National Prevocational Framework Review

Draft consultation documents - Attachment A

TRAINING & ASSESSMENT

TRAINING AND ASSESSMENT REQUIREMENTS FOR PREVOCATIONAL (PGY1 & PGY2) TRAINING PROGRAMS

Contents

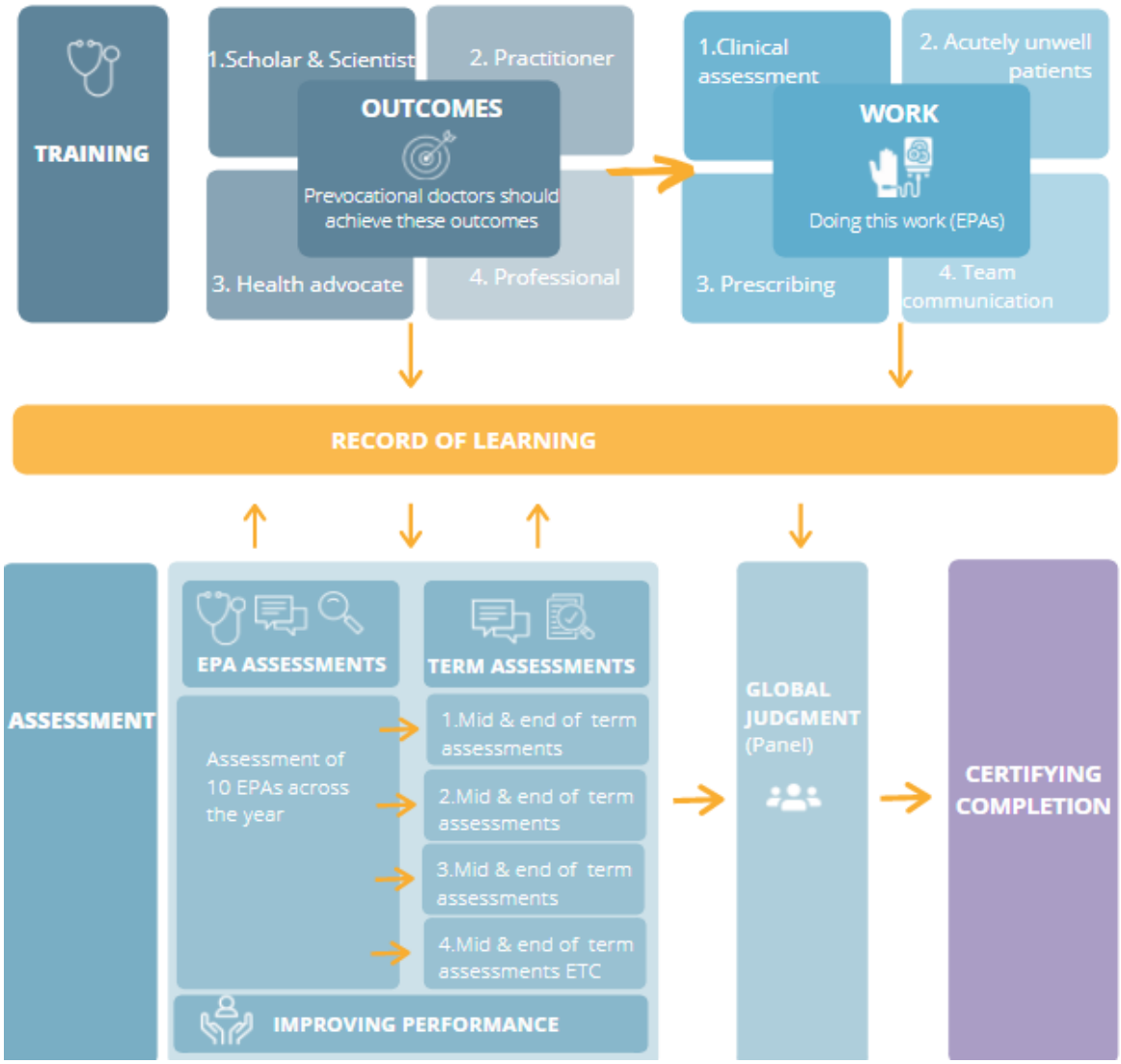
1. About this document

This document contains the Draft Training and Assessment requirements for Prevocational doctors (PGY1 and PGY2) that forms part of the National Framework for Prevocational Medical Training. The following provides a summary of the areas for consultation in this document.

Summary of areas for consultation

Component	Section	Status in review
Training	2A. Outcome statements	Draft revised document consulted on in 2020. The current draft includes feedback and changes made in response to previous consultation.
	2B. Entrustable professional activities	Draft revised document consulted on in 2020. The current draft includes feedback and changes made in response to previous consultation.
	2C. Record of learning	New component that will form part of the e-portfolio.
Assessment	3A. Assessment approach	Draft revised document. Concepts were consulted on in 2020. Further detail added. The current draft includes feedback and changes made in response to previous consultation.
	3B. Improving performance	New revisions to previous remediation processes. Changes to strengthen and clarify requirements, including a focus on support.
	3C. Certifying completion	New revisions to processes, further detail added, including suggestions for the panel composition.
	3D. Forms – EPA assessment form	Newly developed. First consultation on form.
	3E. Term assessment form	Revised version of current mid/end of term assessment form. First consultation on changes.

Diagram summarising components



2. Prevocational training

A. Draft revised - Prevocational Outcome statements

Introduction

Blue text highlights changes made since the last consultation in 2020.

Revised text	Notes on changes
These outcome statements state the broad and significant capabilities that prevocational doctors should achieve by the end of their two-year prevocational programs. The high-level statements are applicable at completion of postgraduate year 1 (PGY1) and postgraduate year two (PGY2), though the level of expectation, responsibility, supervision, and entrustability of the outcomes will be different between the two years. The outcome statements form part of the two-year Training and Assessment framework for prevocational doctors. The statements, describing the capabilities of a prevocational doctor, are complemented by entrustable professional activities, which describe the characteristics of the work of prevocational doctors. Prevocational training providers are responsible for designing learning and assessment programs that will enable prevocational doctors to achieve these outcomes. The outcome statements provide clinical supervisors and training directors with clear criteria for determining progress and completion. It should be noted that achievement of the outcomes is a requirement of PGY1, with General Registration remaining at the end PGY1. The process for certifying completion at the end of PGY2 will include achievement of the outcomes and meeting the requirements of the Medical Board of Australia's Registration Standard: Continuing Professional Development. Safe and high-quality practice is an expectation of all practitioners, at all stages of training, and all healthcare and training providers. Accordingly, prevocational training programs and prevocational doctors should take account of the work of the Australian Commission on Safety and Quality in Health Care; the National Safety and Quality Health Service (NSQHS) Standards and the NSQHS Standards User Guide for Aboriginal and Torres Strait Islander Health. All doctors should practice according to the Medical Board of Australia's *Good Medical Practice: A Code of Conduct for Doctors in Australia.*	Introduction expanded to include postgraduate year two (PGY2) and to note the Medical Board of Australia's CPD requirements for PGY2. Areas relevant across all outcomes have been raised from the Domains into the introduction: • Importance of quality and safety • Good Medical Practice – not an outcome but an expectation of practice. Additional document reference to emphasise the importance of quality and safety specific to the Aboriginal and Torres Strait Islander context.

The outcome statements are:

1 set within four domains[1].
2 to be achieved by the end of prevocational years (PGY1 and PGY2).
3 work-based, patient-centred, and take account of the prevocational doctor's increasing responsibility for patient care under supervision.
4 designed to be sufficiently generic to cover a range of learning environments.

[1] The same four domains are used in the graduate outcome statements for medical students, and can be found in *Standards for Assessment and Accreditation of Primary Medical Programs by the Australian Medical Council 2012* [Internet]. Canberra: Australian Medical Council; 2012 [cited 2013 Sep 23]. Available from: http://www.amc.org.au/index.php/ar/bme/standards.

Domain 1: The prevocational doctor as scientist and scholar

This Domain is about the doctor who applies and expands their medical knowledge and evaluates and applies relevant evidence to their clinical practice. The doctor who recognises the importance of research and quality improvement and assurance to clinical practice and the broader healthcare system.

On completing training, Australian prevocational doctors are able to:

Original statement	Revised statement	Notes on change
1.1 Consolidate, expand and apply knowledge of the aetiology, pathology, clinical features, natural history and prognosis of common and important presentations at all stages of life.	1.1 Consolidate, expand and apply knowledge of the aetiology, pathology, clinical features, natural history and prognosis of common and important presentations in a variety of settings.	Changes to improve clinical relevance of Domain 1 and to reflect that paediatric exposure may not be guaranteed in all programs.
New statement	1.2 Access, critically appraise and apply evidence from the medical and scientific literature to clinical and professional practice.	Changes to improve clinical relevance of Domain 1. Included 1.4 from graduate outcomes with edits. Based on stakeholder feedback, added in "professional".
Moved statement	1.3 Participate in quality assurance and quality improvement activities such as risk management and incident reporting. 1.3 Participate in quality assurance and quality improvement activities such as peer review of performance, clinical audit, risk management and incident reporting.	Statement moved from Domain 3 with edits. Revised based on feedback. Also, to further align with CPD requirements.

Domain 2: The prevocational doctor as practitioner

This Domain describes the work expected of prevocational doctors in assessing and caring for patients including appropriately communicating, documenting, prescribing, ordering investigations, and transferring. It is expected that prevocational training will equip doctors with the broad skills they need to continue their education and practice in a range of settings.

On completing training, Australian prevocational doctors are able to:

Original statement	Revised statement	Notes on change
2.1 Place the needs and safety of patients at the centre of the care process. Demonstrate safety skills including effective clinical handover, graded assertiveness, delegation and escalation, infection control, and adverse event reporting.	2.1 Place the needs and safety of patients at the centre of the care process, working within statutory and regulatory requirements and guidelines. Demonstrate skills including effective clinical handover, graded assertiveness, delegation and escalation, infection control, and adverse event reporting.	Second sentence removed, captured in EPAs. Based on stakeholder feedback, added examples back in and strengthened emphasis on legal requirements.
2.2 Communicate clearly, sensitively and effectively with patients, their family/carers,	2.2 Communicate sensitively and effectively with patients, their family/carers, and health	Minor wording changes.

doctors and other health professionals.	professionals applying the principles of shared–decision making and informed consent.	Revised based on stakeholder feedback.
2.3 Perform and document a patient assessment, incorporating a problem-focused medical history with a relevant physical examination, and generate a valid differential diagnosis.	2.3 Perform and document patient assessments, incorporating a problem-focused medical history with a relevant physical examination, and generate a valid differential diagnosis and summary of the patients' health issues.	Original: Minor wording changes. Revised based on stakeholder feedback.
2.4 Arrange common, relevant and cost-effective investigations, and interpret their results accurately.	2.4 Request and accurately interpret common and relevant investigations using evidence-informed knowledge and principles of cost-effectiveness.	Wording changes to improve clarity. Revised based on stakeholder feedback.
2.5 Safely perform a range of common procedural skills required for work as an intern.	2.5 Safely perform a range of common procedural skills required for work as a PGY1 or PGY2 doctor.	Minor wording changes. Determined not to create a generalised procedural list. Intend that the e-portfolio will capture individualised procedural lists. Common procedures will vary based on teams and experiences.
2.6 Make evidence-based management decisions in conjunction with patients and others in the healthcare team.	2.6 Make evidence-based management decisions in conjunction with patients and others in the healthcare team. 2.6 Make evidence-informed management decisions and referrals using principles of shared decision-making with patients, carers and the healthcare team.	No changes. Made change based on stakeholder feedback, also to encompass allied health treatments.
2.7 Prescribe medications safely, effectively and economically, including fluid, electrolytes, blood products and selected inhalational agents.	2.7 Prescribe therapies and other products including drugs, fluid, electrolytes, and blood products safely, effectively and economically.	Change to include allied health treatments. Moved allied health reference to 2.6 to recognise role in referral not prescribing.
2.8 Recognise and assess deteriorating and critically unwell patients who require immediate care. Perform basic emergency and life support procedures, including caring for the unconscious patient and cardiopulmonary resuscitation.	2.8 Recognise, assess, escalate as required, and provide immediate management to deteriorating and critically unwell patients.	Removed detail. Removed detail, current wording about deteriorating patient recognises broader than physical, encompasses mental health.
2.9 Retrieve, interpret and record information effectively in clinical data systems (both paper and electronic).	2.9 Appropriately utilises and adapts to dynamic systems and technology to facilitate practice, including for documentation, communication, information management and supporting decision-making.	Expanded from previous statement to encompass flexible and adaptive practice in context of changing systems and technology. Revised wording based on feedback. The previous

		attribute was focused on information management; this has now been incorporated in 2.3.

Domain 3: The prevocational doctor as a health advocate

This Domain describes the doctor who applies whole of person care and partners with their patients in their care. Recognising the broader determinants of health have tangible effects on their patients and considering their context. Including understanding and considering how these factors influence a patient's symptoms, interpretation, presentation and behaviours. Behaviour as an advocate occurs as a response to acknowledgment of the disempowerment that patients may experience as they access the health system. As a health practitioner, the prevocational doctor will consider their own biases and reflect on their impact on their practice. [Added in response to feedback]

On completing training, Australian prevocational doctors are able to:

Original statements	Revised statements	Notes on change
3.1 Apply knowledge of population health, including issues relating to health inequities and inequalities; diversity of cultural, spiritual and community values; and socio-economic and physical environment factors. 3.3 Demonstrate ability to screen patients for common diseases, provide care for common chronic conditions, and effectively discuss healthcare behaviours with patients.	3.1 Incorporate disease prevention, health promotion and health surveillance into interactions with individual patients. Including screening for common diseases and discussing healthcare behaviours with patients. 3.1 Incorporate disease prevention, appropriate and relevant health promotion and health surveillance into interactions with individual patients. Including screening for common diseases, chronic conditions, and discuss healthcare behaviours with patients.	Made more relevant to PGY1/PGY2 level interactions with patients and separated statements to clarify meaning: 1. Population health (includes screening for common diseases) 2. Whole of person care 3. Culturally safe care (aligned with AHPRA definition). Made revisions based on feedback.
	3.2 Apply whole of person care principles to clinical practice, including consideration of a patient's physical, emotional, social, economic, cultural and spiritual needs. Acknowledging that these factors can influence a patient's description of symptoms, presentation of illness, healthcare behaviours and access to health services or resources.	
	3.3 Demonstrate culturally safe practice with ongoing critical reflection of health practitioner knowledge, skills, attitudes, practicing behaviours and power differentials in delivering safe, accessible and responsive healthcare free of racism.	
3.2 Apply knowledge of the culture, spirituality and relationship to land of Aboriginal and Torres Strait Islander peoples to clinical practice and advocacy.	3.4 To be revised	Consulting separately on this outcome statement with Aboriginal and Torres Strait Islander groups. Feedback received from first consultation suggesting two

		statements required to a) recognise the impact of colonisation and systemic racism and b) more broadly address cultural safety. This will be reviewed as part of further targeted consultation.
New statement	3.5 Partner with the patient in their healthcare journey, recognising the importance of interaction with and connection to the broader healthcare system. Where relevant, this should include communicating with caregivers and other health professionals.	New outcome on the patient's journey in the broader healthcare system. No new revisions.
3.4 Participate in quality assurance, quality improvement, risk management processes, and incident reporting.	Statement moved.	Moved to Domain 1 and revised.

Domain 4: The prevocational doctor as a professional and leader

[New text added to describe the broad intent of each Domain] This Domain describes the professional dimension of the doctor. The importance of ethical behaviours, professional values, optimising wellbeing, lifelong learning and teamwork.

On completing training, Australian prevocational doctors are able to:

Original statement	Revised statement	Notes on change
4.1 Provide care to all patients according to *Good Medical Practice: A Code of Conduct for Doctors in Australia*, and demonstrate ethical behaviours and professional values including integrity; compassion; empathy; and respect for all patients, society and the profession.	4.1 Demonstrate ethical behaviours and professional values including integrity; compassion; self-awareness, empathy; patient confidentiality and respect for all.	Reference to Good Medical Practice moved to introduction as a requirement from the beginning not an outcome. Made revisions based on feedback.
4.2 Optimise their personal health and wellbeing, including responding to fatigue, managing stress and adhering to infection control to mitigate health risks of professional practice.	4.2 Self-evaluate and optimise their personal health, wellbeing and professional practice, including responding to fatigue and managing stress to mitigate health risks of professional practice.	Minor wording changes. No new revisions.
4.3 Self-evaluate their professional practice, demonstrate lifelong learning behaviours, and participate in educating colleagues.	4.3 Demonstrate lifelong learning behaviours and participate in, and contribute to, teaching and supervision.	Minor wording changes. No new revisions.
4.4 Take increasing responsibility for patient care, while recognising the limits of their expertise and involving other professionals as needed to contribute to patient care.	4.4 Take increasing responsibility for patient care, while recognising the limits of their expertise and involving other professionals as needed to contribute to patient care.	Minor wording changes. No new revisions.

4.5 Respect the roles and expertise of other healthcare professionals, learn and work effectively as a member or leader of an inter-professional team, and make appropriate referrals.	4.5 Respect the roles and expertise of healthcare professionals, learn and work collaboratively as a member of an inter-professional team.	Minor wording changes. No new revisions.
New statement	4.6 Contribute to safe and supportive work environments, including being aware of professional standards and institutional policies and processes regarding bullying, harassment and discrimination for themselves and others.	New statement to support safe work environments for self and others. Revised to clarify.
4.6 Effectively manage time and workload demands, be punctual, and show ability to prioritise workload to manage patient outcomes and health service functions.	4.7 Effectively manage time and workload demands, be punctual, and show ability to prioritise workload to manage patient outcomes and health service functions.	Minor wording changes. No new revisions.

B. Draft revised - Entrustable professional activities

Note: The draft EPAS have been developed using the Royal Australasian College of Physician Basic Training Curriculum EPA structure and content, with permission.

Summary

Please see consultation papers for details regarding the development of the EPAS.

The AMC has drafted four entrustable professional activities (EPAs) as part of the revised two-year framework. The EPAs aim to describe the key work of PGY1 and PGY2 doctors, providing clarity around the most important work and learning activities. Anchored to the prevocational outcome statements, the EPAs help to align the role, outcomes and assessment of PGY1 and PGY2 doctors. The assessment of EPAs will increase structured opportunities for observation, feedback and learning and inform global judgements at the end of terms/ years.

The AMC's thinking on the EPAs in the prevocational context is as follows:

- An EPA is a description of work: This contrasts with outcomes or capabilities which describe characteristics of the doctor.
- An EPA is not an assessment tool, but performance of an EPA can be assessed. The assessment of EPAs will include judgements about entrustability, the level of supervision required for the junior doctor to perform this work safely.
- While the same EPAs will be assessed for PGY1 and PGY2 doctors, they will be assessed 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.
- Note: Information about the assessment of EPAS is detailed in SECTION 3 of this document.

Update since last consultation: The EPAs were reviewed in response to stakeholder feedback provided during the September – November 2020 formal consultation period. In general, stakeholders agreed that the EPAs do describe the key work of the prevocational doctor and that they do not contain work not appropriate for the work of the prevocational doctor. Stakeholders supported that the ways in which assessments of EPAs for PGY1 and PGY2 doctors differ, will form an important focus of supervisor training. There was broad support for the EPAs and their assessments being provided in the e-portfolio and multiple providers expressed their interested in trialling the EPAs in 2021. Specific wording changes within the document are in blue. There were not a large number of structural changes required in this document, this is likely due to the EPAs being workshopped with various stakeholder groups prior to formal consultation. The below table summarises some broader responses to stakeholder feedback:

Stakeholder Feedback	Response
Some suggestions for additional EPAs (e.g. Professionalism, Communication with Patients, Junior doctor as a Teacher, Chronic Illness)	The EPAs are intended to describe the core day-to-day work tasks of the prevocational doctor. While topics raised by stakeholders were important, it was agreed such topics were in some cases describing attributes of the doctor rather than work tasks and that all had been emphasised throughout the existing EPAs. In reviewing the EPAs, the Review Group considered where these areas might need further strengthening in the behaviours. E.g. Agreed to be more robust about communicating with patients in EPA 1.
Suggest providing a procedural list	Agreed not to prescribe a specific procedure list within the EPAs, the Sub Group will consider if further guidance will be provided. It is intended the e-portfolio will contain functionality for the prevocational doctor to generate their own individualised procedural list. This approach is deemed more appropriate than a prescriptive list that doesn't reflect the variation in common procedures among different terms and settings.
Suggest greater emphasis on mental health	Agreed to strengthen emphasis in this area across the EPAs.

presentations throughout the EPAs	
Suggest strengthening emphasis on Aboriginal and Torres Strait Islander health	Agreed. AMC received specific and helpful feedback as part of the first consultation. This will be incorporated into the AMC's targeted consultation process with Aboriginal and Torres Strait Islander stakeholder groups. Agreed to provide links to relevant resources within the e-portfolio, as well as throughout Framework documents.
Leading a resuscitation is not appropriate work of the prevocational doctor (in relation to EPA 2)	The EPAs are to be assessed at a level appropriate to the level of the prevocational doctor's training. The focus of EPA 2 is on the identification, escalation and timely approach to management of an acutely unwell patient, not to lead a resuscitation. However, the prevocational doctor is expected to be a contributing member of the team, after more senior individuals arrives.

Overview of the EPAs:

EPA	Summary
EPA 1: Clinical assessment	Conduct a clinical assessment of a patient incorporating history, examination, and formulation of a differential diagnosis and a management plan. (Based on RACP's EPA 1)
EPA 2: Acutely unwell patients	Recognise, assess, escalate appropriately, and provide immediate management to deteriorating and acutely unwell patients. (Based on RACP's EPA 7)
EPA 3: Prescribing	Appropriately prescribe therapies (drugs, fluids, blood products, inhalational therapies including oxygen) tailored to patients' needs and conditions, either in response to a request by the treating team or self-initiated. (Based on RACP's EPA 4)
EPA 4: Team Communication	Communication about patient care, including accurate documentation and written and verbal information to facilitate high quality care at transition points and referral. (Based on combining RACP's EPA 3 (documentation) and 5 (transfer of care))

Structure of the EPAS:

Component	Description
Theme	Identifies the activity.
Title	Provides brief summary of the activity.
Focus and context	Describes central aspects of the activity and in what clinical context it might apply.
Description	Provides overview of the key tasks involved in the activity.
Behaviours	Describes behaviours that could be observed and would support the supervisor to make judgments about the level of performance. The behaviours are anchored to the prevocational outcome statements and purposefully out of order to reflect the order of the activity. Sub points are included to provide further detail, where required, in an electronic format these could be minimised.

EPA 1

Theme: Clinical assessment

Title: Conduct a clinical assessment of a patient incorporating history, examination, and formulation of a differential diagnosis and a management plan including appropriate investigations.

Focus and context: This EPA applies in admission, reviewing patient on request of particular concern, ward call tasks, ward round, lower acuity ED presentations, general practice consultations or outpatient clinical attendance.

Perform this activity in multiple settings, including inpatient and ambulatory (or community) care settings or in emergency departments and in the care of different populations for example children, adults and elderly.

Description: This activity requires the ability to, where appropriate or possible:

1. if clinical assessment requested by a team member, clarify the concern(s) with them
2. identify pertinent information in the patient record
3. obtain consent from the patient
4. obtain history
5. examine patient
6. consider and integrate information from patient record, clinical assessments, and relevant ward protocols/ guidelines/ literature
7. develop provisional and differential diagnoses and/or problem lists
8. produce a management plan, confirm with senior colleague as appropriate, and communicate with relevant team members and the patient
9. implement management plan, initiate or perform appropriate investigations and procedures, document assessment and next steps, including indications for follow up

Behaviours:

	Requires minimal supervision *(I need to be contactable/ in the building)* Examples of behaviours of a prevocational doctor who can perform this activity with minimal supervision.	**Requires direct supervision** *(I need to be there to observe the interactions and review the work)* Examples of behaviours of a prevocational doctor who requires direct supervision to perform this activity.
Domain 2: Practitioner	**Patient assessment** – history • Obtains patient-centred histories tailored to the clinical situation in a culturally safe and appropriate way Sub-points • Reviews and identifies pertinent information in the patient's record to locate the problem in that patient journey • Identifies and uses collateral sources of information to obtain history when needed, such as family members, carers, and other health professionals **Patient assessment** - physical examination • Performs accurate, appropriate and patient-centred physical examination	**Patient assessment –** history • Gathers too little information, or exhaustively gathers information following a template regardless of the presenting problem • Uses jargon and/or inappropriate acronyms • Does not listen to the patient effectively or give them space to speak. **Patient assessment** - physical examination • Performs inadequate physical examinations

	Patient assessment – clinical reasoning • Filters, prioritises, and synthesises pertinent information for clinical problem solving <u>Sub -points</u> • Recognises and correctly interprets abnormal findings • Formulates appropriate problem lists or differential diagnosis **Patient management** • Produces and implements appropriate management plan • Initiates focused and basic investigations • Safely performs common procedures, where relevant <u>Sub- points</u> • Identifies patients' preferences regarding management and assesses the role of families in decision making **Communication** • Communicates accurately and effectively with the patient, carers, and team members <u>Sub points</u> • Clarifies the task or problem with the team member/s • Communication includes anticipating, reading, and responding to verbal and non-verbal cues • Demonstrates active listening skills	• Does not respect patient privacy, comfort and safety **Patient assessment** – clinical reasoning • Reaches conclusions unsupported by data or evidence such as history and examination findings • Unable to synthesise relevant information • Differential diagnosis is unsafe, unprioritised and/ or not contextualised • Develops an overly inclusive list of potential problems **Patient management** • Unable to produce a basic management plan • Produces a management plan which does not address issues relevant to the patient • Does not confirm management plan with supervisor when appropriate **Communication** • When communicating with patient, carers or team members may do one or more of the following: ○ does not introduce themselves ○ does not listen carefully, ○ does not clarify ○ uses jargon ○ does not summarise to ensure shared understanding
Domain 4: Professional & leader	**Professionalism** • Demonstrates professional conduct, honesty and integrity • Recognises their own limitations and seeks help when required in an appropriate way <u>Sub points</u> • Maintains patient privacy and confidentiality • Displays respect and sensitivity towards patients • Maximises patient autonomy and supports patients' decision making • Takes responsibility and is accountable for patient care	**Professionalism** • Displays lapses in professional conduct, such as acting disrespectfully or providing inaccurate or incomplete information • Has an incomplete understanding of their own limitations that may result in overestimation of ability and dismissal of other health care team-member concerns, or delay in responding to or asking for help for patients in need of urgent care. • Lacks insight into learning needs and does not seek or act on feedback

	Teamwork • Works effectively as a member or leader of the interprofessional team, and positively influences team dynamics	• Inadequately maintains confidentiality, for example: ○ Gathering and displaying confidential information on patients **Teamwork** • Works in a way that disrupts effective functioning of the inter-professional team
Domain 3: Advocate	**Whole of person care** • Recognises and takes precautions where the patient may be vulnerable • Incorporates psychosocial considerations into assessment, acknowledging these factors can influence a patient's experience of illness and healthcare behaviours **Population health** • Incorporate disease prevention, health promotion and health surveillance into interactions with individual patients **Cultural safety** • Is respectful of patients' cultures and beliefs • Appropriately accesses interpretive or culturally-focused services • Identifies and considers culturally safe and appropriate means of obtaining patient histories and/or physical examination. **Aboriginal and Torres Strait Islander health** • Considers the culture, values and beliefs of Aboriginal and Torres Strait Islander patients (wording to be revised with outcome statements) • Specific feedback received in previous consultation to be considered with targeted consultation processes.	**Whole of person care** • Disregards social history in their assessment and management **Population health** • Does not consider population-based risk factors • Does not take opportunities to discuss healthcare behaviours **Cultural safety** • Does not take account of relevant cultural or religious beliefs and practices, for example diet, burial practices or processes for decision-making. • Demonstrates an inadequate awareness of, or difficulty accepting and understanding, the cultures of others **Aboriginal and Torres Strait Islander health** • Disregards or lacks awareness of culture, values and beliefs of Aboriginal and Torres Strait Islander patients (wording to be revised with outcome statements)
Domain 1: Scientist & scholar	**Knowledge** • Makes use of local service protocols, guidelines, to inform clinical decision making • Draws on medical literature to assist in clinical assessments, when required • Demonstrates the ability to manage uncertainty in clinical decision making **Quality assurance**	**Knowledge** • Demonstrates poorly formed approaches to identifying local service resources to support clinical decision making • Cannot implement strategies to respond to clinical ambiguity and uncertainty such as ensuring patients and team members are clear about what to do if things change. **Quality assurance**

	• Performs hand hygiene and takes infection control precautions at appropriate moments • Advocates for and actively participates in quality improvement activities including incident reporting	• Demonstrates an undisciplined approach to hand hygiene and infection control

EPA 2

Theme: Recognition and care of the acutely unwell patient

Title: Recognise, assess, escalate appropriately, and provide immediate management to deteriorating and acutely unwell patients. (This EPA recognises that PGY1/2 doctors often called after hours to assess patients whose situation has acutely changed)

Focus and context: This EPA applies in any clinical context but the critical aspects that differentiate it from EPA 1 are for the PGY1/PGY2 doctor to:

1. Recognise the acutely unwell and or deteriorating patient
2. Act immediately, demonstrating a timely approach to management
3. Escalate appropriately

Perform this activity in multiple settings, including inpatient and ambulatory (or community) care settings or in emergency departments, in and after hours, and in the care of different populations for example children, adults and elderly.

Description: This activity requires the ability to:

1. recognise clinical deterioration or acutely unwell patients
2. respond by initiating immediate management, including basic life support if required
3. seek appropriate assistance, including following the local process for escalation of care
4. communicate critical information in a concise, accurate and timely manner to facilitate decision making
5. actively anticipate additional requirements
6. lead the resuscitation initially, and involve other necessary services, such as intensive care or retrieval services

Behaviours:

Outcome	**Requires minimal supervision** *(I need to be contactable / in the building)* Examples of behaviours of a prevocational doctor who can perform this activity with minimal supervision.	**Requires direct supervision** *(I need to be there to observe the interactions and review the work)* Examples of behaviours of a prevocational doctor who requires direct supervision to perform this activity.
Domain 2: Practitioner	**Patient assessment** • Identifies deteriorating or acutely unwell patients **Patient management** • Initiates a timely structured approach management, actively anticipates additional requirements and seeks appropriate assistance • Identifies, where possible, patients' wishes and preferences about care, including CPR and other life-sustaining treatments (e.g., intubation and ventilation) • Demonstrates and applies knowledge of associated anatomy, physiology, indications, and potential risks and	**Patient assessment** • Does not identify deteriorating or acutely unwell patients • Has difficulty gathering, filtering, and prioritising the critical data **Patient management** • Does not initiate timely basic management correctly • Does not seek appropriate assistance including inappropriate delay in escalating • Applies skills inconsistently, resulting in an inability to reliably complete procedures, such as inconsistent use of universal precautions and aseptic technique

	complications of resuscitation, if appropriate to the case Sub points • Where appropriate, has discussions with patients about their rights to refuse medical therapy, including life-sustaining treatment • Involves patients or substitute decision maker, where appropriate, in discussions regarding treatment and end-of-life care **Communication** • Recognises the need for timely escalation of care and escalates to appropriate staff or service, following escalation in care policies and procedures • Communicates accurately and effectively with the healthcare team. • As appropriate, explains the situation to patients and/or carers in a sensitive and supportive manner, avoiding unnecessary jargon and confirming their understanding • Performs succinct, accurate, and complete handover of care of patients, including ongoing care requirements.	**Communication** • Inadequately escalates to senior colleagues • Communicates in an unclear manner with other team members regarding management • Explains the situation to patients and/or carers in an unclear or insensitive manner • Handover is inaccurate and/ or incomplete and/or missing critical information, including ongoing care requirements.
Domain 4: Professional & leader	**Professionalism** • Recognises their own limitations and seeks help when required in an appropriate way • Demonstrates professional conduct Sub-points: • Maintains patient privacy and confidentiality • Displays respect and sensitivity towards patients • Maximises patient autonomy and supports patients' decision making **Teamwork** • Works effectively as a member of a team and utilises other team members, based on knowledge of their roles and skills, as required **Self-education** • Seeks guidance and feedback from health care team to reflect on the encounter and improve future patient care • Participates in debrief sessions	**Professionalism** • Has an incomplete understanding of their own limitations that may result in overestimation of ability and dismissal of other health care team-member concerns, or delay in responding to or asking for help for patients in need of urgent care. • Demonstrates a defensive or argumentative attitude. • Displays lapses in professional conduct, such as acting disrespectfully or providing inaccurate or incomplete information. • Does not seek or act on feedback on areas for improvement. **Teamwork** • Avoids playing a leading role in the management of patients • Demonstrates inadequate team work **Self-education** • Lacks insight into learning needs
Domain 3: Advocate	**Cultural safety** • When appropriate:	**Cultural safety**

	○ accesses interpretive or culturally-focused services. ○ considers relevant cultural or religious beliefs and practices.	• Does not take account of relevant cultural or religious beliefs and practices.
Domain 1: Scientist & scholar	**Knowledge** • Observes local service protocols and guidelines on acutely unwell patients **Quality Assurance** • Complies with escalation protocols maintains up-to-date certification in advanced life support appropriate to level of training. • Performs hand hygiene and takes infection control precautions at appropriate moments • Raises appropriate issues for review at quality assurance processes e.g. morbidity and mortality meetings	**Knowledge** • Demonstrates poorly formed approaches to identifying local service resources to support clinical decision making relating to acutely unwell patients **Quality Assurance** • Demonstrates an undisciplined approach to hand hygiene and infection control

EPA 3

Theme: Prescribing

Title: Appropriately prescribe therapies (drugs, fluids, blood products oxygen) tailored to patients' needs and conditions

Focus and context: This EPA applies in any clinical context but the critical aspects are to:

1. Prescribe autonomously when appropriate, taking account of registration, health service policies, and individual confidence and experience with that drug or product
2. Prescribe as directed by a senior team member, taking responsibility for completion of the order to ensure it is both accurate and appropriate in the context of the patient

Perform this activity in multiple settings, including inpatient and ambulatory (or community) care settings or in emergency departments and in the care of different populations for example children, adults and elderly.

Description: This activity requires the ability to, as appropriate and where possible:

1. obtain and interpret medication histories
2. respond to requests from team members to prescribe medications
3. consider whether a prescription is appropriate
4. choose appropriate medications
5. where appropriate, clarify with the senior medical officers, pharmacists, nursing staff, family members or clinical resources the drug, including name, dose, frequency and duration
6. actively consider drug/ drug interactions and/or allergies and if identified check whether to proceed
7. provide instruction on medication administration effects and side effects, using appropriate resources
8. elicit any patient concerns about the benefits and risks, as appropriate seek advice and support to address those concerns
9. write or enter accurate and clear prescriptions or medication charts
10. monitor medications for adverse reactions, efficacy, safety, and concordance
11. review medications and interactions, and cease where indicated, in consultation with the senior team members, including a pharmacist

Behaviours:

Outcome	**Requires minimal supervision** *(I need to be contactable / in the building)* Examples of behaviours of a prevocational doctor who can perform this activity with minimal supervision.	**Requires direct supervision** *(I need to be there to observe the interactions and review the work)* Examples of behaviours of a prevocational doctor who requires direct supervision to perform this activity.
Domain 2: Practitioner	**Prescribing** • Appropriately, safely, and accurately prescribes therapies (drugs, fluids, blood products, oxygen), and demonstrates an understanding of the rationale, side effects, risks– benefits, contraindications, dosage, routes of administration, and drug interactions • Initiates, modifies or ceases therapies (drugs, fluids, blood products, oxygen) safely, adheres to all relevant protocols and monitors patient reactions, reporting when relevant	**Prescribing** • Makes frequent and/ or critical prescribing errors • Initiates, modifies or ceases therapies (drugs, fluids, blood products, oxygen) beyond scope of practice (registration), health service protocols or their experience Sub-points: • Does not consider potential side-effects and practical prescription points, such as medication

	Patient management • As appropriate, monitors and adjusts medications • Identifies and manages potential and actual adverse events **Communication** • Ensures the patient understands the rationale and requirements of the treatment • Writes clearly legible prescriptions or charts using generic names as required • Informs treating team of changes to prescriptions	compatibility and monitoring in response to therapies • Prescribes when it is not appropriate • Does not take into account the following factors for all therapies: ○ contraindications ○ cost to patients, families, and the community ○ routes of administration ○ funding and regulatory considerations ○ generic versus brand medicines ○ interactions ○ risk–benefit analysis • Demonstrates an inadequate understanding of the rationale behind the choice of therapy • Unable to source suitable dosing guidelines or implement dose modifications based on organ function, patient age, or size • Demonstrates an inadequate understanding of fluid requirements, the compatibility of medications with intravenous fluids or the need for medication monitoring **Patient management** • Does not follow up monitoring instructions or relevant test results. • Does not identify or manage adverse events **Communication** • Fails to explain the rationale for the treatment and other relevant information for example adherence issues, follow up and monitoring for side-effects, and the practical aspects of administration • Produces incomplete or inaccurate prescriptions or medication charts • Writes illegible prescriptions or drug orders or enters data into electronic systems incorrectly • Inadequately consults with the multidisciplinary team (including senior consultant and/ or allied health professionals)
Domain 4: Professional & leader	**Professionalism** • Demonstrates professional conduct, honesty and integrity • Recognises their own limitations and seeks help when required in an appropriate way • Demonstrates an understanding of the	**Professionalism** • Has an incomplete understanding of their own limitations that may result in overestimation of ability and dismissal of other health care team-member concerns, or delay in responding to or asking for help

	regulatory and legal requirements and limitations regarding prescribing <u>Sub-points:</u> • Demonstrates an understanding of the ethical implications of pharmaceutical industry marketing and funded research • Maintains patient privacy and confidentiality • Maximises patient autonomy and supports patients' decision making **Clinical responsibility** • Reports adverse events related to medications **Teamwork** • Works collaboratively with the multidisciplinary team, including pharmacists and nursing staff • Participates in medication safety meetings and morbidity and mortality meetings	
Domain 3: Advocate	**Cultural safety** • Appreciates patients' cultural and religious background, attitude and beliefs, and how these might influence the acceptability of pharmacological and non-pharmacological management approaches **Population health** • Considers population level constraints on prescribing, including: o economic costs to community o antimicrobial resistance	**Cultural safety** • Does not consider patients' cultural and religious background, attitude and beliefs, and how these might influence the acceptability of pharmacological and non-pharmacological management approaches **Population health** • Does not consider population level constraints on prescribing, including: o economic costs to community o antimicrobial resistance
Domain 1: Scientist & scholar	**Knowledge** • Demonstrates knowledge of clinical pharmacology, including side effects and drug interactions, of the drugs they are prescribing • Makes use of local service protocols, guidelines, to ensure decision making is evidence-based and applies guidelines to individual patients appropriately **Quality Assurance** • Applies the principles of safe prescribing, particularly for drugs with a risk of significant side-effects, using evidence based prescribing resources, as appropriate • Prescribes in accordance with institutional policies, including policies on antibiotic stewardship • safely uses electronic prescribing systems as appropriate	**Quality Assurance** • Does not apply the principles of prescribing and/ or consider the use of evidence based prescribing resources • Does not prescribes in accordance with institutional policies • Displays inadequate knowledge of the monitoring requirements or potential side-effects of the medications they are prescribing

	Sub points: • Applies information regarding side-effects and monitoring requirements of medications • Identifies medication errors and institutes appropriate measures uses electronic prescribing systems safely	

EPA 4

Theme: Team communication

Title: Communicate about patient care, including accurate documentation and written and verbal information to facilitate high quality care at transition points and referral

Context and focus: This EPA applies to any clinical context but the critical aspects are to:

1. Communicate timely, accurate and concise information to facilitate transfer of care across various health sector boundaries including:
   - at referral from ambulatory and community care
   - at admission
   - between clinical services and clinical teams
   - at changes of shift
   - at discharge to ambulatory and community care
2. Produce timely, accurate and concise documentation of episodes of clinical care

Perform this activity in multiple settings, including inpatient and ambulatory (or community) care settings or in emergency departments and in the care of different populations for example children, adults and elderly.

Description: This activity requires the ability to:

1. Communicates effectively to
   - Facilitate high quality care at any transition point
   - ensure continuity of care
   - share patient information with other health care providers and other clinical teams in conjunction with referral or the transfer of responsibility for patient care
   - use local agreed modes of information transfer, including oral, electronic and written format to communicate (at least):
     - patient demographics
     - concise medical history and relevant physical examination findings
     - current problems and issues
     - details of pertinent and pending investigation results
     - medical and multidisciplinary care plans
     - planned outcomes and indications for follow up
2. Documents effectively to:
   - enable other health professionals to understand the issues and continue care
   - produce written summaries of care, including admission and progress notes, team referrals, discharge summaries, and transfer documentation
   - produce accurate records appropriate for secondary purposes
   - complete accurate medical certificates, death certificates and cremation certificates
   - enable the appropriate use of clinical handover tools

Behaviours:

Outcome	**Requires minimal supervision** *(I need to be contactable / in the building)* Examples of behaviours of a prevocational doctor who can perform this activity with minimal supervision.	**Requires direct supervision** *(I need to be there to observe the interactions and review the work)* Examples of behaviours of a prevocational doctor who requires direct supervision to perform this activity.
Domain 2: Practitioner	**Information management** • Produces medical record entries that are timely, accurate, concise and understandable	**Information management** • Produces incomplete and/or inaccurate records that: ○ Omit clinically significant history, examination findings,

	• Document and prioritise the most important issues for the patient **Patient management** • Displays understanding of the details of patients' condition, illness severity, comorbidities and potential emerging issues summarising planned management including indications for follow up. <u>Sub -points:</u> • Uses a structured approach to thinking about patients' issues and prioritising these **Communication** • Creates verbal or written summaries of information that are accurate, appropriate, relevant and understandable for patients and/ other health professionals <u>Sub-points:</u> • Accurately identifies key problems or issues • Ensures a suitable environment and adequate time for handover • Communicates clearly with patients, team members and other caregivers • Confirms information has been received and understood, and seeks questions and feedback	investigation results or management plans; and/or ○ Do not include identification details, entry date and time, signature, printed name, designation or contact details • Records or updates to documentation are not produced in a timeframe appropriate to the clinical situation • Creates overly inclusive notes that includes redundant and/or repetitive information • Creates unstructured medical record • Makes illegible notes, uses jargon and/or inappropriate acronyms **Patient management** • Medical record lacks an overall impression or plan <u>Sub-point</u> • Doesn't form an appropriate structure for the clinical context e.g. use a traditional presenting problem history or systems-based structure **Communication** • Creates verbal or written summaries of information that are not appropriate, relevant or understandable for patients and/or other health professionals and/ or carers • Uses language that may be offensive or distressing to patients or other health professionals • Does not mitigate the risks associated with changing care teams or environments: • Inadequately summarises the active medical problems • Has an unstructured approach in transferring oral or written information • Includes unnecessary or irrelevant information • Omits significant problems • Inadequately clarifies treatment changes and clinical reasoning • Omits ongoing management plans, discharge medications, pending tests at discharge, or patient counselling

		• Communicates in an inappropriate environment, such as handover in public places
Domain 4: Professional & leader	**Professionalism** • Demonstrates professional conduct, honesty and integrity • Appropriately prioritises the creation of medical record entries • Informs patients that handover of care will take place and to which team, service, or clinician as appropriate • Maintains respect for patients, families, carers, and other health professionals, including respecting privacy and confidentiality <u>Sub-points:</u> • Complies with the legal requirements of preparing and managing documentation • Provides honest and accurate medical certification where required • Maintains confidentiality of documentation and stores clinical notes appropriately • Maximises patient autonomy and supports patients' decision making • Takes responsibility for their actions/ is accountable	**Professionalism** • Assigns a low priority to the creation of medical record entries when ordering daily tasks, such as deferring it to the end of the day or clinic leading to delays that may affect patient care or the quality of the record • Inappropriately delays preparing transfer documentation and/or undertaking transfer communications • Inadequately maintains confidentiality, for example: o Gathering and displaying confidential information on patients, such as information displayed on a list that the patient's relatives could access, or sharing information that is not relevant to patient care • Displays lapses in professional conduct, such as providing inaccurate or incomplete information **Teamwork** • Does not engage with nursing staff and/or other relevant allied health practitioners • Omits or disregards key information from other team members in handover
Domain 3: Advocate	**Whole person care** • Considers social/economic context for example: o Factors transport issues and costs to patients into arrangements for transferring patients to other settings o Appropriately prioritises social history and cultural factors **Cultural safety** • Includes relevant information regarding patients' cultural or ethnic background in the handover and whether an interpreter is required	**Whole person care** • Disregards social history or cultural factors and their management in transfer of care documentation. **Cultural safety** • Demonstrates insensitivity or lack of awareness of relevant cultural issues such as not specifying when an interpreter is required • Uses language that may be offensive or distressing to patients or other health professionals
Domain 1: Scientist & scholar	**Quality Assurance** • Maintains records sufficiently to enable optimal patient care and secondary use of the document such	**Quality Assurance** • Does not maintain records adequately

	as adequate coding, incident review, research or medico-legal proceedings • Ensures all outstanding results or procedures will be followed up by receiving units and clinicians <u>Sub-points:</u> • Provides and receives feedback to and from team members regarding handovers and any errors that occurred, including inaccurate information transmission • Communicates accurately and in a timely fashion to ensure an effective transition between settings, and continuity and quality of care	• Produces records lacking key information regarding episodes of care • Uses ambiguous or inappropriate acronyms • Performs incomplete handover • Omissions and errors in transfer of care communications • Transfer of care communications are not undertaken in a timely manner

C. Record of Learning

The review is proposing that a record of learning will be incorporated into the revised framework and captured in an e-portfolio, including the following.

- Outline of and access to training requirements (outcome statements and EPAs).
- Record of longitudinal achievement/progress against outcome statements and EPAs.
- Record of additional education training (export/ import) e.g. Basic Life Support or hand hygiene.
- Record of CPD activities (PGY2).
- Procedural log - for junior doctor to add procedures (not prescribed list).
- Record of assessment.

See the e-portfolio specifications at **ATTACHMENT C** for further details.

3. Prevocational assessment

(Revised - Intern training – Assessing and certifying completion)

Note: This document is based on the previous *Intern training – Assessing and certifying completion document*.

Introduction

This document details requirements for assessing prevocational doctors (PGY1 and PGY2) participating in accredited training programs, and for certifying completion of each year. It should be read in conjunction with:

- For PGY1 - *Registration standard – Australian and New Zealand graduates*
- *Prevocational Training Environment – National standards for programs and requirements and guidelines for terms*

A. Assessment approach

Note: text will be updated once national standards confirmed.

The basis for this assessment approach is contained in *Prevocational Training Environment – National standards for programs*. Assessment must be based on prevocational doctors achieving outcomes stated in prevocational outcome statements (reference to standard) and it must be understood by supervisors and prevocational doctors (reference to standard).

Therefore, assessing prevocational doctors has three distinct imperatives:

- First, the process must be clear and transparent for all involved.
- Second, the assessment process must be based on outcomes consistent with the national standards. To achieve this, prevocational doctors must be assessed against the *Prevocational outcome statements*.
- Third, assessment for PGY1 doctors must capture the essential information that prevocational training providers must provide to the Medical Board of Australia for determining whether they have met the registration standard. For PGY2, assessment must capture information to facilitate issuing a certificate of completion. See page 4 for more information.

Summary of proposed process and changes since the last consultation

The following table summarises the proposed revised assessment processes for PGY1 and PGY2. These concepts were consulted on in 2020. The tables include:

- Blue text – highlights the proposed changes to the current framework (consulted on in November 2020).
- Red text - highlights a change that has been made since the last consultation.
- A high-level summary of stakeholder feedback in response to the last consultation.

Assessment component	Description of proposed process	Summary of feedback and further changes
Beginning of term discussion	Mandatory beginning of term discussion between the prevocational doctor and term supervisor to outline the learning outcomes, term description and assessment requirements. A template will be provided.	Broadly supportive. The review is proposing to mandate this discussion.
Mid-term assessment	• Purpose: Provide feedback on performance and identify learning needs early. • Number: 1 each term • Format: Term supervisor completes (suggested prevocational doctor does self-assessment too). Discussion between supervisor and prevocational doctor. • Assessor/s: Supervisor to conduct or registrars to contribute to/conduct mid-term assessments, with a process for formal sign off by the supervisor.	Stakeholders supported involvement of registrars in mid-term assessments with appropriate training. Determined not to set level of training as this is context specific, judgement by supervisor.
Entrustable professional activity assessments	• 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. • Number: ○ A minimum of 10 EPAs are to be assessed in total across the year and a minimum of 2 in each term. ○ EPA 1 assessed in each term, and EPAs 2-4 assessed two to three times each throughout the year. ○ Opportunities to increase the EPAs for individuals with development needs. • Format: Proposing the format of assessment is an Activity Based Discussion, which would entail a combination of direct observation and case-based discussion. The following would be requirements for the assessment of an EPA: ○ that it is based on a real patient for whom the prevocational doctor is involved in the care of ○ that the patient is known to the assessing supervisor ○ that the supervisor should have observed some significant part of the clinical interaction (or if not possible e.g. EPA2 that feedback is sought from someone who did) ○ the discussion might include some expansion on the parameters of the EPA observed, e.g. “what would you do if the patient was older?” or “…was	Support for introduction of EPA assessments. There were mixed views about the proposed number of EPA assessments (ten per year) - ranging from too few to too many. The review plans to continue with the proposed ten assessments, evaluate when the Framework is implemented and adjust as required. Language describing the format of the EPA assessment has been adjusted to clarify the intention to incorporate this assessment in routine daily work. The review is proposing that other team members might conduct the EPA assessment - e.g. the ward pharmacist for the prescribing EPA.

	from a non-English speaking background?" or "…lived at home alone with no immediate carer support available?" • Assessor/s: Supervisors and/or registrars should be able to assess some EPAs with some training. Other members of the healthcare team such a nurse or ward pharmacist might also conduct or contribute to an EPA in a term, where deemed suitable by the supervisor. A minimum of one EPA per rotation should be assessed by a consultant level supervisor. • PGY1/PGY2: 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.	
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, data from EPA assessments, the observations of others and evidence against outcome statements from the learning plan in the discussion. At end of term supervisor gives global rating of progress towards completion of PGY1/PGY2. • Assessor: Term supervisor. Note: Proposing a clinical supervisor (e.g. registrar) may fill in the information of the term assessment and have some initial discussions and the term supervisor would counter sign. This would allow for internal flexibility of processes.	Change to reflect the e-portfolio will enable data from other sources, such as EPA assessments, to be incorporated into the term assessment forms.
Certifying completion	See section below.	

Assessment forms

Note: text will be updated once the term assessment and EPA forms are confirmed, will include information on rating scales.

Assessor training

Note: Review is proposing strengthening assessor/supervisor training requirements.

Under national standard (update reference), prevocational training providers must have processes for ensuring those assessing prevocational doctors have the relevant capabilities and understanding of the processes involved.

Prevocational training providers should therefore incorporate specific training in using assessment forms in their supervisor support and development programs, in addition to general training in

assessment and feedback skills. Training may also include supervisor 'frames of reference' and calibration of ratings to improve reliability and validity of the assessment processes.

Feedback and performance review

National standards (update reference) address feedback and performance review. Prevocational training providers must:

- provide regular feedback to prevocational doctors on their performance
- document assessment performance
- ensure feedback from supervisors is received each term
- encourage prevocational doctors to take responsibility for their own performance and to seek feedback
- have clear procedures to immediately address patient safety concerns
- identify prevocational doctors who are not performing to the expected level and organise early appropriate remediation.

To meet these standards, term supervisors should assess prevocational doctors at the end of each term. For terms longer than five weeks, term supervisors should also assess prevocational at the term's mid-point. Prevocational doctors should also complete self-assessments of their performance, and discuss these with the term supervisor at the mid-term (if relevant) and end-of-term assessment meetings. Feedback should be provided to prevocational doctors at these meetings.

B. Improving performance

Note: The Review is proposing changes to the current remediation processes. The intention is to strengthen and clarify the processes, including emphasising the focus on early identification, feedback and support. process.

- A learning need or performance issue could be identified in a range of ways including:
  - Term assessment processes
  - Observed practice (e.g. re-occurring through EPAs or team feedback)
- Early discussions are important to ensure appropriate support and feedback is provided.

Phase 1 — **Informal discussion**

- An timely and informal discussion should follow between the prevocational doctor, term supervisor and registrar, with support from the Director of Clinical Training (or equivalent) as required.
- Recommended written summary of outcomes, recommendations and actions.
- Might include an action plan.

Phase 2 — **Formal discussion and action plan**

- If further support or action is required the Director of Clinical Training (or equivalent) should discuss the circumstances with the term supervisor and the prevocational doctor, and implement a tailored plan (might include managed supervision). The registrar might be part of this discussion and plan.
- Improving Performance Action Plan (IPAP) should document the specific actions and timelines jointly agreed to support and improve the prevocational doctor's performance, and enable progress to be tracked.

Phase 3 — **Managed supervised practice**

- A period of managed supervision is required where there is continuing concern about a prevocational doctor's performance. Normally, the DCT would make this decision, initiate the managed supervision plan, and communicate the requirements directly to term supervisors and the Director of Medical Services. The assessment panel will be convened to support the process.
- Additional managed supervision is indicated when prevocational doctor performance:
  - does not meet the requirements of one of the terms, and/or
  - does not satisfy the requirements of a previous remediation plan, and/or
  - raises sufficiently complex issues during the scheduled term supervisor assessment to require more detailed consideration and action.
- This period will include undertaking a period of very close supervision and/or additional work.
- Additional assessment methods may be used to facilitate and support learning such as mini-cex, multi source feedback or additional EPA assessments.

There may be circumstances where the prevocational training provider considers it not appropriate to offer the prevocational doctor additional remediation within that employment period, or that remediation is unlikely to be successful. For PGY1 the training provider should report this to the Medical Board of Australia, using the same process of certifying completion of internship described below.

All decisions regarding additional remediation or non-completion of a term must be clearly documented and communicated directly to the Director of Medical Services. This will ensure that the employer is informed about these aspects of prevocational doctor performance.

Notifiable conduct

The requirement under national standard (will update standard reference) to immediately address concerns about patient safety will require action beyond remediation, including possible withdrawal of a prevocational doctor from the clinical context. Prevocational training providers and employers must also be aware of sections 141 and 142 of the *National Law*. This requires registered health practitioners and employers to make notifications about registered medical practitioners who have engaged in 'notifiable conduct' as defined in section 140 of the *National Law*. Notifiable conduct by prevocational doctors must be reported to the Medical Board of Australia immediately.

Assessment review and quality

Note: Once confirmed the text will be updated to reflect the assessment panel's role in both routine progression decisions and in more complex decisions.

C. Certifying completion of PGY1 and PGY2 training

The requirements for certifying completion of PGY1 and PGY2 will be different. Satisfactory completion of PGY1 will remain the point at which a decision to grant general registration is made. A summary of the proposed processes for each is provided below. Text in blue has been updated since the last consultation.

Overview of process

Assessment component	Description of proposed process	Summary of feedback and further changes
Certifying completion	• Purpose: Global judgement by an assessment panel at the end of each year, taking account of EPA assessments and all end of term assessment forms. As is currently the case, a longitudinal approach to assessment will be employed and 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. • PGY1 - Satisfactory completion of PGY1 will continue to be a requirement for general registration. • PGY2 - 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. Note flexibility to enter vocational training in PGY2 will remain. • Panel composition Proposed prevocational training providers have some flexibility in determining panel composition. Might include: DCT, DMS/CHO delegate, MEO, HR, experienced supervisor/s. • Process/ number of meetings The Panel will meet at least once in a year to discuss progression decisions. However, can also be convened as required to support the Improving Performance pathway, and particularly in the case of Phase 3. See Improving Performance section for details.	General support for a panel for decision-making. There was agreement that the process needs to be streamlined to avoid additional burden. There was strong feedback that it will be important to avoid duplication of assessment and certification for those PGY2 doctors who have commenced vocational training program.

Evidence for decision-making

The following provides a summary of the proposed evidence to be provided to the assessment panel at the end of the year to support decision making on completion of PGY1 or PGY2, this data will be collected by and reported through an e-portfolio. This has not been previously consulted on but builds on current requirements for PGY1.

Note there are some specific requirements for certifying completion of PGY1 that relate to Medical Board of Australia's process for granting general registration these will be revised in line with changes to mandatory term requirements.

It is proposed that to streamline the process the assessment panel might consider the evidence in varying level of detail depending on the outcomes of assessment. For example:

1. Routine – high level summary of components - for noting (all components satisfactory)
2. Routine with some areas for discussion/ noting - Case summary – for discussion - summary with further detail e.g. if criteria not met but successfully resolved.
3. Complex cases - Presentation – for discussion - complex cases (further detail around components including assessments provided)

Requirement	**Details**
Program length	Evidence demonstrating time requirement (facilitated through e-portfolio).
Term requirements	The revised Training environment – Requirements and guidelines for programs and terms will define new parameters that will be put in place instead of the current mandatory term requirements. Evidence of terms meeting these requirements will be required (facilitated through e-portfolio).
Completion of the outcomes (part of Record of Learning)	As part of the Record of Learning, proposed that there is a mechanism for demonstrating that each outcome statement is marked as complete at the end of each year which would form part of the assessment panel discussions. Currently an intended function of the term assessment forms. This might form part of the PGY1/ PGY2 doctor's learning plan for the year. Evidence of achieving outcomes could be achieved through: • Mid/ end of term assessments (noting that term assessments have currently been raised to the level of Domains) • Completion of entrustable professional activities. Outcome statements mapped to the EPAs. • PGY1/PGY2 doctors uploading evidence against outcome statement (for example – attendance at a workshop). This will be facilitated through the e-portfolio.
Term assessments (mid and end)	Level of detail required will depend on whether routine, routine with areas for discussion, or complex case. E.g. Routine – Summary of ratings against domains and global ratings, Complex – assessment forms.
EPA outcomes	Level of detail required will depend on whether routine, routine with areas for discussion, or complex case. E.g. Routine – EPAs have been assessed, summary of level of entrustability against each of the EPAs, Complex – EPA forms.
CPD requirements	Evidence that Board CPD requirements for PGY2 have been met.

Certifying completion – PGY1 for general registration

Prevocational training providers are required to certify completion of internship. On the basis of the information provided, the Medical Board of Australia makes the decision on granting general registration to the intern. The form for use in certifying internship completion, *Certificate of completion of an accredited internship,* is available on the Medical Board of Australia's website.

The Medical Board of Australia requires only the completion of the *Certificate of completion of an accredited internship* form. Term assessment reports and supporting documentation, including outcomes of remediation, should be stored by the training provider in the case that additional information is sought by the Board.

The Medical Board of Australia's requirements for certification, as per the *Registration standard – Australian and New Zealand graduates,* are summarised below [will be revised in line with revised parameters].

The Medical Board of Australia has further clarified these requirements 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.

Notes on terminology

Prevocational doctors can complete supervised terms and training in various health care settings, including hospitals, general practices and community-based medical services. In this document, the key roles in the intern assessment process are those commonly used in hospitals:

- *Director of Medical Services*, for the senior medical administrator who leads the medical workforce at a facility
- *Director of Clinical Training*, for the individual with responsibility for implementing the intern training program
- *Term Supervisor*, for the senior clinician responsible for intern orientation and assessment during a particular term.

These roles, albeit with different titles, will apply in non-hospital settings and the requirements in this document apply accordingly.

These national standards use the terms specified in the glossary at the end of the document.

D. Prevocational training -Term assessment form (Revised)

Note: This form will be translated into an online version prior to implementation. Most of the details in the form will be prepopulated in the e-portfolio, or inputted by the prevocational doctor.

Prevocational doctor details	
Name:	
AHPRA registration no.:	
Assessment type	
☐ Mid-term	☐ End-of-term
☐ Prevocational doctor self-assessment (optional)	

Term details	
From (dd/mm/yyyy):	
To (dd/mm/yyyy):	
Term name:	
PGY:	Term: ____ of ____
Organisation and Department / Unit where term undertaken:	

Sources of information used to complete this form			
Consultation with/ feedback from:	☐ Nursing staff	☐ Registrars	☐ Allied health professionals
	☐ Other consultants	☐ Other (please specify)	
☐ EPAs (as data points and as a point of discussion)			
☐ PGY1/PGY2 learning plan (progress against outcome statements)			

Assessments of EPAs completed during the term to date (and number of each)	**Outcomes of EPA assessments completed**
☐ EPA 1 Clinical Assessment	
☐ EPA 2 Acutely unwell patients	
☐ EPA 3 Prescribing	
☐ EPA 4 Communicating about patient care	

About this form

The purpose of this form is to provide feedback to the prevocational doctor on their performance to support their learning and support decisions about satisfactory completion of PGY1, as the point of general registration, and PGY2.

The form is to be completed by the term supervisor and by the prevocational doctor (for self-assessment) at the mid-point in any term longer than five weeks and at the end of the term. The registrar may conduct or contribute to the mid-term and end-of-term assessments with final sign off completed by the term supervisor.

This form **has not been designed** for recruitment purposes and should not be used for such purposes.

Instructions for prevocational doctors

Complete this form before assessment meetings and discuss it with your supervisor at those meetings. Consider your strengths, areas where you could benefit from additional experience, and the possible ways in which you could gain this experience. Your self-assessment is not for submission.

Instructions for supervisors

Complete and discuss the form with the prevocational doctor. Consider the prevocational doctor's self-assessment and the observations of others in the discussion. The supervisor should:

- Assign a rating for PGY1 or PGY2 doctor performance against each Domain, taking into consideration the expected performance at the individual's level of training.
- A Domain rating of 3 indicates that all **observed** outcome statements within the Domain would be rated a 3 individually.
- Domain ratings of 1 or 2, will require further information about which specific outcomes were inconsistently met.
- A not observed rating will require further information about which outcomes and whether supplementary evidence was provided, e.g. attendance at a course.
- Liaise with the Medical Education Unit (MEU) or Director of Clinical Training (DCT), and complete an Improving Performance Action Plan (IPAP) when a prevocational doctor requires remediation or additional support in order to meet the required standard (e.g. when the prevocational doctor is assigned ratings of 1 or 2 for one or more items, or at the supervisor's discretion).
- At the end-of-term assessment, assign a global rating of progress towards completion of PGY1 or PGY2. Review any existing improving performance plan to determine if it is complete, or if ongoing actions are required.

Relevant documents

[To be updated once framework finalised.]

Domain 1: Science and scholarship – The prevocational doctor as scientist and scholar	
The assessment of this Domain is based on the following outcomes:	
☐	1.1 **Knowledge:** Consolidate, expand and apply knowledge of the aetiology, pathology, clinical features, natural history and prognosis of common and important presentations in a variety of settings.
☐	1.2 **Evidence-informed practice:** Access, critically appraise and apply evidence from the medical and scientific literature to clinical and professional practice.
☐	1.3 **Quality assurance:** Participate in quality assurance and quality improvement activities such as peer review of performance, clinical audit, risk management and incident reporting.
Due to variable experiences provided during different terms, components of this Domain might be difficult to observe in practice. Where an outcome has not been observed, evidence will be required to support feedback given on this Domain. Evidence may include but is not limited to, attending a relevant educational course or conference, participating in quality assurance or quality improvement activities e.g. contributing to morbidity and mortality reviews. This will be recorded in the e-portfolio as part of the learning plan.	
[If any of the above outcomes were NOT observed a matrix table will ask to identify: a) which outcome and b) whether additional evidence was provided in the learning plan against that outcome (e.g. attendance at a course)]	

Domain 1 rating overall:				
1 ☐ Rarely met	2 ☐ Inconsistently met	3 ☐ Consistently met	4 ☐ Often exceeded	5 ☐ Consistently exceeded
[If a rating of 1 or 2 is selected, this will trigger a matrix table to specify which outcome/s were inconsistently or rarely met.]				

Feedback on Domain 1
[Free text for Supervisor to provide global feedback about the Domain. Please identify which outcome statements this feedback relates to.]

Domain 2: Clinical practice – The prevocational doctor as practitioner	
The assessment of this Domain is based on the following outcomes:	
☐	2.1 **Patient safety:** Place the needs and safety of patients at the centre of the care process, working within statutory and regulatory requirements and guidelines. Demonstrate skills including effective clinical handover, graded assertiveness, delegation and escalation, infection control, and adverse event reporting.
☐	2.2 **Communication:** Communicate sensitively and effectively with patients, their family/carers, and health professionals applying the principles of shared–decision making and informed consent.
☐	2.3 **Patient assessment:** Perform and document patient assessments, incorporating a problem-focused medical history with a relevant physical examination, and generate a valid differential diagnosis and summary of the patients' health issues.
☐	2.4 **Investigations:** Request and accurately interpret common and relevant investigations using evidence-informed knowledge and principles of cost-effectiveness.
☐	2.5 **Procedures:** Safely perform a range of common procedural skills required for work as a PGY1 or PGY2 doctor.
☐	2.6 **Patient management:** Make evidence-informed management decisions and referrals using principles of shared decision-making with patients, carers and the healthcare team.
☐	2.7 **Prescribing:** Prescribe therapies and other products including drugs, fluid, electrolytes, and blood products safely, effectively and economically.
☐	2.8 **Emergency care:** Recognise, assess, escalate as required, and provide immediate management to deteriorating and critically unwell patients.
☐	2.9 **Utilising and adapting to dynamic systems:** Appropriately utilises and adapts to dynamic systems and technology to facilitate practice, including for documentation, communication, information management and supporting decision-making.
[If any of the above outcomes were NOT observed a matrix table will ask to identify: a) which outcome and b) whether additional evidence was provided in the learning plan against that outcome (e.g. attendance at a course)]	

Domain 2 rating overall:				
1 ☐ Rarely met	2 ☐ Inconsistently met	3 ☐ Consistently met	4 ☐ Often exceeded	5 ☐ Consistently exceeded
[If a rating of 1 or 2 is selected, this will trigger a drop-down menu to specify which outcome/s were inconsistently or rarely met.]				
Feedback on Domain 2				
[Free text for Supervisor to provide global feedback about the Domain. Please identify which outcome statements this feedback relates to.]				

Domain 3 – Health and society – The prevocational doctor as a health advocate

The assessment of this Domain is based on the following outcomes:	
☐	3.1 Population **health:** Incorporate disease prevention, appropriate and relevant health promotion and health surveillance into interactions with individual patients. Including screening for common diseases, chronic conditions, and discuss healthcare behaviours with patients.
☐	3.2 **Whole of person care:** Apply whole of person care principles to clinical practice, including consideration of a patient's physical, emotional, social, economic, cultural and spiritual needs. Acknowledging that these factors can influence a patient's description of symptoms, presentation of illness, healthcare behaviours and access to health services or resources.
☐	3.3 **Cultural safety:** Demonstrate culturally safe practice with ongoing critical reflection of health practitioner knowledge, skills, attitudes, practicing behaviours and power differentials in delivering safe, accessible and responsive healthcare free of racism.
☐	3.4 **Aboriginal and Torres Strait Islander health:** [Wording in consultation with Aboriginal and Torres Strait Islander stakeholders]
☐	3.5 **Integrated healthcare:** Partner with the patient in their healthcare journey, recognising the importance of interaction with and connection to the broader healthcare system. Where relevant, this should include communicating with caregivers and other health professionals.

Due to variable experiences provided during different terms, and its potential difficulty to assess, evidence will be required to support feedback given on this Domain. In filling out this assessment, you are taking account of evidence provided and reflecting on that and the context in which you are making the assessment. Evidence may include but is not limited to, attending a relevant educational course. This will be recorded in the e-portfolio as part of the learning plan.

[If any of the above outcomes were NOT observed a matrix table will ask to identify: a) which outcome and b) whether additional evidence was provided in the learning plan against that outcome (e.g. attendance at a course)]

Domain 3 rating overall:

1 ☐ Rarely met	2 ☐ Inconsistently met	3 ☐ Consistently met	4 ☐ Often exceeded	5 ☐ Consistently exceeded

[If a rating of 1 or 2 is selected, this will trigger a drop-down menu to specify which outcome/s were inconsistently or rarely met.]

Feedback on Domain 3

[Free text for Supervisor to provide global feedback about the Domain. Please identify which outcome statements this feedback relates to.]

Domain 4 – Professionalism and leadership – The prevocational doctor as a professional and leader

The assessment of this Domain is based on the following outcomes:	
☐	4.1 **Professionalism:** Demonstrate ethical behaviours and professional values including integrity; compassion; self-awareness, empathy; patient confidentiality and respect for all.
☐	4.2 **Self-management:** Self-evaluate and optimise their personal health, wellbeing and professional practice, including responding to fatigue and managing stress to mitigate health risks of professional practice.
☐	4.3 **Self-education:** Demonstrate lifelong learning behaviours and participate in, and contribute to, teaching and supervision.
☐	4.4 **Clinical responsibility:** Take increasing responsibility for patient care, while recognising the limits of their expertise and involving other professionals as needed to contribute to patient care.
☐	4.5 **Teamwork:** Respect the roles and expertise of healthcare professionals, learn and work collaboratively as a member of an inter-professional team.
☐	4.6 **Safe workplace culture:** Contribute to safe and supportive work environments, including being aware of professional standards and institutional policies and processes regarding bullying, harassment and discrimination for themselves and others.
☐	4.7 **Time management:** Effectively manage time and workload demands, be punctual, and show ability to prioritise workload to manage patient outcomes and health service functions.
[If any of the above outcomes were NOT observed a matrix table will ask to identify: a) which outcome and b) whether additional evidence was provided in the learning plan against that outcome (e.g. attendance at a course)]	

Domain 4 rating overall:				
1 ☐ Rarely met	2 ☐ Inconsistently met	3 ☐ Consistently met	4 ☐ Often exceeded	5 ☐ Consistently exceeded
[If a rating of 1 or 2 is selected, this will trigger a drop-down menu to specify which outcome/s were inconsistently or rarely met.]				

Feedback on Domain 4
[Free text for Supervisor to provide global feedback about the Domain. Please identify which outcome statements this feedback relates to.]

Global rating (required only for the end-of-term assessment)

Assign a global rating of progress towards completion of PGY1 or PGY2. In assigning this rating, consider the prevocational doctor's ability to practise safely, work with increasing levels of responsibility, apply existing knowledge and skills, and learn new knowledge and skills during the term.

Global rating	
☐ Satisfactory	The prevocational doctor has met or exceeded performance expectations for the level of training during the term.
☐ Conditional	Further information, assessment and/or remediation may be required before deciding that the prevocational doctor has met performance expectations for the level of training.
☐ Unsatisfactory	The prevocational doctor has not met performance expectations for the level of training in the term.

Please provide feedback on the following:

Strengths
Areas for improvement

Additional support

Please contact the Medical Education Unit (MEU) or Director of Clinical Training (DCT), when a prevocational doctor requires additional support to meet the required standard; refer to the instructions on page 1.

MEU Contact details	[Details will prepopulate based on data stored in the e-portfolio]
DCT Contact details	[Details will prepopulate based on data stored in the e-portfolio]

[It is intended that the e-portfolio will flag unsatisfactory or conditional ratings with DCTs.]

Supervisor

Name (print clearly)

Signature

Position

Date

Day Month Year

Director of Clinical Training

Name (print clearly)

Signature

Date

Day Month Year

Prevocational doctor

I (insert name) _____

confirm that I have discussed the above report with my Term supervisor and know that if I disagree with any points I may respond in writing to the Director of Clinical Training within 14 days.

Signature

Date

Day Month Year

Director of Clinical Training feedback

Return of form

Please forward to (contact person, department):

Relevant documents

Relevant documents are available on the AMC website http://www.amc.org.au/index.php/ar/psa

E. Prevocational training - Entrustable Professional Activity (EPA) form (New)

Note: This form will be translated into an online version prior to implementation. Most of the details in the form will be prepopulated in the e-portfolio, or inputted by the prevocational doctor. This form is a tool used to assess an EPA of a prevocational doctor. The importance of breadth of experience and a range of task complexities across EPAs assessed throughout PGY1 and PGY2 is emphasised.

Prevocational doctor name:	

Term name:					
Term start date:				Term end date:	
PGY:		Term:	____ of ____	Week of term:	
Date of assessment:					

Supervisor name:	
Assessor name:	
Assessor:	[Drop down menu] - Consultant (term supervisor) - Consultant (other) - Registrar - Nurse/ nurse practitioner - Pharmacist - Other
Consultation with/ input from:	☐ Consultant (term supervisor) ☐ Consultant (other) ☐ Registrar ☐ Patient ☐ Nurse/ nurse practitioner ☐ Pharmacist ☐ PGY1/2 peer ☐ Other

EPA 1 – Clinical Assessment

Title: Conduct a clinical assessment of a patient incorporating history, examination, and formulation of a differential diagnosis and a management plan including appropriate investigations.

Focus and context: This EPA applies in admission, reviewing patient on request of particular concern, ward call tasks, ward round, lower acuity ED presentations, general practice consultations or outpatient clinical attendance.

Perform this activity in multiple settings, including inpatient and ambulatory (or community) care settings or in emergency departments and in the care of different populations for example children, adults and elderly.

Description: This activity requires the ability to, where appropriate or possible complete some or all of the following list. The prevocational doctor is to tick the task descriptions that are relevant to this assessment:

☐	1.	if clinical assessment requested by a team member, clarify the concern(s) with them
☐	2.	identify pertinent information in the patient record
☐	3.	obtain consent from the patient
☐	4.	obtain history
☐	5.	examine patient
☐	6.	consider and integrate information from patient record, clinical assessments, and relevant ward protocols/ guidelines/ literature
☐	7.	develop provisional and differential diagnoses and/or problem lists
☐	8.	produce a management plan, confirm with senior colleague as appropriate, and communicate with relevant team members and the patient
☐	9.	implement management plan, initiate or perform appropriate investigations and procedures, document assessment and next steps, including indications for follow up

See Section 2B for descriptions of behaviours that demonstrate entrustability to the supervisor.

Prevocational doctor to complete this section

Case details

Brief description of issues of case: [Free text written by prevocational doctor – will consult with stakeholders on what is most important]

Self-assessment

Self-reflection on performance of the task:

Based on this case, what will you do to develop your learning further?

Outcome statements

[Will prepopulate what outcome statements this assessment will map to, based on what aspects of the task description have been ticked in the above section]

Assessor to complete this section

Case details:	Patient type: ☐ Child ☐ Adult ☐ Elderly	Setting: [Will consult with stakeholders on which details they think would be useful to capture here from a data collection perspective]

Assessment of complexity of the case(s) for the level of training:	☐ Low ☐ Medium ☐ High
Note: It expected that as prevocational doctors progress through their program, the cases the EPAs are assessed on increase in complexity. For example, Low to Medium complexity cases expected in early PGY1, moving towards more High complexity cases throughout PGY2.	

Assessor's declaration	
☐	The patient(s) is known to me and I have directly observed some part of the clinical interaction or have spoken to a team member that has

Entrustability scale	
Supervisors are asked to make a judgement on the degree of entrustment; the level of supervision required appropriate to the level of level of training (acknowledging that supervision requirements for PGY1 or PGY2 are different)	
☐	Requires direct supervision (I need to be there to observe the interactions and review the work)
☐	Requires proximal supervision (I need to be easily contacted, and able to provide immediate or detailed review of work)
☐	Requires minimal supervision (I need to be contactable/ in the building)

Feedback

What went well?

What could be done to improve?

Learning goals arising from the experience

Assessor sign off:	

Prevocational training

Entrustable Professional Activity (EPA) form

This form is a tool used to assess an EPA of a prevocational doctor. The importance of breadth of experience and a range of task complexities across EPAs assessed throughout PGY1 and PGY2 is emphasised.

Prevocational doctor name:	

Term name:					
Term start date:				Term end date:	
PGY:		Term:	____ of ____	Week of term:	
Date of assessment:					

Supervisor name:	
Assessor name:	
Assessor:	[Drop down menu] - Consultant (term supervisor) - Consultant (other) - Registrar - Nurse/nurse practitioner - Pharmacist Other
Consultation with/ input from:	☐ Consultant (term supervisor) ☐ Consultant (other) ☐ Registrar ☐ Patient ☐ Nurse/ nurse practitioner ☐ Pharmacist ☐ PGY1/2 peer ☐ Other

EPA 2 – Acutely unwell patients

Title: Recognise, assess, escalate appropriately, and provide immediate management to deteriorating and acutely unwell patients. (This EPA recognises that PGY1/2 doctors often called after hours to assess patients whose situation has acutely changed)

Focus and context: This EPA applies in any clinical context but the critical aspects that differentiate it from EPA 1 are for the PGY1/PGY2 doctor to:

1. Recognise the acutely unwell and or deteriorating patient
2. Act immediately, demonstrating a timely approach to management
3. Escalate appropriately

Perform this activity in multiple settings, including inpatient and ambulatory (or community) care settings or in emergency departments, in and after hours, and in the care of different populations for example children, adults and elderly.

Description: This activity requires the ability to, where appropriate or possible complete some or all of the following list. The prevocational doctor is to tick the task descriptions that are relevant to this assessment:

☐	1.	recognise clinical deterioration or acutely unwell patients
☐	2.	respond by initiating immediate management, including basic life support if required
☐	3.	seek appropriate assistance, including following the local process for escalation of care
☐	4.	communicate critical information in a concise, accurate and timely manner to facilitate decision making
☐	5.	actively anticipate additional requirements
☐	6.	lead the resuscitation initially, and involve other necessary services, such as intensive care or retrieval services

See Section 2B for descriptions of behaviours that demonstrate entrustability to the supervisor.

Prevocational doctor to complete this section

Case details

Brief description of issues of case: [Free text written by prevocational doctor – will consult with stakeholders on what is most important]

Self-assessment

Self-reflection on performance of the task:
Based on this case, what will you do to develop your learning further?

Outcome statements

[Will prepopulate what outcome statements this assessment will map to, based on what aspects of the task description have been ticked in the above section]

Assessor to complete this section

Case details:	Patient type: ☐ Child ☐ Adult ☐ Elderly	Setting: [Will consult with stakeholders on which details they think would be useful to capture here from a data collection perspective]

Assessment of complexity of the case(s) for the level of training:	☐ Low ☐ Medium ☐ High
Note: It expected that as prevocational doctors progress through their program, the cases the EPAs are assessed on increase in complexity. For example, Low to Medium complexity cases expected in early PGY1, moving towards more High complexity cases throughout PGY2.	

Assessor's declaration	
☐	The patient(s) is known to me and I have directly observed or confirmed some part of the clinical interaction or have spoken to a team member that has

Entrustability scale	
Supervisors are asked to make a judgement on the degree of entrustment; the level of supervision required appropriate to the level of level of training (acknowledging that supervision requirements for PGY1 or PGY2 are different)	
☐	Requires direct supervision (I need to be there to observe the interactions and review the work)
☐	Requires proximal supervision (I need to be easily contacted, and able to provide immediate or detailed review of work)
☐	Requires minimal supervision (I need to be contactable/ in the building)

Feedback

What went well?
What could be done to improve?
Learning goals arising from the experience

Assessor sign off:	

Prevocational training

Entrustable Professional Activity (EPA) form

This form is a tool used to assess an EPA of a prevocational doctor. The importance of breadth of experience and a range of task complexities across EPAs assessed throughout PGY1 and PGY2 is emphasised.

Prevocational doctor name:	

Term name:					
Term start date:				Term end date:	
PGY:		Term:	____ of ____	Week of term:	
Date of assessment:					

Supervisor name:	
Assessor name:	
Assessor:	[Drop down menu] - Consultant (term supervisor) - Consultant (other) - Registrar - Nurse/ nurse practitioner - Pharmacist - Other
Consultation with/ input from:	☐ Consultant (term supervisor) ☐ Consultant (other) ☐ Registrar ☐ Patient ☐ Nurse/ nurse practitioner ☐ Pharmacist ☐ PGY1/2 peer ☐ Other

EPA 3 – Prescribing

Title: Appropriately prescribe therapies (drugs, fluids, blood products oxygen) tailored to patients' needs and conditions

Focus and context: This EPA applies in any clinical context but the critical aspects are to:

1. Prescribe autonomously when appropriate, taking account of registration, health service policies, and individual confidence and experience with that drug or product
2. Prescribe as directed by a senior team member, taking responsibility for completion of the order to ensure it is both accurate and appropriate in the context of the patient

Perform this activity in multiple settings, including inpatient and ambulatory (or community) care settings or in emergency departments and in the care of different populations for example children, adults and elderly.

Description: This activity requires the ability to, where appropriate or possible complete some or all of the following list. The prevocational doctor is to tick the task descriptions that are relevant to this assessment:

☐	1.	obtain and interpret medication histories
☐	2.	respond to requests from team members to prescribe medications
☐	3.	consider whether a prescription is appropriate
☐	4.	choose appropriate medications
☐	5.	where appropriate, clarify with the senior medical officers, pharmacists, nursing staff, family members or clinical resources the drug, including name, dose, frequency and duration
☐	6.	actively consider drug/ drug interactions and/or allergies and if identified check whether to proceed
☐	7.	provide instruction on medication administration effects and side effects, using appropriate resources
☐	8.	elicit any patient concerns about the benefits and risks, as appropriate seek advice and support to address those concerns
☐	9.	write or enter accurate and clear prescriptions or medication charts
☐	10.	monitor medications for adverse reactions, efficacy, safety, and concordance
☐	11.	review medications and interactions, and cease where indicated, in consultation with the senior team members, including a pharmacist

See Section 2B for descriptions of behaviours that demonstrate entrustability to the supervisor.

Prevocational doctor to complete this section

Case details

Brief description of issues of case: [Free text written by prevocational doctor – will consult with stakeholders on what is most important]

Self-assessment

Self-reflection on performance of the task:

Based on this case, what will you do to develop your learning further?

Outcome statements

[Will prepopulate what outcome statements this assessment will map to, based on what aspects of the task description have been ticked in the above section]

Assessor to complete this section

Case details:	Patient type: ☐ Child ☐ Adult ☐ Elderly	Setting: [Will consult with stakeholders on which details they think would be useful to capture here from a data collection perspective]

Assessment of complexity of the case(s) for the level of training:	☐ Low ☐ Medium ☐ High
Note: It expected that as prevocational doctors progress through their program, the cases the EPAs are assessed on increase in complexity. For example, Low to Medium complexity cases expected in early PGY1, moving towards more High complexity cases throughout PGY2.	

Assessor's declaration	
☐	The patient(s) is known to me and I have directly observed or confirmed some part of the clinical interaction or have spoken to a team member that has

Entrustability scale	
Supervisors are asked to make a judgement on the degree of entrustment; the level of supervision required appropriate to the level of level of training (acknowledging that supervision requirements for PGY1 or PGY2 are different)	
☐	Requires direct supervision (I need to be there to observe the interactions and review the work)
☐	Requires proximal supervision (I need to be easily contacted, and able to provide immediate or detailed review of work)
☐	Requires minimal supervision (I need to be contactable/ in the building)

Feedback

What went well?

What could be done to improve?

Learning goals arising from the experience

Assessor sign off:	

Prevocational training

Entrustable Professional Activity (EPA) form

This form is a tool used to assess an EPA of a prevocational doctor. The importance of breadth of experience and a range of task complexities across EPAs assessed throughout PGY1 and PGY2 is emphasised.

Prevocational doctor name:	

Term name:					
Term start date:				Term end date:	
PGY:		Term:	____ of ____	Week of term:	
Date of assessment:					

Supervisor name:		
Assessor name:		
Assessor:	[Drop down menu] - Consultant (term supervisor) - Consultant (other) - Registrar	- Nurse/ nurse practitioner - Pharmacist - Other
Consultation with/ input from:	☐ Consultant (term supervisor) ☐ Consultant (other) ☐ Registrar ☐ Patient	☐ Nurse/ nurse practitioner ☐ Pharmacist ☐ PGY1/2 peer ☐ Other

EPA 4 – Team Communication

Title: Communicate about patient care, including accurate documentation and written and verbal information to facilitate high quality care at transition points and referral.

Focus and context: This EPA applies to any clinical context but the critical aspects are to:

1. Communicate timely, accurate and concise information to facilitate transfer of care across various health sector boundaries including:
   - at referral from ambulatory and community care
   - at admission
   - between clinical services and clinical teams
   - at changes of shift
   - at discharge to ambulatory and community care
2. Produce timely, accurate and concise documentation of episodes of clinical care

Perform this activity in multiple settings, including inpatient and ambulatory (or community) care settings or in emergency departments and in the care of different populations for example children, adults and elderly.

Description: This activity requires the ability to, where appropriate or possible complete some or all of the following list. The prevocational doctor is to tick the task descriptions that are relevant to this assessment:

☐ 1. Communicate:
- facilitate high quality care at any transition point
- ensure continuity of care
- share patient information with other health care providers and other clinical teams in conjunction with referral or the transfer of responsibility for patient care
- use local agreed modes of information transfer, including oral, electronic and written format to communicate (at least):
  - patient demographics
  - concise medical history and relevant physical examination findings
  - current problems and issues
  - details of pertinent and pending investigation results
  - medical and multidisciplinary care plans
  - planned outcomes and indications for follow up

☐ 2. Document:
- enable other health professionals to understand the issues and continue care
- produce written summaries of care, including admission and progress notes, team referrals, discharge summaries, and transfer documentation
- produce accurate records appropriate for secondary purposes
- complete accurate medical certificates, death certificates and cremation certificates
- enable the appropriate use of clinical handover tools

See Section 2B for descriptions of behaviours that demonstrate entrustability to the supervisor.

Prevocational doctor to complete this section

Case details

Brief description of issues of case:
[Free text written by prevocational doctor – will consult with stakeholders on what is most important]

Self-assessment

Self-reflection on performance of the task:

Based on this case, what will you do to develop your learning further?

Outcome statements

[Will prepopulate what outcome statements this assessment will map to, based on what aspects of the task description have been ticked in the above section]

Assessor to complete this section

Case details:	Patient type: ☐ Child ☐ Adult ☐ Elderly	Setting: [Will consult with stakeholders on which details they think would be useful to capture here from a data collection perspective]

Assessment of complexity of the case(s) for the level of training:	☐ Low ☐ Medium ☐ High
Note: It expected that as prevocational doctors progress through their program, the cases the EPAs are assessed on increase in complexity. For example, Low to Medium complexity cases expected in early PGY1, moving towards more High complexity cases throughout PGY2.	

Assessor's declaration	
☐	The patient(s) is known to me and I have directly observed or confirmed some part of the clinical interaction or have spoken to a team member that has

Entrustability scale	
Supervisors are asked to make a judgement on the degree of entrustment; the level of supervision required appropriate to the level of level of training (acknowledging that supervision requirements for PGY1 or PGY2 are different)	
☐	Requires direct supervision (I need to be there to observe the interactions and review the work)
☐	Requires proximal supervision (I need to be easily contacted, and able to provide immediate or detailed review of work)
☐	Requires minimal supervision (I need to be contactable/ in the building)

Feedback

What went well?

What could be done to improve?

Learning goals arising from the experience

Assessor sign off:	

Reference documents [to be updated]

Document	Full reference
AMC documents	
Intern training – Intern outcome statements	Intern training – Intern outcome statements [Internet]. Canberra: Australian Medical Council; 2013 [cited 2013 Dec 18]. Available from: http://www.amc.org.au/index.php/ar/psa. Joint publication of the Medical Board of Australia.
Intern training – National standards for programs	Intern training – National standards for programs [Internet]. Canberra: Australian Medical Council; 2013 [cited 2013 Dec 18]. Available from: http://www.amc.org.au/index.php/ar/psa. Joint publication of the Medical Board of Australia.
Intern training – Guidelines for terms	Intern training – Guidelines for terms [Internet]. Canberra: Australian Medical Council; 2013 [cited 2013 Dec 18]. Available from: http://www.amc.org.au/index.php/ar/psa. Joint publication of the Medical Board of Australia.
Intern training – Term assessment form	Intern training – Term assessment form [Internet]. Canberra: Australian Medical Council; 2013 [cited 2013 Dec 18]. Available from: http://www.amc.org.au/index.php/ar/psa.
Intern training – Assessing and certifying completion	Intern training – Assessing and certifying completion [Internet]. Canberra: Australian Medical Council; 2013 [cited 2013 Dec 18]. Available from: http://www.amc.org.au/index.php/ar/psa. Joint publication of the Medical Board of Australia.
Intern training – Domains for assessing accreditation authorities	Intern training – Domains for assessing accreditation authorities [Internet]. Canberra: Australian Medical Council; 2013 [cited 2013 Dec 18]. Available from: http://www.amc.org.au/index.php/ar/psa. Joint publication of the Medical Board of Australia.
Guide to intern training in Australia	Guide to intern training in Australia [Internet]. Canberra: Australian Medical Council; 2013[cited 2013 Dec 18]. Available from: http://www.amc.org.au/index.php/ar/psa. Joint publication of the Medical Board of Australia.
Other documents	
Australian Curriculum Framework for Junior Doctors	Australian Curriculum Framework for Junior Doctors [Internet]. Melbourne: Confederation of Postgraduate Medical Education Councils (CPMEC); 2012 [cited 2013 Sep 09]. Available from: http://curriculum.cpmec.org.au/index.cfm
Registration standard – Australian and New Zealand graduates	Registration standard – Granting general registration as a medical practitioner to Australian and New Zealand medical graduates on completion of intern training [Internet]. Canberra: Medical Board of Australia; 2012 [cited 2013 Sep 09]. Available from: http://www.medicalboard.gov.au/Registration-Standards.aspx
Certificate of completion of an accredited internship	Certificate of completion of an accredited internship [Internet]. Melbourne: Medical Board of Australia; 2014 [cited 2014 Jul 15). Available from: http://www.medicalboard.gov.au/Registration/Interns/Guidelines-resources-tools.aspx
Good Medical Practice: A Code of Conduct for Doctors in Australia	Good Medical Practice: A Code of Conduct for Doctors in Australia [Internet]. Canberra: Medical Board of Australia; 2010 [cited 2013 Sep 09]. Available from: http://www.medicalboard.gov.au/Codes-Guidelines-Policies.aspx
National Law	Health Practitioner Regulation National Law, as enacted in each state and territory [Internet]. Available from: http://www.ahpra.gov.au/Legislation-and-Publications/Legislation.aspx

Glossary [to be updated]

Assessment	The systematic process for measuring and providing feedback on the intern's progress or level of achievement. This assessment occurs in each term against defined criteria.
Global rating	A rating based on the overall performance of the intern against the requirements for general registration. It is based on the assessor's accumulated experience in supervising and assessing interns.
Descriptions	Phrases used to describe the behaviour/s that will have been observed by the supervisor and/or others to indicate the intern is performing at the specific level.
Certification	The final sign-off to the Medical Board of Australia that the intern has completed the statutory requirements for general registration.
Clinical supervisor	A medical practitioner who supervises the intern while they are assessing and managing patients. The AMC defines a suitable immediate clinical supervisor as someone with general registration and at least three years' postgraduate experience. The Primary Clinical Supervisor should be a consultant or senior medical practitioner.
Director of Clinical Training	A senior clinician with delegated responsibility for implementing the intern training program, including planning, delivery and evaluation at the facility. The Director of Clinical Training also plays an important role in supporting interns with special needs and liaising with term supervisors on remediation. Also known as the Director of Prevocational Education and Training (DPET) in some states. Other terms may be used in community or general practices.
Director of Medical Services	A senior medical administrator who leads the medical workforce at a facility and certifies an intern has satisfactorily completed an accredited internship. Also known as the Executive Director of Medical Services (EDMS). Other terms may be used in community or general practices.
Formal education program	An education program the intern training facility provides and delivers as part of the intern training program curriculum. Sessions are usually weekly and involve a mixture of interactive and skills-based face-to-face or online training.
Intern	A doctor in their first postgraduate year and who holds provisional registration with the Medical Board of Australia.
Intern training program	A period of 47 weeks of mandatory, supervised, work-based clinical training that includes medicine, surgery and emergency medical care terms to meet regulatory requirements. The program also includes orientation, formal and informal education sessions and assessment with feedback, and it may be provided by one or more intern training providers. Also called PGY1.
Intern training provider	The organisation that provides supervised clinical practice, education and training, and that is responsible for the standard of the intern training program. Providers may be a hospital, community, general practice setting, or a combination of these.
PGY	Postgraduate year, usually used with a number to indicate the number of years after graduation from medical school. For example, PGY1 is the first postgraduate year, also known as internship.
Term	A component of the intern training program, usually a nominated number of weeks in a particular area of practice. Also called clinical rotation, post, or placement.

Term Supervisor	The person responsible for intern orientation and assessment during a particular term. They may also provide clinical supervision of the intern along with other medical colleagues.