INTRODUCTION

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:

- G A N [10]
- N (PG 1 PG 2) .

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', , MBA website, 2002, accessed 21 April 2022.

3A

Assessment approach

3A

SUMMARY

Assessment approach

N 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).

Feedback and supporting continuous learning

The *N* 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
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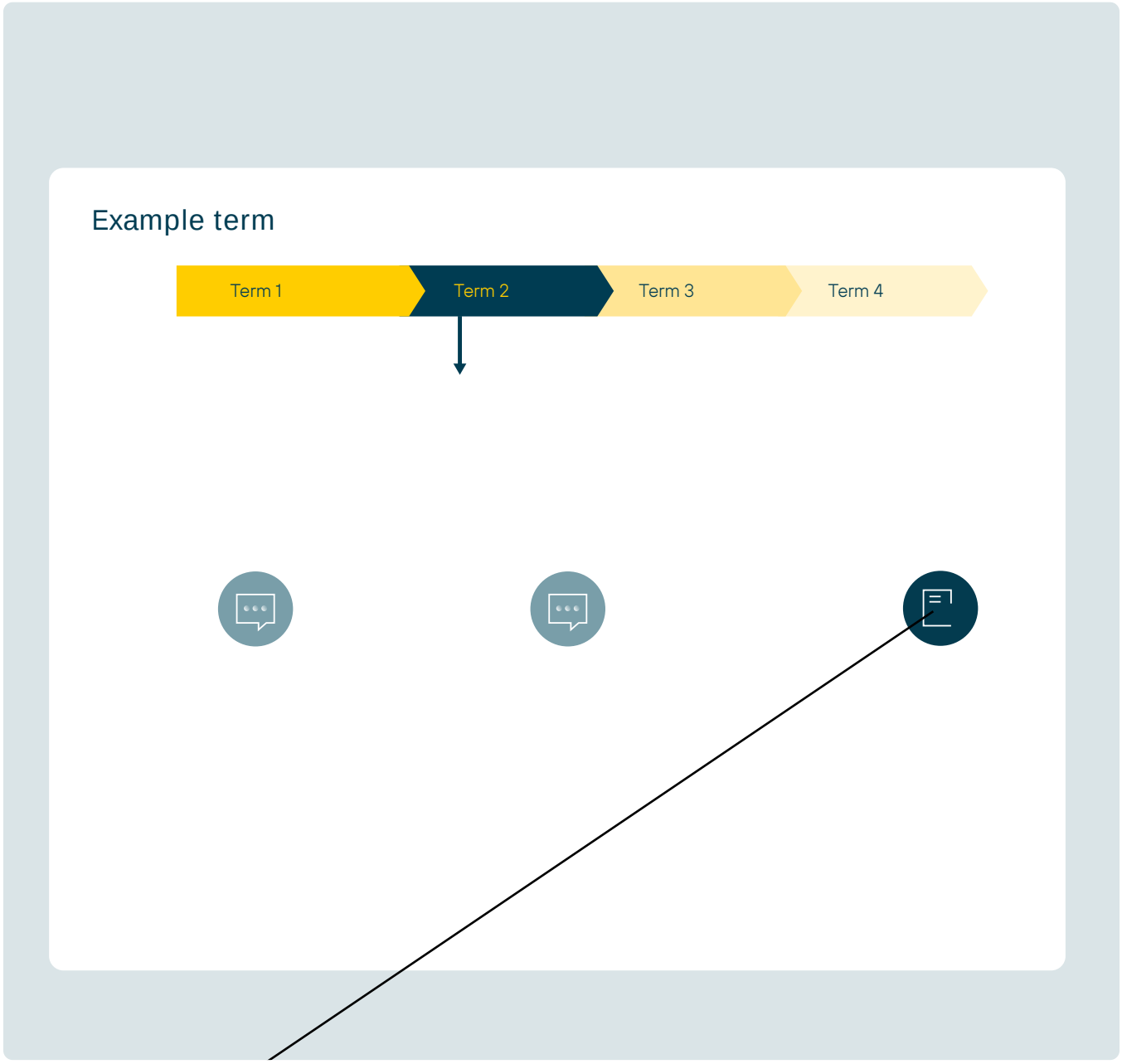
Assessment methods and process

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:	[illegible]
NUMBER:	[illegible]
FORMAT:	[illegible]
ASSESSOR/S:	[illegible]

End-of-term assessment

PURPOSE:	[illegible]
NUMBER:	[illegible]
FORMAT:	[illegible]
ASSESSOR/S:	[illegible]

ASSESSMENT OF OUTCOMES NOT DIRECTLY OBSERVED :	1. an outline of the requirement for cultural safety training for supervisors in the *N* 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:	
NUMBER:	•

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 nea3ludr80 (t ofStT 9e (EP)60 nea3ludr80 ([(tha)10 (v)13