

3C

PREVOCATIONAL ASSESSMENT

Certifying completion of PGY1 and PGY2 training

NATIONAL
FRAMEWORK FOR
PREVOCATIONAL
(PGY1 AND PGY2)
MEDICAL TRAINING

Certifying completion of PGY1 and PGY2 training

At the end of each year an assessment review panel makes a global judgement on whether to recommend progression to the next stage of training. Note that the requirements for certifying completion of PGY1 and PGY2 are different, and that satisfactory completion of PGY1 remains the point at which the Medical Board of Australia makes a decision to grant general registration.

Figure 8 – Overview of process for certifying completion of PGY1 and PGY2 training



Purpose

The overall purpose is to make a global judgement about whether the doctor has achieved the prevocational outcomes at the end of each year, taking account of both EPA assessments and end-of-term assessment forms. The assessment review panel takes a longitudinal approach to assessment and satisfactory performance is judged on attaining the required standard by the end of the year, rather than a requirement to pass a specified number of EPAs 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 flexibility to enter vocational training in PGY2 remains.

Assessment review panel composition

Prevocational training providers have some flexibility in determining the members of the assessment review panel based on what is practical in their circumstances. The panel must have at least three members, who should have a sound understanding of procedural fairness and prevocational training requirements. Members might include the following roles: DCT, DMS or chief medical officer (CMO) or delegate, medical education officer (MEO), an individual with HR expertise, experienced supervisor/s and/or a consumer. The role of an individual with HR expertise is to assist the process and provide expertise in relevant matters, such as leave options in wellbeing and remediation discussions. Their role on the panel does not include performance management. Prevocational doctors should not be panellists.

Process and number of meetings

The panel will meet at least once a year to discuss progression recommendations. However, it will also be convened to support the improving performance process, particularly for prevocational doctors in Phase 3 of the process. Meetings should be scheduled to ensure sufficient time to implement improving performance processes and assessment of their success before the end of the year.

Evidence for recommendations

Table 2 summarises the evidence that must be provided to the panel at the end of the year to support recommendations on completion of PGY1 or PGY2. Much of this data will be collected in and reported through the e-portfolio record of learning.

To streamline the process, the panel might consider the evidence in varying levels of detail, depending on the outcomes of assessments. Table 3 illustrates an example approach that could be taken.

Table 2 – Assessment requirements

REQUIREMENT	DETAILS
Program length	Evidence that the prevocational doctor has completed the minimum time requirement for the year.
Term requirements	<p>Evidence that the prevocational doctor has met the requirements for clinical exposure outlined in <i>National standards and requirements for programs and terms</i>.</p> <p>Note: Finalising a mandatory term requirement for PGY1 depends on the review of the Medical Board of Australia’s <i>Registration standard – Granting general registration on completion of intern training</i>. The wording will be confirmed once this is complete.</p>
Mid- and end-of-term assessments	The level of detail provided will depend on the prevocational doctor’s overall performance – see Table 3.
Assessment of EPAs	<p>Number</p> <p>Evidence that a minimum of 10 EPA assessments have been completed, including one assessment of EPA 1 in each term and at least 2 assessments of EPAs 2–4.</p> <p>Outcomes</p> <p>The level of detail provided will depend on the prevocational doctor’s overall performance (see Table 3). For the majority of prevocational doctors there will be a summary of the levels of entrustability for each EPA. For more complex decisions, the panel may review all EPA forms.</p> <p>Note: The goal of prevocational training is to reach the required level of entrustability by the end of the year, therefore it is not necessary that entrustability is reached for every EPA during the year.</p>
Achievement of the prevocational outcome statements	<p>The e-portfolio record of learning includes a mechanism for demonstrating that each outcome statement is achieved at the end of both PGY1 and PGY2.</p> <p>Evidence of achieving outcomes includes:</p> <ul style="list-style-type: none"> • mid- and end-of-term assessments • assessment of EPAs (outcome statements have been mapped to the EPAs) • documentation uploaded by prevocational doctors of other activities to achieve outcome statements (for example, attending a course or workshop or completing an online training module).

Table 3 – Levels of detail to inform panel decisions – example approach

PREVOCATIONAL DOCTOR GROUP	LEVEL OF DETAIL OF EVIDENCE REQUIRED	ASSESSMENT REVIEW PANEL ACTION
1. Routine	High-level summary of outcome of assessment components.	For noting only (all components satisfactory).
2. Routine with some areas for discussion/noting	Summary of assessment component outcomes with further detail as required – for example, for outcomes not met initially but successfully achieved later in the year.	For discussion/noting.
3. Complex	Detailed presentation of all assessment components for discussion.	For discussion.

Certifying completion – PGY1 for general registration

Prevocational training providers must certify satisfactory completion of internship. On the basis of the information provided, the Medical Board of Australia makes a decision on granting general registration to the intern.

The Board requires only the completion of the *Certificate of completion of an accredited internship form*, which is available on the Board’s website. The training provider should store term and EPA assessment reports and supporting documentation, including outcomes of any remediation, in case the Board seeks additional information.

The Board’s requirements for certification, as per the *Registration standard – Granting general registration on completion of intern training*, have been clarified 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.