

A guide for trainees: the QRGP Prevocational Training Program

Background





Prevocational training is the transition period from medical school to commencing specialty training and more independent practice. Prevocational doctors should receive practical “on-the-job” work-based training under the supervision of senior colleagues, who provide support, feedback, teaching and assessment. The prevocational years provide opportunities for early career doctors to apply, consolidate and expand their clinical knowledge and skills, and progressively increase responsibility for patient care.

From 2024, a new National Framework for Prevocational Medical Training (NFPMT), developed by the Australian Medical Council (AMC) is being rolled out. Whilst the Framework is structured to be completed over two years, general registration is still attained at the end of postgraduate year (PGY) 1, provided the expected outcomes are achieved satisfactorily.

The intent of this guide is to provide an overview of the NFPMT and how the QRGP’s Prevocational Training Program aligns with the Framework.

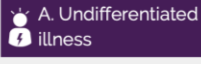
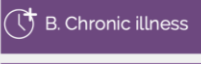
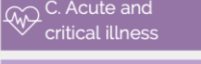
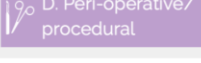
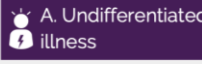
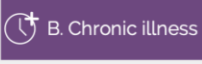
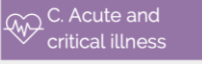
What Clinical Experiences will I have?

The NFPMT has introduced four mandatory clinical experiences:

 Undifferentiated illness care	Prevocational doctors must have experience in caring for, assessing and managing patients with undifferentiated illnesses.
 Chronic illness 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.
 Acute and critical illness 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.
 Peri-operative / procedural care	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 four 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 of 4 terms (of at least 10 weeks)	Minimum of 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 The primary focus of the clinical experience that the prevocational doctor is engaged with during the term	   	  

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

The AMC prevocational outcome statements describe four 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 two-year program.

DOMAIN 1 Practitioner	Describes the work expected of prevocational doctors in assessing and caring for patients including appropriately communicating, documenting, prescribing, ordering investigations and transferring care.
DOMAIN 2 Professional & leader	Describes the professional dimension of the doctor. It includes the importance of ethical behaviours, professional values, optimising personal wellbeing, lifelong learning and teamwork.
DOMAIN 3 Health Advocate	Describes 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.
DOMAIN 4 Scientist & Scholar	Describes 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 two key strategies to assess a trainee's progress and performance:

1. Supervisor assessment:
 - Midterm assessments are designed to: provide timely feedback, identify any special learning needs and discuss how they can be met.
 - End of term assessments provide global feedback on a trainee's overall performance for the term.
2. 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 two per term (as a minimum)
- EPA1 is required every term
- Over the course of the year, a minimum of two EPA2, 3 and 4 are required.

An example of a trainee annual assessment program is provided below.

What are Entrustable Professional Activities (EPA)?

EPAs are activity-based educational conversations undertaken in the context of a clinical episode of care. The NFPMT has identified four 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. Rather, 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 effectively and safely complete the task. 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 the QRGP Prevocational Training Logbook are suitable for an EPA and can serve as a valuable learning opportunity. EPAs which are not suggested in the QRGP Logbook can and are encouraged to be undertaken. While undertaking EPAs of Logbook items is not a QRGP requirement, the list does provide Rural Generalist trainees 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 QRGP recommends that two anaesthetic, two O&G and two paediatric EPAs are undertaken during prevocational training. These EPAs do not necessarily need to be undertaken during dedicated anaesthetic, O&G or paediatric terms. Rather, they can be undertaken in any clinical placement providing the appropriate opportunity and supervision.

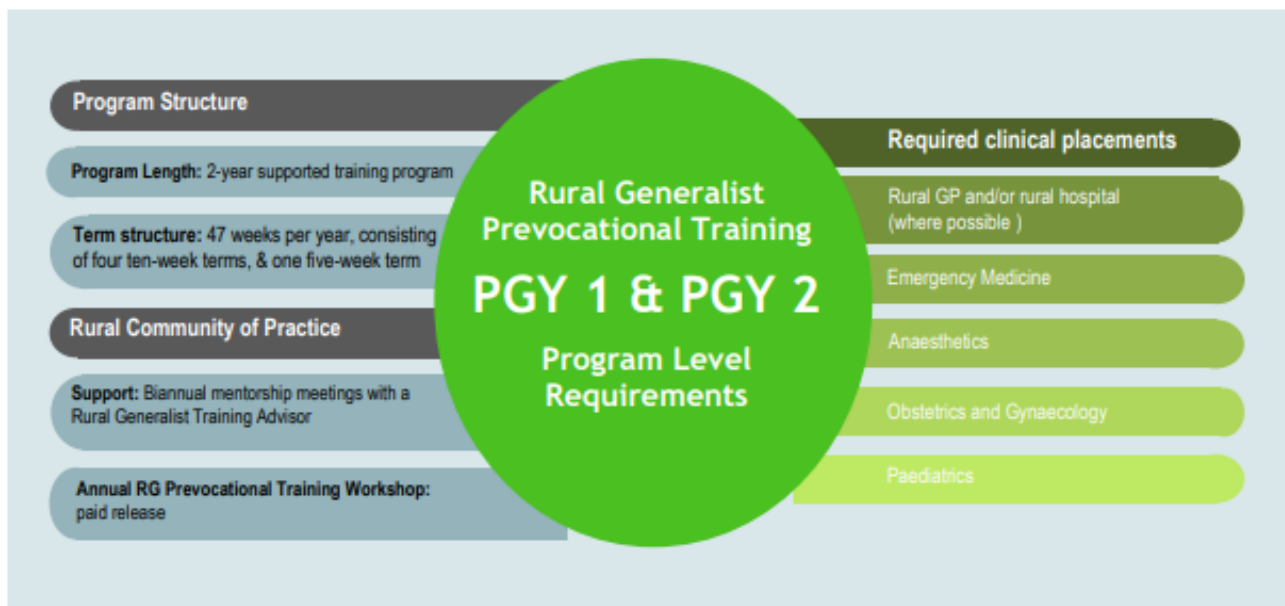
What is an E-portfolio?

The e-portfolio will be implemented in 2025 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?

The QRGP Prevocational Training Program is designed to operate within the NPFMT. The increased flexibility of the new Framework offers more potential to provide the broad clinical experience necessary for Rural Generalist prevocational training.

The QRGP recognises that specific clinical placements are required to ensure RG prevocational doctors obtain adequate breadth of clinical experience in order 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:](#)
 - a) Rural placement
 - b) Emergency Medicine placement
 - c) Anaesthetic placement
 - d) Obstetric and Gynaecology placement
 - e) Paediatric placement
3. [Rural Generalist Orientation Handbook](#)
4. Rural Generalist Medicine Prevocational Certification Requirements Checklist

Please contact the team via 1800 680 291 or rural_generalist@health.qld.gov.au if you have any questions.