

Clinical experience categories A - D

Preparation for and implementation of the National Framework for
Prevocational Medical Training

PMAQ guidelines for assigning clinical experience categories A to D and service term

The National Framework for Prevocational Medical Training defines the national standards and requirements for prevocational training programs and terms (pg. 33 - 40).

The specific aims of the framework are to:

- Align with community health need
- Strengthen Aboriginal and Torres Strait Islander Health
- Improve Supervision and Feedback
- Increase focus on clinical work
- Longitudinal approach
- Provide broad generalist experiences
- Increase emphasis on wellbeing
- Improve national consistency

It is for this reason that the framework articulates the 'high-level' requirements for terms, but remains non-prescript as to the exact setting, context or duration in which these can be achieved. In implementing the framework, jurisdictions have been empowered to provide additional interpretation, guidance, or requirements to best meet the local context and support implementation.

Prevocational Medical Accreditation Queensland (PMAQ) considers it important that flexibility of context is maintained and that there is opportunity for prevocational medical training to be delivered in the diverse healthcare settings found across Queensland. In acknowledging the challenges inherent to such significant change, some additional guidance as to how the requirements for terms will be interpreted in Queensland is provided in this document.








All programs and terms must be accredited against the National standards. To meet these standards, programs in their entirety **and** each individual term **MUST** consistently demonstrate the following:

- Adequate supervision
- Training and assessment according to the national requirements
- Longitudinal oversight
- Continuity of supervision and priority of learning

All terms must include quality supervision with feedback and a range of clinical experiences and learning opportunities. These must be sufficient to enable the prevocational doctor to achieve the term category's identified learning activities, the specific learning objectives of the term and to support their progress towards achievement of the outcome statements. In addition, the supervisor must be able to assess these, using the term assessment form and following implementation in 2025 or later, entrustable professional activities (EPAs).

Program level requirements are depicted below, with further detail the PGY1 and PGY2 requirements.

PGY1 and PGY2 program requirements

	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	 A. Undifferentiated illness  B. Chronic illness  C. Acute and critical illness  D. Peri-operative/procedural	 A. Undifferentiated illness  B. Chronic illness  C. Acute and critical illness

This remainder of this document examines the clinical experience requirements of the framework.

When assigning clinical experience category (A to D) to a term consider the following:

- The language used in the category description on page 38 of the framework
 - **Must** – non-negotiable part of the term of experience
 - **Should** – consider the intent of the statement; optimal part of the term experience and provides insight into the context and intent of the term
 - **Might** – non-prescriptive; think of this as ‘might include, but not limited to...’
 - **Learning activities include** – these activities must exist in the term experience
- The statement ‘range of’ means more than two
- Multidisciplinary team (MDT) means the prevocational doctor and at least one individual from one other healthcare profession

The clinical experience categories and the Queensland interpretation of these, is further described on the following pages.



A Undifferentiated illness patient care

Clinical experience in undifferentiated illness patient care

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.

Focus of experience	- provision of safe care through the 'work up' process and clinical reasoning
Experience must include	- caring for assessing and managing patients with undifferentiated illness
Learning activities are to include	- admitting (including referral and follow-up), formulating an assessment, presenting a plan and clinical handover
Experience should include	- clinical involvement of the patient journey from first presentation, when new problems arise, and to handover, discharge, or referral
Factors for consideration	<p>Factors to consider:</p> <ul style="list-style-type: none">- the focus of the term should be on the management of patients with undifferentiated illness- the focus of this term is on exposure to a range of undifferentiated illnesses, rather than on acuity- there should be opportunity for prevocational doctors to develop clinical reasoning skills. To support this there should be opportunity to present patient cases and receive feedback in regard to this- As this term may be offered in non-hospital settings, admitting is considered to include referral and follow-up in a variety of ways- Prevocational doctors should have exposure to a range of undifferentiated illness (more than two)- There should be evidence that there is exposure to all elements required of this category- There should be opportunity for the prevocational doctor to interact with the MDT- Terms currently accredited as core terms in emergency medicine should generally meet the requirements of this category- This term may take place in a range of settings including, but not limited to, emergency departments, general practices, multipurpose health services, nights or ward call terms if there is satisfactory longitudinal assessment and continuity of learning. medical assessment and planning



B
Chronic illness patient care

Clinical experience in chronic illness patient 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. 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.

Focus of experience	- longitudinal exposure to a broad range of chronic illness and multi-morbidity
Experience must include	- caring for patients with a broad range of chronic disease and multi-morbidity - focus on incorporating the patients presentation into the longitudinal care of the patient
Learning activities are to 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 - complex discharge planning - longitudinal care and engagement with ongoing community care teams
Factors for consideration	<p>Factors to consider:</p> <ul style="list-style-type: none"> - The prevocational doctor should have exposure to the patient journey (initial assessment, admission, managing care, discharge) - There should be opportunities for the prevocational doctor to work with the broader multidisciplinary team, meaning at least one other health profession, however exposure to more than one other discipline is encouraged - The term may provide the prevocational doctor exposure to patients requiring management for the expected trajectory of their chronic illness as well as acute exacerbations of the chronic illness. If this is the case a category A or C may also be able assigned to this term - There should be evidence that there is exposure to all elements required by this category - The prevocational doctors experience should be sufficient to support achievement of the learning activities and associated outcomes - This term may take place in settings including, but not limited to, inpatient hospital wards, outpatient clinics, consulting inpatient services, hospital in the home / nursing home, post-acute care services, general practices, multipurpose health services, palliative care units, renal units and psychiatry services including drug and alcohol services



C
**Acute and
 critical illness
 patient care**

Clinical experience in acute and critical illness patient 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. 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.

Focus of experience	- assessing and managing patients with acute illness
Experience must include	- assessing and managing patients with acute illness - participating in the care of the acutely unwell or deteriorating patient
Learning activities are to include	- recognition, assessment and appropriate escalation, and the provision of immediate management to deteriorating and acutely unwell patients
Experience should include	- Sufficient volume of patients with acute or critical illness to support achievement of the learning activities and associated outcomes - A variety of presentations of acute and critical illness
Factors for consideration	<p>Factors to consider:</p> <ul style="list-style-type: none"> - There should be evidence of the prevocational doctor’s exposure to and active participation in the assessment, management, and escalation of patients with a range of acute or critical illnesses - This term requires the prevocational doctor to have exposure to higher acuity patients. There should be adequate evidence to substantiate this - The prevocational doctor should have a clearly defined role, that supports their participation, rather than observation in the immediate management of the deteriorating or acutely unwell patient - Pathways for the escalation of clinical concerns should be clearly articulated, responsive and reliable - The scope of practice of the prevocational doctor should be clearly articulated - A term assigned this category could also be assigned another category - Terms currently accredited as core emergency medicine, medicine and surgery terms should generally meet the requirements of this category - This term may take place in settings including, but not limited to, emergency departments, hospital inpatient units across a variety of specialities including medical assessment and planning units, acute surgical units, trauma services, obstetrics and gynaecology and psychiatry and intensive care units



D
**Peri-operative
 /procedural
 patient care**

Clinical experience in peri-operative/procedural patient care

Prevocational doctors must have experience in caring for patients undergoing procedures, including pre-, peri- and post-operative phases of care. Clinical experience should include all care phases for a range of common surgical conditions/procedures. Learning activities include preadmission, intraoperative care/attendance in theatre, peri-operative management, post-operative care and longitudinal outpatient follow-up. This might occur working in a range of settings such as in interventional cardiology, radiology, anaesthetic units or surgical units.

Focus of experience	<ul style="list-style-type: none"> - Exposure to procedures with multiple phases for common conditions through provision of longitudinal care
Experience must include	<ul style="list-style-type: none"> - Caring for patients undergoing procedures - Caring for patients in pre-, peri- and post-operative phases of care
Learning activities are to include	<ul style="list-style-type: none"> - Participation in pre-admission assessments - Intraoperative care / attendance in theatre - Peri-operative management - Post-operative care - Longitudinal out-patient follow up
Experience should include	<ul style="list-style-type: none"> - All care phases for a range of common surgical conditions / procedures
Factors for consideration	<p>Factors to consider:</p> <ul style="list-style-type: none"> - The prevocational doctor must have access and opportunity to attend and participate in theatre sessions (in surgical terms), more than once throughout the term - This should be sufficient to satisfy the learning activities and support achievement of the learning outcomes - A range of common conditions means more than two - There should be opportunity for prevocational doctors to participate in all stages of care for patients undergoing operative procedures - To meet the intent of this category the prevocational doctor should have exposure to patients undergoing more complex procedures or those requiring operative management - Ideally this term should provide the prevocational doctor opportunity to participate in the management of patients undergoing a general anaesthetic - Terms currently accredited as core surgical terms should generally meet the requirements of this category - This term may take place in settings including, but not limited to, inpatient surgical units, day surgery units, obstetrics and gynaecology, interventional radiology units, intensive care units, anaesthetics and interventional cardiology units