

## Prevocational training program guide for trainees

### Background





Prevocational training is the transition period from medical school to commencing specialty training and more independent practice. As a prevocational doctor, you'll receive practical work-based training under the supervision of senior colleagues, including support, feedback, teaching and assessment. This period is your opportunity to apply, consolidate and expand your clinical knowledge and skills, while progressively increasing your responsibility for patient care.

The National Framework for Prevocational Medical Training (NFPMT) was rolled out in 2024 by the Australian Medical Council (AMC). The Framework is structured to be completed over 2 years, but general registration is attained at the end of postgraduate year (PGY) one if the expected outcomes are achieved.

This guide provides an overview of the NFPMT and how our prevocational training program aligns.








### What clinical experiences will I have?

The NFPMT has 4 mandatory clinical experiences:

 <b>Undifferentiated illness care</b>	Prevocational doctors must have experience in caring for, assessing and managing patients with undifferentiated illnesses.
 <b>Chronic illness care</b>	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.
 <b>Acute and critical illness care</b>	Prevocational doctors must have experience assessing and managing patients with acute illnesses, including participating in the care of the acutely unwell or deteriorating patient.
 <b>Peri-operative/procedural care</b>	Prevocational doctors must have experience in caring for patients undergoing procedures including pre, peri and post-operative phases of care. Clinical care should include all care phases for a range of common conditions/procedures.

Clinical experience in all 4 elements will be required in PGY1. Terms in emergency medicine, medicine and surgery are no longer mandatory.

Clinical experiences in undifferentiated care, chronic care and acute care are required in PGY2. Perioperative care may be included in a PGY2 training program, but it is not an AMC requirement.

	PGY1	PGY2
Length	Minimum 47 weeks	Minimum 47 weeks
Structure	Minimum 4 terms (of at least 10 weeks)	Minimum 3 terms (of at least 10 weeks)
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  <i>The primary focus of the clinical experience that you are engaged with during the term.</i>	 Undifferentiated illness  Chronic illness  Acute and critical illness  Peri-operative/procedural	 Undifferentiated illness  Chronic illness  Acute and critical illness

### How does the Framework contribute to my development as a doctor?

The AMC prevocational outcome statements describe 4 broad capabilities that prevocational trainees are expected to achieve by the end of their prevocational training. Opportunity to develop these domains will be embedded within the 2-year program.

<b>Domain 1   Practitioner</b>	The work expected of prevocational doctors in assessing and caring for patients including appropriately communicating, documenting, prescribing, ordering investigations, and transferring care.
<b>Domain 2   Professional and leader</b>	The professional dimension of the doctor. It includes the importance of ethical behaviours, professional values, optimising personal wellbeing, lifelong learning and teamwork.
<b>Domain 3   Health advocate</b>	The doctor who applies whole-of-person care and partners with their patients in their care. The doctor recognises that broader determinants of health have tangible effects on their patients and takes account of their context as well as broader systemic issues.
<b>Domain 4   Scientist and scholar</b>	The doctor who applies and expands their medical knowledge and evaluates and applies relevant evidence to their clinical practice.

### How will I be assessed?

Continuous work-based training and assessment is the backbone of the NFPMT. The NFPMT uses 2 key strategies to assess your progress and performance:

- Supervisor assessment:
  - Midterm assessments provide timely feedback, identify any special learning needs and discuss how they can be met.
  - End of term assessments provide global feedback on your overall performance for the term.
- Entrustable Professional Activities (EPAs) provide feedback on an observed episode of everyday clinical practice and contribute to the overall term assessment and the end of year global assessment. The NFPMT requires:
  - 10 EPAs per year or 2 per term (as a minimum)
  - EPA1 is required every term

- a minimum of 2 EPA2, 3 and 4 over the course of the year.

An example trainee annual assessment program is provided below.

### What are Entrustable Professional Activities (EPA)?

EPAs are activity-based educational conversations completed in the context of a clinical episode of care. The NFPMT has identified 4 everyday clinical tasks performed by prevocational doctors that are suitable for an EPA.

EPA 1: Clinical assessment

EPA 2: Recognition and care of the acutely unwell patient

EPA 3: Prescribing

EPA 4: Team communication - documentation, handover, and referrals

EPAs are the practical clinical manifestation of prevocational training. It is expected that prevocational doctors should be able to demonstrate most of the capabilities required by the NFPMT by undertaking EPAs. They will generally be assessed by a clinical supervisor and take place during normal clinical work.

EPA assessments are not pass/fail. It is an assessment of trust (hence, Entrustable Professional Activity). Specifically, the supervisor is asked to express a judgement about the level of supervision required by the trainee to complete the task effectively and safely. This will vary according to the complexity of the case and the seniority of the doctor. A case that is difficult in PGY1 may be less so in PGY2. More is expected in PGY2 than in PGY1, at the end of the year than the beginning of the year, and at the end of the term than the beginning of the term. It is to be expected that not all cases will achieve a set standard of entrustability. What matters is progress, not an arbitrary number of 'passed' EPAs.

Many of the items listed in our prevocational training logbook are suitable for an EPA and can serve as a valuable learning opportunity. EPAs which are not suggested in the logbook can and are encouraged to be undertaken. While undertaking EPAs of logbook items is not a QRGF requirement, the list does provide valuable guidance on the types of everyday clinical tasks that are important for subsequent vocational training and can assist to meet NFPMT EPA requirements.

The QRGF recommends that 2 anaesthetic, 2 obstetric & gynaecology (O&G) and 2 paediatric EPAs are undertaken during prevocational training. These EPAs do not necessarily need to be undertaken during dedicated anaesthetic, O&G or paediatric terms. They can be undertaken in any clinical placement providing the appropriate opportunity and supervision.

### What is an e-portfolio?

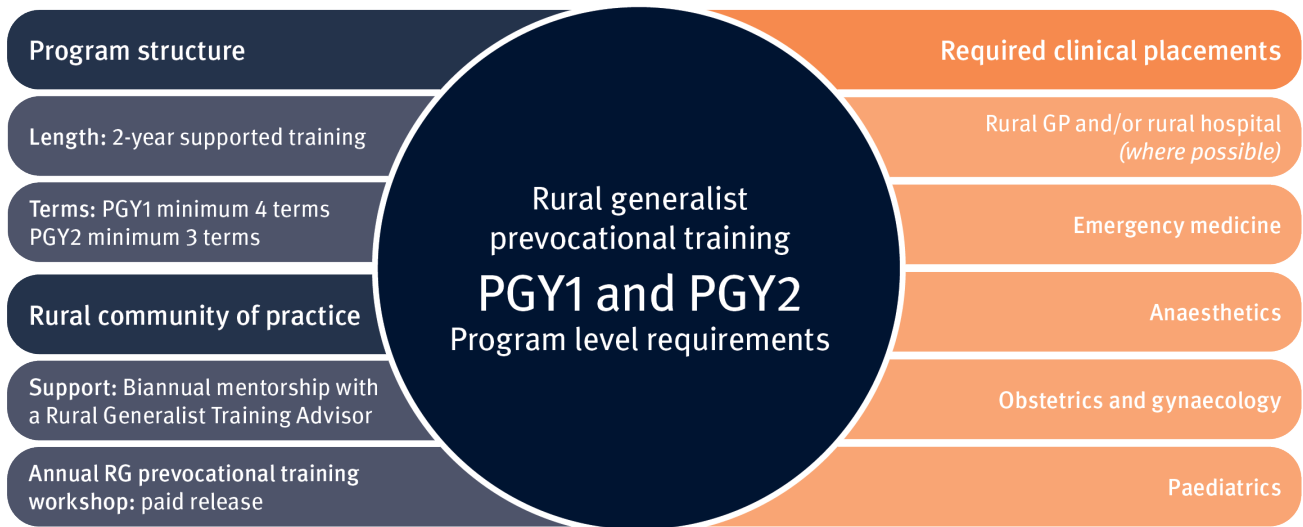
The e-portfolio will be implemented in 2026 and will provide a national, standardised electronic record of clinical placements, supervisor assessments, EPAs, courses attended and other educational experiences. All prevocational trainees will be required to maintain their e-portfolio. A review of the e-portfolio is part of the final assessment of satisfactory completion of training.

### Are there any differences for a rural generalist trainee?

Our prevocational training program is designed to operate within the NFPMT. The increased flexibility of the new Framework offers more potential to provide the broad clinical experience necessary for Rural Generalist prevocational training.

We recognise that specific clinical placements are required to ensure rural generalist prevocational doctors obtain adequate breadth of clinical experience to fulfil future fellowship training requirements.

Program requirements for rural generalist trainees are outlined below.



### Where can I find more information?

There are a range of supporting resources available to you including:

1. [Guide to Prevocational Training in Australia for PGY1 & PGY2 Doctors](#)
2. [QRGP Prevocational training program desired outcome statements:](#)
  - Rural placement
  - Emergency medicine placement
  - Anaesthetic placement
  - Obstetric and gynaecology placement
  - Paediatric placement
3. [QRGP orientation handbook](#)
4. [Rural Generalist Medicine Prevocational Certification checklist](#)

Please contact the team via 1800 680 291 or [rural\\_generalist@health.qld.gov.au](mailto:rural_generalist@health.qld.gov.au) if you have any questions.