

AMC Workplace-based Assessment Accreditation Guidelines and Procedures

7 October 2014

Contents

- Part A: Workplace-based assessment accreditation procedures1**
- 1. Background information 1
- 2. What is the purpose of the Workplace based assessment? 1
- 3. Principals underpinning workplace-based assessment2
- 4. Clinical dimensions for workplace-based assessment2
- 5. Methods for workplace-based assessment3
- Part B: Criteria for accreditation of WBA assessment providers.....**
- 1. Pre-requisites5
- 2. Workplace-based assessment (overview, methods and blueprinting).....5
- 3. Workplace-based assessment (assessment processes and administrative aspects7
- 4. Standard of the assessment and outcome of assessment8
- 5. Reporting and recording procedures9
- 6. Selection, training and calibration of assessors..... 10
- 7. Sustainability and resources..... 11
- 8. Review and evaluation 12
- Appendix 113**

Part A: AMC procedures for accreditation of Workplace-based assessment (Standard Pathway)

1. Background information

The Standard pathway (workplace-based assessment) leads to the award of the AMC Certificate and eligibility for general registration. It is designed for international medical graduates who are currently appointed to a hospital or general practice position.

International medical graduates who have qualifications from authorities that are currently not designated as Competent Authorities¹ complete the standard pathway. All applicants in the Standard Pathway must have passed the AMC MCQ examination before presenting for either the AMC clinical examination – for those on the Standard Pathway (AMC Examinations) or assessment of their performance in the workplace – for those on the Standard Pathway (workplace-based assessment). This means that they have demonstrated medical knowledge to at least a minimum standard, as assessed through the MCQ examination.

These WBA guidelines have been developed to provide information to WBA assessment providers, applicants, health services and jurisdictions.

The *'Criteria for AMC accreditation of workplace-based assessment providers'* at Part B details what providers must demonstrate to be granted and maintain AMC accreditation.

2. What is the purpose of the Workplace-based assessment?

The goal of the Standard Pathway (workplace-based assessment) is to ensure that the applicant possesses an adequate and appropriate set of clinical skills and other essential characteristics to practise safely within the Australian health care environment and cultural setting. Workplace-based assessment is additional to the normal supervision requirements that apply to all International medical graduates and doctors in training.

Assessment of competence measures what a doctor is capable of doing within controlled environments; performance assessment measures what a doctor actually does in practice.² Performance assessment contributes important information about an international medical graduate's overall suitability for independent practice in Australia.

Given the high stakes for the IMG and the community, assessments must have established reliability and validity to ensure defensible decisions are made. Workplace-based assessment should assess performance across a prescribed range of clinical areas and dimensions of practice.

The opportunity to conduct the assessment over a sustained period allows a more comprehensive assessment of clinical competency and performance than has been possible before. Conducting assessment as part of usual employment can improve the reliability and validity of the process.

¹ The list of Competent Authorities is provided on the AMC website: <http://www.amc.org.au>

² Rethans JJ, Norcini JJ, Baron-Maldonado M, Blackmore D, Jolly BC, LaDuca T, Lew S, Page GC, Southgate LH. The relationship between competence and performance: implications for assessing practice performance. *Medical Education* 2002;36:901-909

3. Principals underpinning workplace-based assessment

Performance assessment of IMGs who seek general registration on the Standard Pathway must:

- use more than one type of assessment method, to ensure all dimensions of performance are appropriately assessed
- include multiple observations of the IMG in the clinical setting over a period of time
- be based on the opinion of multiple assessors.

4. Clinical dimensions for workplace-based assessment

In addition to testing medical knowledge, workplace-based performance assessment should assess:

- *Clinical skills (history taking, physical examination, investigations and diagnosis, prescribing and management, counselling/patient education, clinical procedures):* applying clinical knowledge and skills, including a suitable approach to each patient and the ability to take a history, conduct a physical examination, order investigations, interpret physical signs and investigations, formulate a diagnosis and management plans, prescribe therapies and counsel patients.
- *Clinical judgment:* synthesising information obtained about and from a patient to prioritise investigations and treatment, demonstrating the safe and effective application of clinical knowledge and skills within Australian health care settings; demonstrating safe practice when dealing with unfamiliar conditions or contexts.
- *Communication skills:* demonstrating effective oral, non-verbal and written communication skills, including effective listening skills.
- *Ability to work as an effective member of the health care team:* demonstrating respect, teamwork and effective communication.
- *Ability to apply aspects of public health relevant to clinical settings:* recognising the importance of applying public health principles relevant to the Australian health care setting.
- *Cultural competence:* demonstrating an ability to value diversity, to communicate and work effectively in cross-cultural situations and demonstrating the capacity for cultural self-awareness.³
- *Professionalism and attention to patient safety:* demonstrating safety, respect, compassion and empathy to the patient; working effectively within the legal and ethical guidelines for practice within Australia; recognising the limitations of one's own knowledge and skills; recognising the need for continuing professional development and meeting the responsibilities of positions within the Australian health care setting, including teaching responsibilities.

³ (adapted from *Cultural Competency in health: A guide for policy, partnership and participation*, NHMRC 2006)

5. Methods for workplace-based assessment

All methods have strengths and weaknesses and no single method can, on its own, assess all of the dimensions outlined above. Making multiple observations over time and using multiple assessment methods both help to overcome inherent flaws in any single method⁴.

Assessment should be undertaken across multiple clinical areas (for example, Emergency, Paediatrics and Women's Health). There are a limited number of validated methods of assessment that can be applied to assessment within the clinical setting. These include:

*(i) Assessments based on **direct observation***

These methods provide reliable measures of clinical performance, provided sufficient encounters are observed. They assess the interaction between the candidate and the patient but they do not assess other skills that impact on work performance, such as team work; their strength is in the provision of feedback after each patient encounter.

Assessments based on direct observation include:

- Mini-CEX
- DOPS (Direct Observation of Procedural Skills). DOPS is very similar to a mini-CEX, but focussing on a procedural skill.
- Day to day supervision

*(ii) Assessments based on **collective opinion***

Supervisors' reports may indicate how well the IMG functions within the health team but frequently do not include any direct observation of the IMG's interaction and communication with a patient. They can be more subjective than other assessment methods, but the use of multiple raters can overcome this to some degree.

Assessment based on collective opinion may or may not include direct observation of the IMG with a patient, for example:

- In-training assessment / supervisor reports (with structured observation)
- Multi-source feedback / 360 degree assessment

(iii) Assessment based on record or chart review/audit.

For example, Case-based discussions

(iv) Assessments in a simulated environment

Simulations and oral examinations assess competence rather than performance; and access to simulation centres may be limited.

(v) Portfolio assessment / Log books.

This type of assessment draws on evidence from multiple sources, including those methods listed above, and may also include elements of reflective practice.

The methods vary in their ability to assess different aspects of performance in different contexts.

⁴ Epstein RM. Assessment in Medical Education. *NEJM* 2007; 356(4):pp387,10pgs.

Table 1 indicates the range of assessment tools that might be used (✓) and suggests possible clinical settings.

Table 1: Capacity of different workplace-based assessment methods to assess the clinical dimensions

DIMENSIONS		Direct Observation Mini CEX, DOPS	In-training assessment / Supervision reports	360° feedback	Chart Review, Audit	Case-based Discussions	Simulation	Log books
CLINICAL SKILLS DIMENSION	Clinical Skills	✓ Focussed aspects with individual patients	✓ Collective opinion on overall performance	✓ Collective opinion on overall performance	Some aspects	✓ Focussed aspects within individual patient- cases	✓ Competence assessment not performance assessment	
	Includes: Procedural Skills	✓ Direct observation with individual patients	✓ Collective opinion on overall performance	✓ Collective opinion on overall performance	Some aspects		✓ Competence assessment not performance assessment	✓ Log books
	Clinical judgment	✓ Direct observation with individual patients	✓ Collective opinion on overall performance – pattern of decision making over time	✓ Collective opinion on overall performance – pattern of decision making over time	✓ Opinion based on review of a number of individual cases	✓ Focussed aspects within individual patient- cases	✓ Direct observation in a simulated environment	Some aspects
OTHER SKILLS AND CHARAC- TERISTICS	Communication skills	✓ With patients, Relatives	✓ With patients, relatives, staff	✓ With patients, relatives, staff	Written communication	✓ Some aspects	With staff	
	Team work	Not assessed	✓	✓	Not assessed		Some aspects	
	Cultural awareness	✓ Direct observation with individual patients where relevant	✓ Collective opinion on overall performance	✓ Collective opinion on overall performance	Some aspects	✓ Some aspects	Some aspects	
	Professionalism	Some aspects	✓	✓	Some aspects	✓ Some aspects	Some aspects	Some aspects
	Attention to patient safety	✓	✓	✓	✓	✓	✓	

Part B: Criteria for AMC accreditation of workplace-based assessment providers

1. Pre-requisites

- 1.1 **International medical graduates eligible for the Standard Pathway workplace-based assessment have passed the AMC Multiple Choice Question (MCQ) examination as a prerequisite for further assessment.**

Note: Application for the AMC Multiple Choice Question (MCQ) examination will include Primary Source Verification and evidence of English Language proficiency.

There is documentation to show that these requirements are in place.

2. Workplace-based assessment (overview, methods and blueprinting)

- 2.1 **Overview of the assessment plan: the workplace-based assessment comprises a range of tools appropriate to the clinical dimensions being assessed and the documentation presents an overview demonstrating what assessment methods will be used to assess the range of clinical dimensions.**

Workplace-based assessment is a program of summative assessment. Formative attempts may be offered prior to the first summative attempt of workplace-based assessment. Encounters should be identified as formative or summative prior to commencement.

The workplace-based assessment assesses the following dimensions:

- clinical skills (including history taking, physical examination, investigations and diagnosis, prescribing and management, counselling/patient education, clinical procedures)
- clinical judgment
- communication skills
- ability to apply aspects of public health relevant to clinical settings
- cultural competence
- ability to work as an effective member of the health care team
- professionalism and attention to patient safety

and across the following clinical areas:

- adult health – medicine *
- adult health – surgery *
- women's health
- child health
- mental health
- emergency medicine

* including acute and chronic management

The assessment program covers a range of assessment tools including:

- direct observation, using a reliable and validated assessment method, to assess the clinical skills dimension and which may also cover aspects of other dimensions; and
- indirect methods, such as structured supervisors' reports, case-based discussions, 360-degree feedback or audit, to focus on the assessment of the remaining dimensions.

2.2 Details of the direct observation methods: The clinical skills dimension is assessed by direct observation, using a reliable and validated assessment method.

There is evidence to show that the instrument used is able to produce reliable results for the number of encounters assessed within the total observation time.

The direct observation assessment covers all of following clinical skills:

- history taking
- physical examination
- investigations and diagnosis
- prescribing and management
- counselling / patient education
- clinical procedures

AND covers these clinical areas:

- adult health – medicine
- adult health – surgery
- women's health
- child health
- mental health
- emergency medicine

AND the documentation indicates the number of encounters and total observation time to be undertaken.

NOTE: Appendix 1 shows an example of how these encounters might be planned.

The documentation indicates the period over which direct observation assessment encounters are spread.

Other dimensions including clinical judgment, communication skills, ability to apply aspects of public health relevant to clinical settings, cultural competence, teamwork, professionalism and attention to patient safety may be incorporated into the direct observation encounters.

The documentation describes the processes in place to give feedback to candidates and to provide remedial assistance if required.

The documentation demonstrates that patient consent and privacy will be addressed, and that assessors take responsibility to prevent any harm to patients.

2.3 Details of the indirect methods of assessment of the remaining clinical dimensions.

Other dimensions (clinical judgment, communication skills, ability to apply aspects of public health relevant to clinical settings, cultural competence, teamwork, professionalism and attention to patient safety) are assessed using indirect assessment methods such as supervisors' reports, case-based discussions, 360 degree feedback or audit.

The case-based discussions should be derived from the review or audit of the records or charts of a patient with acute/chronic conditions managed by the candidate.

The documentation indicates the frequency of these assessment reports.

The documentation shows that these assessments will be conducted over a 12-month period. The distinction between purpose of performance appraisal for employment purposes and workplace-based assessment needs to be made clear, although common tools may be used.

The documentation describes the processes in place to give feedback to candidates and to provide remedial assistance if required.

2.4 For 2.2 and 2.3 above, blueprints are provided, outlining the required assessment dimensions and workplace-based assessment formats to be used.

Documentation is required to show details of each workplace-based assessment format to be used, showing how each is assessing the relevant clinical dimensions and areas, including a reliable and validated tool to assess the clinical skills dimension by direct observation and appropriate tool(s) to assess the remaining dimensions.

RECOMMENDATION: That the initial implementation of this workplace-based assessment will be available only where access to all required clinical areas can be provided. Future implementation may expand to include situations where this may not be possible.

3. Workplace-based assessment (assessment processes and administrative aspects)

3.1 There is documentation to show that appropriate administrative arrangements are in place.

The documentation shows clearly:

- the proposed timeline for the overall assessment process
- the environment in which assessments will be conducted
- the administrative support for these assessments
- the administrative support for the recruitment of assessors
- administrative support and processes in place for the recording and reporting of results
- the responsibility for the selection of the patient case for assessment
- the responsibility for the blueprinting process

3.2 There are mechanisms in place for overcoming any potential conflicts of interest.

Mechanisms for overcoming any potential conflict of interest are clearly articulated. The documentation shows the processes in place to ensure that the assessments are clear of any conflict of interest on the part of the employer, the assessors/supervisors, corporate sponsors and the candidates. Processes are in place to highlight to assessors their professional responsibilities in not providing misleading information about candidates' performances.

4. Standard of the assessment and outcome of assessment

4.1 The documentation indicates that the standard expected will be that of a graduate of an Australian accredited medical course at the end of PGY1.

4.2 The documentation indicates the passing standard for both the direct and indirect methods of workplace-based assessment and how this passing standard was derived.

The documentation should indicate what the candidate must achieve in both direct and indirect methods of assessment, to pass overall. This might include, for example, the number of encounters that must be satisfactory in the direct observation methods.

The documentation indicates the maximum number of summative attempts for observed encounters.

NOTE: The requirement to cover all clinical areas applies even if the IMG's employment does not permit regular experience in one or more of the required clinical areas (which may be, for example, child health and/or women's health). Arrangements for making these experiences possible are the responsibility of the accredited provider.

4.3 The documentation indicates how consistency of implementation and application will be maintained across encounters and assessors.

The documentation shows how:

- consistency in assessment and reporting is established
- the consistency is maintained

4.4 A process is in place to reassess an IMG who is not meeting expected levels of performance.

In the case of an IMG who is not proceeding through the assessment process as might reasonably be expected, a course of action is planned for determining a time limit for achieving the requirements specified in Item 4.2 and for communicating this to the IMG concerned.

However, IMGs participating in workplace-based assessment should be made aware that the process for meeting the requirements specified in Item 4.2 is time-limited.

Adequate advance warning is required before this time limit is put into effect.

4.5 A process is in place for reporting to appropriate authorities (for example, hospital medical director, medical board) negative outcomes of the assessment process (for example, falling well short of an expected standard, causing an adverse event).

Where deficiencies in certain clinical dimensions/ areas are noted and the IMG's performance on the assessments is deemed to be unsatisfactory, the documentation indicates the reporting processes that apply in these circumstances.

4.6 A process is in place for handling review and appeals.

The documentation outlines the processes for review of the assessment outcome on a case-by-case basis and formal processes are described to handle appeals in a manner that adheres to the principles of procedural fairness.

5. Reporting and recording procedures

5.1 There is an established and adequately resourced process in place for entering summative assessment data and tracking the progress of all Standard Pathway IMGs undertaking the workplace-based assessment.

NOTE: The integrity of the assessment processes and outcomes will depend on the reliability and accuracy with which performances and results of individual assessments are recorded.

The provider should describe how it will:

- enable secure storage of the results of assessments;
- provide a clear paper trail in support of the assessment outcomes;
- report results in line with the assessment blueprint;
- indicate the duration of contact between the supervisor and the IMG in relation to supervisor reports if used for workplace-based assessment;
- enable prompt reporting of outcome results to the employer and the medical board.
- allow for portability of results from position to position and to other states / territories;
- ensure that the results are reported to the AMC on the prescribed template for recording on the AMC candidate database;
- manage the destruction of data as per point 5.4 below

5.2 Processes to ensure quality control of data entry and collation are described.

These processes include:

- a statement indicating data ownership and the purposes of data collection, including how the data will be used and who may use it;
- the level of security applied;
- a clear chart to show personnel authorised to (1) change and (2) read only data;
- a tracking of past and current versions of the database.

5.3 Procedures for complying with state/territory privacy laws are in place. Procedures for obtaining patient consent are in place.

These procedures include:

- a clear statement listing compliance with relevant privacy laws;
- arrangements and timelines for archiving data, retrieving data and destroying data.

5.4 Procedures in place for AMC data requirements regarding recording, storage and data disposal.

These procedures include:

- a statement regarding whether the accredited provider will enter assessment results data directly onto the AMC WBA portal OR upload data from a provider-specific database;
- a statement to indicate that the provider will enter/upload assessment results within two weeks of the assessment encounter, where possible;
- a description of the process to be used to lock the assessment results on the AMC WBA portal within two weeks after entering/uploading the assessment result, where possible;
- a statement agreeing to destroy all assessment data held at the provider when the candidate assessment results are confirmed by the AMC and to provide written confirmation of this destruction.

6. Selection, training and calibration of assessors

6.1 Selection criteria for assessors are documented.

There is detailed documentation to show that the question ‘who can assess?’ is clearly articulated, in regard to the relevant knowledge and experience that the appointed assessors possess, and their preparation for taking on the role.

(1) For **direct observation** of clinical performance, assessors should be registered medical practitioners who have successfully completed four years of experience in the Australian health care environment; or assessors who have equivalent experience and have trained in an AMC designated Competent Authority country (United Kingdom, Canada, United States, New Zealand or Ireland). For direct observation of procedural skills, assessors may also be registered nurses with appropriate clinical assessment experience.

There is a process in place to ensure that there are multiple assessors for each IMG across all of the observed encounters.

(2) For **indirect observations** there are clear statements of the expertise and experience required for the appointment of assessors.

For both direct and indirect methods:

A process is in place for the selection of assessors, and required maintenance of the pool of assessors.

There has been consultation with assessor clinicians, and their commitment to the workplace-based assessment processes is confirmed.

6.2 Assessors are required to undertake a training program prior to taking part in the workplace-based assessment.

There is documentation to show details of the training programs provided for assessors of:

- (1) direct observation of clinical performance
- (2) indirect methods of assessment.

NOTE: Sufficient details are required for the AMC to approve the training program for the purposes of workplace-based assessment.

Plans for ensuring maintenance of the program, such as the training of new assessors and coordination of supervisory responsibilities, are included in the documentation.

6.3 A process is in place to calibrate assessors for each group involved in:

- **direct observation of clinical performance**
- **indirect methods of assessment.**

The documentation specifies the initial and ongoing processes used to calibrate assessors.

In workplace-based assessment, candidates are assessed by a number of people. It is important that these assessors understand what is being assessed and the standard of the assessment, and are able to apply these standards consistently. Calibration refers to a process that is used to ensure that all assessors are applying assessment criteria and standards consistently.

7. Sustainability and resources

7.1 Adequate and appropriate means for managing and organising IMG workplace-based assessment are in place.

The provider seeking accreditation:

- has constructed an itemised budget that addresses income requirements, income sources and expenditure estimates, including set up costs;
- is supported by appropriate resources, including adequate numbers of administrative and technical personnel;
- has processes in place to ensure that the duties, working hours and supervision of IMGs, balanced with the requirements of workplace-based assessment are consistent with the delivery of high quality, safe patient care.

7.2 Educational expertise is factored into the resource needs.

The documentation outlines the recruitment and use of educational expertise in the development, management and continuous improvement of its assessment processes.

7.3 Interaction with relevant stakeholders is described.

The documentation describes the extent and nature of the interaction with relevant stakeholders, including the medical board, health department and IMG employers (including general practitioners where appropriate).

The documentation indicates processes for ensuring that all stakeholders are aware of, and accept, responsibilities for the various roles to support workplace-based assessment.

The documentation clearly indicates the authority responsible for taking a lead role in establishing this interaction.

7.4 Indemnity for assessors is obtained.

The documentation indicates the indemnity provided for assessors.

7.5 Processes for continuous renewal and sustainability are indicated.

There is a policy in place for the review and update of structures, functions and policies relating to workplace-based assessment of IMGs.

There is a capacity to rectify deficiencies and meet changing needs.

8. Review and evaluation

8.1 There are processes established to review and evaluate the assessment programs implemented.

Processes are established to refine and improve the assessment processes, including plans to:

- track income and expenditure associated with the workplace-based assessment program;
- collect and record the outcomes of the workplace-based assessments;
- compile statistics (or descriptive information for small numbers of IMGs) on the outcomes of the assessments;
- analyse and review the assessment information/statistics;
- identify and act on areas that need attention.

8.2 Accredited providers are required to provide annual reports to the AMC as per the AMC Reporting guidelines.

These reports are to:

- give assurance of their continuing ability to deliver the accredited workplace-based assessment program
- notify of any program changes
- address any concerns raised in the delivery of the program.

Based on the annual report provided by the accredited provider the AMC may conduct a statistical audit or a site visit.

Should the AMC determine that a site visit is required the AMC will appoint a team of external assessors to review and discuss the functioning of the program and the adequacy of resources. Feedback to the accredited provider will be provided verbally at the time of the site visit, and in written form no more than two months before the annual report is required.

Appendix 1

The following assessment plan shows one possible sample of observed encounters across the clinical skills dimension and the clinical areas. Other plans are possible.

Predominant focus of the encounter for Direct Observation Assessment	Clinical Areas					
	Adult Health - Medicine	Adult Health - Surgery	Women's Health O & G	Child Health	Mental Health	Emergency Medicine
History Taking				Encounter G	Encounter I	
Physical Examination	Encounter A	Encounter C				
Investigations			Encounter E			Encounter K
Diagnosis and Management	Encounter B		Encounter F		Encounter J	
Counselling/Patient Education				Encounter H		
Clinical Procedures		Encounter D				Encounter L
