

National Framework for Prevocational (PGY1 & PGY2) Medical Training: Frequently Asked Questions

Currently the national Prevocational Framework, introduced in 2024, is focused on PGY1/2 doctors who have graduated from an Australian university. The Framework includes clinical experiences, specialty and sub-specialty terms and, from 2026, will include mandatory EPAs.

International Medical Graduates (IMGs) must still meet the Medical Board of Australia's (MBA) registration requirements for the pathway they are on, which includes completion of core medical, surgical and emergency terms. This is the case for all IMGs, regardless of their MBA registration pathway.

Does the new prevocational framework mean that the internship is 2 years?

No. At the end of the first postgraduate year (PGY1), the health service's Assessment Review Panel will inform the Medical Board of Australia if a doctor has met the conditions for general registration by completing the requirements of PGY1. To be eligible for general registration, the Medical Board of Australia expects that the PGY1 doctor has satisfactorily completed at least 47 weeks of clinical experience. At the end of the second postgraduate year (PGY2), the health service's Assessment Review Panel will be asked to recommend if a PGY2 doctor is eligible to be awarded a certificate of satisfactory completion.

Why is it called a 2 year national framework?

Previously most hospitals focused on the intern (PGY1) training program. The framework has been expanded to include those in their second year of prevocational training – PGY2 (also called Resident Medical Officers in Tasmania) which is why it is referred to as a two-year national framework.

What else is different?

1. There is more focus on clinical work and less on administrative tasks.
2. There is an increased emphasis on Indigenous health and cultural safety.
3. During the two prevocational years doctors are encouraged to work in a range of settings, including general practices, to better understand Australia's healthcare system and the health needs of the Australian community.
4. Terms are now classified as specialty (eg. General Medicine), sub-specialty (eg. Rehabilitation Medicine) or service terms. Service terms are usually nights or relief.
5. PGY1 doctors must complete a minimum of four terms (at least 10 weeks) in different specialties (maximum of 50% in any specialty and 25% sub-specialty) in a year. A maximum of 20% can be spent in a service term.
6. PGY2 doctors must complete a minimum of three terms (at least 10 weeks) with a maximum of 25% in any one sub-specialty. A maximum of 25% can be spent in a service term.
7. Specialty and sub-specialty terms have one or two clinical experiences assigned to them.
 - A: care of patients with undifferentiated presentations
 - B: care of patients with chronic illnesses,
 - C: care of patients with acute and critical illnesses, and
 - D: peri-operative/procedural care.
8. EPAs (entrustable professional activities) will be introduced during 2025 and will become mandatory in 2026.
9. THS Assessment Review Panels at each site will make a recommendation on whether a PGY1 doctor has met all the *Prevocational Outcome Statements* at the required standard. There is no requirement to 'pass' a minimum number of EPA or end-of-term assessments.

More information?

You may find the following resources useful:

- AMC website: <https://www.amc.org.au/accredited-organisations/prevocational-training/new-national-framework-for-prevocational-pgy1-and-pgy2-medical-training-2024/>
- PMCT website: <https://www.pmct.org.au/resources/amc-national-framework>

All enquiries from prospective medical graduates interested in joining the THS for the PGY1 year are asked to contact medical.recruitment@ths.tas.gov.au Please note that applications for PGY1 candidates typically close in early June for the following year's intake.

<p>Requirements for programs and terms (PGY1)</p> <ul style="list-style-type: none"> • Must include a minimum of four terms (of at least 10 weeks each term). • During 47 weeks PGY1 doctors can only practice a maximum of 25% in any one sub-specialty and a maximum total of 50% in any one specialty (including its sub-specialties). • PGY1 doctors are required to gain exposure to each of the four different types of clinical experience: care of patients with undifferentiated presentations (A), care of patients with chronic illnesses (B), and care of patients with acute and critical illnesses (C), and peri-operative/procedural care (D).
<p>Requirements for programs and terms (PGY2)</p> <ul style="list-style-type: none"> • Must include a minimum of three terms (of 10 to 24 weeks) in different sub-specialties, with a maximum of 25% in single subspecialty. • PGY2 doctors are required to gain exposure to three of the four different types of clinical experience: care of patients with undifferentiated presentations (A), care of patients with chronic illnesses (B), and care of patients with acute and critical illnesses (C).
<p>What are EPAs?</p> <ul style="list-style-type: none"> • An EPA is a description of work that prevocational doctors undertake regularly in their clinical practice. • Four EPAs cover the most important tasks undertaken in the different work environments. <ul style="list-style-type: none"> EPA 1: Clinical assessment, EPA 2: Recognition and care of the acutely unwell patient, EPA 3: Prescribing, and EPA 4: Team communication – documentation, handover, and referrals. • EPA assessments take place during routine clinical work and are intended to provide opportunities for feedback based on observed routine clinical activities. Assessments can be done by anyone who has completed EPA assessment training, including a consultant, registrar, NUM, pharmacist, allied health professional. • Prevocational doctors will need to ask their assessors to assess a particular EPA during their day-to-day work. • PGY1 and PGY2 doctors will be expected to complete ten EPAs in each year from 2026. • EPAs are the same for PGY1 and PGY2 doctors.
<p>Assessments for all PGY1 and PGY2</p> <ul style="list-style-type: none"> • The two main forms of assessment will be assessment of the EPAs (assessment of an observed activity) and the mid/end of term assessments (global ratings based on performance across the term). The end of term assessment forms will include information on the EPAs assessed within that term. • All prevocational doctors will need to complete mandatory mid and end of term assessments. • All prevocational doctors will be expected to undertake a minimum of ten EPAs assessments during the year. • There is no minimum number of assessments that must be passed. • At the end of the year a global judgement will be made by the health service's Assessment Review Panel, based on consideration of the end-of-term assessments, the EPA assessments and any other learning activities documented in the e-portfolio's record of learning.
<p>What is Clinical Learning Australia (CLA)?</p> <ul style="list-style-type: none"> • CLA is a national ePortfolio that is a web-based system for recording all mid and end of term assessments and EPA assessments. Implementation will take place in 2025. • CLA will include Prevocational Outcome Statements, guidelines for terms, EPAs, term descriptions, term supervisors and term and EPA assessment forms. • Each prevocational doctor will have an individual record of learning summarizing rotations and assessments completed, and progress against the Prevocational Outcome Statements.
<p>Leave, Contracts and movement between hospitals</p> <ul style="list-style-type: none"> • PGY2 doctors can take a year off between PGY1 and PGY2. • Prevocational doctors can change health services or hospitals or states between PGY1 and PGY2. • Health services can offer one, two or three-year contracts. • Each year is 47 weeks, which excludes annual leave but may include up to 10 days of personal, carer's or sick leave. The medical staffing team should be contacted to discuss any potential impact on meeting the Framework requirements (PGY1 a minimum of 4 terms of at least 10-weeks, PGY2 a minimum of 3 terms of at least 10 weeks) <p><i>More information: Please contact Medical Staffing at your local THS site</i></p>