

**IMPLEMENTATION NOTE FOR
THE NATIONAL PGY1 TRAINING
AND ASSESSMENT
FRAMEWORK**

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I. INTRODUCTION

Post Graduate Year 1

Post graduate Year 1 (PGY1) forms the transition year between undergraduate medical education and full medical registration. It prepares the medical graduate for future independent practice in an unsupervised ambulatory setting. During this period, PGY1 doctors (PGY1s) are provisionally registered to gain the necessary clinical experience and skills in one or more approved hospitals in Singapore and assume increasing responsibility for patient care under supervision.

PGY1 training is structured around the following subject matters, for which they should demonstrate competence in:

- 1) Applying core clinical skills;
- 2) Basic management of common and important conditions including the use of drugs;
- 3) Handling acute medical emergencies;
- 4) Performing common and important clinical procedures;
- 5) Keeping accurate medical records and provide medical certification
- 6) Communication skills; and
- 7) Upholding standards of professionalism, ethics, and continual professional development.

Certificate of Experience

A Certificate of Experience (COE) is proof of successful completion of clinical postings during PGY1. Successful completion entails accrual of at least 12 months of clinical postings and satisfactory performance as attested by the supervisors.

Under the Medical Registration Regulations, all PGY1s must complete a minimum of three months in general medicine, a minimum three months in either general surgery or orthopaedic surgery and the remaining six months in any other programme requirements as approved by the Singapore Medical Council (SMC). The COE is awarded by the National Certifying Authority after ensuring that all requirements have been met.

Successful issuance of the COE (and the passing of the USMLE Step 3 or equivalent exam for Duke-NUS GMS graduates) is/are prerequisites for Full Medical Registration eligibility with the Singapore Medical Council.

II. THE NATIONAL ASSESSMENT COMMITTEE FOR POST GRADUATE YEAR 1 (NAC-PGY1)

To ensure that every PGY1 receives standardised training and assessment to become safe and competent doctors, the Ministry of Health formed the National Assessment Committee for Post Graduate Year 1 (NAC-PGY1) to fulfil the following specific roles and responsibilities:

- 1) Develop and issue training and assessment standards and outcomes required of PGY1 training and assessment;
- 2) Review available assessment tools and develop a national framework for the appropriate and valid appraisal of the clinical competencies of provisionally registered PGY1 doctors seeking full registration;
- 3) Assess the clinical competencies of PGY1s seeking full registration, using the above national performance appraisal framework; and
- 4) Make recommendations to the National Certifying Authority on the granting of the Certificate of Experience (COE) for full registration with the SMC.

The chairman of the NAC-PGY1 is also appointed to be the National Certifying Authority for all PGY1s. This appointment will take effect from 1 July 2014.

III. DEVELOPMENT OF THE NATIONAL PGY1 TRAINING AND ASSESSMENT FRAMEWORK

The National PGY1 Training and Assessment Framework was developed to build upon the current assessment processes and systematically ensure that all PGY1s undergo similar training and assessment to achieve stipulated competencies and training outcomes leading to the issuance of the COE. It is not based on new concepts but aspires to improve PGY1's training experience through new structured supervision. Further, it reinforces the primary objective of the PGY1 year as a training year, rather than as a means for clinical service delivery by healthcare institutions. Underpinning the National PGY1 Training and Assessment Framework are six core competencies recommended by the National Medical Undergraduate Curriculum Committee (NMUCC):

Competency 1 – Patient Care that is compassionate, appropriate, and effective for treating health problems and promoting health;

Competency 2 – Medical Knowledge about established and evolving biomedical, clinical, and similar sciences and the application of this knowledge to patient care;

Competency 3 – Practice-Based Learning & Improvement that involves investigation and evaluation of their own patient care, appraisal, and assimilation of scientific evidence, and improvements in patient care;

Competency 4 – Interpersonal & Communication Skills that result in effective information exchange and teaming with patients, their families, and other health professionals;

Competency 5 – Professionalism, as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population; and

Competency 6 – Systems-Based Practice, as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide care that is of optimal value.

A new standardised structured clinical assessment will be used to evaluate the achievement of competencies and Professional Activities. These tools will allow for PGY1s to be evaluated on a common platform, allowing their supervisors to consistently assess their performance longitudinally even as the PGY1s move from institution to institution.

There are four key components to this Framework which create a comprehensive matrix to ensure that PGY1 doctors receive high quality standardised training. The four components are:

- 1) A structured curriculum and training roadmap was established with the well-defined seven Professional Activities and Foundational Attributes, such that PGY1s will achieve a defined set of core competencies by the end of their training;
- 2) A structured system of supervision, evaluation and review through the appointments of dedicated supervisors, scheduled formative assessments of the PGY1s and formation of the Performance Review Subcommittee (PRS) at the institutional level to oversee training and assessment; and
- 3) The development of a common and standardised suite of assessment tools that allows cross section and longitudinal assessments in a consistent manner;
- 4) The appointment of a single National Certifying Authority assisted by the NAC-PGY1 to ensure that the training and assessment policies are consistent at a national level.

By stipulating the clinical competencies and Professional Activities, PGY1s will have a better understanding of the standards expected of them. The articulation of milestones within the assessment tools provides a learning roadmap that will allow both the supervisors and the PGY1s to track their progress.

All the new PGY1s from local and recognised overseas medical schools will, from 1 May 2014 onwards, be assessed under the new framework and certified by the National Certifying Authority, who is the Chair of the NAC-PGY1. The new framework will apply to all PGY1s including those in Residency or Transitional Year Programmes. In-flight PGY1s will continue to be assessed by their current House Officer Training Committees and certified by the existing Certifying Authorities until 1 July 2014. All inflight PGY1s who commenced their PGY1 training year on or after 1 February 2014 will be assessed under the new framework from 1 July 2014.

Foundational Attributes

The NAC-PGY1 has defined a list of Foundational Attributes which refer to behaviours expected, taught and reinforced in the medical schools that must be demonstrated by doctors throughout their professional practice. The six Foundational Attributes are listed below and constitute behaviours associated with the competencies of Professionalism and Practice-Based Learning:

- 1) Demonstrate openness and respect for patients, relatives and all members of the healthcare professional team that includes cultural and religious sensitivities.
- 2) Adhere to the Singapore Medical Council ethical code of conduct¹, including medico legal responsibilities.
- 3) Be aware of their clinical responsibilities and limitations, including knowing when to escalate where appropriate (Team Work).
- 4) Demonstrate commitment and integrity, including following through on assigned tasks, being punctual and being truthful in all circumstances.
- 5) Accept supervisor and peer feedback to improve knowledge and skills.
- 6) Identify credible sources of updated medical information to care for patients.

¹ This can be found at the link:
<http://www.healthprofessionals.gov.sg/content/dam/hprof/smc/docs/guidelines/SMC%20Ethical%20Code%20and%20Ethical%20Guidelines.pdf>

Professional Activities

The NAC-PGY1 has systematically categorised the skills and knowledge to be learnt by PGY1s into seven Professional Activities a doctor can progressively be trusted to perform competently when entering into unsupervised practice. These activities are:

Professional Activity 1 - Manage patients by obtaining a detailed history, performing appropriate physical examination, requesting and follow-through relevant diagnostic evaluation and therapeutic interventions

Professional Activity 2 - Manage transitions of care (within and between teams)

Professional Activity 3 - Perform bedside procedures

Professional Activity 4 - Resuscitate, stabilise, and care for unstable or critically ill patients

Professional Activity 5 - Provide peri-procedural and post-procedural/surgical assessment and care

Professional Activity 6 - Educate, update and interact with patient and family members and facilitate family conferences

Professional Activity 7 - Improve the quality of healthcare at both individual and systems levels

The Framework recognises the importance of learning experiences in systems-based practice and practice-based learning & improvement. Professional Activities directed at acquiring competencies in these two aspects are deemed aspirational and PGY1s will not be assessed at this time. Rather, training institutions should make available regular sessions to bring awareness to these competencies including sessions on patient safety. Further details on each Professional Activity are found in Annex A.

Assessment Tools

The NAC-PGY1 has also standardised the evaluation process across institutions via the use of a common suite of assessment tools adapted from existing tools and methodologies. **Table 1** provides an overview of the assessment tools. The standardised tools include the Logbook, Monthly Supervisor Report (Form P1), Rater Form (Form P2) and End-of-posting Supervisor Report (Form P3).

Table 1: Overview of Assessment Tools

Assessment Tools	To be completed by					Frequency
	Supervisor		Others			
	Posting (Department)	Ward	Nurse (minimally Senior staff nurse)	Peer (fellow PGY1, MO or R2)	Senior Dr (minimally Registrar or R4)	
Monthly Supervisor Report (Form P1)	✓ *Either Posting or Ward supervisor may do the monthly assessment	✓				Monthly
Rater Form (Form P2)			✓	✓	✓	At least once in PGY1 training year *If result unsatisfactory, 2 nd will be conducted.
End-of-posting Supervisor Report (Form P3)	✓					*Last month of every posting
	To be reviewed by					
Logbook	✓ *Either Posting or Ward supervisor may do the monthly review	✓				Monthly
	✓					*Last month of every posting

Logbook

All PGY1s will be provided an online logbook to record their learning experience throughout the year. The logbook serves two purposes. First, it is a tracking tool that charts the achievement of milestones. Second, it also serves as a formative tool that PGY1s can use to discuss the management of patients with their supervisors.

Within each posting section is a list of core conditions which PGY1s are expected to have managed. *All core conditions have to be logged in by the end of the posting which the PGY1s are rotated to.* PGY1s may also record other cases which they had managed into their logbook for their learning reference.

The procedure section of the logbook provides a list of core procedures that PGY1s are required to perform by the end of PGY1. These procedures are discipline-specific and cover Internal Medicine, General Surgery, Orthopaedic Surgery and Obstetrics and Gynaecology. Documenting supervision for these procedures is optional except in paediatric medicine posting. There is a separate list of core procedures for PGY1s who rotate through Paediatric Medicine to complete by the end of their Paediatric Medicine posting.

PGY1s are also expected to log the successful completion of the BCLS course and the compulsory learning activities organised by the institutions which they had participated in, into the pre-populated list of compulsory learning activities and course(s) provided in the logbook.

The Monthly Supervisor Report (Form P1)

The monthly supervisor report is a formative assessment tool which assesses the PGY1s' workplace-based performance and their ability to achieve the overall competencies.

The Form P1 comprises three sections:

- 1) P1-1: review of logbook (includes endorsement by supervisor) and a case-based and procedure-based discussion (supervisors will choose from any of the logged core conditions and procedures);
- 2) P1-2: competency evaluation focusing on medical knowledge and patient care; and
- 3) P1-3: endorsement by the supervisor.

This form, components P1-1 to P1-3, can be completed by the ward supervisor or posting (overall/department) supervisor every month.

The Rater Form (Form P2)

The rater form is used to assess the PGY1's competencies in communication skills, professionalism and teamwork. It is used in the multi-rater exercise.

During the course of the PGY1 training, a multi-rater assessment (minimum of one conducted in the PGY1 year) will be carried out. This should be conducted within the first six months of the PGY1 training, to allow sufficient time for a second assessment to be conducted if required.

Three persons will be asked to participate in this exercise:

- 1) A peer (fellow PGY1, second year resident or Medical Officer whom the PGY1 has worked closely with);
- 2) A senior doctor (minimally a registrar or a fourth year resident); and
- 3) A nurse (minimally the rank of a senior staff nurse).

The End-of-posting Supervisor Report (Form P3)

The end-of-posting supervisor report is used only by the posting (overall/department) supervisor to assess the PGY1's competencies, general progress and overall performance at the end of each posting and includes endorsement by the posting supervisor and acknowledgement by the PGY1.

The **Table 2** overleaf tags Professional Activities with the competencies they translate to and the appropriate assessment tools (found in Annex B). Further details on each Professional Activity are in Annex A.

Table 2: List of Professional Activities, Competencies and Assessment Tools

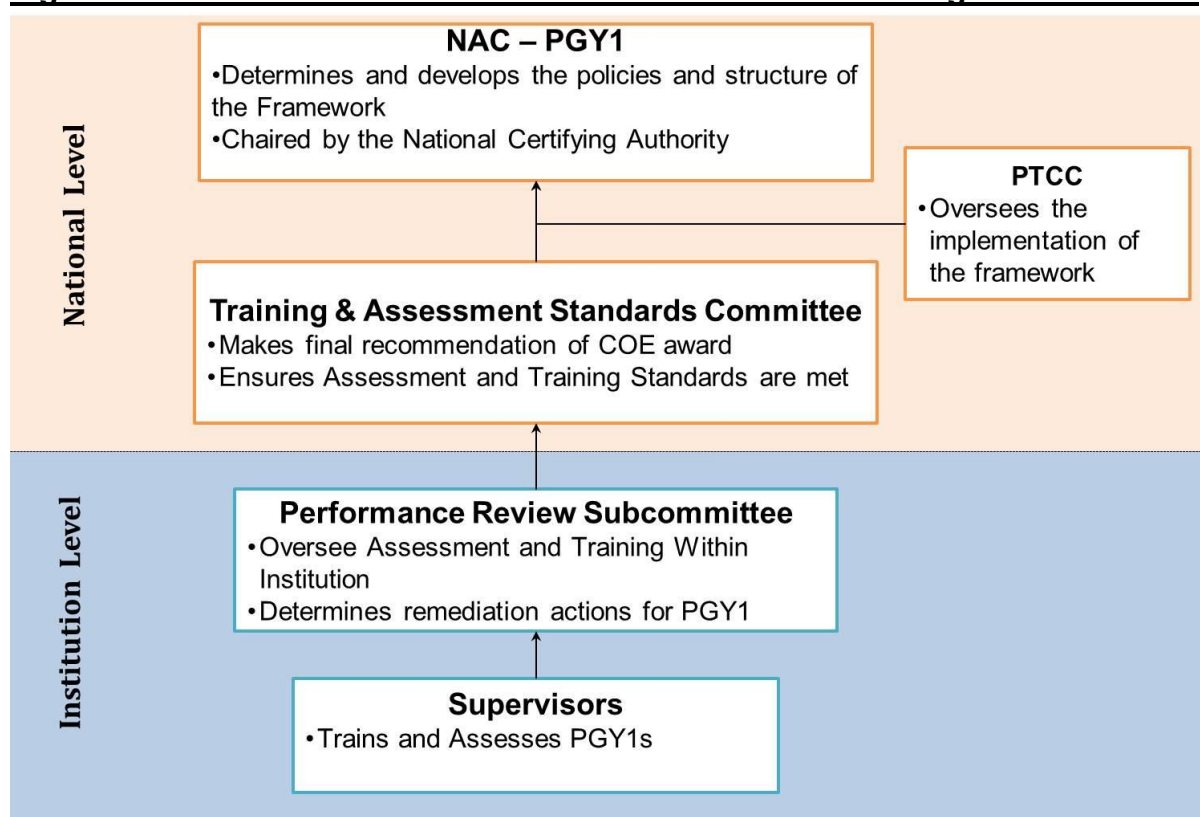
Professional Activity	Competency	Assessment Tool
Manage patients by obtaining a detailed history, performing appropriate physical examination, requesting and follow-through relevant diagnostic evaluation and therapeutic interventions	Professionalism Communication Skills Medical Knowledge Patient care and technical skills	Form P1 Form P2 Form P3 Logbook
Manage transitions of care (within and between teams)	Professionalism Communication Skills Systems-Based Practice	Form P1 Form P2 Form P3 Logbook
Able to perform bedside procedures	Professionalism Communication Skills Patient care and technical skills	Form P1 Form P2 Form P3 Logbook (Procedure Log)
Resuscitate, stabilise, and care for unstable or critically ill patients	Professionalism Communication Skills Practice-Based Learning and Improvement	Form P1 Form P2 Form P3 Logbook
Provide peri-procedural and post-procedural/surgical assessment and care	Communication Skills Medical Knowledge Patient care and technical skills	Form P1 Form P2 Form P3 Logbook (Case Log)
Able to educate, update and interact with patient and family members and facilitate family conferences	Professionalism Communication Skills	Form P2 Form P3 Logbook (To log attendance of training sessions)
Improve the quality of healthcare at both individual and systems levels	Patient care and technical skills Systems-Based Practice Practice-Based Learning and Improvement	Logbook (To log attendance of training sessions)

IV. DESCRIPTION OF THE FRAMEWORK PROCESS FLOW OUTLINE

Committees of the NAC-PGY1

To assist the NAC-PGY1 in fulfilling its roles in training and assessment, two national committees namely the Post Graduate Year 1 Training Co-ordinating Committee (PTCC) and the Training and Assessment Standards Committee (TASC), and one institutional level committee – the Performance Review Subcommittee (PRS) were established to assist the NAC-PGY1 in its functions (Figure 1).

Figure 1: National and Institutional Level Committees assisting the NAC-PGY1



National Committees

The Postgraduate Year 1 Training Co-ordinating Committee (PTCC)

To support the NAC-PGY1 in implementing the national framework, the Postgraduate Year 1 Training Co-ordinating Committee (PTCC) was established. This committee oversees and monitors the implementation process for the purpose of granting the PGY1s full registration with the Singapore Medical Council (SMC). The PTCC will also monitor and review the PGY1 training and assessment framework and recommend enhancements to improve the rigour of the training and assessment programme.

The Training and Assessment Standards Committee (TASC)

The Training and Assessment Standards Committee (TASC) assists the NAC-PGY1 in assessing and monitoring the progress of PGY1s. Essentially, TASC is the evaluating arm of the NAC-PGY1 and will make its recommendations for the issuance of COE to the NAC-PGY1 based on the performance reports submitted by the SI/TI. The TASC also makes recommendations to the PTCC to improve processes for training and assessment of PGY1s.

Members of the TASC include representatives from the Ministry of Health, MOH Holdings Pte Ltd., Singapore Medical Council (SMC), Clinicians from the different SIs/TIs and the Designated Institutional Officials of the SIs.

The TASC will review the recommendation of certification of the PGY1s and follow up on problematic cases. Different cohorts of PGY1s complete their first year of training at varying time points. Hence, the TASC's review will coincide with these time points: The bulk of Yong Loo Lin School of Medicine (YLLSoM) and subsequently Lee Kong Chian School of Medicine (LKCSOM) graduates complete PGY1 training in April, followed by the Duke-NUS Graduate Medical School and Malaysian graduates in June. International Medical Graduates from Australia and UK would be certified in February and August respectively.

The main roles of the TASC will be to:

- 1) Determine the standards, systems and processes in accordance with the National PGY1 Training and Assessment Framework for PGY1s;
- 2) Review the PGY1 performance reports and recommendations submitted by the Performance Review Subcommittees and MOHH for the purpose of recommending issuance of COE to the National Certifying Authority; and
- 3) Evaluate PGY1 performance review framework using various tools which could include PGY1 and faculty feedback, and audits.

Institutional Committees

Performance Review Subcommittee (PRS)

The Performance Review Subcommittees (PRS) are formed within the Sponsoring Institution (SI)/Training Institution (TI) to oversee the performance and remediation of PGY1s. The PRS reviews the various assessment reports (described in Section II: Assessment Tools) submitted by the relevant parties. At the institutional level, the PRS makes recommendations to the TASC for the issuance of Certificates

of Experience. TASC then endorses the recommendations for submission to the National Certifying Authority.

Each SI/TI forms a PRS and is appointed by Designated Institutional Official (DIO). The PRS is chaired by the Assistant DIO (ADIO) or DIO appointee and comprises of at least five to six members which should include the Transitional Year Programme Directors (PD). The remaining members can be decided by each SI/TI based on their institutional roles in the PGY1 training and assessment i.e. reflect major disciplines such as Internal Medicine, General Surgery, Orthopaedic Surgery, Obstetrics and Gynaecology, and Paediatric Medicine. Composition and operationalisation of the PRS will be left to the discretion of the training institutions, as long as the intent and roles of the PRS are fulfilled.

The PRS should conduct mid-posting reviews to flag out problematic cases and ensure remediation is instituted when necessary. The PRS may convene ad hoc to review assessment reports to track the PGY1s' longitudinal progress and identify borderline or poor performers for possible corrective or remedial measures and follow-up action. The PRS must meet prior to the end of every posting to discuss, finalise outcomes e.g. further remediation, re-posting, pass or fail posting, and recommend for COE and produce PRS reports.

The roles of the PRS are to:

- 1) Monitor the supervision of PGY1s and ensure that it is consistent with the:
 - Provision of safe and effective patient care
 - Educational needs of the PGY1s
 - Progressive responsibility appropriate to PGY1s' level of education, competence, and experience
- 2) Assure compliance with requirements of the framework;
- 3) Oversee the performance and remediation of PGY1s via the review of consolidated progress reports;
- 4) May convene when necessary, with well-documented minutes, to review the monthly supervisor assessment reports so as to identify borderline or poor performers for possible corrective measures such as more intensive work-based assessments and follow-up actions by supervisors;
- 5) Must meet at least one week prior to end-of-posting or two weeks prior to end of the final posting of the PGY1 training, to review all supervisor assessment reports and determine which PGY1s are successful in proceeding on to their next posting/recommended for COE and which PGY1s require remediation measures;

- 6) Determine and institute remedial interventions needed for persistent poor performers, in consultation with MOHH who are the PGY1s' employer and in charge of their posting allocations;
- 7) Submit reports to the TASC and MOHH on the PGY1s who are suitable to progress to their next posting and those who are persistent poor performers that may require remediation measures;
- 8) Recommend remediation measures to the TASC and MOHH for persistent poor performers to include, but not limited to, an extended posting, suspension of training or limited exposure to patients for the more serious cases involving patient safety; and
- 9) Update the TASC and MOHH on the progress and outcome of the remediation of PGY1 poor performers at the end of their remediation period.

V. DETAILED ROLES FOR INSTITUTIONAL PLAYERS IN THE TRAINING AND ASSESSMENT FRAMEWORK

The training and assessment of PGY1s occurs at the various SIs/TIs where each is expected to develop a PGY1 training programme in accordance to the National PGY1 Training and Assessment Framework and Singapore Medical Council's requirements during Provisional Registration (i.e., minimum posting duration in Internal Medicine and General Surgery).

The training programme can be developed wholly as a stand-alone programme or aligned with the training objectives of their specialty training. For instance, PGY1s who are first year residents in Internal Medicine must adhere to both the requirements set for Internal Medicine residents and for the National PGY1 Training and Assessment Framework. The same applies for PGY1 residents in categorical or generic Transitional Year programmes. For PGY1s who do not belong to any specialty, the SI/TI can either adopt any existing structured programme such as the Transitional Year programme or develop a new programme provided that the objectives of the National PGY1 Training and Assessment Framework and the requirements of the Singapore Medical Council are satisfied.

Sponsoring Institutions (SIs) / Training Institutions (TIs)

SIs/TIs must ensure that their implementation of the National Framework comply with the requirements set by NAC-PGY1 in consultation with MOH and ensure that its affiliated participating sites are in compliance with the requirements.

SIs/TIs are required to provide PGY1 training as outlined within the national PGY1 training and assessment framework.

SIs/TIs must help set up an organised administrative system, led by a DIO, to oversee the training of all PGY1s within their institutions. SIs/TIs must provide sufficient institutional resources to ensure the effective implementation and support of the National Framework in compliance to the standards stipulated by NAC-PGY1. This includes the appointment of additional Core Faculty, Programme Directors and Programme Coordinators. MOH's funding framework for Transitional Year programmes will apply.

Requisite training opportunities must be provided to PGY1s in an environment conducive for learning. PGY1s must have ready access to appropriate reference material and databases in print or electronic format.

In addition, each SI/TI must provide an educational and work environment in which PGY1s may raise and resolve issues without fear of intimidation or retaliation.

Mechanisms to ensure this environment must include a forum for PGY1s to communicate and exchange information on their educational and work environment and other PGY1 issues; and a process by which individual PGY1s can address concerns in a confidential and protected manner.

Designated Institutional Official (DIO) in PGY1 Training

Training, assessment and remediation would be under the auspices of the respective DIO offices.

The DIO is expected to:

- 1) Establish and implement policies and procedures (decisions of NAC-PGY1) regarding the quality of education and the work environment for the PGY1s;
- 2) Have authority and responsibility for the oversight and administration of the National Framework, and responsibility for assuring compliance with standards stipulated by NAC-PGY1;
- 3) Establish and implement procedures to ensure that he/she, or a designee in his/her absence, reviews and co-signs all national framework information forms and any documents or correspondence submitted to the NAC-PGY1, TASC, MOHH and MOH by supervisors and the PRS;
- 4) Present an annual report (includes the PRS's activities during the past year with attention to, at a minimum, PGY1 supervision, PGY1 responsibilities, PGY1 evaluation and PGY1 participation in patient safety and quality of care education) to the governing body(s) of the SI, major participating sites and NAC-PGY1;
- 5) Appoint the PRS with the appropriate members and ensure that they fulfil their terms of reference;
- 6) Ensure that the supervisors and PRS are adequately trained and supported to deliver the supervision and training adequately. The main objectives of the training include:
 - Understanding their roles in the training of PGY1s
 - Understanding the processes and training requirements leading to the award of the COE
 - Competent in using assessment tools
 - Conducting appropriate remediation

- 7) Ensure Programme Directors, Core Clinical Faculty Members and Programme Coordinators understand their role in administrative aspects of the framework and prepared for the implementation of the new framework;
- 8) Appointment of suitable supervisors for PGY1s to guide, teach and conduct performance assessments on a regular basis; and
- 9) Ensure all PGY1s are briefed on their training roadmap, the assessment system i.e. Professional Activities and Foundational Attributes and standards prior to commencement of PGY1 training.

Core Clinical Faculty Members

Core Clinical Faculty Members (CCFMs) are expected to serve as the overall posting supervisor for PGY1s at a ratio of one supervisor per six PGY1s. The appointment of these CCFMs will be decided upon by the TIs. These appointed CCFMs should be at least associate consultant. They are expected to:

- 1) Devote sufficient time to fulfil their supervisory and teaching responsibilities and to demonstrate a strong interest in the education of PGY1s;
- 2) Identify PGY1s who fail to demonstrate the requisite competencies and be able to institute appropriate and immediate corrective measures;
- 3) Bring to the attention of the PRS the PGY1s who persistently demonstrate performance deficiencies for corrective action;
- 4) Conduct end-of-posting assessments and may conduct monthly assessments using a common formative assessment tool documenting the acquisition of skills and competencies at pre-determined time points of their training;
- 5) Submit these assessment reports to the PRS; and
- 6) Ensure that remediation actions imposed by the PRS are carried out.

Ward supervisors are those who work with the PGY1s in the ward and ensure that they are supervised in the absence of the main posting supervisor. These ward supervisors should be at least a registrar/senior resident. They are expected to:

- 1) Conduct monthly assessments using a common formative assessment tool documenting the acquisition of skills and competencies at pre-determined time points of their training; and

- 2) Submit these monthly assessment reports to the PRS.

Programme Coordinator (PC)

Programme Coordinator (PC) grade FTEs are appointed per SI/TI. Their roles as a PGY1-specific PC are to:

- 1) Register all new PGY1s at the beginning of each posting and subsequently, update MOHH with incoming/outgoing PGY1s at each new posting changeover;
- 2) Staff the PRS meetings within the SI/TI;
- 3) Staff the TASC meetings on a rotational system between SIs/TIs;
- 4) Timely collection of various assessment reports (Forms P1, P2 and P3) of PGY1s not from Residency or Transitional Year programmes, in preparation for the PRS and TASC meetings;
- 5) Ensure that all assessment reports from the different Residencies or Transitional Year Programmes are also collated in preparation for the PRS and TASC meetings;
- 6) Provide status updates to MOHH and the NAC-PGY1 secretariat on the deliberations of the TASC;
- 7) Administer and collate PGY1 Survey Feedback forms for submission to TASC;
- 8) Coordinate with Resident/Transitional Year PC and MOHH to ensure continuity of information to the next posting (i.e. PRS reports are made available to other SI/TI's PRS, particularly for PGY1s posted to different SIs/TIs); and
- 9) Assist the NAC-PGY1 and MOHH in the monitoring the out-of-phase PGY1s (e.g. those who were on no pay leave or doing re-posting) to ensure that they receive their COEs in time.

Office for Medical Assessments

The roles of the Office for Medical Assessments (OMA) include to:

- 1) Assist the NAC-PGY1 in oversight of the National PGY1 Training and Assessment Framework;

- 2) Assist in the design and development of all assessments;
- 3) Support the NAC-PGY1 administratively;
- 4) Coordinate between the NAC-PGY1 and the SI/SI/TI, DIO/ADOs, MOHH and SMC; and
- 5) Assist the NAC-PGY1 in the issuance of COE and inform SMC on the list of PGY1s who are eligible for full medical registration.

MOHH

The roles of MOHH are to:

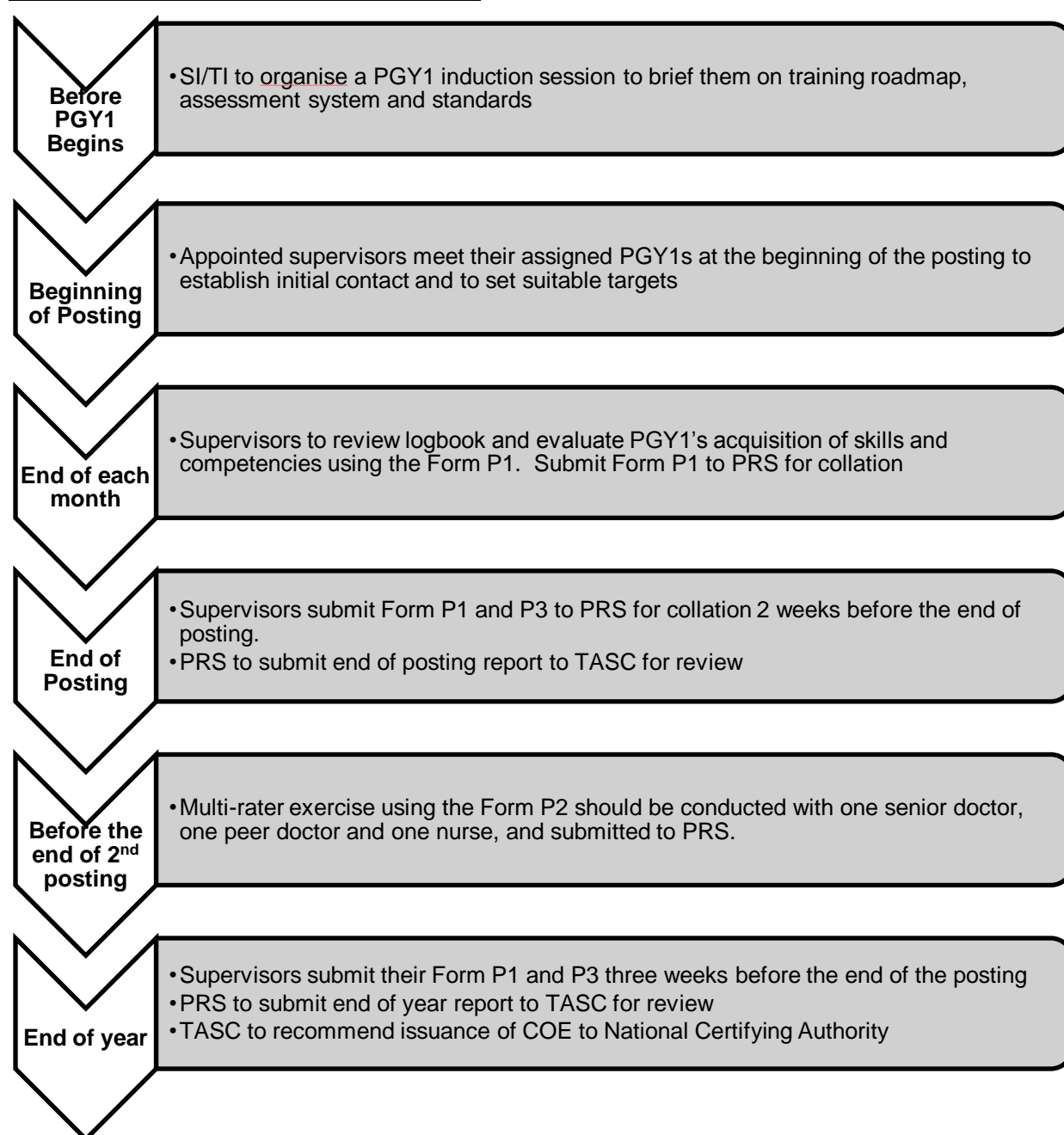
- 1) Consolidate and maintain a database on PGY1's assessment results and reports; and
- 2) Implement repeat postings as recommended by the PRS and TASC;

VI. DETAILS OF THE ASSESSMENT PROCESS

Before the commencement of PGY1 training

SI/TIs must organise a PGY1 induction session and through the DIOs, will brief all PGY1s on their training roadmap, assessment system and standards prior to the commencement of PGY1 training to ensure that they are aware of how they will be assessed at each stage of their training. Figure 2 below summarises the overall process flow.

Figure 2: Assessment Process Flow



During the posting period

Appointed supervisors must meet their assigned PGY1s at the beginning of the posting to establish initial contact and to set suitable targets. During the posting, supervisors conduct monthly assessments using a common, formative assessment tool (Form P1) documenting the acquisition of skills and competencies at pre-determined time points of their training. The skills and competencies assessed may be time- specific (e.g. consent taking) or specialty-specific (e.g. able to do pre- op and post-op clinical assessments).

Every month, the Form P1s are collected. During the last month of the posting, supervisors must submit the last month's Form P1 and P3 two weeks before the end of the month. The PRS then deliberates on these reports on the PGY1s suitable to progress to their next posting and make recommended remedial actions for the TASC's approval. The PRS will also submit to TASC and MOHH an end-of-posting report (found in Annex C) which will provide an overview summary of the total number of PGY1s in the SI/TI and the percentages of PGY1s according to the traffic light category system:

End-of-posting report:

- 1) **Red:** The PGY1 has failed the posting
- 2) **Amber:** The PGY1 has passed posting but requires follow-up of Professional Activities
- 3) **Green:** The PGY1 has passed the posting

The end-of-posting report will be signed off by the PRS Chair before submission to TASC. TASC will review this report to approve/ determine the remediation actions for persistent performers. MOHH can also conduct an independent audit of the cases flagged by the SIs/TIs for remediation using the end of posting report provided.

At the end of the 12 month PGY1 period

During the last month of the final PGY1 posting, supervisors submit the last month's report (Form P1 and P3) three weeks before the end of the month to allow for time to evaluate suitability for COE issuance. The Form P2s are collected for the multi-rater exercise conducted during the first six months and for PGY1s under remediation.

The PRS will also submit to TASC and MOHH an end-of-year report (found in Annex C) which will provide an overview summary of the total number of PGY1s in the SI/TI and the percentages of PGY1s according to the traffic light category system:

End-of-year report:

- 1) **Red:** The PGY1 is unlikely to obtain the COE due to poor performance or behaviours exhibited
- 2) **Amber:** The PGY1 will obtain the COE after remediation action is taken
- 3) **Green:** The PGY1 will likely be awarded the COE

The reports document details of PGY1s in the red and amber categories including areas of underperformance, actions taken and follow up requirements. A list of PGY1s in the green category is also provided.

The TASC reviews the end-of-year reports made by the PRS for the purpose of recommending issuance of COE. MOHH will also review the end-of-year reports to ensure that all PGY1s are accounted for or whether any underperformers were overlooked.

Issuance of the Certificate of Experience

Based on the recommendation of the PRSs, TASC makes its final recommendation to the National Certifying Authority on the issuance of COEs. The OMA will provide Singapore Medical Council (SMC) the list of PGY1s who were issued a COE and those who failed to do so and subject to further action.

Identification of Poor Performers

Supervisors are expected to identify the PGY1s who fail to demonstrate the requisite competencies and institute appropriate and immediate corrective measures. These identified PGY1s should be advised on their performance deficiencies and given the opportunity to improve on their identified shortcomings. This may be through directed learning (for cognitive knowledge deficiencies) or the use of direct observation of desired competency, role playing, or simulators (for deficiencies in the Professional Activities).

Those who persistently demonstrate performance deficiencies despite the institution of corrective action must be brought to the attention of the PRS. The PRS may then recommend more definite remedial action to the TASC such as extended

posting or more intensive work-based assessments. Demonstration of satisfactory performance at the end of the remedial period will allow for the issuance of the COE.

At every TASC meeting where the recommendation of candidates to receive COE is made, MOHH can also independently report on the overall performance of the cohort and raise for discussion any poor performers not previously identified by the PRS from each SI/TI.

Remediation Process

In the event that a person is deemed to have failed a posting, the supervisor will submit the recommendation to the PRS for remediation. TASC will determine and provide guidelines for remediation to the PRS.

Appeal Process

PGY1s will be allowed to submit an appeal directly to the PRS to reconsider any remediation action recommended by the supervisor. They will also be allowed to appeal against the PRS' recommendation to the TASC on whether they should be awarded the COE.

VII. PGY1 TRAINING FEEDBACK

A PGY1 end-of-posting survey will be conducted to gather feedback from the PGY1s. This survey will be collected by the respective SIs/TIs. The TASC will review these feedback forms and may also conduct random sampling of the various assessment tools reports from the individual e.g. compare the multi-rater report with supervisor report for any major discrepancies. If the standards are deemed not adhered to, the TASC may report the PRS involved and conduct alternative forms of assessment as necessary.

VIII. PHASES OF IMPLEMENTATION

The National PGY1 Training and Assessment Framework will be implemented over five years in order to optimise its effectiveness and raise buy-in among stakeholders and PGY1 doctors.

Before the National PGY1 Training and Assessment Framework is scheduled for a soft launch on 1 May 2014, communication plans will be carried out from early April onwards to inform the various stakeholders. A circular will also be issued to all CEOs/CMBs to inform them of the change in the PGY1 assessment process.

Roadshows will be held from mid-April at the three SIs to engage all training implementers: DIO/ADO/EDs and core clinical faculty members, as well as in-flight PGY1s. Separate townhall sessions will also be held to inform the Deans of all medical schools and graduating medical students of this new framework. Handbooks will also be issued to the PGY1s.

An electronic platform will also be developed to ease the administrative burden of having to manually collate the forms. The platform is envisioned to be ready in 2015.

ANNEX A- DESCRIPTIONS OF THE PROFESSIONAL ACTIVITIES AND THEIR DESIRED MILESTONES

Professional Activity 1: Manage patients by obtaining a detailed history, performing appropriate physical examination, requesting & follow-through relevant diagnostic evaluation & therapeutic interventions.

This Professional Activity will require the PGY1 to be able to perform the following actions independently by end of their training year:

- 1) Obtain complete relevant and accurate patient history and perform physical examination.
- 2) Propose a reasonable working and differential diagnoses.
- 3) Decide on initial diagnostic evaluation and recommend/carry out acute therapeutic interventions.
- 4) Demonstrate awareness of costs, risks and benefits.
- 5) Articulate and utilise knowledge to diagnose and treat common conditions encountered in the posting (dependent on conditions listed overleaf).
- 6) Maintain patient confidentiality.
- 7) Work effectively and respectfully within an inter-professional team.
- 8) Demonstrate compassion, empathy, openness & respect for patients & relatives that includes cultural and religious sensitivities.

In addition to performing these activities, PGY1s will also be required to see and log all core conditions during each posting. These conditions are listed in the logbook. Supervisors will also have a case discussion on any of the core conditions the PGY1 have logged as a form of assessment.

Professional Activity 2: Manage transitions of care (within and between teams).

PGY1s are required to be able to perform the below activities independently by the end of their training year:

- 1) Handover a sick patient to a colleague.
- 2) Document clearly and concisely the Primary Team's care plans as well as the Receiving Team's follow-up clinical care requirements.
- 3) Demonstrate responsibility in providing good care for patients of other colleagues whom he/she is "cross covering".
- 4) Understand, inform and refer patients to appropriate care options and programs in the community.
- 5) Co-ordinate efforts with other providers within and outside the immediate healthcare team.
- 6) Communicate changes in patient status to the other members of the care team.

Professional Activity 3: Able to perform bedside procedures.

PGY1s are expected to be able to perform the list of activities when carrying out the bedside procedures:

- 1) Demonstrate knowledge of indications, contraindications, complications and benefits of procedures performed.
- 2) Explain effectively and efficiently with patients and caregivers regarding procedures being done.
- 3) Perform procedures effectively and safely.
- 4) Seek guidance when difficulty is encountered and for more complex tasks.

The full list of core procedures is listed within the logbook. PGY1s are expected to have performed all these procedures and recorded it in their logbooks by the end of PGY1. In paediatric medicine posting, PGY1s will also be expected to complete the list of core paediatric procedures listed in the logbook. Documenting supervision for the procedures is optional except in paediatric medicine posting. Supervisor may request to have a discussion regarding any of the core procedures which PGY1s have recorded into the logbook as a form of assessment.

Professional Activity 4: Resuscitate, stabilise, and care for unstable or critically ill patients.

PGY1s will be expected to be able to carry out the following activities by the end of their training year. If PGY1s have not been certified in BCLS or in the use of the AED, they will be required to attend one and log their attendance in the logbook.

- 1) Recognise critically ill patients and provide first line care.
- 2) Identify deteriorating clinical states requiring critical care.
- 3) Perform life support measures (including BCLS and use of AED) and paediatric resuscitative skills.

Professional Activity 5: Provide peri-procedural and post procedural/surgical assessment and care.

PGY1s will be expected to be able to carry out the following activities by the end of their training year:

- 1) Be aware of the patient's indication of surgery and referral for surgery.
- 2) Identify high risk patients who require additional assessment prior to procedures and surgery.
- 3) Optimise the patients' condition for surgery.
- 4) Identify symptoms and signs of clinical concern in patients post-operatively and take appropriate actions.
- 5) Understand one's own limitations and informs appropriately to the supervisor in time.

Supervisors may choose to conduct a case discussion on their performance in carrying out these activities as a form of assessment.

Professional Activity 6: Able to educate, update and interact with patient and family members and facilitate family conferences.

PGY1s will be expected to be able to perform these activities during their professional career.

- 1) Identify and prioritise the medical, social and emotional issues prior to a family conference.
- 2) Ensure that the correct patient's relatives are spoken to at time of family conference together with paramedical colleagues
- 3) Ensure that privacy and confidentiality are not compromised during family conference.
- 4) Demonstrates compassion and empathy (verbal and non-verbal) and allow family members to air grievances and feelings.
- 5) Demonstrates effective listening skills by allowing patient and his/her family to voice his/her/their concerns and feelings and by acknowledging them.
- 6) Resist any reactionary or rude behaviour (verbal and non-verbal) even when provoked and maintain a professional attitude in all dealings.
- 7) Provide clear information to patient and family in context of appropriate discussion.
- 8) Allow opportunities for family members to clarify issues that come about during discussions.
- 9) Avoid imposing judgmental attitude towards patient's lifestyle and choices.
- 10) Effectively communicate bad news.
- 11) Document clearly the essential discussion during family updates and conferences.
- 12) Follow through on issues agreed upon at family conference.

Professional Activity 7: Improve the quality of healthcare at both individual and systems levels.

PGY1s are expected to be exposed to the following activities in their training year:

- 1) Demonstrate an understanding of the individual and system causes of risk, harm, errors and adverse events.
- 2) Demonstrate understanding and follow safe care protocols for patient care, especially during transition of care.
- 3) Demonstrate an understanding of the purpose of incident reporting systems and reports unsafe care, near misses and serious clinical incidents to relevant parties.
- 4) Present and discuss clinical cases during clinical learning activities such as peer review and mortality and morbidity quality assurance committees.
- 5) Demonstrate a basic understanding of the concepts of continuous quality improvement (QI).
- 6) Acknowledge any error commission or omission to supervisor and follow through accordingly.
- 7) Show respect and sensitivity for students and other learners.

Note: PGY1s will not be assessed on practice-based learning and improvement, and systems-based practice aspects of this professional activity, as they are deemed as aspirational goals for now. Training institutions will organise regular learning activities on these, as well as patient safety and cost effectiveness. PGY1s will be required to attend a patient safety workshop and record their attendance into their logbooks as a minimum requirement.

ANNEX B- ASSESSMENT TOOLS AND DETAILED INSTRUCTIONS

Monthly Supervisor Report (Form P1)

This form has three components, namely:

- 1) P1-1: This section comprises the following
 - a. **Endorsement of Logbook Review**
 - i. Supervisors endorse that the logbook was reviewed.
 - b. **Part I: Essential Case and Procedure Discussion**
 - i. Supervisors choose at least 1 case and 1 procedure, from the list of recorded core conditions and procedures in the logbook, for discussion with the PGY1.
 - ii. Evaluate PGY1's performance based on the discussion of the chosen case(s) and procedure(s) by using the Rating Scale as stipulated in the form.
- 2) P1-2: This section comprises the following
 - a. **Part II: Competency Evaluation**
 - i. Supervisors to focus evaluation on Medical knowledge and Patient care
 - ii. Evaluate PGY1's performance using the Rating Scale as stipulated in the form
- 3) P1-3: This section comprises the following
 - a. **Part III: Certification & Endorsement**
 - i. Supervisors will certify that they have assessed the PGY1 to the best of their knowledge, and communicated the main points of discussion to the PGY1.

This form, components P1-1 to P1-3, is to be completed monthly by the posting (overall/department) supervisor or the ward supervisor.

MONTHLY SUPERVISOR REPORT (FORM P1)

GENERAL INFORMATION (PLEASE WRITE IN BLOCK LETTERS)

Full Name of PGY1: _____ MCR: _____

Sponsoring Institution (if any): _____ Current Training Site (e.g. Hospital/Institution): _____ Department: _____

Full Name of Evaluator: _____ MCR: _____ Period of Evaluation: _____ to _____ Date of Evaluation: _____
(dd/mm/yy) (dd/mm/yy)

ENDORSEMENT OF LOGBOOK REVIEW

Certification By Evaluator (Supervisor):

- ☐ I have reviewed the logbook and the PGY1 has seen an appropriate variety of patients during this period.
- ☐ I have reviewed the logbook and have the following comment(s):

Comments/issues encountered:

PART I: ESSENTIAL CASE AND PROCEDURE DISCUSSION

Instructions on Use of Rating Scale:

1. Tick one category from Needs Improvement, Satisfactory and Above Expected or indicate: N.A. (not applicable) if behaviour does not apply to the PGY1; N.O. (Not Observed) if the behaviour was not observed during the period under evaluation.
2. Please note that your rating should reflect the performance of the PGY1 against that which you would reasonably expect at their stage of training and level of experience.
3. You must justify your rating of Needs Improvement with at least one explanation/example in the comments/issues encountered box, failure to do so will invalidate the assessment. Please feel free to add any other relevant opinions about this PGY1's strengths and weaknesses.

Above Expected	All behaviours performed very well
Satisfactory	Most behaviours performed acceptably; satisfactory performance is described below
Needs Improvement	Most behaviour performed poorly

Clinical problem/Diagnosis: _____

Case Discussion	Needs Improvement	Satisfactory	Above Expected	N.A./N.O.
1. Obtain complete relevant and accurate patient history	<input type="checkbox"/> Able to elicit chief complaint, history of present illness, review of systems, past medical history, past surgical history, medications/allergies, social history, sexual history and family history when relevant to the case.	<input type="checkbox"/>	<input type="checkbox"/>	
2. Report on pertinent physical signs	<input type="checkbox"/> Provides description of patient's overall appearance/status; systematic in approach; described relevant positive findings pertaining to the case and important negative findings that are helpful in excluding particular diagnoses.	<input type="checkbox"/>	<input type="checkbox"/>	

Case Discussion	Needs Improvement	Satisfactory	Above Expected	N.A./N.O.
3. Propose a reasonable working and differential diagnoses	<input type="checkbox"/> Able to assess the information, identify the problem and prioritise differential diagnosis. Assess severity of disease and urgency of clinical care.	<input type="checkbox"/>	<input type="checkbox"/>	
4. Decide on initial diagnostic evaluation & recommend/carry out therapeutic interventions	<input type="checkbox"/> Makes informed diagnostic and treatment decisions using patient information and preferences, clinical judgement, and scientific evidence.	<input type="checkbox"/>	<input type="checkbox"/>	
5. Displays adequate knowledge on principles of peri-procedural and post-procedural/surgical assessment and care	<input type="checkbox"/> Aware of patient's indication for procedure/surgery; identifies high risk patients who require additional pre-procedure/surgery assessment; identify symptoms and signs of clinical concern in post-operative patients.	<input type="checkbox"/>	<input type="checkbox"/>	
Comments/issues encountered:				

Procedure Discussed : _____

Procedure Discussion	Needs Improvement	Satisfactory	Above Expected	N.A./N.O.
1. Identifies correct indication(s) for procedure	<input type="checkbox"/> Able to understand and articulate the reasons behind the procedure being ordered for the patient.	<input type="checkbox"/>	<input type="checkbox"/>	
2. Knows how to prepare patient appropriately for the procedure that needs to be performed	<input type="checkbox"/> Able to explain to patient the indication(s) for procedure. Able to determine if patient has any contraindications for the procedure e.g. drug allergy, bleeding tendency. Knows how to provide accurate explanation of how the procedure will be carried out, benefits as well as possible risks/complications and side effects of the procedure.	<input type="checkbox"/>	<input type="checkbox"/>	
3. Relates correct sequential steps pertaining to the procedure	<input type="checkbox"/> Able to describe how the entire procedure is done, including relevant description of equipment required, checking of equipment, safety checks, disposal of equipment and documentation as necessary.	<input type="checkbox"/>	<input type="checkbox"/>	
Comments/issues encountered:				

PART II: COMPETENCY EVALUATION

Medical Knowledge	Needs Improvement	Satisfactory	Above Expected	N.A./N.O.
1. Applies up-to-date knowledge in the clinical context	<input type="checkbox"/> Able to logically discuss diagnosis, evaluation and treatments of medical disorders within his/her level based on pathophysiology and basic sciences of disease processes; understands rationale for varied approaches to clinical problems.	<input type="checkbox"/>	<input type="checkbox"/>	
2. Demonstrates good analytical thinking and problem solving techniques	<input type="checkbox"/> Demonstrates sound clinical judgement; applies good analytical approach and effective problem solving techniques in a medical setting.	<input type="checkbox"/>	<input type="checkbox"/>	
Patient Care				
3. Manages transitions of care	<input type="checkbox"/> Able to handover a sick patient to a colleague; able to handover patients between shifts by documenting clearly & precisely the Primary Team's care plans as well as the Receiving Team's follow-up clinical care requirements; able to co-ordinate efforts with other providers within and outside the immediate healthcare team.	<input type="checkbox"/>	<input type="checkbox"/>	
4. Responds appropriately to emergency clinical problems	<input type="checkbox"/> Quickly responds to changing clinical situations; able to recognise critically ill patients and identify deteriorating clinical states; initiates appropriate care interventions and procedures in emergencies as part of team; able to perform life support measures (including BCLS, use of AED); approaches consultants to ensure appropriate clinical response.	<input type="checkbox"/>	<input type="checkbox"/>	
5. Practices within the scope of his/her abilities and makes informed diagnostic and therapeutic decisions.	<input type="checkbox"/> Synthesises evidence in making a diagnosis and subsequent therapeutic decisions; Utilises subspecialty consultation appropriately; identifies available resources to support decision; works collaboratively with consultants to ensure timely diagnostic therapeutic interventions; makes correct judgement to consult and/or ask for help when needed.	<input type="checkbox"/>	<input type="checkbox"/>	
Comments/issues encountered:				

PART III: CERTIFICATION & ENDORSEMENT

Certification By Evaluator (Supervisor):	
I hereby certify that all the above are true to the best of my assessment and knowledge, and I have communicated the main points of discussion to the PGY1.	
NAME & MCR:	SIGNATURE/DATE:
	DESIGNATION & OFFICIAL SEAL:

Rater Form (Form P2)

This form will assess on PGY1's Professionalism, Communications and Teamwork.

- 1) It is to be completed at least once in the PGY1 training by namely:
 - i. Nurse (minimally a senior staff nurse)
 - ii. Peer (fellow PGY1, MO or R2 whom the PGY1 has worked closely with)
 - iii. A more senior doctor (minimally a Registrar or R4)
- 2) If the first result from the three groups of people is unsatisfactory, a second multi-rater will need to be conducted and completed by three other people. Hence, the first P2 should be conducted within the first six months of the PGY1 training, to allow sufficient time for a second to be conducted if required.

Instructions on use of Form P2 to Users:

Dear Colleague,

The PGY1 Training and Assessment Committee is now using multisource feedback (MSF), otherwise known as 360⁰ assessment, to assess PGY1 doctors in training. MSF assessment is a method of assessing generic skills such as communication, leadership, team working, teaching, punctuality and reliability. This allows objective systematic collection and feedback of performance data on an individual, which is derived from a number of stakeholders in their performance. The 'Assessors' are people with whom the PGY1 doctor being assessed works and this includes nurses, their peers and other senior doctors. The data from 'Assessors' forms is put together to provide the PGY1 doctor with structured feedback about their performance.

You have been asked to assess: Dr.....

What is required of you?

- You have been selected by the PC in charge of the PGY1 or the PGY1's supervisor to assess the PGY1.
- We would be grateful if you would complete the accompanying form about the PGY1. MSF is used to assess the professionalism, team work and communication skills of PGY1s.
- **The PGY1 will not be able to see your individual responses.** The PC in charge of the PGY1 will collate the information from all of the MSF assessments onto a single summary form or will be automatically collated electronically, which will be used to give the PGY1 feedback. **PGY1s will not**

see any individual responses/forms (Form P2) or scores.

- Please score the PGY1 from 1 to 5. A score of 1-2 would be considered unsatisfactory, 3-4 satisfactory and 5 would be considered above that expected, for a trainee at the same stage of training and level of experience.
- To assist the final rating of doctors, it would be good to have some comments to support your rating so that we can reconcile views of different supervisors. Hence, please provide additional comments to support your rating.
- You may mark the UE (Unable to Evaluate) if you have insufficient contact with the PGY1 to evaluate him/her on a particular skill.
- Please feel free to add any other relevant opinions about the PGY1's strengths and weaknesses.
- **If you feel, for whatever reason, that the PGY1 falls below what you believe to be a minimum standard for a PGY1 who is training to be a future fully registered doctor it is important for you to make this clear on the form.**
- You must not discuss the completed form with others.
- If the assessment is conducted manually, when you have **FULLY** completed the form please return it in a sealed envelope to the PC in charge of the PGY1. This process will be conducted sensitively and carefully so you should feel free to give honest answers to questions, as this is fundamental to the success of the process.

RATER FORM (FORM P2)

GENERAL INFORMATION (PLEASE WRITE IN BLOCK LETTERS)

Full Name of PGY1: _____ MCR: _____

Sponsoring Institution (if any): _____ Current Training Site (e.g. Hospital/Institution): _____ Department: _____

Period of Evaluation: _____ to _____ Date of Evaluation: _____
(dd/mm/yy) (dd/mm/yy)

Please rate this PGY1's performance against that which you would reasonably expect at their stage of training and level of experience. The scores will be used for performance feedback and improvement, and not as a summative tool.

Instructions on Use of Rating Scale:

1. Tick a number from 1 to 5 or UE (Unable to Evaluate) if you have insufficient contact with the PGY1 to evaluate him/her on a particular skill.
2. A score of 1-2 is considered unsatisfactory, 3-4 satisfactory and 5 is considered above that expected, for a PGY1 at the same stage of training and level of experience.
3. Please do not discuss the ratings with others. The PGY1 will not see your responses.

Above Expected	All behaviours performed very well (rating 5)
Satisfactory	Most behaviours performed acceptably (ratings 3 or 4)
Unsatisfactory	Most behaviour performed poorly (ratings 1 or 2)

Professionalism	Unsatisfactory		Satisfactory		Above Expected	UE
1. Respects the rights, choices, beliefs and confidentiality of patients	1. <input type="checkbox"/>	2. <input type="checkbox"/>	3. <input type="checkbox"/>	4. <input type="checkbox"/>	5. <input type="checkbox"/>	<input type="checkbox"/>
2. Respects and values contributions of other members of the team	1. <input type="checkbox"/>	2. <input type="checkbox"/>	3. <input type="checkbox"/>	4. <input type="checkbox"/>	5. <input type="checkbox"/>	<input type="checkbox"/>
3. Reliably fulfils duties in a timely manner	1. <input type="checkbox"/>	2. <input type="checkbox"/>	3. <input type="checkbox"/>	4. <input type="checkbox"/>	5. <input type="checkbox"/>	<input type="checkbox"/>
4. Conducts him/herself with honesty and integrity	1. <input type="checkbox"/>	2. <input type="checkbox"/>	3. <input type="checkbox"/>	4. <input type="checkbox"/>	5. <input type="checkbox"/>	<input type="checkbox"/>
Communications						
5. Communicates effectively with patients and families	1. <input type="checkbox"/>	2. <input type="checkbox"/>	3. <input type="checkbox"/>	4. <input type="checkbox"/>	5. <input type="checkbox"/>	<input type="checkbox"/>
6. Communicates and works effectively with other healthcare professionals	1. <input type="checkbox"/>	2. <input type="checkbox"/>	3. <input type="checkbox"/>	4. <input type="checkbox"/>	5. <input type="checkbox"/>	<input type="checkbox"/>
Team Work						
7. Doctor is a team player and accepts appropriate responsibility	1. <input type="checkbox"/>	2. <input type="checkbox"/>	3. <input type="checkbox"/>	4. <input type="checkbox"/>	5. <input type="checkbox"/>	<input type="checkbox"/>
8. Identifies own weaknesses and asks for help	1. <input type="checkbox"/>	2. <input type="checkbox"/>	3. <input type="checkbox"/>	4. <input type="checkbox"/>	5. <input type="checkbox"/>	<input type="checkbox"/>

[illegible][illegible]

I hereby certify that all the above are true to the best of my assessment and knowledge.

SIGNATURE/DATE:

DESIGNATION & OFFICIAL SEAL (IF APPLICABLE):

End-of-posting Supervisor Form (Form P3)

This form comprises the following:

- 1) Competency Evaluation by Posting Supervisor
 - i. This section is for supervisors to assess PGY1's Professionalism, Communications and Teamwork.
- 2) General Progress Discussion with Posting Supervisor
 - i. This section is to discuss the PGY1's Learning Needs and establish Development Plans to help the PGY1 achieve these learning needs.
 - ii. Supervisors begin by reviewing the learning needs and development plans determined at the end of the previous posting (where relevant).
 - iii. If learning needs are met, the date on which it is met is to be completed by the PGY1 to allow for review by the supervisor.
 - iv. If learning needs are not met, please state reasons in the comments/issues box.
 - v. Finally, supervisors have to determine the PGY1's learning needs and development plans for the following posting.
 - vi. Specific learning needs must be determined for behaviours that are rated as Needs Improvement.
 - vii. The agreed follow-up action will also be documented.
- 3) Overall assessment by Posting Supervisor
 - i. This is to be completed in the last month of each posting.
 - ii. Posting supervisors must evaluate whether the PGY1 has overall completed the posting satisfactorily or not.
 - iii. If PGY1 is deemed to require a reposting, reasons must be stated in the space provided.
- 4) Certification & Endorsement:
 - i. To be completed by both the PGY1 and the Posting Supervisor to ensure an open overall assessment has been done.

END-OF-POSTING SUPERVISOR REPORT (FORM P3)

GENERAL INFORMATION (PLEASE WRITE IN BLOCK LETTERS)

Full Name of PGY1: _____ MCR: _____

Sponsoring Institution (if any): _____ Current Training Site (e.g. Hospital/Institution): _____ Department: _____

Period of Evaluation: _____ to _____ Date of Evaluation: _____
(dd/mm/yy) (dd/mm/yy)

Competency Evaluation by Posting Supervisor

Please rate this PGY1's performance against that which you would reasonably expect at their stage of training and level of experience. The scores will be used for performance feedback and improvement, and not as a summative tool.

Instructions on Use of Rating Scale:

1. Tick a number from 1 to 5 or UE (Unable to Evaluate) if you have insufficient contact with the PGY1 to evaluate him/her on a particular skill.
2. A score of 1-2 is considered unsatisfactory, 3-4 satisfactory and 5 is considered above that expected, for a PGY1 at the same stage of training and level of experience.

Above Expected	All behaviours performed very well (rating 5)
Satisfactory	Most behaviours performed acceptably (ratings 3 or 4)
Unsatisfactory	Most behaviour performed poorly (ratings 1 or 2)

Professionalism	Unsatisfactory		Satisfactory		Above Expected	UE
1. Respects the rights, choices, beliefs and confidentiality of patients	1. <input type="checkbox"/>	2. <input type="checkbox"/>	3. <input type="checkbox"/>	4. <input type="checkbox"/>	5. <input type="checkbox"/>	<input type="checkbox"/>
2. Respects and values contributions of other members of the team	1. <input type="checkbox"/>	2. <input type="checkbox"/>	3. <input type="checkbox"/>	4. <input type="checkbox"/>	5. <input type="checkbox"/>	<input type="checkbox"/>
3. Reliably fulfils duties in a timely manner	1. <input type="checkbox"/>	2. <input type="checkbox"/>	3. <input type="checkbox"/>	4. <input type="checkbox"/>	5. <input type="checkbox"/>	<input type="checkbox"/>
4. Conducts him/herself with honesty and integrity	1. <input type="checkbox"/>	2. <input type="checkbox"/>	3. <input type="checkbox"/>	4. <input type="checkbox"/>	5. <input type="checkbox"/>	<input type="checkbox"/>
Communications						
5. Communicates effectively with patients and families	1. <input type="checkbox"/>	2. <input type="checkbox"/>	3. <input type="checkbox"/>	4. <input type="checkbox"/>	5. <input type="checkbox"/>	<input type="checkbox"/>
6. Communicates and works effectively with other healthcare professionals	1. <input type="checkbox"/>	2. <input type="checkbox"/>	3. <input type="checkbox"/>	4. <input type="checkbox"/>	5. <input type="checkbox"/>	<input type="checkbox"/>
Team Work						
7. Doctor is a team player and accepts appropriate responsibility	1. <input type="checkbox"/>	2. <input type="checkbox"/>	3. <input type="checkbox"/>	4. <input type="checkbox"/>	5. <input type="checkbox"/>	<input type="checkbox"/>
8. Identifies own weaknesses and asks for help	1. <input type="checkbox"/>	2. <input type="checkbox"/>	3. <input type="checkbox"/>	4. <input type="checkbox"/>	5. <input type="checkbox"/>	<input type="checkbox"/>

Please provide additional comments to support your ratings.

Do you have any other comments about the doctor?

General Progress Discussion with Posting Supervisor

This section is to discuss the PGY1's Learning Needs and establish Development Plans to help the PGY1 achieve these learning needs.

Instructions:

1. Please begin by reviewing the learning needs and development plans determined at the end of the previous posting (where relevant).
2. If learning needs are met, the date on which it is met is to be completed by the PGY1 to allow for review by the supervisor.
3. If learning needs are not met, please state reasons in the comments/issues box.
4. Finally, please determine the PGY1's learning needs and development plans for the following posting. **Specific learning needs must be determined for behaviours that are rated as Needs Improvement.*

Report on previously determined learning needs and development plans

Comments/issues encountered:

Discussion for the following posting

No.	Learning Needs	Development Plans	Date met

Agreed Follow-up Action**Overall Assessment by Posting Supervisor**

- ☐ Has completed the posting satisfactorily
☐ Requires re-posting _____ months

Please state reason(s) if re-posting is required:

Certification & Endorsement**Certification by PGY1:**

I agree / do not agree with the above evaluation.

Comments (if any):

NAME & MCR:

SIGNATURE/DATE:

Certification by Evaluator (Posting Supervisor):

I hereby certify that all the above are true to the best of my assessment and knowledge.

NAME & MCR:

SIGNATURE/DATE:

DESIGNATION & OFFICIAL SEAL:

ANNEX C- PERFORMANCE REVIEW SUBCOMMITTEE REPORTS

THE PERFORMANCE REVIEW SUBCOMMITTEE END-OF-POSTING REPORT

DATE OF MEETING: _____

TRAINING INSTITUTION: _____

PRS CHAIRPERSON: _____

PRS MEMBERS: _____

OVERALL PERFORMANCE OF PGY1s

Total number of PGY1s:	N
------------------------	---

Total number of end-of-posting PGY1s:	Y
---------------------------------------	---

Performance Categories	Percentage of end-of-posting PGY1 (%)
RED (Fail posting)	a%
AMBER (Pass posting but require follow-up of PAs)	b%
GREEN (Pass posting)	c%

Endorsed by: _____
 DIO/ADIO _____

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DETAILS OF PGY1s

RED CATEGORY										
No.	Name	MCR	Supervisor	Posting No.	Start of posting	End of posting	Department	Problem area(s)	Action(s) taken	Outcome
1	XX Yeo	12345	Prof W	1 2 3	01/05/14	01/09/14	Med			<input type="checkbox"/> Letter of warning <input type="checkbox"/> Fail Posting <input type="checkbox"/> Re-posting <input type="checkbox"/> Any Other
AMBER CATEGORY										
No.	Name	MCR	Supervisor	Posting No.	Start of posting	End of posting	Department	Problem area(s)	Action(s) taken	Outcome
1.	YY Tan	67891	A/Prof K	1 2 3						<input type="checkbox"/> Letter of warning <input type="checkbox"/> PA to follow-up next posting <input type="checkbox"/> Pass Posting <input type="checkbox"/> Any Other

Endorsed by: _____

 DIO/ADIO _____

GREEN CATEGORY (PASS POSTING)							
No.	Name	MCR	Supervisor	Posting No.	Start of posting	End of posting	Department
1.	ZZ Wong	98765	Dr Goh	1 2 3			

Endorsed by: _____XXX_____
 _____DIO/ADIO_____

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THE PERFORMANCE REVIEW SUBCOMMITTEE END-OF-YEAR REPORT

DATE OF MEETING: _____

TRAINING INSTITUTION: _____

PRS CHAIRPERSON: _____

PRS MEMBERS: _____

OVERALL PERFORMANCE OF PGY1s

Total number of PGY1s:	N
------------------------	---

Total number of end-of- year PGY1s:	Y
-------------------------------------	---

Performance Categories	Percentage of end-of-year PGY1 (%)
RED (Not recommended for COE)	a%
AMBER (Require remediation)	b%
GREEN (Recommend for COE)	c%

Endorsed by: _____XXX_____
 _____DIO/ADIO_____

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DETAILS OF PGY1s

RED CATEGORY										
No.	Name	MCR	Supervisor	Posting No.	Start of posting	End of posting	Department	Problem area(s)	Action(s) taken	Outcome
1	XX Yeo	M12345K	Prof W	1 2 3	01/05/14 02/09/14 03/01/15	01/09/14 02/01/15 03/05/15	Med Surg Ortho			<input type="checkbox"/> Re-posting <input type="checkbox"/> Not recommended for COE <input type="checkbox"/> Any Other
AMBER CATEGORY										
No.	Name	MCR	Supervisor	Posting No.	Start of posting	End of posting	Department	Problem area(s)	Action(s) taken	Outcome
1.	YY Tan	67891	A/Prof K	1 2 3						<input type="checkbox"/> Re-posting <input type="checkbox"/> Any Other

Endorsed by: _____

 DIO/ADIO _____

GREEN CATEGORY (RECOMMEND FOR COE)							
No.	Name	MCR	Supervisor	Posting No.	Start of posting	End of posting	Department
1.	ZZ Wong	M19997F	Dr Goh	1 2 3			

Endorsed by: _____XXX_____
 _____DIO/ADIO_____

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