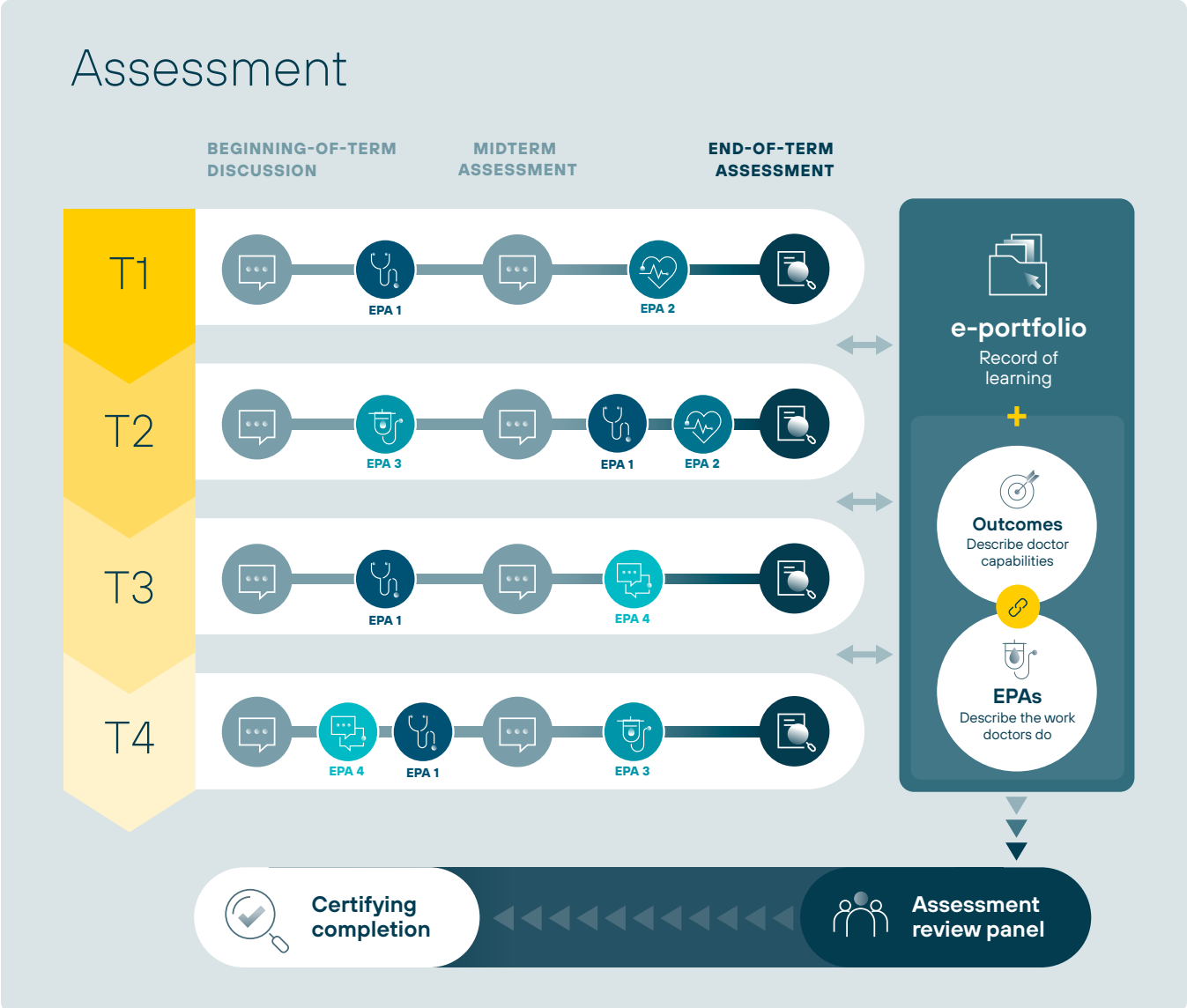
Prevocational assessment

Prevocational assessment lays out the requirements for assessing PGY1 and PGY2 doctors participating in accredited training programs, and for certifying the completion of each year. This document should be read in conjunction with:

- *Registration standard – Granting general registration as a medical practitioner to Australian and New Zealand medical graduates on completion of intern training*[10]
- *National standards and requirements for prevocational (PGY1 and PGY2) training programs and terms.*

Figure 5 – An example of assessment activities over a prevocational year



10. The Medical Board of Australia (MBA), 'Granting general registration as a medical practitioner to Australian and New Zealand medical graduates on completion of intern training', *Registration standards*, MBA website, 2002, accessed 21 April 2022.

3A

PREVOCATIONAL ASSESSMENT

Assessment approach

SUMMARY

Assessment approach

The National standards and requirements for programs and terms document is the basis for the assessment approach. Assessment must be based on prevocational doctors achieving the prevocational outcome statements (Standard 2.3.1) and it must be understood by supervisors and prevocational doctors (Standard 2.3.3).

Therefore, assessing prevocational doctors has three distinct imperatives:

1. The process must be clear and transparent for all involved.
2. The process must be based on outcomes consistent with the 'National standards' (Section 2 of *National standards and requirements for programs and terms*). To achieve this, prevocational doctors must be assessed against the prevocational outcome statements specified in 'Prevocational outcome statements' (Section 2A of *Training and assessment requirements for prevocational (PGY1 and PGY2) training programs*).
3. Assessment for PGY1 doctors must capture the essential information that prevocational training providers must give to the Medical Board of Australia for determining whether the PGY1 doctor has met the *Registration standard – Granting general registration on completion of intern training*. For PGY2, assessment must capture information to allow issuing a certificate of completion. See Section 3C – 'Certifying completion of PGY1 and PGY2 training' for more information.

Feedback and supporting continuous learning

The *National standards and requirements for programs and terms* document includes standards on feedback and supporting continuous learning (Standard 2.4). Prevocational training providers must:

- encourage and support prevocational doctors to take responsibility for their own performance and to seek feedback
- provide regular feedback to prevocational doctors on their performance and ensure feedback from supervisors is received every term
- have clear procedures to immediately address any concerns about patient safety arising from a prevocational doctor's performance
- document prevocational doctors' performance in assessments
- identify prevocational doctors who are not performing to the expected level and develop and deliver a performance improvement plan.

To meet these standards, supervisors should assess and provide feedback to prevocational doctors at the end of each term, and at the time of EPA assessments. For terms longer than five weeks, supervisors should also assess and provide feedback to prevocational doctors at the term's midpoint. Prevocational doctors are strongly encouraged to use the 'Prevocational training term assessment form' (Section 3D of this document) to complete self-assessments of their performance and discuss these self-assessments with their supervisor at midterm and end-of-term assessment meetings.

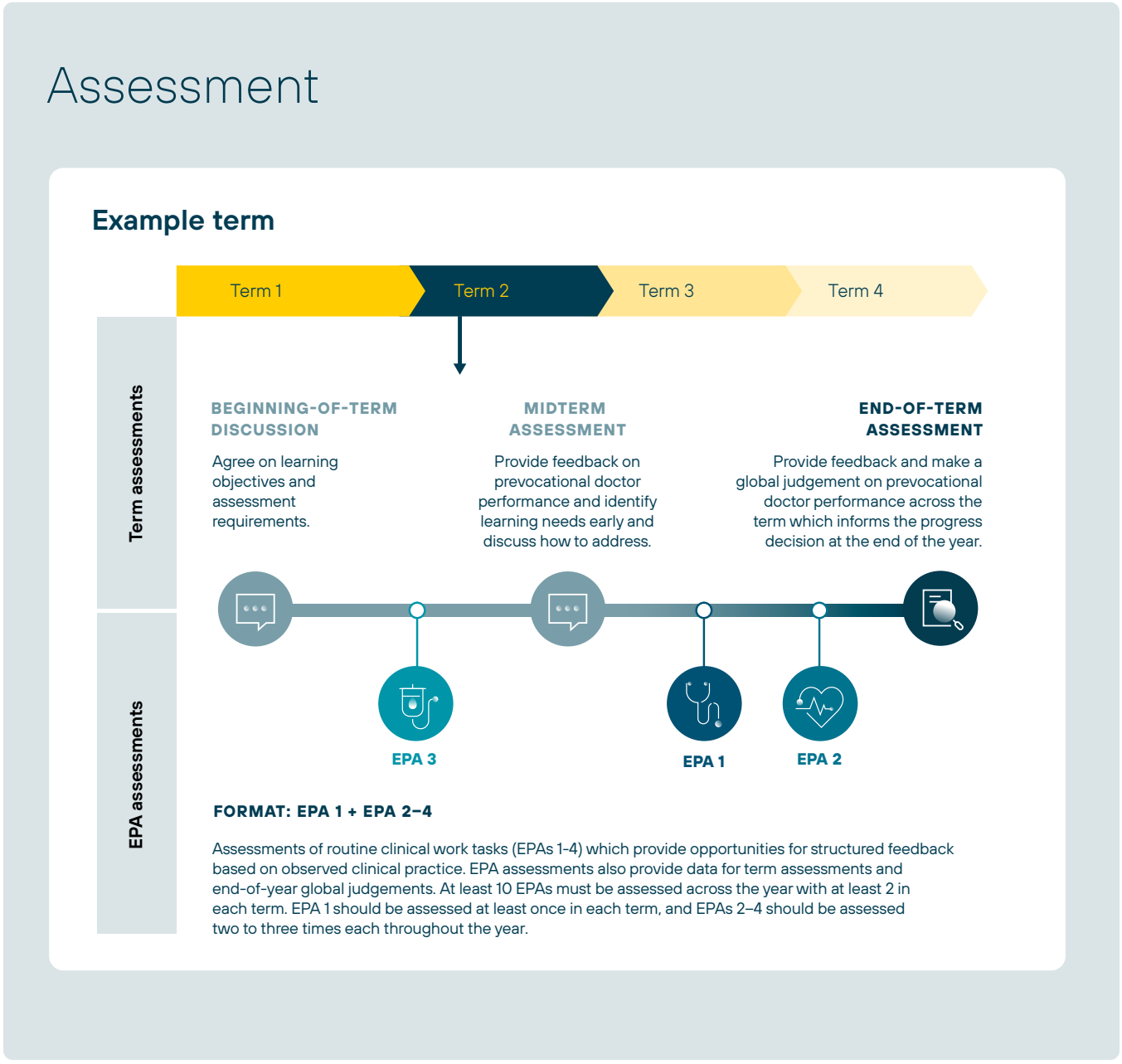
Assessment methods and process

Assessment in prevocational training is done through two main methods:

- term assessments
- assessments of EPAs.

Each term prevocational doctors will participate in a beginning-of-term discussion, a midterm assessment, at least two EPA assessments, and an end-of-term assessment. The assessment review panel will consider the outcomes of the EPA assessments and the end-of-term assessment at the end of the year. Note that there is no minimum number of successful EPAs or end-of-term assessments. The assessment review panel bases its decision on a judgement of whether the prevocational doctor has achieved the prevocational outcomes at the end of the year. The timing and format of these assessments is described below, including the relationship between the term assessments and the EPAs.

Figure 6 – An example of assessment activities within one term during a prevocational year



Beginning-of-term discussion

At the beginning of each term there is a mandatory discussion between the prevocational doctor and term supervisor. This is to review the term description and agree on learning objectives and assessments, including any specific learning outcomes or assessments the prevocational doctor wants to focus on during the term. This includes any additional EPAs or other activities that the prevocational doctor wants to undertake to ensure they achieve the prevocational outcomes. A template for the discussion will be provided.

Midterm assessment

PURPOSE:	The midterm assessment is designed to provide timely feedback on the prevocational doctor's performance, to identify any specific learning needs that have emerged during the term, and discuss how they can be addressed.
NUMBER:	One each term.
FORMAT:	A 'Prevocational training term assessment form' (Section 3D of this document) should be completed to document the discussion in the e-portfolio. Prevocational doctors are encouraged to complete a self-assessment using the form before the discussion.
ASSESSOR/S:	The midterm assessment should be completed by the primary clinical supervisor. Registrars may also complete the assessment with formal sign-off by the primary clinical supervisor.

End-of-term assessment

PURPOSE:	To provide feedback on performance and evidence to support a global progress decision at the end of the year.
NUMBER:	One each term.
FORMAT:	The term supervisor completes the 'Prevocational training term assessment form' (Section 3D of this document) as part of a discussion with the prevocational doctor. Prevocational doctors are encouraged to complete a self-assessment using the form before the meeting to assist with the discussion. In the discussion, the supervisor should consider the prevocational doctor's self-assessment, the data from EPA assessments, the observations of others in the health care team, and evidence of achievement of prevocational outcome statements in the e-portfolio record of learning. The supervisor gives a global rating of progress towards completion of PGY1 or PGY2.
ASSESSOR/S:	The term supervisor is responsible for the end-of-term assessment. To support flexibility in different settings, the term supervisor may delegate assessment to another clinical supervisor (such as a registrar or another consultant), who may fill in the information on the term assessment form and have an initial discussion with the prevocational doctor. The term supervisor must then counter sign the form.

ASSESSMENT OF OUTCOMES NOT DIRECTLY OBSERVED :	The e-portfolio provides a way to track achievement of all outcomes throughout the year. Where an outcome is not able to be directly observed, the prevocational doctor is expected to upload additional evidence (such as attending an approved course) to demonstrate achievement of the outcomes. For example, in some clinical settings, covering all of the outcomes relating to Aboriginal and Torres Strait Islander health may be difficult in EPA and end-of-term assessments. Alternative means of achieving those outcomes (such as attending a course or completing a training module) should be identified and documented in the e-portfolio record of learning. The term supervisor can then review these during the end-of-term assessment, and the assessment review panel review them at the end of the year. A guide to different ways of assessing achievement of the Aboriginal and Torres Strait Islander outcomes will be developed and will include: 1. an outline of the requirement for cultural safety training for supervisors in the *National standards and requirements for programs and terms* document 2. a rubric to assist term supervisors assessing through direct observation 3. an outline of the types of evidence that could demonstrate achievement of these outcomes.

EPA assessments

PURPOSE:	EPA assessments provide feedback based on observed clinical practice and data for end-of-year global judgements. Assessing an EPA is based on what is observed in that setting, at that time, with that particular patient. The goal of prevocational training is to reach the required level of entrustability by the end of the year, therefore entrustability is not necessarily reached for every EPA during the year.
NUMBER:	• At least 10 EPAs must be assessed across the year with at least 2 in each term. • EPA 1 (Clinical assessment) should be assessed at least once in each term, and EPAs 2–4 should be assessed two to three times each throughout the year. • Supervisors and prevocational doctors are encouraged to increase the number of EPAs for individuals with identified development needs.
FORMAT:	An activity-based discussion, which combines direct observation and case-based discussion with the following requirements: • that the assessment is based on interaction with a real patient for whom the prevocational doctor played an active role in delivering care • that the patient is known to the assessing supervisor • that the supervisor has observed some significant part of the clinical interaction (or if not possible (such as EPA 2), that feedback is sought from someone who did). The discussion might include some expansion on the parameters of the EPA observed, such as, 'What would you do if the patient were older?' or '... was from a non-English speaking background?' or '... lived at home alone with no immediate carer support available?'
ASSESSOR/S:	Supervisors and/or registrars are able to assess some EPAs after completing training. Other members of the health care team, such as a nurse or ward pharmacist, might also conduct or contribute to an EPA assessment in a term, where the supervisor deems this suitable. At least one EPA per term should be assessed by the primary clinical supervisor or an equivalent specialist.
PGY1/PGY2:	The same EPAs are 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.

Relationship between prevocational outcome statements, end-of-term assessments and assessment of EPAs

End-of-term assessments are based on whether the PGY1 or PGY2 doctor has achieved the prevocational outcome statements, which are included in the 'National assessment forms' (Section 3D of this document). Achievement of the prevocational outcomes is also included in the assessment of EPAs. The table in Attachment 1 indicates which prevocational outcome statements would be covered if the particular EPA was fully completed. This table shows that if all four of the EPAs are completed in full and fully assessed, all or nearly all of the outcomes will have assessor comments, and, assuming the commentary raises no concerns, all or nearly all of the outcomes can be determined as achieved.

When a single EPA is assessed, it may be that some outcomes are either not observed, or, because only a part of the EPA was assessed, not attempted. Satisfactory achievement of all outcomes is necessary for progression, and so prevocational doctors should:

- plan future EPA assessments to cover outcomes that have not been assessed (and are unlikely to be assessed in end-of-term assessments), and/or
- identify alternative means of achieving those outcomes in discussion with their supervisors.

In particular, in some clinical settings covering all of the outcomes relating to Aboriginal and Torres Strait Islander health may be difficult in EPA and end-of-term assessments. Alternative means of achieving those outcomes (such as attending a course or completing a training module) should be identified. These activities should be documented in the record of learning so that they can be reviewed by the assessment review panel at the end of the year.

Assessment forms

Assessment of prevocational training is work-based and term supervisor reports therefore have a key function. In the national registration system, national assessment forms support a consistent approach to assessment. These forms are the 'Prevocational training term assessment form' and the 'Prevocational training entrustable professional activity (EPA) assessment forms', both provided in Section 3D of this document.

Assessor training

Under the *National standards and requirements for programs and terms* (Standards 2.3.3 and 3.2), prevocational training providers must have processes for ensuring those assessing prevocational doctors have the relevant capabilities and an understanding of the processes involved.

Prevocational training providers should therefore incorporate specific training in using term and EPA 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.