National Prevocational Framework Review
Draft consultation documents - Attachment C

E-PORTFOLIO SPECIFICATIONS

E-PORTFOLIO SPECIFICATIONS TO SUPPORT THE REVISED
TWO-YEAR PREVOCATIONAL FRAMEWORK

Draft for consultation: High Level Specifications for E-Portfolio

The AMC has been appointed by the Australian Health Ministers' Advisory Council to develop E-portfolio specifications to support the implementation of a two-year capability and performance framework. The prevocational E-portfolio is a critical component of the revised Framework. It is intended to provide greater individual accountability for learning and support the assessment processes. It will also facilitate a longitudinal approach to prevocational training, providing a mechanism to support development across the two years and streamline administration of the program. A diagram illustrating the possible functions of the e-portfolio is provided below.

The following draft key functions have been developed by the AMC on the basis of other similar systems (for example the Medical Council of New Zealand's E-Port) and stakeholder feedback to date.

Important note: The 2018 Health Ministers' response to the 2015 Review of Medical Intern Training included a recommendation for national specifications for the e-portfolio with development and implementation at state and territory level. In consultations the AMC has received strong feedback from stakeholders supporting a national approach to development and implementation of a prevocational e-portfolio. Reasons have included national consistency, efficiency and cost effectiveness. The AMC is engaging in discussions about the possibility of a national system with relevant stakeholders.

Update since last consultation: In the last consultation period high level specifications were provided. These specifications have been reviewed and further detail added as part of ongoing review and development work and in response to stakeholder feedback provided during the September – November 2020 formal consultation period. A summary is provided in the table below.

Overall feedback	- General support for the specifications presented for consultation and generally with the allocation of specifications to critical, desirable and for consideration categories. - Very strong support for a national, standardised e-portfolio - The confidentiality of data for the prevocational doctor was raised as a very important issue - Stakeholders deemed integration with systems in medical school and college training as essential. - There was agreement that the e-portfolio should be portable between sites, health services and states/territories

Draft - Detailed Specifications for E-Portfolio

1. **Goals/ aims**

   The e-portfolio is intended to support the revised two-year framework, providing a mechanism to capture prevocational training and assessment, support the longitudinal nature of the program and streamline administration processes.

   A. Training & assessment -- record of learning

   The key aim is to provide a mechanism to guide, support and document prevocational training and assessment. For example the e-portfolio:

   - Defines and provides access to requirements for training and assessments
   - Facilitates achievement or demonstration of achievement of training requirements (e.g. outcome statements)
   - Facilitates and documents the assessment and feedback processes
   - Facilitates a longitudinal approach to PGY1/PGY2
   - Includes capacity to collect and document learning experiences
   - Documents achievement of CPD requirements for PGY2
   - Facilitates and supports remediation processes

   B. Training & assessment - certifying completion – progress decisions

   The e-portfolio should also facilitate processes for progression at the end of each year and collect and collate data and evidence to support decisions about certifying completion of PGY1 and PGY2. For example the e-portfolio:

   - Collects and collates information/data required for sign off at the end of PGY1/PGY2
   - Enables reporting of this data to external bodies (Medical Board of Australia for PGY1, AMC for PGY2)

   C. Training environment – delivery/ administration

   The e-portfolio should assist those delivering the two-year program by streamlining the administration of the program. For example the e-portfolio:

   - Streamlines the administration of the program (including assessment and terms allocation)
   - Enables facility/individuals to monitor progress and follow up
   - Ensures consistent implementation of the framework
   - Supports training and resources for supervisors
   - Enables data collection and tracking for program evaluation
   - Should the e-portfolio include capacity to extract data from other external systems (in addition to exporting) e.g. Ahpra numbers?

D. Training environment – PMC accreditation (external QA processes)

The e-portfolio should also facilitate external quality assurance processes such as the accreditation of programs and terms by postgraduate medical councils. For example the e-portfolio:

- Enables data to be collected that facilitates quality improvement processes (e.g. ensuring all term assessments have been completed, all terms have been mapped to term parameters)

2. Components to be included in the e-portfolio

2.1. Components of the National Prevocational Framework to be included:

A. Training and assessment – record of learning
- Training - Prevocational outcome statements
- Training - Entrustable professional activities
- Training – Learning plan (consider separate section for documentation of PGY2 CPD requirements?) + reflections
- Training – Procedural list (voluntary - recorded by PGY1 and PGY2 doctors)
- Assessment – Term assessment forms
- Assessment – EPA assessment form
- Assessment – Remediation (IPAP template or equivalent)

B. Training and assessment – certifying completion
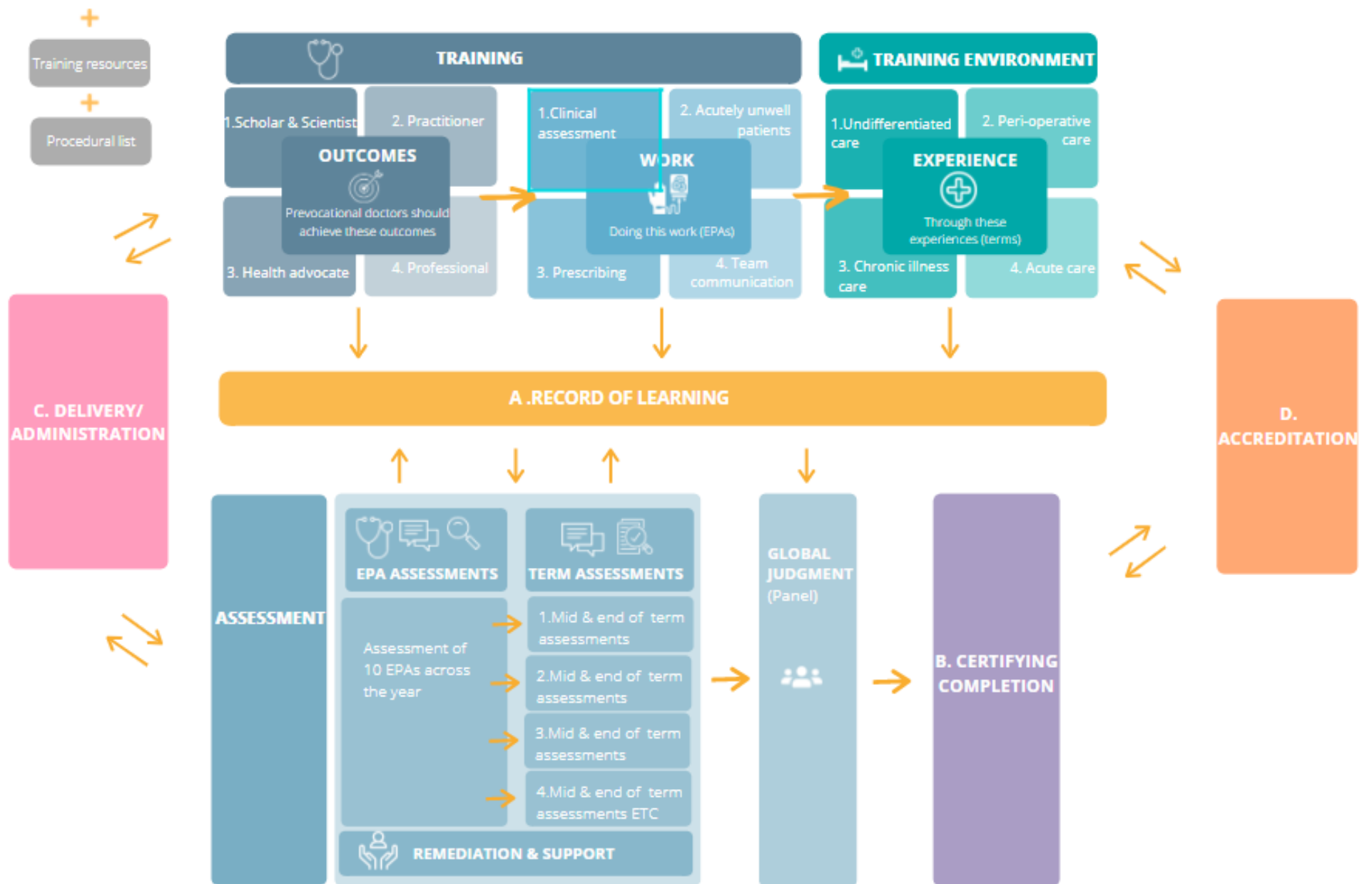- Assessment – certifying completion process

C. Training environment – delivery/ administration
- Guidelines for terms - term parameters including length, type of clinical experience
- Guidelines/resources – for supervisors/ prevocational doctors (not yet developed)
- Term descriptions – these would be developed by training providers (health services), not the AMC

D. Training environment – PMC accreditation
- Guidelines for terms - term parameters including length, type of clinical experience

2.2. How the elements connect

Training resources

Procedural list

TRAINING

1. Scholar & Scientist
2. Practitioner
3. Health advocate
4. Professional

OUTCOMES

Prevocational doctors should achieve these outcomes

1. Clinical assessment
2. Acutely unwell patients
3. Prescribing
4. Team communication

WORK

Doing this work (EPAs)

TRAINING ENVIRONMENT

1. Undifferentiated care
2. Peri-operative care
3. Chronic illness care
4. Acute care

EXPERIENCE

Through these experiences (terms)

C. DELIVERY/ ADMINISTRATION

A . RECORD OF LEARNING

D. ACCREDITATION

ASSESSMENT

EPA ASSESSMENTS

Assessment of 10 EPAs across the year

TERM ASSESSMENTS

1. Mid & end of term assessments
2. Mid & end of term assessments
3. Mid & end of term assessments
4. Mid & end of term assessments ETC

REMEDIATION & SUPPORT

GLOBAL JUDGMENT (Panel)

B. CERTIFYING COMPLETION

3. Users and roles
3.1. Interact directly with the system

User	Access type/ level
• PGY1 & PGY2 doctors	Individual log in, access to edit/upload view their learning record (not able to edit assessment results)
• PGY3+	Prevocational doctor will have ongoing access to information after PGY2 complete. Noting access will also be required if PGY2 is not completed within the training timeframe OR doctor takes leave.
o Supervisors/ assessors:	
▪ **Term supervisor** is the person responsible for orientation and assessment across the term and this person should not change across the term. Might also be the primary supervisor.	Individual log in, access to overview of PGY1/PGY2 doctors allocated to them. Temporary profiles to be set up e.g. when term supervisor is on leave.
▪ **Clinical supervisor(s) (primary)** is the supervisor with consultant level responsibility for the management of patients in the relevant discipline that the prevocational doctor is caring for. The consultant in this role might change and could also be the term supervisor.	Access via link to assessments, most likely via email for assessor verification. This supervisor may not have a personal e-portfolio log in.
▪ **Clinical supervisor(s) (day to day)** – e.g. registrar. This supervisor has direct responsibility for patient care, provides informal feedback, and contributes information to assessments. The person in this role should remain relatively constant and would normally be at least PGY3 level.	Access via link to assessments, most likely via email for assessor verification. This supervisor may not have a personal e-portfolio log in.
▪ **Assessor –** other members of the healthcare team might contribute to EPA assessments including nurse or ward pharmacist.	Access via link to assessment, most likely via email for assessor verification. This assessor may not have a personal e-portfolio log in.
o Medical Education Officer (or equivalent)	Individual log in, administration rights, able to edit/upload and view information for individuals and across cohort
o Directors of Clinical Training (or equivalent) AND/OR Educational Supervisor (ES) who may or may not be the DCT.	Individual log in, administration rights, able to edit/upload and view information for individuals and across cohort
o Directors of Medical Services	Individual log in with access to cohort level data.
o Health service workforce team (term allocation etc)	Individual log in, some administration rights, limited ability to edit/upload and view information for individuals and across cohort (particularly for allocation to terms)

o Assessment panel members	Ability to view reports, might include access to system for summary information if required.
o Other (incl. supervisors and possibly other positions for prevocational doctors working in expanded settings)	Access defined by role.
• Postgraduate Medical Councils	Individual log in, high-level overview information across health services
• Medical students	TBC

3.2. Receive reports from the system (generated by the PGY1/PGY2 doctor)

- AMC or governing body of e-portfolio (is some direct interaction needed?)
- Ahpra/ MBA
- Specialist colleges
- Future employers
- Medical Education Unit (MEU)
- Others?

4. Key functions

4.1. General requirements

General requirements		
Priority	**Functions/ elements**	**Details**
Critical	Information is learner driven and owned	PGY1/PGY2 doctors should drive their learning through the system. The data will ultimately belong to the prevocational doctor. Access to information by users will be carefully defined and restricted.
	Longitudinal	Supports a longitudinal program and development across terms
	Accessibility	Web-based and smart phone application, limiting compatibility challenges with hospital data security systems
	Integration & data transfer	• Data transfer with other record systems pre- and post-prevocational years - (medical schools and specialty colleges, Ahpra) – controlled by the prevocational doctor • Allow PGY1/PGY2 doctors to share components of their portfolio
	Security	Privacy and security of data
	Levels of access	Different levels of access for different stakeholders with appropriate restrictions for confidentiality
	Flexibility/ adaptability.	Allow health services/ PGY1/ PGY2s to add resources. Moved to critical based on stakeholder feedback.
	Usability	A user-friendly interface that is intuitive to promote ease of use
Desirable	Access while in medical school	Allow access to limited functions of the e-portfolio during medical school training
For consideration	Ability to extend beyond the PGY1 and 2 years (e.g. include ongoing CPD for PGY3+ doctors who are not in a training program)	Flexibility and scalability of the product to include role for CPD requirements in PGY3+ for those not enrolled in a vocational training program.

4.2. Detailed requirements - Training & assessment

Training & Assessment: E-portfolio to support the revised two-year Training & Assessment component of the framework			
Functions/ elements	**Components**	**Details**	**User/access level**
A. Training and assessment – record of learning			
Training	Outcome statements and EPAs	• Online resource provided to guide training requirements (easy to access, hover text to reduce complexity) • Linked/mapped to term assessments, EPA assessments & terms (or attachments) – [background mapping and also visible mapping]	• PGY1/2 • Term supervisors • Assessors – links to EPAs & outcomes • MEU • DCT

	Record of learning	• Record of learning incorporates:
		   o Access to training requirements
		   o Ability to record goals and reflections
		   o Record of achievement/progress against outcome statements & EPAs, including ability to note whether an outcome has been assessed or relevant evidence has provided (e.g. attendance at a course). This record should be visible as a dashboard [automated progressive graphics]
		   o Ability to upload additional education training (export/ import) e.g. BLS/ ALS, hand hygiene, cultural awareness workshop or training module, including record of outcomes.
		   o Ability for MEU to log group activities for learners.
		   o Ability to record CPD activities (PGY2)
		   o Procedural log - ability for junior doctor to add procedures (free text)
		• The record of learning forms part of discussions with supervisors, including beginning/mid/end of term and certifying completion. Templates will be developed which include capacity to plan and record outcomes.
		• Recording personal notes and reflections on learning experience
		• Place to record when the MTS has been completed
			• PGY1/PGY2 - ability to upload evidence against outcomes
			• MEU/DCT/ES – overview of cohort tracking
			• Term supervisor – overview of allocated PGY1/PGY2

		Some feedback suggested that the e-portfolio be used as a CV, however some stakeholders had concerns about this. The review considers that flexibility to export information for incorporation into a CV should be possible but the intention of the e-portfolio is to be a recording of education and learning, not an employment document.	
Assessment	Delivery and record of assessment across program (overall)	• Platform for delivery and recording of assessment across PGY1 and PGY2 • Levels of access for different users e.g. supervisor access to assessment information while the PGY1/PGY2 is allocated to their unit/department • Longitudinal function with ability to 'remediate' an area in a subsequent term • Dashboard of progress against each term linked to the record of learning.	• Supervisor access to previous term assessments, including number and nature of EPAs • PGY1/PGY2 - all • MEU/DCT – access to all
	Beginning of term (technically not an assessment)	• Record discussion between supervisor and PGY1/PGY2 in template form • Reminders to complete	• For PGY1/PGY2 to complete and supervisor to sign off? • Term supervisor access • DCT/MEO - overview
	Mid/end term assessments	• Platform for assessment forms – to be conducted online and submitted by supervisors (ability for provisional assessment in mid-term to be conducted by the registrar and reviewed and signed by the term supervisor) • Record and document meetings between PGY1/PGY2 and supervisor • EPA data feeds into mid/end term assessments – which EPAs, how many, outcomes • Program/term information – term date; first, second, third …… term of the year; breadth parameters for term • Link to learning plan – ability to view logged independent learning activities (e.g. cultural safety workshop) • Reminders to complete assessments	• Access for different supervisors and assessors - training requirements.?) • MEU/DCT – overview of cohort and access to individuals • PGY1/PGY2 – unable to edit assessment outcomes
	Assessment of entrustable professional activities	• Platform for EPA assessment forms • Record and document details and outcomes of EPA assessment and any follow up – completed by assessor in discussion with PGY1/PGY2 doctor • EPA data feeds into mid/end term assessments	• For PGY1/PGY2 to set up assessment and assessor to complete and sign off? Term supervisor to have access for

		• Reminders to PGY1/PGY2 doctors and their supervisors if falling behind schedule EPA 1 in each term – automatic recording time of EPA in term/program) • Record of EPA details and outcomes available to assessment panel	review, including for term assessment. • Supervisor access to previous EPAs – visual matrix • Panel access – reporting or full access? • MEO • DCT/ES
	Improving performance	• Platform to support remediation • Access to additional forms/ templates – Improving Performance Action Plan (IPAP)/Multi-source feedback (MSF) - TBC • Link to assessment dashboard (traffic light system) The AMC is proposing that detailed information about improving performance should not be recorded in the e-portfolio system but templates and information about the process should be provided. The portfolio will record when outcomes have not been met or a formal process has been conducted (commencement and completion dates) but not the detail of any conversations, as they may include confidential material. Once the issue has been successfully resolved it will not appear on the high-level dashboard/traffic light system, although a record of the process occurring will still need to be captured in the e-portfolio for reference by the assessment panel, DCT, MEU and PGY1/PGY2.	• PGY1/PGY2 • DCT - discussion with trainee • MEO • Supervisor (traffic light system?) • Panel – reporting – whether been improving performance process has occurred
	Continuing Professional Development requirements (PGY2)	• Include evidence of attendance, completion and certification of learning modules and CPD activities. • Information should be able to be exported/imported to other systems.	• PGY2 • DCT • MEO • Panel – reporting of outcomes
Reporting	Generate quantitative reporting of progress for training providers	• Reporting at both individual and cohort levels • Assessment reports (details of areas of underperformance across cohorts, timeliness) • Assessors & supervisors (including completion of training)	• DMS • DCT • MEO / MEU
B. Training and assessment – certifying completion			
Certifying completion	Certifying completion for PGY1 and PGY2	The e-portfolio will include a mechanism to certify completion of essential elements in PGY1/PGY2, preferably with capacity to allow access or	• DCT/MEU • PGY1/PGY2 • Assessment panel?

integrate with Ahpra for granting general registration after completion of PGY1.or documenting completion of CPD requirements (PGY2)

Data collation for certifying completion process for panel:

- Summary for satisfactory/ further detail for borderline and unsatisfactory:
  - Program length
  - Program/term parameters
  - Achievement of outcomes/ learning plan (with evidence as appropriate)
  - Term assessment reports
  - EPA assessment outcomes (number and type assessed, level of entrustability). EPA assessment forms not to be submitted. EPA assessment outcomes are considered in term assessments and the EPA outcomes might be captured in term assessment reports
  - CPD requirements (PGY2.
- **Reporting function to transmit evidence of completion to Medical Board of Australia (to be defined by the revised registration standard) / AMC**
  - Program length
  - Program/term parameters
  - Achievement of outcomes
  - Global judgement by panel
  - CPD (PGY2)

Training environment: E-portfolio to support the implementation and management of the two-year program and document achievement of requirements of national standards and guidelines for programs and terms		
Functions/ elements	**Details**	**User/access**
C. Training environment - delivery & management		
PGY1/PGY2 doctor information	- Record of basic information including registration, qualifications and employer - Consider capacity to import information e.g. Ahpra number	- MEU/ DCT - PGY1/PGY2 - edit - Term supervisor - view
Program and terms	- Longitudinal view of the program - Documentation of terms, including defining content (term descriptions) and assigning parameters to each term - Allocation of PGY1/PGY2 doctors to accredited terms - Allocation of supervisors for each term (temporary log ins for alternative supervisors e.g. when term supervisor is on leave)	- MEU/ DCT - Health service administrators (HMO unit) – access to edit - PGY1/PGY2 - view - Supervisors - view
Administration	Improve efficiency of administration of prevocational programs for health services including: - Scheduling terms/ programs and assessments - Sending prompts and reminders e.g. for scheduled or overdue meetings with supervisors or assessments - Tracking/monitoring cohort and individual progress against outcome statements and assessments - Information on supervisors' training status	- MEU/ DCT - Health service administrators (HMO unit) – access to edit - PGY1/PGY2
Supervision	- Access to training material for supervisors, including mandatory components - Interface for term supervisor commentary and recommendations / assessment decisions	- MEU/ DCT - Term supervisor –see their own allocation and training status - Health service administrators - PGY1/PGY1 – see their own supervisor allocation

Reporting	• Quantitative reporting for training providers, postgraduate medical councils and other stakeholders (may include reports for medical schools and colleges)	• MEU/ DCT • Health service administrators
D. Training environment - accreditation		
Accreditation	• Enable data to be collected for quality improvement processes, including accreditation (e.g. ensuring all term assessments have been completed, all terms have been mapped to term parameters, identifying terms where assessment ratings are low) • Provide a record of accreditation status of all PGY1/PGY2 terms • Generate reports for accreditation visits and progress reports The review has also discussed other possible functions related to accreditation, including • Health service accreditation submissions • PMC accreditation reports • Change requests	• MEU/ DCT • Health service administrators • PMCs • PGY1/PGY2 – able to view accreditation information
Feedback/evaluation	• Capacity for PGY1/ PGY2s to provide anonymous feedback about their educational experience. External stakeholder feedback on this suggestion was mixed. The review is proposing that this functionality is not included in the e-portfolio for the following reasons: • To avoid duplication (health services have their own systems and processes for managing feedback from prevocational doctors) • Concerns about possible identification of the prevocational doctor providing the feedback through the e-portfolio	