Accreditation of the PGY2 year in Queensland.

What is the value proposition?

A discussion paper

14th August 2015
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1.0 Executive Summary

The purpose of the PGY1 year in Queensland is to consolidate prior clinical knowledge and skill in the real world, within the context of service delivery, while transitioning from a medical student to an independent junior medical practitioner. The PGY1 year develops the experience of interns in clinical and non-clinical skills and learning in theoretical knowledge. It provides exposure to, and experiences in, various vocational pathways to enable interns to focus their career choices.

The PGY2 year should not be seen in isolation from PGY1. The purpose of the PGY2 year in Queensland is centred on ongoing growth into more independent practice, through provision of continuous learning opportunities allowing greater independence, flexibility in learning, and encouragement to accept greater responsibility. In the PGY2 year career pathways and career networking become more focussed.

Despite the value of PGY2 as a phase of consolidation, growth in autonomy, responsibility and professional identity, it lacks formalised oversight through an accreditation structure. This is in contrast to what is implemented in other states.

As part of its contractual arrangement with Queensland Health, QPMA is tasked with developing accreditation for PGY2 placements. 2015 has been set aside as the discussion and planning phase with an intention of moving towards the accreditation of some placements in 2016/17.

Along this path of discussion and planning, a number of issues need to be resolved:
- What is the rationale and role for the PGY2 year in Queensland training facilities?
- What value would accreditation add to this role?
- To which standards would PGY2 placements be accredited against?
- How should achievement of these standards be measured for PGY2?
- By whose authority would accreditation be issued and on whose behalf?
- Who (and which organisations) would act as the decision makers about the PGY2 program?
- What incentives and penalties are able to be applied to encourage adherence to any PGY2 standard?
2.0 Introduction

Internship or PGY1 is a period of mandatory supervised general clinical experience. It allows medical graduates to consolidate and apply clinical knowledge and skills while taking increasing responsibility for the provision of safe, high quality patient care. Diagnostic skills, communication skills, management skills, including therapeutic and procedural skills, and professionalism are developed under appropriate supervision.

It is recognised that the PGY2 year is a significant ‘step up’ from the intern year, where expectations regarding patient responsibilities increase and supervision decreases. Having achieved registration with the Medical Board of Australia (MBA), PGY2 doctors have an increasingly important role in after-hours cover, may at times be the most senior doctor in an emergency department, are progressing towards more independent practice, and may commence supervising interns. The PGY2 year is a time when many junior doctors have identified preferred career paths, and become more selective regarding the professional development opportunities that they avail themselves of.

The range of informal learning opportunities available to PGY2s are many and varied - registrar or consultant-led ward rounds and patient handovers, ambulatory/outpatient clinics, theatre assisting, unit meetings, grand rounds, audit meetings, multi-disciplinary meetings, journal clubs etc. These form a solid basis for PGY2 learning together with acquisition of appropriate clinical experience. Professional Development Programs are a component of the activities and resources required to support safe transition from intern to PGY2, which also includes organisational and unit orientation, unit-based Position Descriptions/Learning Objectives, Unit Handbooks/other resources, as well as regular feedback to the PGY2 regarding his/her performance. Such a range of formal and informal learning opportunities form the basis from which formalised PGY2 programs with a structure of review and accreditation are able to be developed.

Most Postgraduate Medical Councils (PMCs) undertake accreditation activities for their PGY2 placements as well as their intern placements with the exception of Queensland and Northern Territory. Although PGY2 accreditation once took place in Queensland, this has not been the case for many years, and despite the intention to reconsider such, no formal program for PGY2 has yet been established.

While it is widely recognised that a 2-year internship model will not replace the current 12 month program required for general medical registration, nonetheless, most states within Australia have established formal and accredited training programs for PGY2 to ensure learning continuity.

In seeking to propose the value of a PGY2 accredited program for Queensland, QPMA will need to articulate an affirmative case from the perspective of Queensland Health, the HHS, its hospitals and the junior doctor. This will require an exploration of the issues, the value and purpose of such an initiative, and the potential structure, process and implementation of accreditation. Considerable stakeholder engagement will be required with Queensland Health, HHS facilities, representatives of DCT, MEO, CE, Workforce managers, Junior Medical Officers and the specialist Colleges themselves in order to clarify the purpose, value and implications of accreditation.
3.0 Background

The prevocational (PGY 1 and PGY2) years are considered a crucial link in the training of new doctors. They represent the first stage into independent professional life, bridging the gap between medical school and vocational training. They help not only consolidate and extend the knowledge and attitudes acquired through medical school into skills and practice within a “real world” setting, they also establish new doctors’ careers and professional identities.

To meet the requirements for general medical registration through the Medical Board of Australia, interns or PGY1 doctors are required to undertake a series of rotations over 12 months which allow them to experience a range of clinical situations and service environments. All facilities that employ interns must be accredited for intern training and must place interns in accredited training positions. This accreditation establishes and monitors standards for prevocational training positions, and ensures high standards of clinical training, supervision, support, assessment and safety.

Whilst a 12 month, accredited Internship Program (PGY1) forms the basis for general medical registration by the MBA, the majority of Australia states have put in place systems for accrediting the second prevocational year (PGY2) in recognition of its significance in the ongoing consolidation and development of the junior doctor’s clinical and professional competencies.

Unlike other states, Queensland does not offer accredited PGY2 placements, a system that was ceased some decades prior. Whilst there has been informal discussion as to whether this practice should be reinstated, a formal consideration into the accreditation of PGY2 has gained impetus with the recent Request for Offer (RFO) from the Queensland Government in 2013 for a renewed contract to provide prevocational accreditation services. In the process of preparing the RFO by the Queensland Government, it was realised that most other state jurisdictions required an accreditation process for PGY2.

Subsequently, the Queensland Government RFO stated:

“The scope of this RFO is anticipated to cover both the intern year (postgraduate year 1 or PGY1) and the second postgraduate year (PGY2). In 2003, the Medical Training and Review Panel in their publication National Training and Assessment Guidelines for Junior Medical Doctors stated that “The second postgraduate year (PGY2) should not be viewed in isolation from the postgraduate year 1 (PGY1). PGY1 and PGY2 should provide continuous learning opportunities with PGY2 allowing for greater independence, flexibility in terms, encouragement to accept greater responsibility and to be an active participant in the learning process”. As part of this Request For Offer, offerors are able to provide costed proposals that include both PGY1 and PGY2 accreditation. It should be noted that other jurisdictions undertake accreditation for their PGY2 positions as well as their intern placements with the exception of Queensland and the Northern Territory.”
Consequently Health Leaders Australia (HLA) included PGY2 Accreditation in their tender bid, and outlined that:

- The tender submission was for a combination of PGY1 and PGY2 accreditation
- (At the time of writing the tender, early 2013) existing junior doctor placements accredited by other means (e.g., RACGP & ACRRM accredited Lvl 1 AGPT training practices for PGPPP) would be accredited for junior doctor placements.
- Cost savings and synergies through the use of the online portal where PGY2 placements seeking accreditation are similar to PGY1 placements previously accredited.

The HLA tender submission stated that the PGY2 accreditation standards would include the following characteristics:

- Undertake appropriate advanced clinical capacity building (extension) opportunities
- Training experience that gives exposure to disciplines that will further assist the junior doctor in planning his/her preferred medical specialty career decisions
- Addressing any prerequisite competencies applicable to the junior doctor’s chosen (or still under consideration) medical specialty.
- Building soundly determined confidence in the PGY2 junior doctor’s medical skill-set
- Providing opportunities for exposure in teaching and peer mentoring PGY1 junior doctors and medical students
- Providing opportunities for the junior doctor to engage with the medical college(s) relevant to his/her career interests. This may include an appropriate research element within the junior doctor’s training plan.

With the successful tender awarded to HLA, a subsequent contract with Queensland Health was signed, including the following:

“The aim of this Service Agreement is to provide prevocational accreditation services for the State of Queensland for a period of three years and three months. This includes both postgraduate year 1 (PGY1) and PGY2 accreditation in both the public and private sectors as outlined in the Provider submission to OPMO001 RFO.”

4.0 PGY2 Accreditation in Other Jurisdictions

4.1 NSW

NSW considers the PGY1 & 2 years to be ‘two generalist years of prevocational education and training’ for which newly graduated medical students are employed into a health network. Prevocational trainees are employed in NSW Health facilities as Interns on a 2 year prevocational training contract. Following the completion of two general prevocational training years Junior Medical Officers (JMOs) are then encouraged to enter vocational training programs. All prevocational training positions and both years of the program are accredited by state accrediting body, HETI.
Statewide management of the program is overseen by the Prevocational Training Council and the Prevocational Accreditation Committee. HETI sets the standards for PGY2 utilising the Australian Curriculum Framework (ACF) and built upon, though not identical to the Australian Medical Council (AMC) standards for interns.

“For the benefit of Junior Medical Officers (JMOs) and their LHDN employers, HETI wishes to give a clear statement of expectation that NSW prevocational trainees should complete two generalist years of prevocational education and training prior to entering into formal vocational training programs. This expectation extends to those programs that HETI supports as well as Local Health Districts, Specialty Networks and hospitals, which benefit from HETI programs.” Statement 2013

Accreditation of facilities is for all PGY1 & 2 placements simultaneously. Placements can be accredited for PGY1 only, PGY2 only or for either (or combination of PGY1 or 2). Accreditation is mandatory for all placements. A PGY2 only accredited term cannot be staffed by a PGY1 prevocational trainee. Specific accreditation must be sought for a term to be staffed by a PGY1 prevocational trainee. College RPL is supported by HETI for PGY2 and all HETI accredited PGY2 terms are considered acceptable terms counting towards specialist medical training programs.

Through the process of accreditation PGY2 terms are intended to not only provide further clinical experience but consolidate existing learning and present more opportunities for career options. HETI states that:

“A two year prevocational training program allows the training networks and hospitals to plan a more comprehensive training program and offer a wider range of clinical experience to all JMOs” Statement 2013

NSW considers a two year generalist prevocational training program as a great advantage for addressing the need for skilled generalists in rural and regional areas, and a more flexible workforce with options for both generalist and specialist career pathways.

The NSW Junior Medical Officer Forum (JMO Forum) acknowledges the benefits of a two-year prevocational training structure.

- The evaluation and accreditation of PGY2 terms by HETI that secures education, supervision, accountability and term quality.
- The opportunity for junior doctors to acquire broader knowledge, skills and experience through rich, multi-disciplinary training prior to entering vocation-specific training.

All PGY1 trainees (interns) are required to complete five training terms with a satisfactory level of competence in order to qualify for general registration with the Australia Medical Board. HETI Medical Division also expects that all prevocational trainees will complete a second generalist year of training. HETI recommends that the second year also include the three core terms (General Medicine, General Surgery and Emergency Medicine/Intensive Care) wherever possible. The Prevocational Training Provider undertakes assessment of PGY2 trainees consistent with the process for PGY1 trainees.
With respect to differences between PGY1 and PGY2 trainees, a PGY1 prevocational trainee:

- cannot travel between multiple hospital sites in their working week
- has the primary role to look after the patients
- must fulfil requirements for general registration
- must not be allocated to PGY2 only terms even for relief
- supervisor must be awake and onsite at all times

Whereas a PGY2 prevocational trainee:

- should be able to choose vocational terms that will enhance their career plans
- does not require patient contact, however a PGY2 must have sufficient patient contact throughout the year to develop clinical skills
- can travel between multiple sites in their working week on the condition that appropriate supervision is provided at each site
- must complete a variety of terms even while beginning to stream their term choices towards their intended area of specialisation
- Supervisor can be asleep but must be onsite and readily accessible
- PGY2 must not be the most senior person on site at any time.

Facilities must indicate how the supervision is being provided and by whom. The prevocational trainee must be directly supervised in all aspects of clinical patient care. In order to develop competencies required for the sustained care of patients, as well as for episodes of acute care, the trainee must be supervised by a more senior clinician (at least PGY3) who is responsible for the progress of the patient’s care. The term supervisor must still have sufficient contact with the trainee to assess their progress across the activities of the term.

4.2 Victoria

All facilities in Victoria that employ interns and/or PGY2 junior doctors must be accredited by the Post Graduate Medical Council of Victoria (PMCV) prior to the commencement of junior doctors. PGY2 accreditation in Victoria is undertaken with the authority of the Department of Health. Accreditation is for public facilities only. Private facilities (GP practices, Aged Care, small rural hospitals) are accredited through PGPPP mechanisms organised by local GP training providers. The AMC PGY1 standards are used for PGY2 with some minor modifications. Accreditation is for a PGY1 or a PGY2 placement. The level of trainee needs to be indicated. However, there is no penalty if a facility does not go through PGY2 accreditation and therefore this is an honour system. Anecdotal feedback is that this works well.

Guidelines set out by the PMCV acknowledge the wide range of informal learning opportunities available to PGY2 doctors, and the significant increase in responsibilities, autonomy and expectations placed upon them. For this reason, the guidelines seek to identify and support these key additional roles/duties of the PGY2 in the workplace as well as ensure their access to regular education programs. Whilst also recognising PGY2 as a period where junior doctors begin to formulate a long term career trajectory, the Guidelines do not attempt to “meet the discipline-specific interests of all junior doctors, but rather to identify a common/generic set of curriculum objectives appropriate and of relevance to all PGY2s.”
Therefore whilst the internship year must enable interns to acquire a broad range of knowledge and skills through the achievement of explicit learning objectives to ensure they meet the requirements for general registration, for PGY2s, accreditation assessment seeks to ensure the provision of appropriate prevocational medical training to enable transition to vocational training programs.

Differences in the PGY1 and PGY2 training include:

- For Interns, mid-term & end-term assessments are completed for all rotations, whilst for PGY2s, mid-term assessments are encouraged and end-term assessments completed for all rotations.
- Assessment of interns is based on the achievement of outcomes consistent with the national Intern Outcome Statements whilst for PGY2s assessment is based on the achievement of outcomes aligned with the ACF.

### 4.3 Tasmania

In 2012 the Post Graduate Medical Council of Tasmania (PMCT) commenced accrediting PGY2/3 terms against the same standards as intern terms.

### 4.4 South Australia

Recruitment and allocation of Resident Medical Officer (RMO) positions (PGY 2 and above) in South Australia is undertaken through a centralised process administered by the South Australian Medical Education and Training (SA MET) Unit on behalf of the South Australian Department of Health and South Australian Local Health Networks (LHNs). SA MET is not, however the employing body and does not provide employment contracts. Contracts are provided by the relevant hospitals/networks. Some training programs may choose to advertise positions outside of SA MET’s allocation process.

As with the PMCV, the SA Met recognises that the range of informal learning opportunities available to PGY2s are many and varied, and that the PGY2 year is a significant ‘step up’ from the intern year, where expectations regarding patient responsibilities increase and supervision decreased. Similarly SA has locally developed, non-compulsory guidelines intended to identify and support the key additional roles/duties of the PGY2 in the workplace.

PGY 2 Training programs available in South Australian teaching hospitals follow essentially two formats:

- **Basic/Pre-specialist Training** programs that focus on specific medical and surgical specialty areas. These positions provide the RMO with experience in specific clinical specialities and are suitable for those who know the specialty career path they wish to follow. In some cases the RMO will need to be accepted by the relevant specialty college prior to appointment and some specialty appointments are made solely by the relevant college organisations.

- **Prevocational (General) Training** programs that provide further hospital experience. These positions provide the RMO with general rotations through medical, surgical and emergency units and are suitable for those who have not yet decided on a specialist training programme or wish to obtain more experience.
Training position descriptions for PGY2+ positions and the accompanying Professional Development Programs to support this transition from PGY1 are developed by each Local Health Network (LHN) with the assistance of SA MET. SA MET has a responsibility to review and provide feedback in relation to Health Service PGY2 education programs during Health Service accreditation visits.

It is emphasized that Health Services have a responsibility to provide an environment that supports the training needs of PGY2 doctors, that assists them to meet the curriculum objectives as defined in the Australian Curriculum Framework for Junior Doctors. SA MET Accreditation Standards – Education and Training makes specific reference to a number of requirements in relation to the identification of prevocational doctor learning needs, overall program development, delivery and evaluation. Attendance of PGY2 at designated Health Service professional development activities should be supported by all Health Service staff, and protected teaching time is recommended.

Junior Doctors are encouraged to consider their individual learning needs, to keep a record of their formal education and training activities, and to regularly reflect on their professional development. This may be supported by formal Health Service Continuing Medical Education (CME) programs and management systems.

SA MET outlines the following PGY2 Professional Development Program Principles:

- **Program Development**
  - PGY2 Professional Development Programs content and development should be overseen by senior medical staff, key supervisors, medical educations, junior doctors and other relevant Health Service personnel.
  - PGY2 Professional Development Programs may be developed in – house or combined with appropriate external resources (e.g. SA MET website) or programs (Teaching on the Run, Professional Development Program for Registrars, TeamStepps).
  - PGY2 Professional Development Programs should be regularly reviewed to ensure that the content is contemporaneous.

- **Program Timelines**
  - PGY2 Professional Development Programs should be delivered throughout the clinical year.
  - Health Services should consider timing the delivery of some aspects of program content prior to specific rotations (e.g. nights/rural).

- **Program Delivery**
  - PGY2s work across a variety of clinical settings and a variety of rosters, making attendance at regular PGY2 education and training difficult. Health services should be creative regarding the timing of their PGY2 professional development activities and options may include as an alternative to weekly sessions, workshops at sites and times that are accessible to the majority of PGY2s.
  - Health Services should consider principles of adult learning when considering modes of delivery of education and training activities e.g. via case-based discussion, interactive and clinical skills workshops.
simulated learning, e-learning etc. Combinations of different educational modalities may be particularly effective and efficient.

- Health Services may be able to utilise a range of medical and non-medical content experts in program delivery, however it is suggested that where non-medical content experts participate that content remains clinically relevant and that the program is also supported/championed by a medical practitioner where possible.
- Health Services may consider what aspects of the program could be delivered in-house versus undertaken in partnership with other organisations/education providers (Health Services, Colleges). Health Services with a small PGY2 cohort may wish to partner with other/larger Health Services in the development of a formal PGY2 Professional Development program.

- Program Content
  - It is recognised that some of the proposed program content may be incorporated within existing Intern Professional Development Programs (but is appropriately reinforced at the PGY2 level) and/or may extend beyond the generic curriculum of the Australian Curriculum Framework for Junior Doctors.

4.5 Western Australia

The Postgraduate Medical Council of Western Australia (PMCWA) is responsible for accrediting all prevocational training positions (PGY1 and PGY2) in Western Australia to ensure positions meet national and state standards of prevocational medical education. Whilst it is the Medical Board of Australia that requires all PGY1 doctors are placed in accredited positions, it is the WA Department of Health that requires all PGY2+ positions be accredited. A PGY2+ or Resident Medical Officer (RMO) in WA undertakes supervised education and training in clinical and education contexts. RMO positions are open to postgraduate prevocational trainees in their second year and above; once internship is complete.

No distinction in PMCWA accreditation is made between the placement being for PGY1 or 2. Standards are locally developed and encompass the AMC intern standards within a more comprehensive set of standards. There is no differentiation between PGY1 or PGY2 for any individual standard. Accreditation for all prevocational training places is compulsory except for “Resident Medical Officer positions directly employed by private health services”.

The health service is required to provide ‘protected’ formal education opportunities, relevant to the needs of the prevocational doctor and the clinical needs of the health service, and reflect the Australian Curriculum Framework for Junior Doctors. The health service is required to document attendance of and participation in ‘protected’ formal education opportunities. Attendance is compulsory for interns (PGY1) and is encouraged or compulsory for PGY2+ prevocational doctors.
Difference in supervision are as follows:

PGY1
- The term supervisor takes direct responsibility for individual patients.
- The term supervisor must be physically present at the workplace at all times where the supervisee is providing clinical care, or be available on site within 10 minutes.
- The supervisee must consult their term supervisor about the management of all patients.

PGY2
- The term supervisor shares limited responsibility for individual patients.
- The PGY2 doctor must consult the supervisor about the management of all patients at a frequency determined by the term supervisor and the PGY2 doctor.
- Supervision must be primarily on site. Where the term supervisor is not physically present, they must always be accessible by telephone at all times and able to attend within 10 minutes if needed.

4.6 Australian Capital Territory

Accreditation using the AMC Standards is for prevocational training places with no distinction made between the placements for PGY1 or PGY2. Accreditation of PGY2 placements is made on behalf of Canberra Hospital and Health Services and only for Public facilities. Consequently CRPMC decisions on the accreditation status of intern training positions are notified to the ACTBMBA, and on PGY2 positions to the Deputy Director General, Canberra Hospital & Health Services or to the Chief Executive of the relevant Network facility.

4.7 New Zealand

A new formalised program of prevocational training for PGY1 and PGY2 was recently introduced after a consultation and review process by the Medical Council of New Zealand. At the completion of a 12 month PGY1 program, interns gain registration in a general scope of practice. During their PGY2 year, junior doctors continue working within accredited clinical attachments that provide structured learning to ensure they are competent to enter vocational training or to work in independent practice with a senior doctor at the end of PGY2. To address concerns about the lack of structure and quality of learning for PGY2, the Council recommended the implementation of a professional development plan (PDP) to be used during both PGY1 and PGY2 years.

A PDP is a short planning document, compiled by an intern, in collaboration with the Intern Supervisor, with input from the supervisor of each clinical attachment. The PDP considers current learning and CPD needs, looks at how these might be met and lists objectives for the future. It helps an intern to structure and focus training needs, strengthen existing skills, and develop new ones. The PDP provides focus on the intern’s career plan and intention for vocational training. It is an individual competence programme to be completed during PGY2. When applying for a general scope of practice (registration) at the completion of the 12 month internship, interns
are required to establish an acceptable PDP for PGY2, to be completed during that year. The PDP is reviewed and endorsed by an advisory panel at the time the intern’s registration is considered. When an intern is approved registration this endorsement related to completing a PDP is included on their practising certificate for the PGY2 year. The endorsement remains on the practising certificate until the end of PGY2, and satisfactory completion is indicated by sign off by a Council nominated Intern supervisor, or Director of Clinical Training. If the PDP has not been satisfactorily completed at that time, then the endorsement will remain.

High level criteria for competence programmes are set by the Council and have flexibility to allow for a variety of learning. Interns who have gained a general scope of practice registration are required to work in accredited attachments committed to providing an ongoing learning environment, and appropriate level of support.

The PDP provides the platform of learning for interns through both PGY1 and PGY2. The process focuses on encouraging ongoing improvement over the course of the full year, with each clinical attachment building on the learning and identified gaps from the last attachment. In this way the PDP is evaluated and refined, informing each clinical attachment with evidence of skills gained, and building from one attachment to the next. The PDP is owned by the intern, and accessible to the Intern Supervisor and the supervisor from each clinical attachment.

Each intern maintains a record of learning within an e-portfolio, which tracks their progress, and skills and knowledge acquired during PGY1 and PGY2. The evidence maintained in this record helps to identify future learning needs. The e-portfolio is owned by the intern but is accessible to the prevocational educational supervisor and the clinical supervisor. The e-portfolio maintains a comprehensive record of each Intern’s learning including:

- Skills acquisition (logbook), completed by the intern and endorsed by the supervisor.
- CPD activities for example, audits, presentations, and attendance at grand rounds.
- Supervision reports for each attachment, completed and signed by the ‘attachment’ supervisor with contribution and sign off from the Intern Supervisor.

In summary:

**Towards the end of PGY1**

The intern develops an appropriate PDP for PGY2. The goals in the PDP for PGY2 should be targeted around the following:

- outstanding learning outcomes from the curriculum framework for PGY1
- learning outcomes from the curriculum framework for PGY2
- areas for improvement identified on previous clinical attachments
- multisource feedback results
- outstanding community based experience
- vocational aspirations.
Value Proposition for accreditation of the PGY2 year in Queensland

Beginning of PGY2
Supervisors meet to discuss the intern’s e-portfolio specifically the PDP, their mix of clinical attachments and vocational aspirations.

After each clinical attachment
Supervisors meet to discuss the intern’s performance on the clinical attachment, offer support and guidance and review and update the e-portfolio.

End of PGY2
At the end of PGY2 the intern should be able to demonstrate through the information in their e-portfolio that they have met the goals in their PDP. At this stage their PDP can be signed-off as complete by the prevocational educational supervisor, enabling the intern to apply to remove the endorsement from their practising certificate as part of the practising certificate renewal process.

4.8 United Kingdom
Following graduation all UK medical graduates enter a time capped 2-year Foundation Programme, introduced in 2005. Doctors must complete the Foundation Programme satisfactorily before entering vocational training. During the first year of the Foundation Programme doctors must complete 1 year of clinical training and whilst there are no core mandatory terms, the majority complete terms in general medicine and general surgery. After successful completion of the first year doctors gain full registration and enter the second year of the Foundation Programme. During this year the doctor will complete at least one term that offers experience in acute care. Experience in general practice or in the community is offered wherever possible.

A review and two formal evaluations of the program have identified key strengths and weaknesses. Significant issues identified were confusion about the role of the PGY1 doctor, and tensions between service delivery and training resulting from an excessive reliance on the traditional apprenticeship model of learning. One of the most significant findings pointed to the assessment system that was regarded as “excessive, onerous and not valued”. Concerns were also expressed about the lack of focus on long term conditions in the curriculum.

4.9 Canada and the United States of America
The Canadian and US system does not provide for prevocational training following graduation, but rather, doctors can move directly from medical school through to vocational training. Medical school spans 4 years: half of this time is spent in the basic subjects relevant to medicine whilst the other half is spent in ‘clerkships’ where students spend supervised time in clinical terms. The specialty area is chosen in the final year of undergraduate training.
This overview of national and international jurisdictions has identified a wide variety of approaches to PGY2 training and accreditation—voluntary, compulsory, combined seamlessly with PGY1, or built upon PGY1 in a staged approach. Consequently, some states seek accreditation across the two years using a single set of standards, others as two distinct years with variations of relevant standards. Further to this, some jurisdictions utilise the existing AMC Intern Outcome Standards for both PGY1 and PGY2 (or with minor variations for PGY2) while others develop in-house standards based on the Curriculum for Junior Doctors.

While many programs are formalised, this does not necessarily translate to an inflexible regime as required for PGY1. This flexibility derives from the non-prescribed reporting of PGY2 accreditation to the MBA, with responsibility for training standards and program development left at the local or state level. Further flexibility stems from the increased autonomy and responsibility acquired with PGY2 status, allowing for greater scope of practice, but also responding to the greater need for service delivery. Consistent with all these approaches is the recognition that PGY2 is a critical year for ensuring competency in a generalist capacity while laying the foundations for specialisation and the drive for lifelong learning.

5.0 The Purpose of the PGY2 year

The prevocational phase of medical training and development encompasses the period between graduation and vocational training for specialisation. PGY1 or the intern year signifies the transition from student to medical practitioner. It builds on the theoretical framework developed as a medical student and provides experience in applying that theory to the treatment of patients as a responsible professional. The purpose of the internship is to provide the PGY1 doctor structured experiences that enable them to consolidate and extend their theoretical knowledge and technical skills within a relatively protected environment, thereby acquiring some of the core competencies and capabilities identified in the Australian Curriculum Framework for Junior Doctors. To ensure this safety and competency, interns are only entitled to work within their allocated hospital and the posts that have been accredited for intern training.

The other major objective of internship is to successfully achieve full medical registration at the end of the 12 months. General registration indicates that the practitioner has the skills, knowledge and experience to work as a safe entry level medical practitioner able to practise within the limits of their training.

Internship also informs career choices for many graduates by providing experience in different medical specialties including general practice, and providing a grounding for subsequent vocational (specialist). However there are usually four or five terms in an internship (between 10 and 12 weeks duration) of which three—medicine, surgery and emergency care—are considered core, with other (non-core) rotations making up the balance of the year. A range of other terms (anaesthesia, gynaecology and obstetrics, infectious disease psychiatry, paediatrics, rehabilitation medicine, palliative care, geriatrics and general practice) provide further opportunities to expand the range of the intern, but cannot be reasonably accommodated within a 12 month program.
PGY 2 is the second year of practice following graduation as a doctor. This year is an important year for consolidating competencies, extending knowledge, skills and experiences and taking time to consider future career options. Many junior doctors may have identified preferred career paths, and become more selective regarding their professional development opportunities, tapping into additional training terms beyond core competencies. PGY2 becomes an important year of identity development. At the successful completion of this phase of training, the prevocational doctor should have acquired the knowledge, skills and experience necessary to proceed to vocational training.

Consequently PGY2 is a significant ‘step up’ from the intern year, with increased patient responsibilities, expectations, autonomy and decreased supervision. In particular, PGY2s have an increasingly important role in after-hours cover as they progress towards more independent practice, and may commence supervising interns. This brings with it the potential for the PGY2 doctor to become a source of “roster fodder” or a flexible and available work unit that bolsters staffing within resource constrained facilities. Given the demands to maximise efficiencies and productivity within hospitals, considerable pressure can be placed on the PGY2 role to become less focussed on training and education, and more clinical service delivery. This tension between the demands for clinical service delivery and the expectation for formalised, ongoing education and training has been commonly observed in state and national reviews of prevocational training, and is often the impetus for establishing structured PGY2 programs buttressed by accreditation.

6.0 The Value of PGY2 accreditation

Whilst a 12 month, accredited Internship Program (PGY1) forms the basis for general medical registration by the MBA, the majority of Australia states have put in place systems for accrediting the second prevocational year (PGY2) in recognition of its significance in the ongoing consolidation and development of the junior doctor’s clinical and professional competencies. In 2003, the Medical Training and Review Panel in their publication “National Training and Assessment Guidelines for Junior Medical Doctors” stated that:

"The second postgraduate year (PGY2) should not be viewed in isolation from the postgraduate year 1 (PGY1). PGY1 and PGY2 should provide continuous learning opportunities with PGY2 allowing for greater independence, flexibility in terms, encouragement to accept greater responsibility and to be an active participant in the learning process. The Medical Training Review Panel has highlighted the need for medical practitioners to have balanced and generalist orientation to their first two postgraduate years which will allow them to access vocational training offered by medical colleges."

6.1 Identity and career development

The PGY2 position is a critical phase in the identity and career development of junior doctors, and is well recognised as a transition point towards vocational training and specialisation. It is therefore a critical year for consolidating skills and knowledge,
broadening experiences and clarifying professional goals. For this purpose a range of informal and formal learning opportunities are available to the PGY2 doctor.

6.2 Clinical skill development

However, as previously noted, the increased responsibilities acquired by the PGY2 doctor with general medical registration, places pressure on the role to provide greater, more flexible clinical services within a health setting. This may occur at the expense of professional development. An accredited program of training and skills acquisition can serve as a bulwark to this prioritisation towards service expectation and quarantine requirements and opportunities for important prevocational development.

The lack of a defined, formalised PGY2 training program can inevitably lead to a lack in a common understanding and appreciation for the purpose of this skill development period, creating a situation of variable experiences across hospitals, a lack of coherence and continuity across the prevocational years, and a lack of preparation for the demands of generalist or specialist medicine. Despite the fact that generally doctors do not enter vocational training until they have completed 2 post graduate years, there is no formal training in place in Queensland for doctors during their second postgraduate year which sets the foundation for a future career trajectory. Whilst this second prevocational year is regarded as an opportunity for doctors to further advance their knowledge and skills, and gain more experience in various specialities before deciding on a career pathway, in reality for a number of doctors it is an abrupt departure from a relatively more supportive, regulated training environment. Consequently, many PGY2 doctors may feel suspended in a training or career limbo where their year is spent “treading water”.

6.3 Formal education

In promoting the cause for a formalised, accredited PGY2 program, it is important that a number of principles be considered:

- The PGY1 and PGY2 years should build on the education and training that doctors receive at medical school.
- PGY1 and PGY2 doctors, supervisors, other health professionals, hospital administration, management and executive should all be involved in training and should have a clear understanding of the purpose of PGY1 and PGY2.
- Those involved in training should share a clear and common understanding of their respective obligations and role.
- Training over PGY1 and PGY2 should be through an integrated training programme.
- Education and training requirements should be regarded to be of equal importance to service provision.
- PGY1 and PGY2 doctors should have sufficient access to high quality supervision from senior colleagues and supervisors.
- Training should be primarily experience-based with supervision from senior colleagues supported by other learning methods.
- Doctors should have access to training in a number of clinical settings which include hospital and community care settings.
Doctors should receive broad-based training which will serve as an appropriate foundation for vocational training in any specialty including general practice.

Training for PGY1 and PGY2 doctors should adhere to a national curriculum whereby doctors must demonstrate competence in the domains of clinical care, communication, and professionalism.

In its review of prevocational training, the Medical Council of New Zealand in its discussion paper of 2011 identified a number of deficiencies that required urgent attention. It was in responding to these issues that a structured PGY2 program was integrated with its PGY1 internship. These same issues provide a compelling case for the value of PGY2 accreditation in Queensland:

- **Lack of vertical integration** along the continuum of education and training across university, prevocational training, and vocational training.
- **Balancing increasing service demand with increasing training needs**: There are inherent tensions between service delivery and the training needs of doctors that are placing the traditional apprenticeship model under increasing pressure. Rather than gaining valuable experience in diagnostic and treatment processes, many doctors have reportedly felt that they were regarded as ‘units of labour’ to be deployed to cover service need including low level administrative tasks.
- **A hiatus in training**: Despite the fact that most doctors do not enter vocational training until they have completed at least two postgraduate years, there is no regulated requirement for formal training in place for doctors during their second postgraduate year (PGY2).
- **More emphasis needed on obtaining broad based core competencies**: The demands of a growing proportion of people with long-term age-related conditions requires a medical workforce capable of providing services across a broad range of chronic illness utilising core general competencies.
- **Training too hospital focussed**: With the current and projected increase in the incidence of age-related and chronic conditions a greater share of medical services will need to be provided in community settings with a focus on prevention and long-term management.

### 6.4 Safety

PGY2 junior doctors working without supervision may compromise patient safety. Accreditation has a focus on supervisory practices and may assist the development of, and adherence to, appropriate supervisory policies. The New Zealand review found there was evidence that the use of PGY2 locums has been increasing over the past 10 years. In this situation, the doctor could have limited or no experience in the area of medicine in which they undertake the locum and supervision could be from a distance. Both of these issues raised concerns over the safety and quality of services PGY2 locums are providing and the training they receive.
6.5 Financial accountability

Apart from local HHS oversite, there is currently no accountability mechanism, such as key performance indicators, linked to any funding provided by local jurisdictions for prevocational training. It is therefore difficult to determine to what extent funding is actually invested in training and to quantify its value.

7.0 Discussion

In the course of developing a PGY2 program, a number of components will need to be considered. Primary amongst these are the clarification of the purpose, and objectives of the PGY2 year, which will in turn instruct the education and training curriculum. Subsequent to this, an assessment framework, training and support for supervisors and a framework for assessing and accrediting training providers will need to be considered. Clearly a formalised, accredited PGY2 program will have ramifications for supervision and the availability, assessment and training of those supervisors. Further, a formalised standardisation of the PGY2 program will have significant resource implications with respect to this supervision, monitoring and accreditation. The pool of trained supervisors will need to be increased without a drop in quality.

A formalised PGY2 program will require a shift from a traditional apprenticeship model to one of supervised experiential learning supported by additional methods of training. A greater emphasis on supervised learning will require greater levels of commitment and skill amongst senior doctors to provide these higher levels of training, which in turn will require greater levels of support from hospitals, HHS, specialist colleges and Queensland Health. Thus, the identity of a PGY2 doctor as a “doctor in training” will need to be more explicitly understood with respect to workloads, responsibilities, rosters and educational opportunities.

Implementation of a PGY2 accreditation system may impose increased confusion and anxiety on health facilities given the current cultural shift brought on by a change in accreditation provider for PGY1 training. A period of adjustment and settling may be necessary, with PGY2 accreditation introduced in a staged process. Options exist for accrediting PGY1 and PGY2 programs as either separate entities with complementary standards or as a unified two year program, with a single set of standards.

A variation that might ease the transition to a formal PGY2 program could be the accrediting of a hospital as a provider of PGY2 supervision and training as opposed to the current system of accrediting individual terms for PGY1.

This raises a further issue as to the type of standards to be used for accrediting PGY2 programs. Should they be synonymous with the current PGY1 standards, developed from and extended beyond the current PGY1 standards or based on the Curriculum Framework for Junior Doctors?

Would those education and training units currently responsible for PGY1 accreditation assume responsibility for PGY2? To what extent will the training...
programs for the two years be merged? Given the value of PGY2 as a transitional year towards vocational training, the role of Specialist Colleges in the design, monitoring and assessment of PGY2 terms must be considered and to what extent they assume responsibility for training. PGY2 doctors would be rotated through a wider, greater variety of terms and wards compared with PGY1, therefore the variation in on-site training and supervision will be wide, with obvious implications for resourcing a more consistent and coherent approach across the facility.

The importance of the PGY2 year as a preparatory year for vocational training raises issues of College participation, oversight of curriculum design, training, and even accreditation.

An accreditation system for PGY2 will impose parameters around the position, particular with respect to supervision and quarantined education. This may curtail the flexibility and autonomy of the role and potentially reduce its utility for health facilities. This raises a tension between the demands and expectations of the employer, the junior doctor and accrediting body. The current practice of using PGY2 doctors as supervisors for PGY1 roles would need to be reviewed.

Variation in accreditation between private and public PGY2 positions and optional PGY2 accreditation across hospital raises the possibility of accredited and non-accredited RMOs with implications for entry into vocational specialisation and employment transfer between hospitals and health systems. An optional accreditation system for PGY2 could be viewed as an important marketing tool for hospital recruitment, given that the expectation would be for junior doctors to seek out an accredited program that would add value.

Whilst it is nationally prescribed that PGY1 training is accredited through state bodies that are themselves accredited with the Medical Board of Australia, the accrediting authority for PGY2 is flexible. Whilst in all cases, the state accrediting body for post graduate medical education is responsible for assessing and accrediting both PGY1 and PGY2 programs, in many circumstances, it is local Hospital and Health Networks, or the State Health Department that is responsible for establishing the standards of PGY2 accreditation.

A significant minority of junior doctors undertake clinical research. A formalised role for an accredited PGY2 program in the development and encouragement of research skills needs to be explored and defined. Based on the practice of other jurisdictions, PGY2 positions have identified considerable research potential.

There may be considerable impact of an accredited PGY2 program for smaller rural hospitals which may lack the resources for the supervision and training required of a more formalised program. To what extent can a PGY2 program be tailored for smaller rural placements? What additional resources or infrastructure would be needed? Would these be necessarily generalist programs or could they provide sufficient experience for junior doctors to pursue a vocational trajectory? How could the value and experiences of PGY2 terms across a wide range of rural, regional and metropolitan hospitals be made comparable?
Moves towards the accrediting of PGY2 terms will raise the issue of PGY3 and PGY4 programs, their altered role in the career pathway of junior doctors and whether their role in the continuum of skills development should be similarly formalised and accredited.

7.1 Which standards?

In developing standards for a PGY2 program, it would be necessary to determine the aims and objectives of such training, what gaps currently exist in preparing junior doctors for both generalist and specialist career pathways, and what deficiencies currently exist in redressing underperformance during PGY1 terms. The resource implications of assessing and addressing standards within PGY2 training terms, particularly with respect to supervision and rostering, would need to be included.

Should standards be adopted from another jurisdiction, and should accreditation be term based or facility based? What process of consultation, and with which stakeholders can provide the best outcome?

Options for PGY2 accreditation could include the use of a single set of standards across the two years, or the establishment of two separate, but closely related standards for each of the two years. This would require the use of the existing AMC Intern Outcome Standards for both PGY1 and PGY2 (or with minor variations for PGY2). A third option would be the development of different standards specific to the requirements of PGY2 but based on the Curriculum Framework for Junior Doctors.

The Australian Medical Council (AMC) has established a set of national standards for intern accreditation, built on existing state and territory based guidelines, the registration standard, and the Confederation of Postgraduate Medication Education Councils’ Prevocational Medical Accreditation Framework (2009).

The Australian Curriculum Framework for Junior Doctors (ACF) is an educational template outlining the learning outcomes required of prevocational doctors, to be achieved through their clinical rotations, education programs and individual learning, in order to promote safe, quality health care.

The ACF is designed as a self-assessment tool to identify strengths, weaknesses and opportunities for learning and can be used to guide and monitor the journey of the junior doctor through the prevocational years. It outlines the desired learning outcomes for all prevocational doctors by the end of their PGY2 year. It is recognised that learning and skill development is a continuous process throughout the prevocational period, and that different skills may develop at different rates throughout this time.

When commencing new rotations, the ACF provides a useful checklist and a source for discussing the generic learning opportunities that may be available from a given term. In addition, individual terms may have specific skills and procedures that may be learnt during the term as per term position descriptions and other educational resources.
The ACF can be used:

- To review the learning opportunities offered by core and non-core rotations,
- To plan the development of innovative clinical teaching and professional development, positions in new and expanded settings
- To identify gaps or duplication across the continuum of medical education
- Provides a structure for mid and end of term feedback and assessment.

In reviewing accredited PGY2 programs implemented in other states, the general consensus has been for the ACF to form the basis for developing PGY2 standards that expand the scope of the AMC Intern Outcomes used for PGY1 accreditation. However, the significant role of PGY2 in the lead up to specialisation does suggest an important role for the Specialist Colleges in developing and assessing standards that directly contribute to vocational training.

7.2 Which authority?

In considering the nature and role of a formalised PGY2 program, it must be noted that any system of accreditation will not be mandated by the MBA or AMC. Whilst it is the Medical Board of Australia that requires all PGY1 doctors are placed in accredited positions, it is state health departments or local health networks/districts that require all PGY2+ positions be accredited. As with other states, the development of curriculum, guidelines or standards governing accredited PGY2 training in Queensland will be the responsibility of the state or local HHS. Consequently whilst QPMA decisions on the accreditation status of PGY1 training positions are notified to the MBA, PGY2 decisions will be referred either to the Director General, Queensland Health, the CEO of a Hospital & Health Services or to the Chief Executive of the relevant health facility.

With respect to the accrediting body, the common principle has been for the organisation responsible for PGY1 term accreditation to be responsible for PGY2 training. However, as noted previously, the significance of PGY2 as a preparatory year for specialist training does raise the issue of College involvement and responsibility for not only designing curricula, standards and assessment, but in the accrediting of terms that directly transit into vocational training.
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