Draft for consultation: Revisions to the PGY1 and PGY2 assessment process

The current requirements for assessing and certifying completion are described in the following documents:

Intern Training – Assessing and certifying completion	Contains the national standards relating to assessment, good assessment practice principles, and outlines remediation processes that would satisfy the national requirements.
Intern Training – National Standards for Programs	(Component of the Training Environment) Outlines the requirements for processes, systems and resources for intern training, including assessment.
Registration standard – Australian and New Zealand graduates	Includes high-level requirements about assessment e.g. satisfactory term supervisor reports and sign off by DCT.
Intern training – Term Assessment form	Nationally available assessment form to facilitate assessment against the outcome statements.
Improving performance action plan	Form to aid in documenting remediation process for PGY2.

In line with the confirmed scope and evaluation feedback, the AMC has developed some initial proposals for revisions to assessment processes for PGY1 and PGY2 doctors.

There are three principles guiding the proposed changes to assessment:

- Strengthening the quality, consistency, relevance and longitudinal nature of assessment, including increasing opportunities for feedback.
- An e-portfolio will support the revised assessment process, including as a mechanism to facilitate a longitudinal approach to assessment and to streamline the process.
- Supervisor training and engagement will be critical. The AMC review is proposing that supervisor training requirements be strengthened, including development of online training materials and recognition of training completed for supervision of medical students or College trainees. This will include consideration of the role of and support for registrars.

A summary of the proposed changes to the assessment process for consultation is provided below:

Process	Proposed changes (in red)
Initial discussion	**Proposed**: Strengthen the requirement for a beginning of term discussion between the prevocational doctor and the supervisor to outline the learning goals and assessment processes of the term.
Mid-term assessment:	• Purpose: Provide feedback on performance and identify learning needs early. • Number: 1 each term/ rotation • Format: Term supervisor completes (suggested prevocational doctor does self-assessment too). Discussion between supervisor and prevocational doctor. • Assessor/s: **Proposed:** Increased flexibility to enable registrars to contribute to/conduct mid-term assessments, with a process for formal sign off by the supervisor.
Assessment of EPAs	**New process proposed:** • Purpose: To increase opportunities for feedback based on observed clinical practice and provide data for end of year global judgements. Assessment of an EPA is about what is observed in that context, at that time, with that particular patient.

Process	Proposed changes (in red)
	• Number: Acknowledging the time and resource constraints of the environment and the intended purpose – proposing: o A minimum of 10 EPAs in total across the year and a minimum of 2 in each rotation. o EPA 1 assessed in each rotation, and EPAs 2-4 assessed two to three times each throughout the year. o Opportunities to increase the EPAs for individuals with development needs. • Format: Proposing a combination of direct observation and case based discussions. The following would be requirements for the assessment of an EPA: o that it is based on a real patient for whom the prevocational doctor is involved in the care of o that the patient is known to the assessing supervisor o that the supervisor should have observed some part of the clinical interaction (or if not possible e.g. EPA2 that feedback is sought from someone who did) o the discussion might include some expansion on the parameters of the EPA observed, for example what would you do if the patient was older • Assessor/s: Proposed: Registrars should be able to assess some EPAs with some training. A minimum of one EPA per rotation should be assessed by a consultant level supervisor. • Difference PGY1/PGY2: It is proposed that the same EPAs will be assessed for PGY1 and PGY2 doctors but at a higher level for PGY2 doctors based on the complexity, responsibility, level of supervision and entrustability, as well as the context, of PGY2 doctors' work. This will be an important focus of supervisor training. The next consultation will include a draft EPA form and proposals for the supervisory scale to be used.
End of term assessment:	• Purpose: Provide feedback on performance and evidence to support global decision at the end of the year. • Number: 1 each term • Format: Term supervisor completes (suggested prevocational doctor does self-assessment too). Discussion between supervisor and prevocational doctor. Supervisor should consider the prevocational doctor's self-assessment and the observations of others in the discussion. At end of term supervisor gives global rating of progress towards completion of PGY1/PGY2. • Assessor: Term supervisor.
Certifying completion	• **Proposed:** Global judgement by an assessment panel (rather than an individual) at the end of each year, taking account of EPA assessments and all end of term assessment forms. As is currently the case, satisfactory performance will be judged on attainment of the required standard by the end of the year rather than a requirement to pass a specified number of EPA or end of term assessments. • Satisfactory completion of PGY1 will continue to be a requirement for general registration. A certificate of completion will be issued at the end of PGY2. The AMC is proposing that this certificate should be a pre-requisite for entry into (or continuation of) vocational training.
Remediation	• **Proposed:** Strengthening remediation processes and guidance provided to trainees and supervisors.