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| Review of the National Framework for Medical Internship |

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| Part 2 | Consultation questions: Scope |

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| Your feedback |

We would like to hear your perspectives on the review scope. We will consider all the feedback we receive when shaping our proposals for change. The AMC will communicate a summary of its consideration and response to the feedback provided.

The AMC’s primary responsibility is to ensure that standards of education, training and assessment of the medical profession promote and protect the health of the Australian community and the final content of the National Framework must reflect this.

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| We are seeking feedback by **29 November 2019.**  Please provide your response as a word document or non-protected PDF document using this template to [prevac@amc.org.au](mailto:prevac@amc.org.au). |

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| This template |

This template provides questions about the changes proposed in each major components of the National Framework as follows:

1. Framework overall
2. Training and assessment
3. Training environment
4. Quality assurance

This template should be read in conjunction with the **Part 1: Consultation Paper**, which outlines the background, review process and the proposed scope of the review.

Questions are categorised as either broad or specific. We recognise that all questions will not apply to all stakeholders, please only respond to those that are of relevance to you. There are also spaces for general comments.

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| Your information |

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| Organisation (if relevant) |  |
| Name |  |
| Position |  |
| Location (State/Territory) |  |
| Email |  |
| Number |  |

If you would like further information about how to engage with the review. Please visit the [How can I engage in the National Framework Review?](https://www.amc.org.au/accreditation-and-recognition/assessment-accreditation-prevocational-phase-medical-education/how-can-i-engage-in-the-national-framework-review/) section of the AMC website.

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| 1. Questions about proposed changes to the Framework overall |

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| Case for change | Proposed changes |
| * 2018 Health Ministers’ agreed to changes in response to the COAG Review of Medical Intern Training, including development of a two-year capability and performance framework * Internship is not functioning as a longitudinal program:   + difficult to identify and support interns across terms   + limited longitudinal development   + data not routinely collected | * Likely to result in significant changes, including to national standards, assessment and to accreditation of posts and programs. * Consider the Health Ministers’ 2018 response to the 2015 COAG Review of Medical Intern Training Recommendations in relation to the Framework. * Expansion of the current National Framework to a two-year transition to practice model. Registration will remain at the end of PGY1. This will include consideration of differences in requirements for PGY1 and PGY2 and continuing capacity for entry to specialty training in PGY2. * Consider mechanisms to support a longitudinal approach to internship. For example, strengthened standards on governance of the program, mechanisms for tracking development across terms or/and a longitudinal educational supervisor. |
| Questions | |
| **Broad questions**   1. Have we got the issues and proposed changes right? Are there other key issues to be addressed or other solutions? Are there areas you think are currently working well? 2. What would be the impact of the expansion of the current National Framework to a two-year transition to practice model (with registration at the end of PGY1)? How could this better formalise the support and structure of PGY2, rather than to add significant additional requirements? What are the important points to consider here? 3. What do you consider would be the most effective and efficient mechanism(s) for ensuring internship functions as a longitudinal program to support development, wellbeing, assessment and achievement of outcomes across the two years (e.g. standards on longitudinal governance of the program, technology to enable tracking of information, longitudinal educational supervisors.)? 4. Linked to the previous question, the Health Ministers’ response to the 2015 COAG Review of Medical Intern Training agreed to the development of specifications for an e-portfolio, alongside the capability and performance framework, to provide greater individual accountability for learning and to support the assessment process. What are your views on an e-portfolio for the prevocational years? What are the most important opportunities and barriers to consider? 5. Other comments or questions:   **Specific questions** (These questions may not be applicable to all groups)   1. In accordance with the Health Ministers’ 2018 decision regarding a two-year transition to practice model, the AMC is proposing the National Framework be expanded to include PGY2 (this would include the accreditation requirements outlined in the *Intern training – National standards for programs*). The AMC is aware that all but one of the postgraduate medical councils are currently funded by their jurisdictions to accredit PGY2 (some on a voluntary basis), and using the same process and similar standards for accreditation. In this context, what do you consider would be the impact of expanding the Framework to include PGY2? 2. The development of a two-year transition to practice program will require some further structure and support for PGY2. There are a range of important areas the AMC would like to explore regarding this, including how this relates to flexibility to enter into specialty training in PGY2, current college selection requirements and ensuring there is not a duplication of requirements. What are key issues to consider in this context? 3. For colleges: If your college currently accepts entry to training in PGY2, would you be interested in discussions about whether PGY2 (or components of) could count towards training? What are key issues for the AMC to consider here? | |

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| 2. Questions about proposed changes to training and assessment |

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| Current components | |
| **Outcomes:** Key outcomes that interns should achieve by the end of their one-year program: [Intern outcome statements](https://www.amc.org.au/wp-content/uploads/accreditation_recognition/prevocational_standards_accreditation/national_internship_framework/intern-training-intern-outcome-statements-2014-09-24.pdf)  **National assessment form** and **standards on assessment** and remediation processes:   * [Assessment form](https://www.amc.org.au/wp-content/uploads/accreditation_recognition/prevocational_standards_accreditation/national_internship_framework/intern-training-term-assessment-form-2014-09-24-colour.pdf) * [Certifying completion](https://www.amc.org.au/wp-content/uploads/accreditation_recognition/prevocational_standards_accreditation/national_internship_framework/intern-training-assessing-and-certifying-2014-09-24.pdf) | |
| Case for change | Possible changes |
| * Health Ministers’ agreed a two-year capability and performance framework will be developed. * Disconnect between current outcomes, teaching program and role expectations * Some outcomes are routinely not observed (Domain 3) * Assessment highly variable in quality, issues include:   + supervisor contact with interns limited   + minimal feedback, superficial and not multi-source   + supervisor training/ calibration challenging | * Likely to result in significant changes to national standards, intern outcome statements, assessment, and potentially supervision. * Identify changes necessary to support the development of a two-year capability and performance framework, including review of the current outcomes and assessment processes. * A comprehensive review of assessment processes and form, with particular focus on quality and variability, including consideration of:   + multi-source feedback   + longitudinal educational supervisor   + the role of the registrar   + supervisor training/ calibration   + different methods/models of assessment   Acknowledging solutions need to be proportionate and practical. |
| Questions | |
| **Broad questions**   1. Have we got the issues and proposed changes right? Are there other key issues to be addressed or other solutions? Are there areas you think are currently working well? 2. In 2018, Health Ministers’ accepted the 2015 COAG Review of Medical Intern Training recommendation for ‘the development of a detailed and measurable two-year capability and performance framework that builds on existing curriculum frameworks’.  * Is there a resource that exists that could be used to develop the basis for the prevocational capability framework (e.g. the *Intern training – Intern outcome statements*)? * What are important factors to ensure the framework is deliverable across a range of settings and helps to align role expectations and learning and development opportunities (e.g. the level of detail, key areas to include, system changes required)?  1. Are the current *Intern training – Intern outcome statements* (these outcomes form the basis of the term assessment form) in alignment with expectations and role of interns? For example, the AMC has received feedback that Domain 3: Health Advocate is routinely ‘Not observed’. Of the areas that appear to be ‘out of alignment’ or not adequately assessed, should these be addressed in the intern program through experience, formal education programs or assessment? 2. The review will include evaluation of the assessment processes. Review feedback suggests assessment is superficial and variable. There is also feedback against increasing assessment requirements. What do you consider is a proportionate response, and what are the key things that would make the greatest improvement (e.g. multi source feedback, supervisor training, supervised learning events, registrar involvement)? 3. The review will include evaluation of the current term assessment form (acknowledging the content of any term assessment process will be aligned with the curriculum/capability framework). Note: there has also been local level adaptation of the forms in each State and Territory. In its focus group discussions, the AMC identified issues with the form length, rating scales, identifying and assessing domain 3. What do you consider are the strengths and challenges of the current term assessment form? If you made changes to the form, what did you change and why? 4. What is your view on the requirements for remediation and support of interns experiencing difficulty? Are the current processes sufficient, if not, what could be improved? 5. Are you aware of any innovations, examples of good practice or evaluations that have been conducted to improve intern training or assessment? We would be interested to hear about them. 6. Other comments or questions:   **Specific questions** (These questions may not be applicable to all groups)   1. If you have implemented a capability/competency and outcomes-based assessment framework, what have been the key learnings? | |

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| 3. Questions about proposed changes to the training environment |

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| Current components | |
| **National standards for programs and terms -** Requirements for processes, systems and resources for quality intern training:   * [National standards for programs](https://www.amc.org.au/wp-content/uploads/accreditation_recognition/prevocational_standards_accreditation/national_internship_framework/Intern-training-National-standards-for-programs.pdf) * [Guidelines for terms](https://www.amc.org.au/wp-content/uploads/accreditation_recognition/prevocational_standards_accreditation/national_internship_framework/Intern_training-Guidelines_for_terms_2013_12_18.pdf) | |
| Case for change | Possible changes |
| * Variable and limited clinical experience * Structure not reflective of community health needs/ modern healthcare * Constant turnover impacts education, is resource intensive and disruptive to care | * Likely to result in significant changes to experience and term requirements, including accreditation of terms and programs. * Review of current term structures in relation to quality of learning, relevance and flexibility. Consider a change to focus on outcomes/experience over setting. * In line with AMC strategic aims to ensure medical education meets community health needs, consider how the AMC can support expanded settings. |
| Questions | |
| **Broad questions**   1. Have we got the issues and proposed changes right? Are there other key issues to be addressed or other solutions? Are there areas you think are currently working well? 2. The AMC is proposing to review the current term structures (mandatory terms). Review feedback suggests that there is a range of issues with the current structure including significant variation in the quality of learning experiences, its relevance and flexibility to be applied across different settings. This is further influenced by changes to care delivery and capacity constraints, which change the intern experience. The AMC considers that setting is not necessarily a determining factor in the quality of the intern experience. In line with the development of a two-year capability and performance framework, the AMC is interested in exploring a change in focus to that of outcomes/experience over setting (as has been achieved in the United Kingdom and New Zealand). What do you think are the key issues to consider regarding this change and the impact to you, your organisation and/or the delivery and quality assurance of care and training? 3. Do you consider that the current guidelines permit sufficient flexibility in intern training? How could the AMC support expanded settings? 4. The preliminary results of this review and the findings of the 2015 COAG Review of Medical Intern Training, indicate that variable supervisor engagement and training is impacting on the training and assessment of interns. The AMC proposes strengthening the standards and requirements in this area while acknowledging broader system issues, such as time and resource constraints and value placed on training. The AMC considers there are some common principles of good supervision across the medical education continuum (e.g. giving feedback), so sees opportunities for recognition and sharing of current resources, with identification of areas that are specific to the different stages of training (e.g. the level of assessment).   What are your views on strengthening standards and requirements for supervisor training, and/or opportunities for sharing resources? Are you aware of specific resources that would be applicable across the training continuum? Would you be interested in further discussions about this?   1. What are your views on the role of registrars in supervising and assessing interns, including how these contributions could be/ are recognised in college training programs? 2. Are there any other changes you think would be important to consider to support the two-year capability and performance framework (e.g. term length)? 3. Other comments or questions:   **Specific questions** (These questions may not be applicable to all groups)   1. What are current emerging issues or patterns you have observed in prevocational accreditation? Are the issues different for PGY 1 and PGY2? What are the differences in your accreditation standards and requirements for PGY2? 2. What would be the impact of PGY2 accreditation on rural and general practice placements? 3. What has been your experience in applying the national standards to expanded settings and what challenges have arisen in this context? 4. The AMC also sets National Standards that outline at a high level the requirements for processes, systems and resources that contribute to good quality intern training. The intern training accreditation authorities (postgraduate medical councils) in each State and Territory map their accreditation standards to these standards (noting in some states/territories there is local adaptation of the standards).   In general, do you consider the accreditation standards and requirements clear, fair and reasonable? Do you consider there are any gaps or areas that should be strengthened? Is further guidance required? What (if anything) did you change in adopting the national standards and why? Has there been any subsequent evaluation of areas that are unclear for teams/committees/providers? | |

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| 4. Questions about changes to quality assurance |

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| Current components | |
| **Standards and processes for AMC accreditation** of intern training accreditation authorities (postgraduate medical councils):   * [Domains for assessing authorities](https://www.amc.org.au/wp-content/uploads/accreditation_recognition/prevocational_standards_accreditation/national_internship_framework/Intern-training-%E2%80%93-Domains-for-assessing-accreditation-authorities-2016.pdf) * [Procedures for accreditation](https://amc-cms-prod.s3.amazonaws.com/files/ea7432eb16a9b3c2fd971e527b669329c56e1756_original.pdf) | |
| Case for change | Possible changes |
| 1. Variation in interpretation and application of national standards and guidelines. | * Consider how the AMC supports and monitors the implementation of the national framework, at state/territory level including additional guidance as required. * Changes consequent to changes to national Standards, structure of terms, intern outcome statements. * Include the use of data from the Medical Training Survey in the standards for accreditation of intern training posts and programs. |
| Questions | |
| 1. The Australian Medical Council accredits the state- and territory-based intern training accreditation authorities (postgraduate medical councils) that are responsible for assessing the standards on intern training posts and programs in their jurisdiction. The AMC assesses the intern training accreditation authorities against [domains](https://www.amc.org.au/wp-content/uploads/2018/11/Intern-training-%E2%80%93-Domains-for-assessing-accreditation-authorities.pdf): 2. **Governance:** the intern training accreditation authority effectively governs itself and demonstrates competence and professionalism in performing its accreditation role. 3. **Independence:** The intern training accreditation authority carries out independently the accreditation of intern training programs. 4. **Operational management:** The intern training accreditation authority effectively manages its resources to perform functions associated with accrediting intern training programs. 5. **Accreditation processes:** The intern training accreditation authority applies the approved *Intern training – National standards for programs* in assessing whether programs will enable interns to progress to general registration in the medical profession. It has rigorous, fair and consistent processes for accrediting intern training programs. 6. **Stakeholder consultation:** The intern training accreditation authority works to build stakeholder support and collaborates with other intern training accreditation authorities and medical education standards bodies.   Domains for accreditation of authorities   * The AMC considers the domains do not need major change. Do you support that view? * Do you consider the domains and attributes clear, if not, please specify?   Accreditation process:   * If you have experience of the AMC process for accreditation of intern training accreditation authorities, do you consider the process is efficient, effective and fair? What could be improved?  1. Other comments or questions: | |