



## End of PGY1 assessment - exception report

Profession: **Medical**

This form is for use by accredited PGY1 training providers for individual PGY1 doctors who have not completed a postgraduate year one experience as prescribed in the registration standard [Granting general registration as a medical practitioner to Australian and New Zealand medical graduates on completion of postgraduate year one training](#). For example, pre2024 PGY1 doctors or PGY1 doctors who do not meet the permitted flexibility allowed for sick, personal, carer's or cultural leave and the permitted flexibility allowed for the maximum time spent in any one specialty (including its subspecialties). See the [Training provider declaration for PGY1 bulk report](#) for details.

The Medical Board of Australia (the Board) will use the information in this form and any additional information that you provide to decide whether to grant general registration to a PGY1 doctor on completion of PGY1 training. To be eligible for general registration PGY1 doctors must meet the PGY1 training requirements in the registration standard [Granting general registration as a medical practitioner to Australian and New Zealand medical graduates on completion of postgraduate year one training](#). PGY1 doctors must complete:

1. at least 47 weeks full-time equivalent experience as a PGY1 doctor in supervised clinical practice, completed in accredited terms in hospital, general practice or community-based health services. The 47 weeks of experience:
  - a. must be completed within a period of no more than three years
  - b. excludes annual leave but may include up to two weeks of professional development leave
  - c. must include a minimum of four terms (of at least 10 weeks each term) in different specialties
  - d. must include direct clinical care of patients in each of the types of patient care below. You can count up to two types of patient care in each term, which will have been predetermined through the accreditation process:
    - a. undifferentiated illness patient care
    - b. chronic illness patient care
    - c. acute and critical illness patient care, and
    - d. peri-procedural patient care.

For the 47 weeks FTE experience, the PGY1 doctor can only practise a maximum of 25% in any one subspecialty and a maximum total of 50% in any one specialty (including its subspecialties).

### Completing this form

- Read and **complete all required questions**.
- Type or print clearly in **BLOCK LETTERS**
- Place X in **all** applicable boxes:
- Ensure that **all pages** and required **attachments** are returned to Ahpra.

### Instructions

1. This form must be completed and signed by the Director of Training, Director of Medical Services, the Assessment Review Panel Chair, or other person of a comparable level of seniority who has been authorised by the hospital and acceptable to the Board.
2. Use a separate form for each PGY1 doctor.
3. Confirm the terms that the PGY1 doctor has undertaken, and the dates that each term was completed.
4. Provide additional information explaining the reasons the PGY1 doctor has not met requirements as prescribed and the reasons for the overall satisfactory rating at sign-off. In the event the Board requires information in addition to the report to make a registration decision, please retain the individual PGY1 doctor's end of term assessment reports, outcomes of any remediation and any other evidence supporting overall satisfactory completion of PGY1 training. This should be kept for a period of time in-line with your organisation's document/data retention policy.
5. This form may be submitted no earlier than four weeks from the end of the final term of the PGY1 year to allow sufficient time for the Board to consider whether or not to grant general registration. Please include the completion date of PGY1 training or the expected date that the PGY1 doctor will complete the final term. If anything changes (e.g., the PGY1 doctor does not satisfactorily complete intern training) please provide a report to Ahpra urgently as this may affect the PGY1 doctor's eligibility for general registration.
6. Ensure that all sections are completed and sign the form.

PGY1 doctor's full name

Provisional registration number

Parent health service of PGY1 doctor

Date PGY1 completed

Final term completed

OR

Expected completion date of final term



1. During the 47 weeks FTE experience, has the PGY1 doctor only practised a maximum of 25% in any one subspecialty and a maximum total of 50% in any one specialty (including its subspecialties)?

YES  Go to the next question NO

Provide details below – then go to the next question

Provide details including if the doctor meets the permitted flexibility for this requirement as defined in the Training provider declaration for PGY1 bulk report or if the doctor is a pre2024 PGY1 intern

Form area with horizontal dashed lines for providing details.

2. Has the PGY1 doctor practised for less than 47 weeks?

The total number of weeks completed should align with the information provided in Section A: Details of the PGY1 year.

YES  NO  Go to the next question

Provide details below – then go to the next question

Provide the reasons for completion of less than 47 weeks of PGY1

Form area with horizontal dashed lines for providing reasons for less than 47 weeks.

3. Has the PGY1 doctor completed the prescribed terms in the different types of patient care?

The total number of weeks completed should align with the information provided in Section A: Details of the PGY1 year.

YES  Go to the next question NO

Provide details below – then go to the next question

Provide reasons why the PGY1 doctor did not complete the terms as prescribed

Form area with horizontal dashed lines for providing reasons for not completing terms.

SECTION B: PGY1 training provider assessment

4. Has the PGY1 doctor named in this report been awarded an overall satisfactory rating on completion of their PGY1 training?

The rating will be made by an Assessment Review Panel based on structured assessments, including end of term assessments completed during PGY1 as described in the AMC's National Framework for Prevocational (PGY1 and PGY2) Medical Training.

YES  NO

**SECTION C: Declaration**

I confirm that the information in this report is correct.

**Name**

**Position**

**Signature of Director of Training, Director of Medical Services, Assessment Review Panel Chair or other person of a comparable level of seniority who has been authorised by the hospital to sign off on the satisfactory completion of PGY1.**



**SIGN HERE**

**Date**

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