

# Focus on assessment requirements

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

### Introduction

The National Framework for Prevocational (PGY1 and PGY2) Medical Training outlines a suite of requirements constituting the assessment requirements for all prevocational doctors. Prevocational training providers are to ensure these requirements are met, and that they also meet the relevant national standards ([Section 2](#)) relating to assessment.

This document is designed to provide an overview of the key requirements of the framework and provide a summary of key points, that are more fully expressed in the suite of framework documents available on the [AMC website](#). The framework documentation relevant to this topic is from Part 1: Training and assessment in Section 3: Requirements for programs and terms. Key elements, including relevant subsections to section 3, are copied below for easy reference. The relevant national standards from Section 2 are also provided below.

Providers are encouraged to use this document, together with those from the framework, to inform their development of a robust assessment process for prevocational doctors within their training program. This also includes processes for supervisors and assessors of prevocational doctors. Progress towards meeting this requirement will be monitored by PMAQ along with other quality improvement activities throughout 2023, with implementation for PGY1 required prior to the commencement of the 2024 PGY1 cohort and for PGY2, prior to commencement of the 2025 PGY2 cohort

| Section 2 National standards for prevocational (PGY1 and PGY2) training programs and terms  |  |
|---|--|
| Standard and statement  | AMC notes provided in the standards  |
| <p><b>1.3 Governance</b></p> <p>1.3.1 The governance of the prevocational training program, supervisory and assessment roles are defined.</p> <p>1.3.7 The prevocational training program has clear procedures to immediately address any concerns about patient safety related to prevocational doctor performance, including procedures to inform the employer and the regulator, where appropriate</p> | <p>Teaching, training, supervising, appraising and assessing doctors are critical functions in caring for patients now, and for developing a highly skilled workforce to meet community needs for the future. It is expected that health services recognise and resource these training and education functions. This should include quarantined time to support learning and assessment activities.</p> <p>Each prevocational training program should have a governance structure that includes a clinical training committee (or equivalent) with the primary responsibility to oversee prevocational (PGY1 And PGY2) education, training and supervision, including evaluation of the program.</p> <p>Prevocational doctors' performance is assessed and reviewed to meet both their registration and employment requirements. When safety concerns are raised, clear procedures are important for those responsible for the prevocational training program to inform both the employer and the regulator, where appropriate.</p> |
| <p><b>1.6 Reconsideration, review and appeal processes</b></p> <p>The prevocational training provider has reconsideration, review and appeals processes that provide for impartial and objective review of assessment and progression decisions related to prevocational training. It makes information</p>   | <p>An appeals process that provides a fair and reasonable opportunity to challenge the decision is likely to result in decisions that are ultimately correct.</p> <p>To inform decision-making conduct, the grounds for appeal may include matters such as:</p> <ul style="list-style-type: none"> <li>○ an error in law or in due process in forming the original decision</li> </ul>   |

## Section 2 National standards for prevocational (PGY1 and PGY2) training programs and terms

| Standard and statement  | AMC notes provided in the standards  |
|---|--|
| <p>about these processes readily available to all relevant stakeholders</p>   | <ul style="list-style-type: none"> <li>○ relevant and significant information was not considered, or not properly considered, whether this information was available at the time of the original decision or became available subsequently</li> <li>○ irrelevant information was considered in making the original decision</li> <li>○ procedures that were required by the organisation's policies to be observed in making the decision were not observed</li> <li>○ the original decision was made for a purpose other than a purpose for which the power was conferred</li> <li>○ the original decision was made according to a rule or policy without regarding the merits of the particular case</li> <li>○ the original decision was clearly inconsistent with the evidence and arguments put before the body making the original decision.</li> </ul> <p>Elements of a strong and effective appeals process include incorporating the principles of procedural fairness, natural justice, timeliness and transparency of decision-making. This includes written documentation of reasons for decisions to be issued. The process should also consider the principle of confidentiality, and make all efforts to ensure confidentiality in line with relevant health service policy and reporting requirements.</p> |
| <p><b>2.2 Training requirements</b></p> <p>For each term, the prevocational training provider has identified and documented the training requirements (see Training and assessment requirements for prevocational (PGY1 and PGY2) training programs: Section 2 – 'Prevocational training'), including the prevocational outcome statements that are relevant, the skills and procedures that can be achieved, and the nature and range of clinical experience available to meet these objectives.</p> | <p>None provided</p>   |
| <p><b>2.3 Assessment requirements</b></p> <p>2.3.4 The prevocational training program has an established assessment review panel to review prevocational doctors' longitudinal assessment information and make decisions regarding progression in each year.</p>  | <p>Assessment process requirements can be found in the Training and assessment requirements document. This includes regular performance assessment against the prevocational outcome statements, managing progression and remediation (where relevant), and certifying completion of prevocational training. The requirements are described in 'Prevocational assessment' (Section 3 of Training and assessment requirements).</p>   |
| <p><b>2.4 Feedback and supporting continuous learning</b></p> <p>2.4.4 The prevocational training program implements a longitudinal approach to assessment in accordance with the <i>Training and assessment requirements</i>.</p>  | <p>Feedback and progress reviews can be assisted by prevocational doctors keeping a record of learning within an e-portfolio, which they should regularly discuss and review with their supervisor. Note: This will be updated to reflect progress on the prevocational training e-portfolio. There should be a documented process for responding to prevocational doctors not meeting the requirements that ensures patient safety and supports the prevocational doctor to address performance concerns. Standard 4.2 addresses the wellbeing of prevocational doctors.</p>  |
| <p><b>2.5 Improving performance</b></p> <p>The assessment review panel is convened, as required, to assist with more complex</p>  | <p>When decisions about the performance of individual prevocational doctors needs review, processes to be followed are outlined in 'Improving performance' (Section 3B of Training and assessment requirements). Each prevocational training provider must establish an</p>  |

| Section 2 National standards for prevocational (PGY1 and PGY2) training programs and terms   |   |
|--|---|
| Standard and statement   | AMC notes provided in the standards   |
| remediation decisions for prevocational doctors who do not achieve satisfactory supervisor assessments.  | assessment review panel, which will be responsible for overseeing individual prevocational doctors' performance and progression, as outlined in 'Certifying completion of PGY1 and PGY2 training' (Section 3C of Training and assessment requirements).   |
| <p><b>3.2 Supervisors and assessors – attributes, roles and responsibilities</b></p> <p>3.2.5 The prevocational training program has processes for ensuring those assessing prevocational doctors (including registrars and assessment review panel members) have relevant capabilities and understand the required processes.</p> | <p>Each program and term should have clear and explicit supervision arrangements.</p> <p>Supervision is an accreditation requirement for PGY1 and PGY2, and also a provisional registration requirement for PGY1.</p> <p>The educational roles of supervisor and assessor are critical to the success of the prevocational training program. Adequate training and resources to support these roles is therefore essential.</p> |
| <b>Indirect relationship</b>   |   |
| <b>The following standards each contain statements which indirectly relate to the requirements for the assessment review panel and should be considered along with those noted above.</b>  |   |
| 1.3 Governance – 1.3.7   |   |
| 2.3 Assessment requirements – 2.3.1 & 2.3.2  |   |
| 3.6 ePortfolio – 3.6.1 (not yet in effect)   |   |
| 1.6 Reconsideration, review and appeals process – 1.6.1  |   |
| 2.4 Feedback and supporting continuous learning – 2.4.3 & 2.4.4  |   |

| Section 3 Requirements for programs and terms                    |  |
|--|--|
| Requirement / statement  | AMC notes (copied directly from <a href="https://www.amc.org.au/section-3-requirements-for-prevocational-pgy1-and-pgy2-training-programs-and-terms.pdf">Section-3-Requirements-for-prevocational-PGY1-and-PGY2-training-programs-and-terms.pdf (amc.org.au)</a> )  |
| <b>Program length</b> for PGY1 and PGY2 is a minimum of 47 weeks | <p>PGY1: If a PGY1 doctor is absent for more than 10 working days within the required 47 weeks (such as for sick leave, personal leave or carer's leave), the assessment review panel will commence a review and continue monitoring the doctor's progress. This review and monitoring allows the panel to assess at the end of the year whether that doctor has met the required training standard and can be recommended to the Medical Board of Australia for general registration.</p> <p>PGY2: If the minimum 47 weeks requirement is not met due to remediation requirements from PGY1 in PGY2 (for example, repeating a PGY1 term in PGY2) the assessment review panel will have discretion to certify the individual based on successful remediation, and a consensus the individual has longitudinally met the outcomes of PGY1 and PGY2 and level expected at the end of PGY2.</p> |

| Section 3B Improving performance  |  |
|---|--|
| Requirement / statement   | AMC notes (copied directly from <a href="#">Section-3B-Improving-performance.pdf (amc.org.au)</a> )  |
| <p><b>Program length</b> for PGY1 and PGY2 is a minimum of 47 weeks</p>                           | <p>PGY1: If a PGY1 doctor is absent for more than 10 working days within the required 47 weeks (such as for sick leave, personal leave or carer's leave), the assessment review panel will commence a review and continue monitoring the doctor's progress. This review and monitoring allows the panel to assess at the end of the year whether that doctor has met the required training standard and can be recommended to the Medical Board of Australia for general registration.</p> <p>PGY2: If the minimum 47 weeks requirement is not met due to remediation requirements from PGY1 in PGY2 (for example, repeating a PGY1 term in PGY2) the assessment review panel will have discretion to certify the individual based on successful remediation, and a consensus the individual has longitudinally met the outcomes of PGY1 and PGY2 and level expected at the end of PGY2.</p> |
| <p>Part of the improving performance process is <b>Phase 3 – Managed supervised practice.</b></p> | <p>A period of managed supervision is required if a prevocational doctor's performance creates a continuing concern. Normally, the DCT (or equivalent) would make this decision, initiate the managed supervision plan and communicate the requirements directly to term supervisors and the director of medical services (DMS). The assessment review panel will be convened to support the process.</p>  |
| <p><b>Assessment review and quality</b></p>   | <p>An appropriately convened assessment review panel makes progression decisions in both PGY1 and PGY2. The panel will consider data gathered on each prevocational doctor, including term assessments, EPA assessments and other sources where appropriate. Based on that data, the panel will arrive at a majority consensus view regarding progression. In practice, the substantial majority of considerations are anticipated to be straightforward with no specific discussion because the documentation makes clear the requirements have been met. Section 3C of [the framework document] describes the certifying completion process and procedure in detail.</p>   |

| Section 3C Certifying completion of PGY1 and PGY2 training  |   |
|---|---|
| Requirement   | AMC notes (copied directly from <a href="#">Section-3C-Certifying-completion-of-PGY1-and-PGY2-training.pdf (amc.org.au)</a> )   |
| <p>At the end of each year an assessment review panel makes a global judgement on whether to recommend progression to the next stage of training.</p> |   |
| <p>The assessment review panel</p>  | <p>A global judgement is made by the Assessment review panel about whether the doctor has achieved the prevocational outcomes at the end of each year. The assessment review panel takes a longitudinal approach to assessment and satisfactory performance is judged on attaining the required standard by the end of the year. On the basis of this judgement:</p> <ul style="list-style-type: none"> <li>• PGY1: Evidence of satisfactory completion will be submitted to the Medical Board of Australia to inform a decision on change to general registration.</li> <li>• PGY2: A certificate of completion will be issued at the end of PGY2</li> </ul> |

## Section 3C Certifying completion of PGY1 and PGY2 training

| Requirement                           | AMC notes (copied directly from <a href="#">Section-3C-Certifying-completion-of-PGY1-and-PGY2-training.pdf (amc.org.au)</a> )  |
|---------------------------------------|--|
| The assessment review panel's purpose | <p>The overall purpose is to make a global judgement about whether the doctor has achieved the prevocational outcomes at the end of each year, taking account of both EPA assessments and end-of-term assessment forms. The assessment review panel takes a longitudinal approach to assessment and satisfactory performance is judged on attaining the required standard by the end of the year, rather than a requirement to pass a specified number of EPAs or end-of-term assessments.</p> <p>PGY1 Satisfactory completion of PGY1 will continue to be a requirement for general registration.</p> <p>PGY2 A certificate of completion will be issued at the end of PGY2. The flexibility to enter vocational training in PGY2 remains.</p>  |
| Assessment review panel composition   | <p>Prevocational training providers have some flexibility in determining the members of the assessment review panel based on what is practical in their circumstances. The panel must have at least three members, who should have a sound understanding of procedural fairness and prevocational training requirements. Members might include the following roles: DCT, DMS or chief medical officer (CMO) or delegate, medical education officer (MEO), an individual with HR expertise, experienced supervisor/s and/or a consumer. The role of an individual with HR expertise is to assist the process and provide expertise in relevant matters, such as leave options in wellbeing and remediation discussions. Their role on the panel does not include performance management. Prevocational doctors should not be panelists.</p> |
| Process and number of meetings        | <p>The panel will meet at least once a year to discuss progression recommendations. However, it will also be convened to support the improving performance process, particularly for revocational doctors in Phase 3 of the process. Meetings should be scheduled to ensure sufficient time to implement improving performance processes and assessment of their success before the end of the year.</p>   |
| Evidence for recommendations          | <p>Table 2 summarises the evidence that must be provided to the panel at the end of the year to support recommendations on completion of PGY1 or PGY2. Much of this data will be collected in and reported through the e-portfolio record of learning.</p> <p>To streamline the process, the panel might consider the evidence in varying levels of detail, depending on the outcomes of assessments. Table 3 illustrates an example approach that could be taken.</p>   |

## Section 3C Certifying completion of PGY1 and PGY2 training

### Requirement

AMC notes (copied directly from [Section-3C-Certifying-completion-of-PGY1-and-PGY2-training.pdf \(amc.org.au\)](#))

Table 2 – Assessment requirements

| REQUIREMENT   | DETAILS   |
|---|---|
| Program length                                      | Evidence that the prevocational doctor has completed the minimum time requirement for the year.   |
| Term requirements                                   | Evidence that the prevocational doctor has met the requirements for clinical exposure outlined in <i>National standards and requirements for programs and terms</i> .<br><br>Note: Finalising a mandatory term requirement for PGY1 depends on the review of the Medical Board of Australia's <i>Registration standard – Granting general registration on completion of intern training</i> . The wording will be confirmed once this is complete.  |
| Mid- and end-of-term assessments                    | The level of detail provided will depend on the prevocational doctor's overall performance – see Table 3.   |
| Assessment of EPAs                                  | <b>Number</b><br>Evidence that a minimum of 10 EPA assessments have been completed, including one assessment of EPA 1 in each term and at least 2 assessments of EPAs 2–4.<br><br><b>Outcomes</b><br>The level of detail provided will depend on the prevocational doctor's overall performance (see Table 3). For the majority of prevocational doctors there will be a summary of the levels of entrustability for each EPA. For more complex decisions, the panel may review all EPA forms.<br><br>Note: The goal of prevocational training is to reach the required level of entrustability by the end of the year, therefore it is not necessary that entrustability is reached for every EPA during the year. |
| Achievement of the prevocational outcome statements | The e-portfolio record of learning includes a mechanism for demonstrating that each outcome statement is achieved at the end of both PGY1 and PGY2.<br><br>Evidence of achieving outcomes includes: <ul style="list-style-type: none"> <li>• mid- and end-of-term assessments</li> <li>• assessment of EPAs (outcome statements have been mapped to the EPAs)</li> <li>• documentation uploaded by prevocational doctors of other activities to achieve outcome statements (for example, attending a course or workshop or completing an online training module).</li> </ul>  |

Table 3 – Levels of detail to inform panel decisions – example approach

| PREVOCATIONAL DOCTOR GROUP                       | LEVEL OF DETAIL OF EVIDENCE REQUIRED  | ASSESSMENT REVIEW PANEL ACTION                 |
|--|---|--|
| 1. Routine                                       | High-level summary of outcome of assessment components.   | For noting only (all components satisfactory). |
| 2. Routine with some areas for discussion/noting | Summary of assessment component outcomes with further detail as required – for example, for outcomes not met initially but successfully achieved later in the year. | For discussion/noting.                         |
| 3. Complex                                       | Detailed presentation of all assessment components for discussion.  | For discussion.                                |

### Section 3C Certifying completion of PGY1 and PGY2 training

#### Requirement

**AMC notes (copied directly from [Section-3C-Certifying-completion-of-PGY1-and-PGY2-training.pdf \(amc.org.au\)](#))**

The Board's requirements for certification, as per the Registration standard – Granting general registration on completion of intern training, have been clarified as:

Term supervisors are expected to indicate whether interns have satisfactorily 'passed' each term, but the Medical Board will consider the totality of advice in deciding whether to grant general registration. An intern who has performed marginally or unsatisfactorily in a specified term but who has demonstrated 'significant' progress with evidence of remediation may be deemed to have met the standard expected for general registration by the end of the year.

DRAFT