

# National Prevocational Framework Review

Draft consultation documents - Attachment D

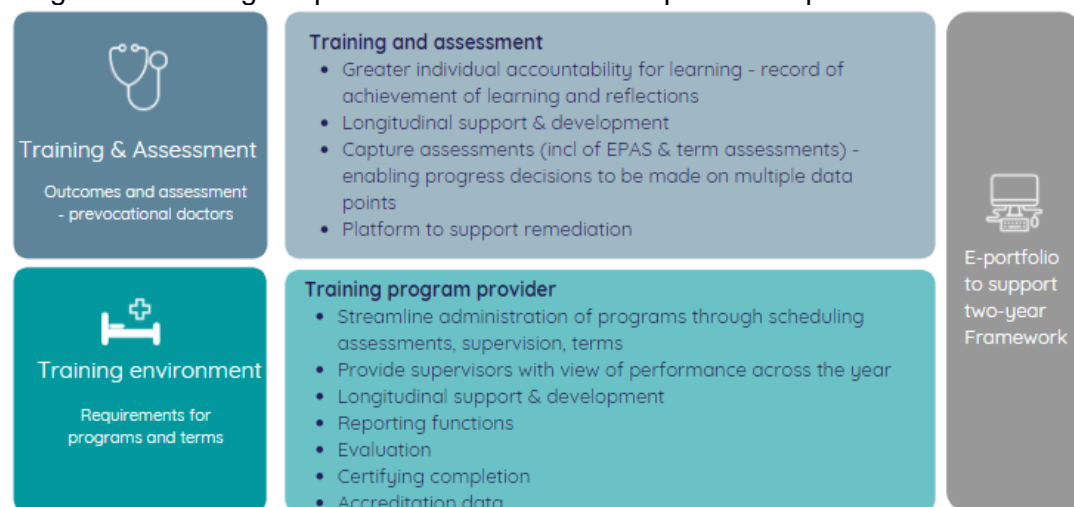


# E-PORTFOLIO SPECIFICATIONS

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 (now the Health Chief Executives Forum) 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 an 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 has put forward a proposal to the Health Chief Executives Forum and is in discussions with relevant stakeholders.

### Update since last consultation:

Stakeholder feedback	Response
Broad support for specifications, with some minor revisions suggested to the priority of some functions.	Clarified supervisor definitions and access as well as who receives individual reports / aggregate data from the system.
Suggestions for requirements that are becoming more nuanced and detailed.	Agreed to explore a number of areas raised during development of detailed requirements, including offline functionality.

Changes since the last consultation in **green**.

# Draft - Detailed Specifications for E-Portfolio

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## 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
- 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 provides resources for supervisors
- Enables data collection and tracking for program evaluation
- Is able 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
- Training – Procedural list (voluntary - recorded by PGY1 and PGY2 doctors)
- Assessment – Term assessment forms
- Assessment – EPA assessment form
- Assessment – Improving performance (IPAP template or equivalent)

#### **B. Training and assessment – certifying completion**

- Assessment – certifying completion process

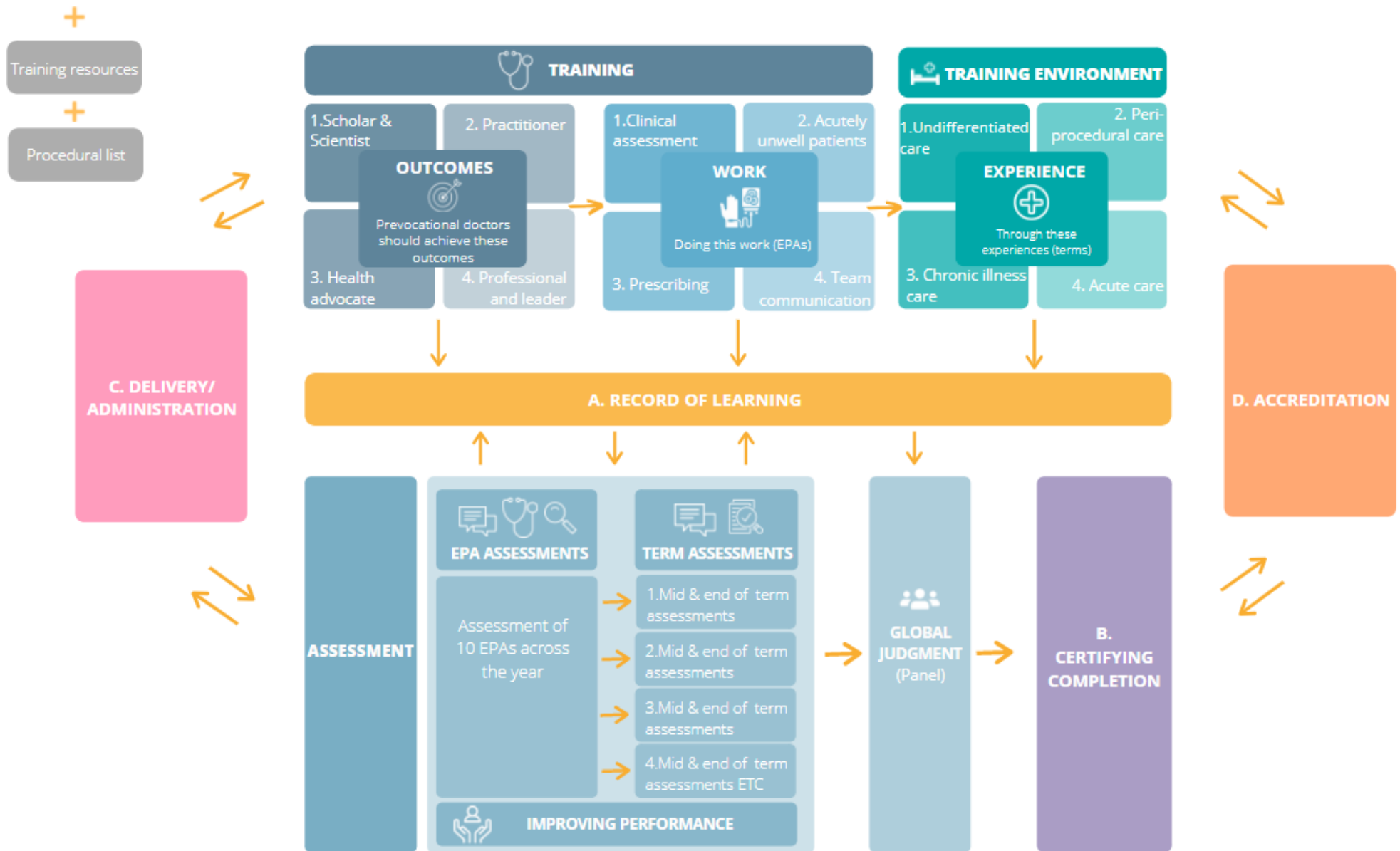
#### **C. Training environment – delivery/ administration**

- Guidelines for terms – term parameters including length, type of clinical experience
- Guidelines/resources – for supervisors/ prevocational doctors
- 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



### 3. Users and roles

#### 3.1. Interact directly with the system

User	Access type/ level
<ul style="list-style-type: none"> <li>PGY1 &amp; PGY2 doctors</li> </ul>	Individual log in, access to edit/upload view their learning record (not able to edit assessment results)
<ul style="list-style-type: none"> <li>PGY3+</li> </ul>	Prevocational doctor will have ongoing access to information after PGY2 complete. Full ongoing access will be required if PGY2 is not completed within the training timeframe OR doctor takes leave.
<ul style="list-style-type: none"> <li>Supervisors/ assessors:           <ul style="list-style-type: none"> <li><b>Term supervisor</b> is the person responsible for orientation and assessment across the term and this person should not change across the term. The term supervisor might also be the primary supervisor.</li> </ul> </li> </ul>	<p>Individual log in, access to <b>an overview/ summary of all past terms (excluding details of assessment components)</b> of PGY1/PGY2 doctors allocated to them.</p> <p><b>Details of past assessments will not be accessible unless the DCT/DPET determines that this is required e.g. for an improving performance action plan.</b></p> <p>Temporary profiles to be set up e.g. when term supervisor is on leave.</p>
<ul style="list-style-type: none"> <li> <ul style="list-style-type: none"> <li><b>Clinical supervisor(s) (primary)</b> is the supervisor with consultant level responsibility in the relevant discipline for the management of patients that the prevocational doctor is caring for. The consultant in this role might change during a term and could also be the term supervisor.</li> </ul> </li> </ul>	Access via link to assessments, most likely via email for assessor verification. This supervisor may not have a personal e-portfolio log in <b>but will have access to the PGY1/PGY2 doctor's current term.</b>
<ul style="list-style-type: none"> <li> <ul style="list-style-type: none"> <li><b>Clinical supervisor(s) (day to day)</b> – 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.</li> </ul> </li> </ul>	Access via link to assessments, most likely via email for assessor verification. This supervisor may not have a personal e-portfolio log in <b>and will only have access to the assessment form.</b>
<ul style="list-style-type: none"> <li> <ul style="list-style-type: none"> <li><b>Assessor</b> – other members of the healthcare team might contribute to EPA assessments including nurse or ward pharmacist.</li> </ul> </li> </ul>	Access via link to assessment, most likely via email for assessor verification. This assessor may not have a personal e-portfolio log in <b>and will only have access to the assessment form.</b>
<ul style="list-style-type: none"> <li>Medical Education Officer (or equivalent)</li> </ul>	Individual log in, administration rights, able to edit/upload and view information for individuals and across cohort
<ul style="list-style-type: none"> <li>Directors of Clinical Training (or equivalent) AND/OR Educational Supervisor (ES) who may or may not be the DCT.</li> </ul>	Individual log in, administration rights, able to edit/upload and view information for individuals and across cohort

○ Directors of Medical Services	Individual log in with access to cohort level data.
○ 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)
○ Assessment panel members	Ability to view reports, might include access to system for summary information if required.
○ 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 individual reports from the system

- AHPRA/ MBA and AMC (as part of certifying completion process)
- Specialist colleges (generated by the PGY1/PGY2 doctor)
- Future employers (generated by the PGY1/PGY2 doctor)
- Medical Education Unit (MEU) within health services (as part of administration of the program)

### 3.3 Receive de-identified aggregate data from the system

- AMC or governing body of the e-portfolio
- Prevocational accreditation authorities

## 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	<ul style="list-style-type: none"> <li>Data transfer with other record systems pre- and post-prevocational years (medical schools and specialty colleges, Ahpra) – controlled by the prevocational doctor</li> <li>Allow PGY1/PGY2 doctors to share components of their portfolio</li> </ul>
	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.
	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
<b>A. Training and assessment – record of learning</b>			
<b>Training</b>	Outcome statements and EPAs	<ul style="list-style-type: none"> <li>• Easily accessible online resource to guide training requirements</li> <li>• Linked/mapped to term assessments, EPA assessments &amp; terms (or attachments) – [background mapping and also visible mapping]</li> </ul>	<ul style="list-style-type: none"> <li>• PGY1/2</li> <li>• Term supervisors</li> <li>• Assessors – links to EPAs &amp; outcomes</li> <li>• MEU/MEO</li> <li>• DCT</li> </ul>
	Record of learning	<ul style="list-style-type: none"> <li>• Record of learning incorporates:               <ul style="list-style-type: none"> <li>○ Access to training requirements</li> <li>○ Ability to record goals and reflections including response to feedback</li> <li>○ Record of achievement/progress against outcome statements &amp; 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]</li> <li>○ Ability to upload additional education training (export/import) e.g. BLS/ ALS, hand hygiene, cultural awareness workshop or training module, including record of outcomes.</li> <li>○ Ability for MEU to log group activities for learners.</li> <li>○ Ability to export information for use by the PGY1/PGY2 doctor</li> </ul> </li> <li>• Procedural log – a list of common procedures will be provided and junior doctors will be able to add procedures (free text)</li> <li>• Recording personal notes and reflections on learning experience</li> </ul>	<ul style="list-style-type: none"> <li>• PGY1/PGY2 - ability to upload evidence against outcomes</li> <li>• MEU/DCT/ES/MEO – overview of cohort tracking</li> <li>• Term supervisor – overview of allocated PGY1/PGY2</li> </ul>

		<ul style="list-style-type: none"> <li>Place to record when the Medical Training Survey has been completed</li> </ul>	
<b>Assessment</b>	Delivery and record of assessment across program (overall)	<ul style="list-style-type: none"> <li>Platform for delivery and recording of assessment across PGY1 and PGY2</li> <li>Levels of access for different users e.g. supervisor access to assessment information while the PGY1/PGY2 is allocated to their unit/department</li> <li>Longitudinal function with ability to 'remediate' an area in a subsequent term</li> <li>Dashboard of progress against each term linked to the record of learning.</li> </ul>	<ul style="list-style-type: none"> <li>Term Supervisor access to outcome of previous term assessments, including number and nature of EPAs</li> <li>Term and Clinical Supervisor access to current term assessments</li> <li>PGY1/PGY2 - all</li> <li>MEU/MEO/DCT – all</li> </ul>
	Beginning of term (technically not an assessment)	<ul style="list-style-type: none"> <li>Record discussion between supervisor and PGY1/PGY2 in template form</li> <li>Reminders to complete</li> </ul>	<ul style="list-style-type: none"> <li>For PGY1/PGY2 to complete and supervisor to sign off?</li> <li>Term supervisor access</li> <li>DCT/MEO - overview</li> </ul>
	Mid/end term assessments	<ul style="list-style-type: none"> <li>Platform for assessment forms – to be conducted online <b>or offline</b> 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)</li> <li>Record and document meetings between PGY1/PGY2 and supervisor</li> <li>EPA data feeds into mid/end term assessments – which EPAs, how many, outcomes</li> <li>Program/term information – term date; first, second, third ..... term of the year; breadth parameters for term</li> <li>Link to learning plan – ability to view logged independent learning activities (e.g. cultural safety workshop)</li> <li>Reminders to complete assessments</li> </ul>	<ul style="list-style-type: none"> <li>Access for different supervisors and assessors – see 3.1 above)</li> <li>MEU/MEO/DCT – overview of cohort and access to individuals</li> <li>PGY1/PGY2 – unable to edit assessment outcomes</li> </ul>
	Assessment of entrustable professional activities	<ul style="list-style-type: none"> <li>Platform for EPA assessment forms</li> <li>Record and document details and outcomes of EPA assessment and any follow up – completed by assessor in discussion with PGY1/PGY2 doctor</li> <li>EPA data feeds into mid/end term assessments</li> </ul>	<ul style="list-style-type: none"> <li>For PGY1/PGY2 to set up assessment and assessor to complete and sign off? Term supervisor to have access for review, including for term assessment.</li> </ul>

		<ul style="list-style-type: none"> <li>Reminders to PGY1/PGY2 doctors and their supervisors if falling behind schedule for assessment of EPAs</li> <li>Record of EPA details and outcomes available to assessment panel</li> </ul>	<ul style="list-style-type: none"> <li>Supervisor access to previous EPAs – visual matrix</li> <li>Panel access – report or full access as recommended by DCT</li> <li>MEO</li> <li>DCT</li> </ul>
	Improving performance	<ul style="list-style-type: none"> <li>Platform to support remediation</li> <li>Access to additional forms/ templates – Improving Performance Action Plan (IPAP)</li> <li>Link to assessment dashboard (traffic light system)</li> <li>Record when an improving performance plan has occurred and the outcome only. 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 be captured in the e-portfolio for reference.</li> </ul>	<ul style="list-style-type: none"> <li>PGY1/PGY2</li> <li>DCT</li> <li>MEO</li> <li>Supervisor (traffic light system?)</li> <li>Panel – reporting – whether improving performance process has occurred</li> </ul>
Reporting	Generate quantitative reporting of progress for training providers	<ul style="list-style-type: none"> <li>Reporting at both individual and cohort levels</li> <li>Assessment reports (details of areas of underperformance across cohorts, timeliness)</li> <li>Assessors &amp; supervisors (including completion of training)</li> </ul>	<ul style="list-style-type: none"> <li>DMS</li> <li>DCT</li> <li>MEO / MEU</li> </ul>
<b>B. Training and assessment – certifying completion</b>			
<b>Certifying completion</b>	Certifying completion for PGY1 and PGY2	<p>The e-portfolio will include a mechanism to certify completion of essential elements in PGY1/PGY2, preferably with capacity to integrate with Ahpra for granting general registration after completion of PGY1 +/- with the AMC for documenting completion of PGY2</p> <p><b>Data collation for certifying completion process for panel:</b></p> <ul style="list-style-type: none"> <li>Summary for satisfactory/ further detail for borderline and unsatisfactory: <ul style="list-style-type: none"> <li>Program length</li> <li>Program/term parameters</li> <li>Achievement of outcomes (with evidence as appropriate)</li> <li>Term assessment reports</li> <li>EPA assessment outcomes (number and type assessed, level of entrustability). EPA assessment</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>DCT/MEU/MEO</li> <li>PGY1/PGY2</li> <li>Assessment panel</li> </ul>

		<p>forms not to be submitted. EPA assessment outcomes are considered in term assessments and the EPA outcomes might be captured in term assessment reports</p> <ul style="list-style-type: none"><li>• <b>Reporting function to transmit evidence of completion to Medical Board of Australia (to be defined by the revised registration standard) / AMC</b><ul style="list-style-type: none"><li>○ Program length</li><li>○ Program/term parameters</li><li>○ Achievement of outcomes</li><li>○ Global judgement by panel</li></ul></li></ul>	
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**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
<b>C. Training environment - delivery &amp; management</b>		
<b>PGY1/PGY2 doctor information</b>	<ul style="list-style-type: none"> <li>Record of basic information including registration, <b>employment status</b>, qualifications and employer</li> <li>Consider capacity to import information e.g. Ahpra number</li> </ul>	<ul style="list-style-type: none"> <li>MEU/ DCT</li> <li>PGY1/PGY2 - edit</li> <li>Term supervisor - view</li> </ul>
<b>Program and terms</b>	<ul style="list-style-type: none"> <li>Longitudinal view of the program</li> <li>Documentation of terms, including defining content (term descriptions) and assigning one or two parameters to each term</li> <li>Allocation of PGY1/PGY2 doctors to accredited terms</li> <li>Allocation of supervisors for each term (temporary log ins for alternative supervisors e.g. when term supervisor is on leave)</li> </ul>	<ul style="list-style-type: none"> <li>MEU/ DCT</li> <li>Health service administrators (HMO unit) – access to edit</li> <li>PGY1/PGY2 - view</li> <li>Supervisors - view</li> </ul>
<b>Administration</b>	<p>Improve efficiency of administration of prevocational programs for health services including:</p> <ul style="list-style-type: none"> <li>Scheduling terms/ programs and assessments</li> <li>Sending prompts and reminders e.g. for scheduled or overdue meetings with supervisors or assessments</li> <li>Tracking/monitoring cohort and individual progress against outcome statements and assessments</li> <li>Information on supervisors' training status</li> </ul>	<ul style="list-style-type: none"> <li>MEU/ DCT</li> <li>Health service administrators (HMO unit) – access to edit</li> <li>PGY1/PGY2</li> </ul>
<b>Supervision</b>	<ul style="list-style-type: none"> <li>Access to training material for supervisors, including mandatory components</li> <li>Interface for term supervisor commentary and recommendations / assessment decisions</li> </ul>	<ul style="list-style-type: none"> <li>MEU/ DCT</li> <li>Term supervisor –see their own allocation and training status</li> <li>Health service administrators</li> <li>PGY1/PGY1 – see their own supervisor allocation</li> </ul>
<b>Reporting</b>	<ul style="list-style-type: none"> <li>Quantitative reporting for training providers, postgraduate medical councils and other stakeholders (may include reports for medical schools and colleges)</li> </ul>	<ul style="list-style-type: none"> <li>MEU/ DCT</li> <li>Health service administrators</li> </ul>
<b>D. Training environment - accreditation</b>		

<b>Accreditation</b>	<ul style="list-style-type: none"> <li>• 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)</li> <li>• Provide a record of accreditation status of all PGY1/PGY2 terms</li> <li>• Generate reports for accreditation visits and progress reports</li> <li>• Health service accreditation submissions</li> <li>• PMC accreditation reports</li> <li>• Change requests</li> </ul>	<ul style="list-style-type: none"> <li>• MEU/ DCT</li> <li>• Health service administrators</li> <li>• PMCs</li> <li>• PGY1/PGY2 – able to view accreditation information</li> </ul>
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