

# Prevocational Training Term Assessment Form

**Note:** This form has been altered to better support paper-based introduction of the term assessment form in 2024. This form will be translated into an online version prior to implementation of an e-portfolio. Most of the details in the form will be prepopulated in the e-portfolio, or entered by the prevocational doctor.

Prevocational doctor details		Term details	
Name:		From (dd/mm/yyyy):	
AHPRA registration no.:		To (dd/mm/yyyy):	
<b>Assessment type</b>		Term name:	
<input type="checkbox"/> Mid-term	<input type="checkbox"/> End-of-term	PGY1	PGY2
<input type="checkbox"/> Prevocational doctor self-assessment (optional)		Term:	of five
Organisation and Department / Unit where term undertaken:			

Sources of information used to complete this form			
Consultation with/feedback from:	<input type="checkbox"/> Nursing staff	<input type="checkbox"/> Registrars	<input type="checkbox"/> Allied health professionals
	<input type="checkbox"/> Other specialists	<input type="checkbox"/> Other (please specify)	
<input type="checkbox"/> PGY1/ PGY2 record of learning (progress against outcome statements)			

## 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 JMO Management Unit or Director of Prevocational Education and Training (DPET) 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	<b>Patient safety:</b> 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	<b>Communication:</b> Communicate sensitively and effectively with patients, their family/carers, and health professionals applying the principles of shared–decision making and informed consent.
1.3	<b>Communication - Aboriginal and Torres Strait Islander patients:</b> 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	<b>Patient assessment:</b> 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	<b>Investigations:</b> Request and accurately interpret common and relevant investigations using evidence-informed knowledge and principles of cost-effectiveness.
1.6	<b>Procedures:</b> Safely perform a range of common procedural skills required for work as a PGY1 or PGY2 doctor.
1.7	<b>Patient management:</b> Make evidence-informed management decisions and referrals using principles of shared decision-making with patients, carers and the health care team.
1.8	<b>Prescribing:</b> Prescribe therapies and other products including drugs, fluid, electrolytes, and blood products safely, effectively and economically.
1.9	<b>Emergency care:</b> Recognise, assess, communicate and escalate as required, and provide immediate management to deteriorating and critically unwell patients.
1.10	<b>Utilising and adapting to dynamic systems:</b> Appropriately utilises and adapts to dynamic systems and technology to facilitate practice, including for documentation, communication, information management and supporting decision-making.

Achievement of outcomes can be assessed by direct observation or by providing evidence 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 please identify: a) which outcome and b) whether additional evidence was provided against that outcome (e.g. attendance at a course)]

### Domain 1 rating overall

1   
Rarely met

2   
Inconsistently met

3   
Consistently met

4   
Often exceeded

5   
Consistently exceeded

[If a rating of 1 or 2 is selected, please 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	<b>Professionalism:</b> Demonstrate ethical behaviours and professional values including integrity; compassion; self-awareness, empathy; patient confidentiality and respect for all.
2.2	<b>Self-management:</b> 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	<b>Self-education:</b> Demonstrate lifelong learning behaviours and participate in, and contribute to, teaching and supervision and feedback.
2.4	<b>Clinical responsibility:</b> 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	<b>Teamwork:</b> Respect the roles and expertise of healthcare professionals, learn and work collaboratively as a member of an inter-professional team.
2.6	<b>Safe workplace culture:</b> 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	<b>Culturally safe practice for Aboriginal and Torres Strait Islander patients:</b> 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	<b>Time management:</b> Effectively manage time and workload demands, be punctual, and show ability to prioritise workload to manage patient outcomes and health service functions.

Achievement of outcomes can be assessed by direct observation by providing evidence 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, please identify a) which outcome and b) whether additional evidence was provided against that outcome (e.g. attendance at a course)]

### Domain 2 rating overall

1   
Rarely met

2   
Inconsistently met

3   
Consistently met

4   
Often exceeded

5   
Consistently exceeded

[If a rating of 1 or 2 is selected, please 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 | <b>Population health:</b> 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 | <b>Whole of person care:</b> 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 | <b>Cultural safety for all communities:</b> 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 | <b>Understanding biases:</b> 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 | <b>Understanding impacts of colonisation and racism:</b> 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 | <b>Integrated healthcare:</b> 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 by providing evidence 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, please identify: a) which outcome and b) whether additional evidence was provided against that outcome (e.g. attendance at a course)]

### Domain 3 rating overall

1   
Rarely met

2   
Inconsistently met

3   
Consistently met

4   
Often exceeded

5   
Consistently exceeded

[If a rating of 1 or 2 is selected, please 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 | <b>Knowledge:</b> 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 | <b>Evidence-informed practice:</b> Access, critically appraise and apply evidence from the medical and scientific literature to clinical and professional practice.                                                        |
| 4.3 | <b>Quality assurance:</b> 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 | <b>Advancing Aboriginal and Torres Strait Islander Health:</b> 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 by providing evidence 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, please identify: a) which outcome and b) whether additional evidence was provided against that outcome (e.g. attendance at a course)]

### Domain 4 rating overall

1   
Rarely met

2   
Inconsistently met

3   
Consistently met

4   
Often exceeded

5   
Consistently exceeded

[If a rating of 1 or 2 is selected, please 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.]



**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 Prevocational Education and Training (DPET) within 14 days.

Signature

Date

Day

Month

Year

**Director of Prevocational Education and Training**

Name (print clearly)

Signature

Date

Day

Month

Year

**Director of Prevocational Education and 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/framework/>