3D

PREVOCATIONAL ASSESSMENT

National assessment forms

NATIONAL FRAMEWORK FOR PREVOCATIONAL (PGY1 AND PGY2) MEDICAL TRAINING

SUMMARY

National assessment forms

Assessment of prevocational training is work-based and term supervisor reports therefore have a key function. In this national registration system, national assessment forms support a consistent approach to assessment.

These forms are:

- Prevocational training term assessment form
- Prevocational training EPA assessment forms.

Note: Both forms are intended to be created as online versions in the e-portfolio system before implementation. Most of the details in the form will be prepopulated in the e-portfolio, or entered by the prevocational doctor. Resources for supervisors will also be developed to support implementation of the revised assessment processes and forms.

1

Prevocational training term assessment form

Use this form for mid- and end-of-term assessments. Information about the process for term assessments is provided in 'Assessment approach' (Section 3A of this document).

Significant revisions were made to the form in the Framework Review finalised in 2022, including:

- addition of data from assessments of EPAs
- assessment against the domains rather than against the individual outcome statements, and the removal of behavioural anchors
- revision of the terminology for global ratings.

Acknowledgements

The original form's development was informed by the work of the Confederation of Postgraduate Medical Education Councils during 2008 and 2009, literature on assessment, and stakeholder feedback on draft forms and draft guidance during 2012 and 2013.

2

Prevocational training entrustable professional activity (EPA) assessment forms

Four assessment forms have been developed to assess each of the new EPAs, which are explained in 'Entrustable professional activities' (Section 2B of *Training and assessment requirements*). Use these forms for EPA assessments throughout the term. Information about the process for term assessments is provided in 'Assessment approach' (Section 3A of this document).

Acknowledgements

Multiple existing forms and processes were considered in developing this draft, including The Royal Australian and New Zealand College of Psychiatrists (RANZCP) entrustable professional activity forms[11], the Western Sydney University Medical School EPA trial and the Royal Australasian College of Physicians EPA form[12].

11. The Royal Australian and New Zealand College of Psychiatrists (RANZCP), *Entrustable professional activity (EPA) forms*, RANZCP website, n.d., accessed 22 April 2022.
12. The Royal Australian College of Physicians (RACP), *Entrustable professional activities for basic trainees in adult internal medicine and paediatrics & child health*, RACP website, 2017, accessed 22 April 2022.

Prevocational Training
Term Assessment Form

Australian Medical Council Limited

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 entered by the prevocational doctor.

Prevocational doctor details	
Name:	
AHPRA registration no.:	
Assessment type	
☐ Midterm	☐ 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 specialists	☐ Other (please specify)	
☐ EPAs (as data points and as a point of discussion)			
☐ PGY1/ PGY2 record of learning (progress against outcome statements)			

Assessments of EPAs completed during the term to date (in online version only)	Number	Case complexity	Entrustability rating
☐ EPA 1 Clinical assessment			
☐ EPA 2 Recognition and care of the acutely unwell patient			
☐ EPA 3 Prescribing			
☐ EPA 4 Team communication - documentation, handover and referrals			

About this form

The purpose of this form is to provide feedback to the prevocational doctor on their performance to support their learning and to support assessment review panel decisions about satisfactory completion of PGY1 (the point of general registration) or 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. Other clinical supervisors, including registrars may conduct or contribute to the mid-term and end-of-term assessments with final sign off of the end-of term assessment 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 and will not be used by the assessment review panel at the end of the year.

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:

- Identify the observed outcome statements that the assessment of the Domain has been based on by ticking the appropriate boxes.
- Assign a rating for the PGY1 or PGY2 doctor's 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 were not observed 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) to complete an Improving Performance Action Plan (IPAP) when a prevocational doctor requires remediation or additional support in order to meet the required standard (i.e. when the prevocational doctor is assigned ratings of 1 or 2 for one or more items, or at the supervisor's discretion).
- For 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 has been completed, or if ongoing actions are required.

Relevant documents

The AMC *Assessment Requirements* (*Training and Assessment Requirements Section 3*) will assist in completing this form. The form aligns with the Australian Medical Council and Medical Board of Australia's *Prevocational Outcome statements* (*Training and Assessment Requirements Section 2A*) and the *National Standards and Requirements for Prevocational (PGY1 and PGY2) Training Programs and terms.*

Domain 1: Clinical practice
The prevocational doctor as practitioner

The assessment of this Domain is based on the following outcomes:

☐	1.1 **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.
☐	1.2 **Communication:** Communicate sensitively and effectively with patients, their family/carers, and health professionals applying the principles of shared–decision making and informed consent.
☐	1.3 **Communication - Aboriginal and Torres Strait Islander patients:** Demonstrate effective culturally safe interpersonal skills, empathic communication, and respect, within an ethical framework, inclusive of Indigenous knowledges of well-being and health models to support Aboriginal and Torres Strait Islander patient care.
☐	1.4 **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/or summary of the patients' health and other relevant issues.
☐	1.5 **Investigations:** Request and accurately interpret common and relevant investigations using evidence-informed knowledge and principles of cost-effectiveness.
☐	1.6 **Procedures:** Safely perform a range of common procedural skills required for work as a PGY1 or PGY2 doctor.
☐	1.7 **Patient management:** Make evidence-informed management decisions and referrals using principles of shared decision-making with patients, carers and the health care team.
☐	1.8 **Prescribing:** Prescribe therapies and other products including drugs, fluid, electrolytes, and blood products safely, effectively and economically.
☐	1.9 **Emergency care:** Recognise, assess, communicate and escalate as required, and provide immediate management to deteriorating and critically unwell patients.
☐	1.10 **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 record of learning against that outcome (e.g. attendance at a course)]

Domain 1 rating overall

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

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

Domain 2: Professionalism and leadership
The prevocational doctor as a professional and leader

The assessment of this Domain is based on the following outcomes:

☐	2.1 **Professionalism:** Demonstrate ethical behaviours and professional values including integrity; compassion; self-awareness, empathy; patient confidentiality and respect for all.
☐	2.2 **Self-management:** Identify factors and optimise personal wellbeing and professional practice, including responding to fatigue, and recognising and respecting one's own limitations to mitigate risks associated with professional practice.
☐	2.3 **Self-education:** Demonstrate lifelong learning behaviours and participate in, and contribute to, teaching and supervision and feedback.
☐	2.4 **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.
☐	2.5 **Teamwork:** Respect the roles and expertise of healthcare professionals, learn and work collaboratively as a member of an inter-professional team.
☐	2.6 **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.
☐	2.7 **Culturally safe practice for Aboriginal and Torres Strait Islander patients:** Critically evaluate cultural and clinical competencies to improve culturally safe practice and create culturally safe environments for Indigenous communities. Incorporate into the learning plan strategies to address any identified gaps in knowledge, skills, or behaviours that impact Aboriginal and Torres Strait Islander patient care.
☐	2.8 **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 record of learning against that outcome (e.g. attendance at a course)]

Domain 2 rating overall

1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
Rarely met	Inconsistently met	Consistently met	Often exceeded	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 and their geographical location. 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 for all communities:** 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 and discrimination.
☐	3.4 **Understanding biases:** Demonstrate knowledge of the systemic and clinician biases in the health system that impact on the service delivery for Aboriginal and Torres Strait Islander peoples. This includes understanding current evidence on systemic racism as a determinant of health and how racism maintains health inequity.
☐	3.5 **Understanding impacts of colonisation and racism:** Demonstrate knowledge of the ongoing impact of colonisation, intergenerational trauma and racism on the health and wellbeing of Aboriginal and Torres Strait Islander peoples.
☐	3.6 **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.

Achievement of outcomes can be assessed by direct observation or through evidence entered in the e-portfolio record of learning. Where an outcome has not been observed, evidence provided should be reviewed to support the assessment and feedback for this Domain. In filling out this assessment, take account of the evidence provided and the context in which the assessment is being made. Evidence may include but is not limited to, attending a relevant educational course, workshop or conference, or completion of an online training module.

[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 record of learning against that outcome (e.g. attendance at a course)]

Domain 3 rating overall

1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
Rarely met	Inconsistently met	Consistently met	Often exceeded	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: Science and scholarship
The prevocational doctor as scientist and scholar

The assessment of this Domain is based on the following outcomes:

☐	4.1 **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 stages of life and settings.
☐	4.2 **Evidence-informed practice:** Access, critically appraise and apply evidence from the medical and scientific literature to clinical and professional practice.
☐	4.3 **Quality assurance:** Participate in quality assurance and quality improvement activities such as peer review of performance, clinical audit, risk management and incident reporting and reflective practice.
☐	4.4 **Advancing Aboriginal and Torres Strait Islander Health:** Demonstrate a knowledge of evidence informed medicine and models of care that support and advance Aboriginal and Torres Strait Islander health.

Achievement of outcomes can be assessed by direct observation or through evidence entered in the e-portfolio record of learning. Where an outcome has not been observed, evidence provided should be reviewed to support the assessment and feedback for this Domain. Evidence may include but is not limited to, attending a relevant educational course, workshop or conference, or completion of an online training module, participating in quality assurance or quality improvement activities e.g. contributing to morbidity and mortality reviews.

[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 record of learning against that outcome (e.g. attendance at a course)]

Domain 4 rating overall

1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
Rarely met	Inconsistently met	Consistently met	Often exceeded	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 pass	Further information, assessment and/or remediation will be required before deciding that the prevocational doctor has met performance expectations for the level of training during the term.
☐ Unsatisfactory	The prevocational doctor has not met performance expectations for the level of training during 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]*

Term Supervisor

Name (print clearly)

Signature

Position

Date

Day Month Year

Prevocational doctor

I (insert name) _____

confirm that I have discussed the above report with my Term Supervisor or delegate 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

Name (print clearly)

Signature

Date

Day Month Year

Director of Clinical Training feedback

Return of form (for paper forms)

Please forward to (contact person, department):

Relevant documents

Relevant documents are available on the AMC website: https://www.amc.org.au/accreditation-and-recognition/assessment-accreditation-prevocational-phase-medical-education/national-framework-for-prevocational-medical-training/

Prevocational Training
Entrustable Professional Activity (EPA) Assessment form

Australian Medical Council Limited

EPA 1: **Clinical Assessment**

Note: These forms 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 entered by the prevocational doctor.

The purpose of this form is to provide feedback to the prevocational doctor on their performance of an EPA to support their learning and to support assessment review panel decisions about satisfactory completion of PGY1 (the point of general registration) or PGY2. EPAs assessed throughout PGY1 and PGY2 should represent a breadth of experience and a range of task complexities.

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	☐ Specialist or equivalent (term supervisor) ☐ Specialist or equivalent (other) ☐ Registrar	☐ Nurse/ nurse practitioner ☐ Pharmacist ☐ Other
Consultation with/ input from	☐ Specialist or equivalent (term supervisor) ☐ Specialist or equivalent (other) ☐ Registrar ☐ Nurse/ nurse practitioner ☐ Allied health	☐ Pharmacist ☐ Patient ☐ PGY1/2 peer ☐ Other

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 a patient on request in response to a particular concern, ward call tasks, ward rounds, lower acuity emergency department presentations, general practice consultations or outpatient clinical attendances.

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

Prevocational doctor to complete this section

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 has been 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 a history
☐	5.	examine the patient
☐	6.	consider and integrate information from the 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, and document assessment and next steps, including indications for follow up

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

Case details

Brief description of issues of case:
[e.g. age, gender, diagnosis etc.]

Self-assessment

Self-reflection on performance of the task:
[how do you feel you went?, what went well and why?, what could you have done better and how?]

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	*Brief description:* *[e.g., age, gender, diagnosis etc.]*

Complexity of the case(s) for the level of training	☐ Low ☐ Medium ☐ High

Note: Case complexity is a combination of the complexity of the medical presentation and relevant social factors. Case complexity also has to do with the experience of the PGY1 or PGY2 doctor. Therefore, a case which is assessed as high complexity early in PGY1 may be assessed as low complexity in late PGY2. It is expected that as prevocational doctors progress through their program, the cases the EPAs are assessed on increase in complexity. It is also expected there will be some cases assessed that are complex for the level of training.

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 for this task; 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 or the (day to day) supervisor need to be there to observe the interactions and review the work)
☐	Requires proximal supervision (I or the (day to day) supervisor need to be easily contacted, and able to provide immediate or detailed review of work)
☐	Requires minimal supervision (I trust the prevocational doctor to complete the task/ I or the (day to day) supervisor need to be contactable/ in the building and able to provide general overview of work)

Assessor's Feedback

What went well?

What could be done to improve?

Agreed learning goals arising from the experience

Was the entrustability rating appropriate for the level of training, given the complexity of the case?	☐ Yes ☐ No

Assessor sign off:	

Prevocational Training
Entrustable Professional Activity (EPA) Assessment form

Australian Medical Council Limited

EPA 2: **Recognition and care of the acutely unwell patient**

Note: These forms 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 entered by the prevocational doctor.

The purpose of this form is to provide feedback to the prevocational doctor on their performance of an EPA to support their learning and to support assessment review panel decisions about satisfactory completion of PGY1 (the point of general registration) or PGY2. EPAs assessed throughout PGY1 and PGY2 should represent a breadth of experience and a range of task complexities.

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	☐ Specialist or equivalent (term supervisor) ☐ Specialist or equivalent (other) ☐ Registrar	☐ Nurse/ nurse practitioner ☐ Pharmacist ☐ Other
Consultation with/ input from	☐ Specialist or equivalent (term supervisor) ☐ Specialist or equivalent (other) ☐ Registrar ☐ Nurse/ nurse practitioner ☐ Allied health	☐ Pharmacist ☐ Patient ☐ PGY1/2 peer ☐ Other

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 (including acute deterioration in mental health).
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.

Prevocational doctor to complete this section

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. 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.

Case details

Brief description of issues of case:
[e.g. age, gender, diagnosis etc.]

Self-assessment

Self-reflection on performance of the task:
[how do you feel you went?, what went well and why?, what could you have done better and how?]

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	*Brief description:* *[e.g., age, gender, diagnosis etc.]*

Complexity of the case(s) for the level of training	☐ Low ☐ Medium ☐ High

Note: Case complexity is a combination of the complexity of the medical presentation and relevant social factors. Case complexity also has to do with the experience of the PGY1 or PGY2 doctor. Therefore, a case which is assessed as high complexity early in PGY1 may be assessed as low complexity in late PGY2. It is expected that as prevocational doctors progress through their program, the cases the EPAs are assessed on increase in complexity. It is also expected there will be some cases assessed that are complex for the level of training.

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 for this task; 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 or the (day to day) supervisor need to be there to observe the interactions and review the work)
☐	Requires proximal supervision (I or the (day to day) supervisor need to be easily contacted, and able to provide immediate or detailed review of work)
☐	Requires minimal supervision (I trust the prevocational doctor to complete the task/ I or the (day to day) supervisor need to be contactable/ in the building and able to provide general overview of work)

Assessor's Feedback

What went well?

What could be done to improve?

Agreed learning goals arising from the experience

Was the entrustability rating appropriate for the level of training, given the complexity of the case?	☐ Yes ☐ No

Assessor sign off:	

Prevocational Training
Entrustable Professional Activity (EPA) Assessment form

Australian Medical Council Limited

EPA 3: **Prescribing**

Note: These forms 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 entered by the prevocational doctor.

The purpose of this form is to provide feedback to the prevocational doctor on their performance of an EPA to support their learning and to support assessment review panel decisions about satisfactory completion of PGY1 (the point of general registration) or PGY2. EPAs assessed throughout PGY1 and PGY2 should represent a breadth of experience and a range of task complexities.

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	☐ Specialist or equivalent (term supervisor) ☐ Specialist or equivalent (other) ☐ Registrar	☐ Nurse/ nurse practitioner ☐ Pharmacist ☐ Other
Consultation with/ input from	☐ Specialist or equivalent (term supervisor) ☐ Specialist or equivalent (other) ☐ Registrar ☐ Nurse/ nurse practitioner ☐ Allied health	☐ Pharmacist ☐ Patient ☐ PGY1/2 peer ☐ Other

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.

Prevocational doctor to complete this section

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 adverse 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 medications where indicated, in consultation with senior team members, including a pharmacist

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

Case details

Brief description of issues of case:
[e.g. age, gender, diagnosis etc.]

Self-assessment

Self-reflection on performance of the task:
[how do you feel you went?, what went well and why?, what could you have done better and how?]

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	*Brief description:* *[e.g., age, gender, diagnosis etc.]*

Complexity of the case(s) for the level of training	☐ Low ☐ Medium ☐ High

Note: Case complexity is a combination of the complexity of the medical presentation and relevant social factors. Case complexity also has to do with the experience of the PGY1 or PGY2 doctor. Therefore, a case which is assessed as high complexity early in PGY1 may be assessed as low complexity in late PGY2. It is expected that as prevocational doctors progress through their program, the cases the EPAs are assessed on increase in complexity. It is also expected there will be some cases assessed that are complex for the level of training.

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 for this task; 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 or the (day to day) supervisor need to be there to observe the interactions and review the work)
☐	Requires proximal supervision (I or the (day to day) supervisor need to be easily contacted, and able to provide immediate or detailed review of work)
☐	Requires minimal supervision (I trust the prevocational doctor to complete the task/ I or the (day to day) supervisor need to be contactable/ in the building and able to provide general overview of work)

Assessor's Feedback

What went well?

What could be done to improve?

Agreed learning goals arising from the experience

Was the entrustability rating appropriate for the level of training, given the complexity of the case?	☐ Yes ☐ No

Assessor sign off:	

Prevocational Training
Entrustable Professional Activity (EPA) Assessment form

Australian Medical Council Limited

EPA 4: Team Communication – documentation, handover and referrals

Note: These forms 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 entered by the prevocational doctor.

The purpose of this form is to provide feedback to the prevocational doctor on their performance of an EPA to support their learning and to support assessment review panel decisions about satisfactory completion of PGY1 (the point of general registration) or PGY2. EPAs assessed throughout PGY1 and PGY2 should represent a breadth of experience and a range of task complexities.

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	☐ Specialist or equivalent (term supervisor) ☐ Specialist or equivalent (other) ☐ Registrar	☐ Nurse/ nurse practitioner ☐ Pharmacist ☐ Other
Consultation with/ input from	☐ Specialist or equivalent (term supervisor) ☐ Specialist or equivalent (other) ☐ Registrar ☐ Nurse/ nurse practitioner ☐ Allied health	☐ Pharmacist ☐ Patient ☐ PGY1/2 peer ☐ Other

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 multidisciplinary 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.

Prevocational doctor to complete this section

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 multidisciplinary 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.

Case details

Brief description of issues of case:
[e.g., age, gender, diagnosis etc.]

Self-assessment

Self-reflection on performance of the task:
[how do you feel you went?, what went well and why?, what could you have done better and how?]

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	*Brief description:* *[e.g., age, gender, diagnosis etc.]*

Complexity of the case(s) for the level of training	☐ Low ☐ Medium ☐ High

Note: Case complexity is a combination of the complexity of the medical presentation and relevant social factors. Case complexity also has to do with the experience of the PGY1 or PGY2 doctor. Therefore, a case which is assessed as high complexity early in PGY1 may be assessed as low complexity in late PGY2. It is expected that as prevocational doctors progress through their program, the cases the EPAs are assessed on increase in complexity. It is also expected there will be some cases assessed that are complex for the level of training.

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 for this task; 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 or the (day to day) supervisor need to be there to observe the interactions and review the work)
☐	Requires proximal supervision (I or the (day to day) supervisor need to be easily contacted, and able to provide immediate or detailed review of work)
☐	Requires minimal supervision (I trust the prevocational doctor to complete the task/ I or the (day to day) supervisor need to be contactable/ in the building and able to provide general overview of work)

Assessor's Feedback

What went well?

What could be done to improve?

Agreed learning goals arising from the experience

Was the entrustability rating appropriate for the level of training, given the complexity of the case?	☐ Yes ☐ No

Assessor sign off:	