



# Review of the *Accreditation of Workplace Based Assessment Providers: Standards and Procedures*

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## Stakeholder Consultation

The Australian Medical Council (AMC) welcomes expressions of interest from potential new WBA program providers.

The AMC is reviewing its document, *Accreditation of Workplace Based Assessment Providers: Standards and Procedures*, and is seeking stakeholder feedback on the proposed revisions. This consultation will run until **Friday 9 October 2015**. There will be a second round of consultation later in 2015.

Please provide your comments on the *Accreditation of Workplace Based Assessment Providers: Standards and Procedures* as enclosed, either by email to [accreditation@amc.org.au](mailto:accreditation@amc.org.au) or by mail to:

AMC Accreditation Section (WBA Standards and Procedures)  
PO Box 4810  
Kingston ACT 2604

## Background

The AMC developed the *AMC workplace-based assessment accreditation guidelines and procedures* in 2009 as part of the COAG Nationally Consistent Assessment of International Medical Graduates Project as an alternative to the AMC clinical examination on the standard pathway for the AMC certificate.

The goal of AMC WBA pathway is to ensure that an international medical graduate possesses an adequate and appropriate set of clinical skills and the essential professional qualities to practise safely within the Australian health care environment and in the cultural setting of the broader Australian community. The international medical graduate must pass the AMC computer adaptive test (CAT) multiple-choice question (MCQ) examination before undertaking a clinical component through either the AMC Clinical Examination or an AMC-accredited workplace-based assessment program.

Providers are accredited by the AMC to conduct workplace-based assessment. The WBA providers must satisfy the requirements of the WBA Accreditation Guidelines and Procedures to be granted and maintain their WBA accreditation approval.

## Scope of the changes

The *AMC workplace-based assessment accreditation guidelines and procedures* were written in 2009 and the AMC subsequently revised them:

- In 2010 to expand the information on WBA providers recording, storing and disposing of data, and to clarify when the AMC conducts site visits to Workplace Based Assessment providers.
- In 2012 to expand the information on the selection of Workplace Based Assessment assessors.
- In 2014, to clarify the expectation that case-based discussion, which is used as an indirect method of assessment, will be derived from the review of real cases.

In 2014/2015, the revisions proposed by the AMC represent a fundamental review of the structure of the document, as well as an updating of the standards against which WBA programs are accredited. Changes have been made to:

- Reflect the development of the National Registration and Accreditation Scheme and the implementation of national registration standards for medical practitioners.
- Reflect the new governance structure for WBA within the AMC, with a separation of accreditation of WBA programs and consideration of candidates' assessment results.
- Align these standards and procedures with other AMC guidelines and standards for accreditation.
- Take account of the growing experience with WBA programs, within the AMC, the providers and internationally.

The *DRAFT AMC Accreditation of Workplace Based Assessment Providers: Standards and Procedures* are structured as follows;

1. An introduction that explains the aim of the WBA pathway and the accreditation of programs, and the responsibilities of various contributing bodies.
2. A set of standard procedures for accreditation of WBA providers. The procedures have been enhanced to address issues on which the current guidelines are silent: ongoing monitoring; processes for re-accreditation (via a comprehensive report) and the role of the AMC Board of Examiners and its results Sub group in confirming assessment outcomes and overall results and approving the assessment content of the WBA pathway. Standard AMC accreditation policies on complaints, confidentiality and fees and charges have also been added. These changes are aimed at making AMC processes more transparent not more onerous.
3. Revised standards for accreditation of WBA programs and providers. The AMC has re-ordered the existing criteria, and streamlined the explanatory notes to the standards. The content of the standards does not differ significantly to that of the current criteria.

## AMC consultation process

The AMC looks forward to receiving comments on the WBA Accreditation Standards and Procedures by **9 October 2015**.

The AMC's Prevocational Standards Accreditation Committee (PreVAC) is responsible for the WBA Standards and Procedures and for advising the AMC governing body, the Directors, on the accreditation of WBA providers. The Committee will consider the stakeholder feedback from this consultation, review the proposals for changes to the WBA Accreditation Standards and Procedures taking into account stakeholder feedback, and produce a revised set of Standards and Procedures. The AMC will make this next version of the revised standards and procedures available for further stakeholder consultation before making a recommendation to the AMC governing body, the Directors, on a final set of Standards and Procedures.

The AMC has set a timeframe so that changes can be considered through AMC committee processes in 2015. It expects revised procedures to be approved in 2015.

The AMC will consult stakeholders, particularly WBA providers on the changes proposed, once it has responses to the matters raised in the consultation questions. It anticipates implementing the new standards during 2016.

If the feedback on the proposed changes raises significant questions about the changes proposed, the AMC will delay the implementation process to allow for additional consultation.

The AMC understands that WBA providers will need to become familiar with and report against the revised standards. The AMC will consult education providers particularly to ensure the revisions are clear. It will provide revised templates to assist preparation for accreditation assessments. By simplifying criteria which had been identified as unclear, reporting should be easier. The AMC will review the experience with the standards in the first year of operation and if necessary provide additional guidance. The revised Standards and Procedures also reference other WBA resources, which should assist potential new providers to consider applying for accreditation.

As part of the WBA Guideline review a comparison study of the WBA assessment forms for Mini-CEX, case-based discussion (CBD), direct observation of procedural skills (DOPS) and multisource feedback (MSF) from each of the WBA providers was undertaken. As a result of the study, the following template forms were derived:

- Mini-CEX (ATTACHMENT 1)
- CBD (ATTACHMENT 2)
- DOPS (ATTACHMENT 3)
- MSF (medical colleague, co-worker, self and patient) (ATTACHMENT 4a, 4b, 4c and 4d)

The AMC is seeking feedback on the template forms which are ATTACHMENTS 1, 2, 3, 4a, 4b, 4c and 4d as detailed above.

The AMC considers that the adoption of comparable and/or consistent assessment forms by WBA providers would lead to more consistent results information and enable analysis across WBA provider results.

## Questions for Stakeholders

The AMC is inviting feedback on the following questions:

1. Is the structure of the draft revised accreditation standards appropriate?
2. Do the procedures explain adequately how the AMC manages the accreditation of WBA providers.
3. Are any of the revised accreditation standards not achievable by WBA providers?
4. Is there any content that needs to be changed or deleted in the revised draft accreditation standards?
5. Is there anything missing that needs to be added to the revised draft accreditation standards?
6. Do you have any other comments on the draft revised accreditation standards?

## More information

AMC via email [accreditation@amc.org.au](mailto:accreditation@amc.org.au) or

Phone Robin Dearlove on 02 6270 9752.