VICTORIAN PGY2 PROGRAM GUIDELINES

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From 2025, all PGY2 programs nationwide are required to meet the requirements of the Australian Medical Council (AMC) revised National Framework for Prevocational Medical Training (National Framework).

As a result of this, the traditional PGY2 streaming approach used in many Victorian Health Services will be superseded by the requirement for prevocational doctors to meet the AMC Clinical Experience classifications.

Staged Implementation to PGY2 in Victoria

From 2025, health services are required to remove streaming and create rotation planners that meet the Victorian PGY2 Program Guidelines outlined below.

If a health service cannot meet these requirements in 2025, this should be discussed with PMCV as exceptions may be permitted on a case-by-case basis.

NB: The decision to continue BPT1 in PGY2 in 2025 is at the discretion of the health service.

From 2026, all health services must meet the requirements outlined in the Victorian PGY2 Program Guidelines, providing exposure to Clinical Experience A, B and C in the setting of a generalist approach to the year. This may require some Clinical Experiences to be situated twice within the same rotation planner for adequate exposure.

Victorian PGY2 Program Guidelines

The following guidelines have been developed by the Postgraduate Medical Council of Victoria to assist Victorian health services in meeting the requirements of the National Framework:

- Guidelines on criteria for a PGY2 rotation to be approved as Clinical Experience A
- Guidelines on criteria for a PGY2 rotation to be approved as Clinical Experience B
- Guidelines on criteria for a PGY2 rotation to be approved as Clinical Experience C
- Guidelines for 6-month rotations in PGY2
- Guidelines on service rotations in PGY2

PMCV review and endorsement process of PGY2 Term Descriptions and PGY2 Rotation Planners

By 1st of August 2024, health services must submit all PGY2 Term Descriptions (vocational and non-vocational) and evidence to support the Clinical Experience classification to PMCV for review.

By 1st of September 2024, health services must submit PGY2 Rotation Planners to PMCV for review.

An outcome of review letter will be provided by the PMCV Accreditation Committee within 6 weeks of submission.

NB: The same rotation may be approved for a different Clinical Experience in a different health service as the classification will be dependent on the local clinical context, patient case mix and available learning opportunities.

Clinical Experience A: Undifferentiated Illness Patient Care

For a rotation to meet the requirements of Clinical Experience A[1], the prevocational doctor must be actively involved in the assessment and initial management of the patients during the rotation. This includes the opportunity to be the first assessor of patients and to develop management plans.

Term Descriptions will need to contain adequate evidence to support the clinical experience classification.

Examples of how a rotation <u>may</u> meet the requirements of Clinical Experience A	**Examples of how a rotation <u>may not</u> meet requirements of Clinical Experience A**
❑ Term Description acknowledges the requirement for the prevocational doctor to undertake assessments and present cases. ❑ Identified rostered time with attachment to the admitting service (where this exists) or in being the initial assessor of patients on presentation. ❑ Identified opportunities for the prevocational doctor to present and discuss cases (e.g. ward rounds, meetings). ❑ Participation in the after-hours/cover roster with adequate supervision and discussion. ❑ Attendance in outpatients or with the opportunity to see and manage new patients and present to the supervisors. ❑ In community rotations, the prevocational doctor is provided with the opportunity to see new patients.	❑ The hospital runs a dedicated admission service (e.g. for General Medicine or Surgery) separate to the unit the prevocational doctor is working in. ❑ The unit model of care requires the Registrar to undertake most initial assessments and develop the management plan. ❑ The predominant focus of the Term Description is on completion of ward-based tasks for the patients in-hours. ❑ There is no involvement in the after-hours/cover roster. ❑ Attendance in outpatients involves only seeing review patients. ❑ In community rotations, the prevocational doctor is not able to be the first assessor for new patients.

[1]***AMC description of Clinical Experience A:*** *Prevocational doctors must have experience in caring for, assessing and managing patients with undifferentiated illnesses. Learning activities include admitting, formulating an assessment, presenting and 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.*

Clinical Experience B: Chronic Illness Patient Care

For a rotation to meet the requirements of Clinical Experience B[2], the prevocational doctor must be actively involved in the chronic care management of the patients during the rotation.

It is not sufficient that the patients typically have co-morbid chronic illnesses if the prevocational doctor is not actively involved in managing these conditions. The prevocational doctor should also be provided with the opportunity to consider the longitudinal impact of the patient's current condition.

Term Descriptions will need to contain adequate evidence to support the clinical experience classification.

Examples of how a rotation <u>may</u> meet the requirements of Clinical Experience B	**Examples of how a rotation <u>may not</u> meet requirements of Clinical Experience B**
❑ Rostered attendance and active involvement with multidisciplinary care meetings of admitted patients in planning for discharge from hospital. ❑ Involvement in multidisciplinary procedural planning meetings through preparation of case summaries. ❑ Attendance in outpatients with the opportunity to see returning patients of the clinic. ❑ Active involvement in the assessment and preparation of surgical patients with chronic conditions for theatre i.e. pre-admission clinic. ❑ Evidence of prevocational doctor involvement with co-located perioperative medical unit while undertaking a surgical rotation (where this exists). ❑ Opportunity to develop and review communication with community care providers. ❑ Involvement in home, residence or outpatient-based management of patients.	❑ The casemix of the unit involves very short admissions with limited opportunity to manage co-morbid illness. ❑ The unit functions as an initial or rapid assessment unit or urgent care centre. ❑ The predominant focus of the Term Description is exposure to surgery and procedures. ❑ Presence of a co-located medical team with its own prevocational doctors supporting the surgical unit in which the prevocational doctor is working. ❑ The prevocational doctor is expected to manage the chronic conditions of the patient without adequate supervision from practitioners with expertise for management of these chronic conditions. ❑ The preadmission process is highly automated with predominantly protocol driven management and referrals rather than the prevocational doctor managing the conditions. ❑ The prevocational doctor does not attend outpatients or only sees post-surgery review patients in outpatients. ❑ In community care, the service acts as an initial assessor only.

[2]***AMC description of Clinical Experience 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. 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.*

Clinical Experience C: Acute and Critical Illness Patient Care

For a rotation to meet the requirements of Clinical Experience C[3], the prevocational doctor must be involved in the acute care management of patients.

Term Descriptions will need to contain adequate evidence to support the clinical experience classification.

Examples of how a rotation <u>may</u> meet the requirements of Clinical Experience C	**Examples of how a rotation <u>may not</u> meet requirements of Clinical Experience C**
❑ The majority of admissions are unplanned. ❑ Patient management usually has curative, recovery or stabilisation intent. ❑ The unit has a critical care focus. ❑ Prevocational doctor is involved in the discussions and management of admitted patients (ward rounds, presentations, meetings). ❑ Duties include active participation in ward rounds and completion of actions related to the patient's acute illness. ❑ The role of the prevocational doctor in management of deteriorating patients (MET calls and Code Blue) is clearly defined. ❑ Prevocational doctor participates in the after-hours or cover roster.	❑ The majority of admitted patients are admitted electively. ❑ Patient goals of care are symptom focused or palliative. ❑ The unit experience is predominantly outpatient focussed with attention to long term management of medical conditions. ❑ The model of care requires that patients are transferred to an alternate practitioner or unit when acute care management is required (eg. transfer to hospital or admission under an alternate unit). ❑ Clinical Unit does not admit under their unit to the health service.

[3]***AMC description of Clinical Experience C:*** *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.*

Service Rotations

The Australian Medical Council revised National Framework for Prevocational Medical Training stipulates that PGY2 doctors can complete a maximum of 25% of the year in a service rotation[1]. In current form, many of these terms fall outside the criteria required for an accredited term within the National Framework. *Whilst this does not preclude the PGY2 doctor participating in service rotations, it does mean that the Term is not allocated a Clinical Experience, Term Supervisor, or assessment component.*

PMCV acknowledges that some service rotations that may be allocated a Clinical Experience classification. To permit this the service rotation must meet the following criteria. Health services will need to follow the standard PMCV post application procedure to have the rotation formally accredited.

Criteria for accreditation of a Service Rotation

- ❑ Must have clear supervision – this includes defined contact with the registrar and other senior staff:
  - Access to supervision on nights – usual staffing and ratios in hospital will be considered, including role of defined planning and check in meetings between the rostered night staff.
  - Defined Term Supervisor with clearly described regular interactions in acknowledgement of the reduced supervisory interactions overnight.
  - Ability to discuss and review cases with a supervisor on a regular basis to promote learning.
  - Clear hospital escalation protocols.
- ❑ Must have robust orientation to ensure the prevocational doctor is aware of:
  - Supervision expectations
  - Escalation process and expectations
- ❑ Must be taken in context of whole year (how much cover/nights embedded in other rotations)
- ❑ Must be predominantly in one specialty group rather than moving frequently between clinical units as this precludes longitudinal feedback and learning.

[4]***AMC definition of a Service Rotation:*** *A term where the prevocational doctor is either (a) rostered to provide ward cover on night shifts (service nights term) or (b) rotated through a number of accredited terms for short periods of time to backfill for doctors on leave (relief service term).*

Two characteristics of service terms are:
1. discontinuous learning experiences, such as limited access to the formal education program or regular unit learning activities
2. less or discontinuous supervision, such as nights with limited staff

6-month Rotations

The Australian Medical Council revised National Framework for Prevocational Medical Training stipulates that PGY2 doctors must complete a minimum of 3 terms (at least 10 weeks) with a maximum of 25% of the year spent in a single subspecialty.

The PMCV acknowledges that some Victorian health services have previously offered 6-month rotations as part of their PGY2 program. These guidelines outline the circumstances where this is permitted.

If in 2025, a health service cannot meet the 6-month Rotation Guidelines outlined below, this should be discussed with PMCV as exceptions may be permitted on a case-by-case basis.

From 2026, all health services must meet the 6-month Rotation Guidelines outlined below.

6-month Rotation Guidelines
❑ The 6-month rotation involves allocation to a speciality with two subspecialty components. ❑ The rotation is part of a diploma or certificate qualification. ❑ There is a requirement to work for six months in the rotations at PGY2 level for entrance into the specialty program. ❑ The whole year rotation combination for the prevocational doctor provides exposure to Clinical Experience A, B and C.