



The AMC is reviewing the National Framework for Medical Internship on behalf of the Medical Board of Australia. The AMC completed a consultation on the scope of the review in December 2019. The purpose of this communication is to confirm the scope of the review. For further information about the Framework, the review process, the proposed scope and mechanisms to engage, please see the [AMC website](#).

The AMC will adjust the project plan in light of COVID-19. The AMC will continue the development and review work in this period, but will revise the mechanisms, timing and frequency of planned communication and consultation periods. The AMC will ensure that stakeholder engagement occurs, however in a different, flexible and responsive way.



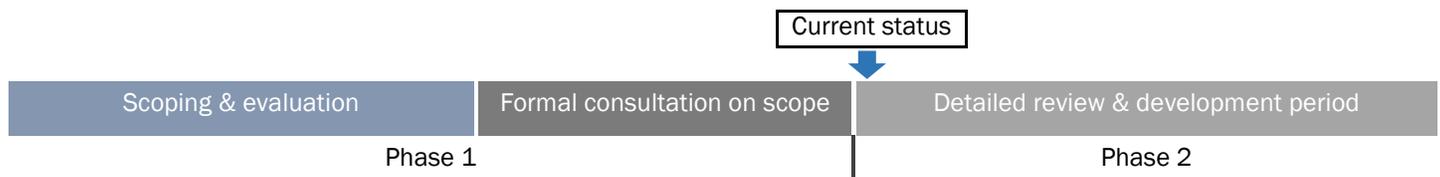
Important news: AMC to conduct the work arising from COAG Review of Medical Intern Training

In 2018, [Health Ministers](#) released their response to the 2015 Council of Australian Governments Health Council (COAG) Review of Medical Intern Training. New South Wales was the jurisdiction tasked to lead national implementation of key recommendations, with an immediate focus on developing a two-year Capability and Performance Framework, Entrustable Professional Activities (EPAs) and specifications for an e-portfolio, on behalf of the Australian Health Ministers' Advisory Council (AHMAC). **Given the overlap and interdependency of the two projects, it has been agreed that the AMC will conduct this work on behalf of AHMAC.** The AMC will be in contact separately to transition the membership of the established Steering Committee to a stakeholder Reference Group.



Review process: Where are we now?

The AMC's review process will include multiple opportunities for stakeholders to engage. A summary of the review status and process is provided below:



Phase 1: Scoping and evaluation

In 2019 the AMC conducted research and evaluation activities, and tested ideas with stakeholders to shape its thinking about the scope of the review. The AMC has now completed formal consultation on the proposed scope. Thank you to all who have responded. The AMC received 40 responses from a range of stakeholders. Overall, the feedback was positive; it acknowledged that the main issues were well identified and that the proposed changes seemed appropriate. The AMC has reviewed this feedback in confirming the scope and identified areas for further investigation. A summary of the confirmed scope and stakeholder feedback is provided below.

| Current | Confirmed scope of changes | Stakeholder feedback summary |
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| Overall | <ul style="list-style-type: none"> × The Framework will be expanded to a two-year transition to practice model. Registration will remain at the end of PGY1. This will include consideration of certifying completion of PGY2 and maintaining flexibility to enter specialty training. | <ul style="list-style-type: none"> × Key issues correctly identified. × Direction consistent with ensuring junior doctors experience high quality education and training to deliver safe quality care that meets the needs of Australian communities. × General agreement that a two-year model will increase quality, consistency and |

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| | <ul style="list-style-type: none"> × The AMC will conduct the work of developing the two-year Capability and Performance Framework and e-portfolio specifications, as part of the National Framework Review, on behalf of AHMAC. × The review will be framed in the context of national strategic objectives including the National Medical Workforce Strategy and the Health Ministers' 2018 response to the 2015 COAG Review of Medical Intern Training and AMC strategic objectives. × The AMC will consider mechanisms to support a longitudinal approach to internship. | <ul style="list-style-type: none"> standardisation of training. Need to consider consequences for not completing PGY2 or incentives for successful completion. × Emphasised importance of flexibility, especially in PGY2. Support for alignment and development from PGY1 to PGY2 in standards and assessment. × Strong support for a longitudinal approach, examples of mechanisms to achieve this included educational supervisor and an e-Portfolio. × Highlighted importance of considering resource implications of changes. |
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Training & Assessment

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| <p><u>Current components:</u></p> <ul style="list-style-type: none"> × Term assessment form × Certifying completion × IPAP | <p>Training</p> <ul style="list-style-type: none"> × The AMC will develop a two-year capability framework, with an aim to improve relevance and quality, including alignment of outcomes, program and role expectations. This will include: × Revision of intern outcome statements, with a focus on: <ul style="list-style-type: none"> ○ Ensuring internship prepares the doctors that communities need for the future. ○ Ensuring outcomes are clear, relevant and level of detail is appropriate. Including revision of Domain 3. × Development of a small number of entrustable professional activities (EPAS) which will describe work commonly done by PGY1 and PGY2 doctors and be used in the assessment process to facilitate learning. | <ul style="list-style-type: none"> × Intern outcome statements are broadly relevant, and aligned to the expectations and the role of the intern. Domain 3, while challenging to assess, is important. × Suggested features of an effective capability/ competency framework included: (1) core outcomes rather than exhaustive list of procedures, (2) supervisor training and protected teaching time, (3) flexibility to allow for expanded settings, (4) clarity on minimum level of performance, (5) less focus on recording work experience. × The most common key learning from stakeholders who had implemented competency frameworks was the importance of supervisor time, training and engagement. |
| | <p>Assessment</p> <ul style="list-style-type: none"> × The AMC will develop a two-year performance framework. There will be a comprehensive review of the assessment processes with a focus on improving quality and consistency including, increasing observation and feedback. Current proposals include: <ol style="list-style-type: none"> 1. Assessment of interns by a small number of EPAS, these are formalising existing opportunities for learning and feedback and will create data points to inform global judgements. 2. Revision of mid/ end of term assessment form. 3. Global judgement at the end of the year by panel, rather than individual. | <ul style="list-style-type: none"> × Agreement that the main issues have been identified, greatest concerns relate to the current variability of assessment and supervision. × Agreement that multi-source feedback is valuable, highlighted the importance of the inter-professional team. × Supervisor training considered crucial to improvement in assessment. Raised frequently by stakeholders. × Agreement on need for support/ guidance for registrars providing supervision to PGY1 and PGY2. × Support for longitudinal assessment, including assessment in PGY2 that builds on PGY1. Agreement that assessments need to be available online. |

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| | <p>4. Review of current remediation components</p> <ul style="list-style-type: none"> × Consider training resources/ guides to support revised training and assessment framework. × Consider the use of multi-source feedback, the role of the registrar and supervisor engagement. × The AMC recognises solutions will need to be practical and proportionate. | <ul style="list-style-type: none"> × Mixed feedback regarding the current assessment form. Agreement that the commentary and discussions with supervisors are the most valuable. × Request for increased clarity on Pass/Fail/Remediation thresholds. × Agreement that remediation is important for a system to be effective. Multiple responses indicated that early identification is a crucial feature for an improved remediation process. |
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Training environment

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| <p><u>Current components:</u></p> <ul style="list-style-type: none"> × National standards for programs × Guidelines for terms | <p>Training - national standards for programs</p> <ul style="list-style-type: none"> × National standards for programs will be revised in line with the development of the two-year capability and performance requirements, including expanding to PGY2 and changes to assessment processes. × Proposed areas for consideration include: governance, Indigenous health, supervisor training, longitudinal nature of the program, flexibility and specificity of standards. <p>Training – guidelines for terms</p> <ul style="list-style-type: none"> × AMC will review the experience and program/ term requirements with specific aims to improve the longitudinal nature, quality and consistency of learning experiences and the relevance and flexibility of internship. × The AMC will propose greater flexibility to the requirements of terms and programs (including content and structure) with a longitudinal focus on outcomes and experience over setting. × In line with AMC strategic aims to ensure medical education meets community health needs, the review will consider how the AMC can support expanded settings, including community experiences. | <ul style="list-style-type: none"> × Agreement that the main issues have been identified. Tension between service delivery, and education and training identified as an underlying factor in multiple issues. × Agreement that current rotations are not consistent with modern health needs and more focus should be placed on current and future workforce needs. × Strong support for expanded settings. Two-year model seen as an opportunity to facilitate this. × Emergency care terms highlighted as very valuable learning experiences. × Majority support for review of ‘setting based’ mandatory terms to improve flexibility, relevance and quality of experience. × General agreement that current guidelines limit flexibility. However, any changes need to consider practical implementation and rostering. × Strong support for supervisor training, noting resource implications. Suggestions for improvement included cross recognition of prior training and aligning with college supervision training. × Recognition that registrars are day-to-day supervisors for interns, support for this to be formalised and supported with training. × Support to use the same accreditation standards for PGY1 and PGY2, with differing supervision expectations. |
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Quality assurance – AMC accreditation

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| <p><u>Current components</u></p> <ul style="list-style-type: none"> × Domains for assessing accreditation authorities | <ul style="list-style-type: none"> × It is proposed that major change is not required to AMC domains or procedures for accrediting postgraduate medical councils (PMCs). × The Domains and Procedures will be revised to include accreditation of PGY2. | <ul style="list-style-type: none"> × Overall appears appropriate and major change to domains and procedures not required. × AMC accreditation process has been effective, efficient and fair. |
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| <ul style="list-style-type: none"> × Procedures for AMC accreditation | <p>Noting that almost all PMCs are currently accrediting PGY2 positions.</p> <ul style="list-style-type: none"> × The Domains and Procedures will be revised in line with the changes made to the system and in considering the uniformity required and in what areas. × Use of data from the Medical Training Survey (MTS) will be included in the standards for accreditation of intern training posts and programs. | <ul style="list-style-type: none"> × Need to consider different interpretation of national standards around the country. |
| <p>E-portfolio specifications</p> | <ul style="list-style-type: none"> × The AMC will develop e-portfolio specifications to support the two-year transition to practice model, on behalf of AHMAC. × An e-portfolio provides a technology-based solution to support a longitudinal approach to internship, it provides a mechanism for supporting learning and development across the program. | <ul style="list-style-type: none"> × Support for a longitudinal approach to internship and recognition the e-portfolio is a technical solution. × E-portfolio considered a critical component and necessary to support the new framework. Strong support for a nationally implemented e-portfolio. × Desirable features include: flexibility across settings, portability between health services and streamlined administrative requirements for interns and supervisors. Privacy and visibility important considerations. |

Phase 2: Detailed review & development

In 2020 the AMC has commenced Phase 2 of the review, a high level plan of the work packages in the review is provided below. This plan has been revised in light of the expansion of the project to incorporate the development of the capability and performance framework, on behalf of AHMAC.

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| 1. Training and assessment: Develop capability and performance framework | Early - Mid 2020 |
| Consultation on training & assessment framework * | Mid 2020 |
| 2. Training environment: Revise standards for intern programs and term structures | Mid - Late 2020 |
| 3. Quality assurance: Review of AMC accreditation of postgraduate medical councils | Mid - Late 2020 |
| Consultation on training environment and quality assurance * | Late 2020 |
| 4. Transitions and testing | 2021 |
| 5. Implementation (will be agreed in discussion with stakeholders) | 2022 |

* Consultation periods will be modified (in terms of timing and format) to recognise the impact of COVID-19 on the workload of stakeholders.



How can I engage in the review?

There will be a number of opportunities for stakeholder engagement in this review, including through a representative Reference Group for targeted consultation. As noted previously, the way the AMC engages with stakeholders during this time will change. The AMC will send its engagement plan to stakeholders individually. Further information about the review and opportunities to engage can be found on the [AMC website](#).