their experience and responsibilities.
3.4.3	The training program provides and enables for prevocational doctors to participate in formal program and term orientation programs, which are designed and evaluated to ensure relevant learning occurs.
4.2.1	The prevocational training provider develops, implements and promotes strategies to enable a supportive training environment and optimise prevocational doctor wellbeing.
4.2.3	The duties, rostering, working hours and supervision arrangements of prevocational doctors are consistent with the National standards and requirements for programs and terms and in line with principles of delivering safe and high-quality patient care.

Procedure

Assessment of the clinical learning provided to prevocational doctors is a key component of prevocational medical training accreditation. The statements in the following sections highlight areas assessed.

Clinical learning requirements for prevocational doctors

1. Rotation allocations ensure the achievement of defined training requirements, learning objectives and career aspirations. Prevocational doctors have the opportunity to undertake rotations in a diverse range of clinical (and non-clinical for PGY2) environments to support their learning needs. Ideally, nights and relief rotations should be limited to one term per year.

   Service terms (relief or nights) in this context refers to terms that have:

   - discontinuous learning experiences, such as limited access to the formal education program or regular unit learning activities
   - less or discontinuous overarching supervision (for example, nights with limited staff).

2. Prevocational doctors are provided with opportunities to develop skills and increasing independence in clinical management (including common clinical symptoms and conditions), skills and procedures, communication and professionalism. In particular:

   PGY1

   - Generalist experience and foundational skills preparing for future practice. Exposure to clinical care of patients in each of the following (1 or 2 per term):
     A. undifferentiated illness patient care
     B. chronic illness patient care
     C. acute and critical illness patient care
     D. peri-procedural patient care.

   PGY2

   - Generalist experience and foundational skills preparing for future practice. Exposure to clinical care of patients in each of the following (1 or 2 per term):
     A. undifferentiated illness patient care
     B. chronic illness patient care
     C. acute and critical illness patient care.
   - Maximum of one term not involving direct clinical care allowed in PGY2.

Other recommended areas in PGY1 and PGY2

- a range of settings to aid understanding of the full context of the healthcare setting (such as community, rural and metropolitan)
- ambulatory care
- critical care (ICU, ED, anaesthetics)
- mental health
- multidisciplinary team care
- care across the life cycle (while acknowledging difficulty in gaining paediatric experience)
- (in PGY2) experience in terms in roles not involving direct clinical care (such as teaching, research and administration).

3. The duties, rostering, working hours and supervision of prevocational doctors are consistent with the delivery of high-quality, safe patient care and with PGY1/PGY2 welfare.
   - Rosters reflect a balance between service provision and training.
   - Rostered hours reflect the unit expectations and provide sufficient time to complete the work.
   - The number of patients in the care of the prevocational doctor, and the severity of their conditions, is at a level at which the prevocational doctor can provide safe continuing care.
4. Prevocational doctors are given a **Term Description** which provides information regarding all operational aspects of the term including a roster, important contacts (supervisors and others), orientation information and unit expectations, and what the prevocational doctors can expect to experience and learn during the term prior to the commencement of the term. In particular, the term description should provide detail on the educational opportunities, the learning objectives for the term and a unit roster which shows the activities which contribute to the prevocational doctors' clinical learning (i.e. ward rounds, theatre sessions, inpatient time, outpatient clinics, education sessions etc. Templates and further information can be found here https://www.pmcv.com.au/nfpmt/term-descriptions/
5. Prevocational doctors are provided with orientation at the beginning of each term which ensure relevant learning occurs and includes some face-to-face interaction with the Term Supervisor in the first week to discuss unit and learning expectations.
6. Learning objectives are identified for the term which outline the skills and procedures that can be achieved in that rotation, and the nature and range of clinical experience available to meet these objectives. PGY1s and PGY2s must be provided with appropriate professional development.
7. Prevocational doctors at the PGY1 level are provided with a mandatory and protected facility-level education program (at least one hour of protected teaching per week) and are supported to attend by other staff.
8. Prevocational doctors at the PGY2 level are provided with a facility-level education program and are supported to attend by other staff.
9. Prevocational doctors are provided with work-based teaching (including daily ward rounds) and learning at the unit level.
10. The performance of prevocational doctors is assessed at mid-term and end-term and formal feedback by the Term Supervisor is provided to prevocational doctors to ensure their learning objectives are being achieved and to support their ongoing professional development.
11. **Entrustable Professional Activities (EPAs)** – are core clinical activities that demonstrate integrate the knowledge, skills, and attributes performed by prevocational doctors during their day-to-day

clinical work. The clinical activity (the EPA) is observed and evaluated using an 'entrustment scale' describing the degree of supervisor input required to execute the activity to standard. As EPAs are linked to daily work, they can be readily observed by senior medical staff, day–to–day supervisors such as registrars, and potentially other health professionals (e.g. pharmacists for the prescribing EPA). Further information about EPAs can be found here https://www.pmcv.com.au/nfpmt/epas-observed-practice/

Specific requirements for PGY1 rotations

- PGY1s are required to complete accredited rotations across all four clinical experiences – A, B, C and D.
- Rotations involve direct patient care.
- Experience in each discipline is planned and continuous.
- No more than 30% of rostered shifts are focused on afterhours cover (evenings/weekends) due to reduced structured learning opportunities. Note, should ED supervision remain consistent during evening work then a higher percentage of these shifts is possible.
- No more than 50% of term rostered to an emergency short stay unit (triage or early assessment units) or a specific admitting medical or surgical unit with LOS<48 hours.
- A roster is provided which shows the start and finish times of shifts and demonstrates the range of clinical learning activities the PGY1 is provided. In addition, rosters should include details of handover between shifts, particularly night to morning handover for night shifts.
- PGY1s must not work in units not accredited for PGY1 training even for afterhours cover or leave relief purposes.

D: Peri-operative/procedural patient care: Theatre Exposure

Protected, rostered time to attend theatre is a vital component of the broad generalist experience. Rostered theatre time should be included for a minimum of one session (a morning or afternoon list) per week (averaged across the rotation) within a surgical rotation.
Theatre sessions should be rostered based on the following conditions:

- Access to suitable lists for learning/teaching; and
- Appropriate clinical skills availability.

Theatre sessions need not encompass an entire day, or even an entire surgical case, where the clinical learning is not adequate or appropriate for the prevocational doctor. Supervisors should discuss the surgical list with the rostered prevocational doctors with a plan to meet learning goals and ascertain which procedure(s) would be suitable to maximise learning opportunities. The learning objectives for each procedure should be considered e.g. scrubbing in and out, maintenance of a sterile field, initial procedures (eg. IDC insertion), assisting with surgical procedures, clinical applied anatomy and/or suturing.

Admissions exposure - outside of Clinical Experience A

During a clinical experience B and/or C rotation, admissions or the comprehensive review opportunities are important skills that should be a facilitated for prevocational doctors to formulate patient management through the consolidation and interpretation of investigations to facilitate handovers, multidisciplinary meetings and case presentations. These opportunities should be intentional and facilitated at least once per fortnight (averaged across the rotation during a clinical experience B and/or C rotation.

Program Content – clinical experience categories

A: Undifferentiated illness patient care

Prevocational doctors must have experience in caring for, assessing and managing patients with undifferentiated illnesses. Learning activities include admitting, formulating an assessment, presenting or clinical handover. This means the prevocational doctor has clinical involvement 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 general practices.

B: Chronic illness patient care

Prevocational doctors must have experience in caring for patients with a broad range of chronic diseases and multi-morbidity, with a focus on incorporating the presentation into the longitudinal care of that patient. Learning activities include appreciating the context of the illness in the setting of the patient's co-morbidities, social circumstances and functional capacity. Experience should include working with multidisciplinary care teams to support patients, complex discharge planning and a focus on longitudinal care and engagement with ongoing community care teams. This might occur working in a range of settings, such as a medical ward, general practice, outpatient clinic, rheumatology, rehabilitation or geriatric care.

C: Acute and critical illness patient care

Prevocational doctors must have experience assessing and managing patients with acute illnesses, including participating in the care of the acutely unwell or deteriorating patient. Learning activities include to recognise, assess, escalate appropriately, and provide immediate management to deteriorating and acutely unwell patients. This experience could be gained working in a range of settings such as acute medical, surgical or emergency departments.

D: Peri-operative/procedural patient care

Prevocational doctors must have experience in caring for patients undergoing procedures, including pre-, peri- and post-operative phases of care. Clinical experience should include all care phases for a range of common surgical conditions/procedures. Learning activities include preadmission, intraoperative care/attendance in theatre, peri-operative management, postoperative care and longitudinal outpatient follow-up. This might occur working in a range of settings such as in interventional cardiology, radiology, anaesthetic units or surgical units.

Further information regarding clinical experiences can be found at PGY1 and PGY2 Program Planning Principles.docx

Identification of terms and ongoing monitoring

According to the accreditation standard 3.1.3, when identifying, and monitoring, terms for prevocational doctor training, the following should be considered:

- the prevocational doctor's workload
- the clinical experience prevocational doctors can expect to gain
- how the prevocational doctor will be supervised, and who will supervise them

Evaluation

Facilities are expected to regularly evaluate clinical rotations in regards to, but not limited to, these parameters:

- Adequacy and effectiveness of supervision
- Unit specific orientation, including explanation of expectations, learning objectives and term description
- Safe and effective handover
- Education offered – facility wide program/ unit specific teaching
- Access to education (at least one hour protected)
- Duties, rostering and work hours consistent with high quality safe patient care and prevocational doctor wellbeing

Version Control

Version approved along with date of next review.

Version	Amendments by	Changes	Date
3	Manager, Accreditation	Updates are per NFPMT	July 2024
2	Accreditation Committee	Guideline revised as statements	August 2018
Initial		New guideline approved by PMCV Board	September 2017

Approved by PMCV Accreditation Committee
Next Review 2026
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