Australian Medical Council Limited

EFFECTING REFORMS TO AUSTRALIA'S SPECIALIST MEDICAL TRAINING AND ACCREDITATION SYSTEM POST COVID-19

REPORT 4: CHANGES IN ASSESSMENT IN SPECIALIST MEDICAL PROGRAMS – OPPORTUNITIES FOR SYSTEM IMPROVEMENT

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EXECUTIVE SUMMARY

As the accreditation authority for medicine, the Australian Medial Council (AMC) has been assessing specialist medical programs in Australia for 20 years.

In that time, specialist medical programs and their providers, the specialist medical colleges, have evolved in response to changed community and government expectations of medical education and medical practice, international developments in medical education and assessment, and the accreditation standards used by the AMC to assess programs and colleges, which have also evolved in response to international developments and community expectations.

The COVID-19 pandemic has required rapid additional adaption and innovation in specialist medical programs and the specialist medical colleges. One area of change across colleges has been in the regulations, requirements and methods for assessment of specialist medical trainees. Addressing COVID-19 disruptions to specialist medical training assessment practices, particularly large scale barrier examinations, has required new thinking, agility and resilience of individuals and organisations.

In early 2021, the Health Workforce Division of the Australian Government Department of Health contracted the AMC and the Council of Presidents of Medical Colleges (CPMC) to undertake a joint project to contribute to identifying, reviewing and considering more broadly and for the long term, opportunities to improve and enhance the medical training and accreditation system in Australia, reflecting on the changes occurring during the COVID-19 pandemic.

This report draws on AMC accreditation findings and AMC monitoring of the significant changes in assessment of specialist medical trainees during COVID-19. It highlights where current common assessment practice and tradition in Australian and New Zealand specialist medical programs are out of step with current best practice, presents the AMC's findings concerning the need for change in assessment in specialist medical programs and barriers to change, preconditions for change, and opportunities for systems improvement.

In section 2, the report provides an outline of specialist medical training and assessment, and the AMC's accreditation requirements. Themes relating to assessment in specialist medical programs identified from AMC accreditation of programs are described.

Section 3 outlines the aims of the AMC's 2021 assessment workshop series, *Conducting assessment in a changing environment,* and topics addressed. The workshops explored the value proposition for assessment in specialist medical programs, the need for assessment change, innovations, barriers to change, and common challenges in meeting accreditation standards in assessment. The workshops highlighted risks in the reliance on high stakes barrier examinations to determine trainee progression, and discussed addressing and mitigating these risks in the future. Risks in reliance on technology were also considered and contingencies for technological failure explored.

Section 4 presents the AMC's analysis and findings. There is shared stakeholder agreement that assessments must be of high quality to support decisions about the progression of trainees to being safe and competent specialists in the workforce. The AMC has found that medical education providers and other stakeholders acknowledge the need for and are open to changes to assessment

practice in specialist medical programs. Analysis identified priority issues to be addressed, and opportunities and significant challenges to be considered in developing, implementing and embedding changes in practice.

These are summarised in the table below.

Priority assessment issues	Opportunities for improvement	Significant challenges to change
Achieving alignment of curriculum, training and assessment	Involvement of trainees in assessment design	Organisational culture – tradition, custom, and investment in current models
Ensuring fairness in assessment	The administration of assessment i.e. reliance on single site assessment	Technology issues
Support for trainees to complete once they are accepted to a specialty training program	Utilisation of technology in assessment	Security concerns
Effective supervision	Increase sector knowledge about best practice in assessment	Resources
The burden (volume) of assessment		

The AMC identified a number of necessary conditions to underpin effective and sustained change to assessment in specialist medical programs. These are:

- clear strategic planning and roadmaps accessible to all involved
- access to, and reliance on, best evidence for assessment practice
- collaboration and sharing of information across the medical education continuum and between all stakeholder groups
- trust relationships between stakeholders, particularly between trainees and education providers
- powerful evaluation, and responsiveness to this
- time proportionate to the change undertaken.

Section 5 explores AMC actions and functions relevant to this project that are levers for development in medical education and practice standards and medical programs. It also outlines how AMC strategic priorities and actions link to the themes of the National Medical Workforce Strategy.

The report concludes (section 6) with a summary of potential next steps for the AMC in responding to the findings of this report.

The AMC is continuing work on a specialist medical program assessment website, funded by the HWD. The website will house the resources developed for the assessment workshop series as well as

additional resources commissioned by the AMC to address challenges in assessment, good practice case studies, and resources and templates such as work based assessment portfolios and strategies for managing change. The AMC expects the resources to grow with feedback from stakeholders, and in response to its accreditation findings.

1. INTRODUCTION

The medical training system in Australia and internationally has been changed significantly by the COVID-19 pandemic. In early 2020, the Australian Medical Council (AMC), the Council of Presidents of Medical Colleges (CPMC) and the Health Workforce Division (HWD) of the Australian Government Department of Health all began considering the impacts of the COVID-19 pandemic on Australia's specialist medical training and accreditation system, and all began to capture information about changes being made.

The project, *Effecting Reforms to Australia's Specialist Medical Training and Accreditation System Post COVID-19,* funded by the HWD, captures the results of AMC and CPMC investigations into the impact of the pandemic on training and stakeholders across the medical education and training system, as well as how they responded and innovated, to inform recommendations for improvements and futureproofing.

The overarching project objective is to investigate the impact of COVID-19 on Australia's medical training and accreditation system and innovations in response.

The project outcomes are to provide recommendations for improvements to the national system of medical education, training and accreditation and to inform the development and implementation of the National Medical Workforce Strategy.

This report is AMC report 4 for the project. The report is a preliminary report on changes in assessment in specialist medical programs and opportunities for systems improvement. It follows the AMC assessment workshop series*, Conducting assessment in a changing environment,* held from March to June 2021, which was intended to provide education providers with opportunities to engage in effective change to their assessment programs. The report takes account of the AMC accreditation findings concerning assessment, discussion and knowledge sharing during the assessment workshop series, as well as the results of a survey of stakeholders engaged in the workshops.

1.1 THE AUSTRALIAN MEDICAL COUNCIL –THE AMC

The AMC's purpose is to ensure that standards of education, training and assessment of the medical profession promote and protect the health of the Australian community.

It is the accreditation authority for medicine under the *Health Practitioner Regulation National Law Act 2009* (National Law). It assesses medical programs in New Zealand in collaboration with the Medical Council of New Zealand. The AMC develops and applies accreditation standards across all phases of the medical education continuum. It has accredited specialist medical programs since 2002, and this accreditation process covers the 16 colleges that provide specialist medical programs in recognised medical specialties (including one medical and dental college). As the accreditation authority for medicine, the AMC also sets standards for and conducts assessments of international medical graduates seeking to practise in Australia.

1.2 PROJECT DELIVERABLES

The project consists of AMC-led and CPMC-led project deliverables:

- Literature Review: COVID-19 impacts on postgraduate medical education (CPMC)
- Project Report 1: COVID-19 impacts, responses and opportunities (CPMC)
- Project Report 2: Determination of training places (CPMC)
- Project Report 3: Policy recommendations (CPMC)
- Project Report 4: Preliminary report following the 2021 AMC assessment workshop series, *Conducting assessment in a changing environment* incorporating the results of a survey of stakeholders engaged in the workshops (AMC)
- Project Report 5: A review of AMC accreditation findings on barriers and enablers of equitable access to learning opportunities and resources and policies that support recognition and accreditation of learning (AMC)
- Interactive website development: to provide curated material on assessment, including good practice case studies and videos as well as a repository of material covered at relevant stakeholder workshops and events (AMC)
- A summary article (CPMC and AMC).

Figure 1: AMC project deliverables

The complementary strengths of the AMC and CPMC has meant that diverse aspects of the education and training system have been explored. This collaboration also recognises how impacts on medical training flow on to the accreditation standards and requirements that guide medical education and training.

The AMC and CPMC have a long history of collaboration, including in the design and development of the accreditation process for specialist medical programs and their providers. CPMC nominates members to AMC accreditation committees for this accreditation process.

1.3 AMC LENS

This project links to and builds on the AMC's work as the accreditation authority for medicine under the National Law. The AMC has provided a detail summary of its accreditation role, and the

accreditation standards and accreditation procedures in Appendix 1 to both AMC reports for this project.

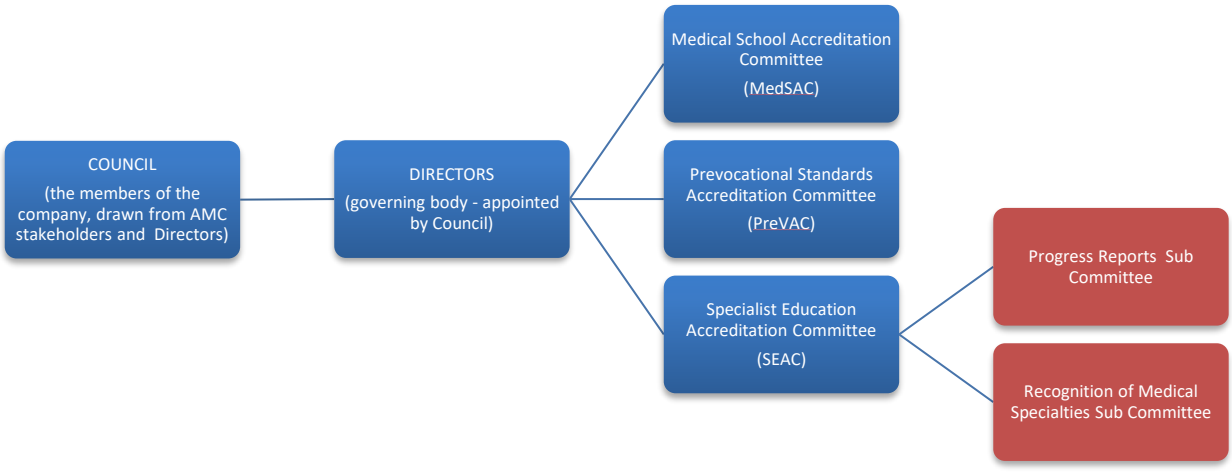
The funding provided by the HWD, Australian Government Department of Health provides an opportunity to extend the AMC's work and analysis beyond its accreditation assessments and monitoring of accredited programs, and to share learnings from that work to inform broader policy, resources to support innovation and improvements in medical education and accreditation, and the future review and development of accreditation standards and tools.

The AMC's accreditation governance structure brings to all levels of accreditation assessment, decision-making and policy the input of stakeholders including jurisdictions, education providers, medical students, junior doctors and doctors in training, health services, community and consumer members, and the input of Indigenous people and Indigenous health sector organisations.

The AMC project draws on inputs from AMC accreditation assessment teams through their accreditation findings, the Progress Reports Sub Committee, which monitors accredited specialist medical programs and the Specialist Education Accreditation Committee (SEAC) which performs functions in connection with the standards of medical education and training, specifically specialist medical education, education and training for endorsement of registration, continuing professional development, and specialist international medical graduate assessment.

It also draws on the work of the AMC Assessment Planning Group, set up under the Progress Reports Sub Committee.

Figure 2: AMC accreditation governance structure



SEAC and the Progress Reports Sub Committee will consider the outcomes of these projects and SEAC will make recommendations as relevant for future changes to AMC-developed accreditation standards and processes.

2. SPECIALIST MEDICAL EDUCATION AND TRAINING AND ACCREDITATION

This section provides background information on specialist medical training and assessment, and accreditation of specialist medical programs. It outlines themes relating to assessment in specialist medical programs identified from AMC accreditation of programs. It supplements the detailed description in Appendix 1 of how the AMC assesses and accredits specialist medical programs and their providers, the specialist medical colleges, and the accreditation standards, outputs and outcomes.

2.1 ORGANISATION OF SPECIALIST MEDICAL EDUCATION AND TRAINING

There are 16 specialist colleges in Australia, which sets the standards for and deliver specialist education and training in the 23 recognised medical specialties and 64 fields of specialty practice. Thirteen of the colleges also oversee specialist medical training in New Zealand. Two colleges set the standards for education and training in the specialty of general practice in Australia.

There are more than 21,000 vocational specialist training positions in Australia[1].

There is no single entry point to vocational training. Specialist medical programs can start in the second or third postgraduate year, but entry to vocational training may also be delayed. To gain entry to a specialist medical program in their chosen specialty, doctors must succeed in a competitive selection process for a fixed number of college-accredited training positions or posts, or a place in an accredited facility or training program. The number of trainee positions offered is also dependent on the capacity of the health services or facilities to accept trainees.

The time required to complete specialist medical programs varies from about three to seven years, depending upon the specialty.

Programs may be structured as a combination of basic and advanced training, with barrier assessments between the stages, or in other phases or stages. Specialist trainees (usually called "registrars" in the workplace) work in a series of training positions in which they are supervised, mentored and assessed by appropriately qualified specialists. The combination of training positions, education courses and structured assessment of progress constitutes the individual's training program.

Specialist medical college assessment of trainees typically involves a mix of workplace-based assessment, knowledge-based exams and clinical exams (VIVAs, OSCEs etc), which are generally run face-to-face, sometimes with large cohorts and sometimes with only one sitting per year. Successful completion of education, training and assessment requirements results in the award of a Fellowship of the College. The Commonwealth Department of Health's Medical Education and Training report provides an annual summary of number of trainees sitting and proportion passing a final or fellowship examination[2].

[1] Table 4.3 Medical Education and Training 4th edition 2019
https://hwd.health.gov.au/resources/publications/report-met4-2019.pdf
[2] See https://hwd.health.gov.au/resources/data/summary-met4-2019-4.36.pdf for 2019 figures.

2.2 AMC ACCREDITATION

Accreditation is a cyclical process of assessment of education and training programs against set standards. An accreditation assessment results in an accreditation decision by the AMC, which states the length of period of accreditation granted, whether the AMC has found the program and provider to meet or to substantially meet the standards, and sets conditions on the accreditation where standards are found not to be met or only substantially met.

The purpose of the AMC accreditation process is to recognise specialist medical programs and education providers that produce medical specialists who can practise unsupervised in the relevant medical specialty, providing comprehensive, safe and high quality medical care that meets the needs of the Australian and New Zealand healthcare systems, and who are prepared to assess and maintain their competence and performance through continuing professional development, the maintenance of skills and the development of new skills.

The Standards for Assessment and Accreditation of Specialist Medical Programs and Professional Development Programs[3] are grouped into 10 major areas, as follows:

Standard 1	The context of education and training
Standard 2	Purpose and outcomes
Standard 3	Specialist medical training and education framework (the curriculum)
Standard 4	Teaching and learning
Standard 5	Assessment of learning
Standard 6	Monitoring and evaluation
Standard 7	Trainees
Standard 8	Educational resources including supervision and accreditation of training posts and programs
Standard 9	Continuing professional development (CPD)
Standard 10	Assessment of specialist international medical graduates

The detailed *Standards for Assessment and Accreditation of Specialist Medical Programs and Professional Development Programs* are at Appendix 2. The AMC's review of these standards in 2015 led to significant changes. While standard 5 concerns assessment processes including: assessment approaches; methods; performance feedback; assessment quality, other standards are also relevant to specialist medical program assessment. In assessment, the areas of major change to the standards in 2015 included:

- New standards
  - Increased emphasis on assessment of performance in the workplace
  - use of an assessment blueprint
  - use of valid methods of standard setting to determine passing scores
  - procedures to inform employers and, where appropriate, the regulators, where patient safety concerns arise in assessment

[3] The standards changed from 9 to 10 standards in 2015-16, when standards concerning Specialist International Medical Graduate assessment were removed from standard 5, assessment, and became a discrete standard.

- effective and timely management of concerns about, or risks to, the quality of any aspect of its training and education programs.

- Strengthened standards
  - management of training-related complaints
  - processes to address bullying, harassment and discrimination in training
  - professional development of supervisors, and examiners/assessors
  - specialist international medical graduate assessment.

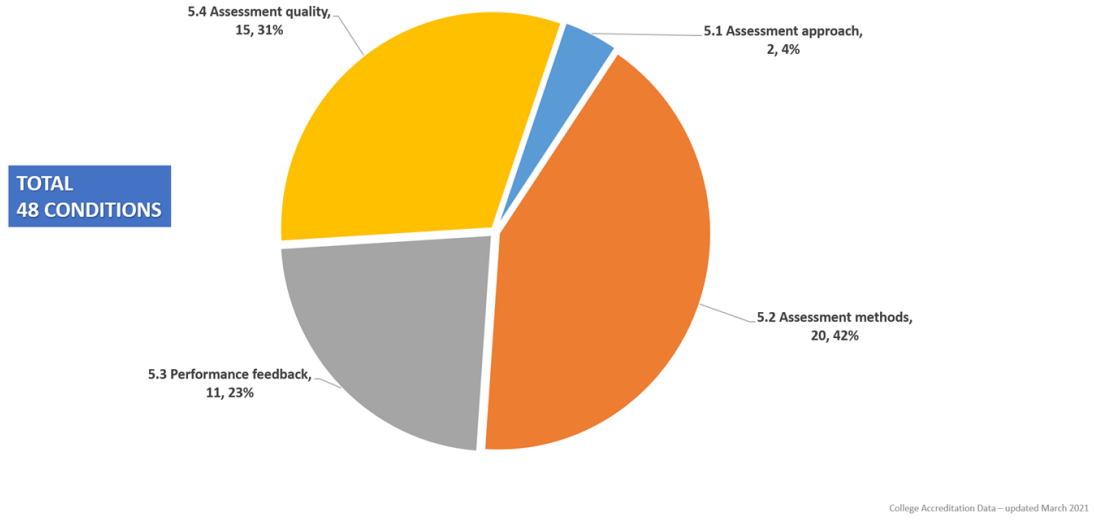
2.3 ACCREDITATION CONDITIONS AND MONITORING OF ACCREDITED PROGRAMS

Between accreditation assessments, the AMC monitors developments in accredited programs and providers to ensure accreditation standards continue to be met. It seeks regular reports from accredited providers, structured against the accreditation standards. Providers also report to the AMC on progress towards meeting accreditation standards.

2.3.1 AMC MONITORING OF ASSESSMENT-RELATED ACCREDITATION CONDITIONS

AMC accreditation standard 5 generates significant numbers of conditions in accreditation assessments and these often prove challenging for colleges to satisfy. 15.3% of all accreditation conditions set since the standards were revised in 2016 relate to assessment.

Figure 3: Number of accreditation conditions for standard 5. AMC assessment and monitoring activity 2016 to 2021



Content analysis of conditions set in standard 5 for AMC assessment and monitoring of specialist medical training programs 2016 to 2021 has identified a number of themes. These assessment related themes indicate areas for further development across specialist medical education providers.

Figure 4: Common themes in accreditation conditions on standard 5 from AMC assessment and monitoring activity 2016 to 2021

The AMC's Progress Reports Sub Committee of SEAC has also noted other common themes related to accreditation conditions in Standard 5 while reviewing colleges' annual progress reports. These themes relate to areas of challenge across specialty medical education providers, specifically:

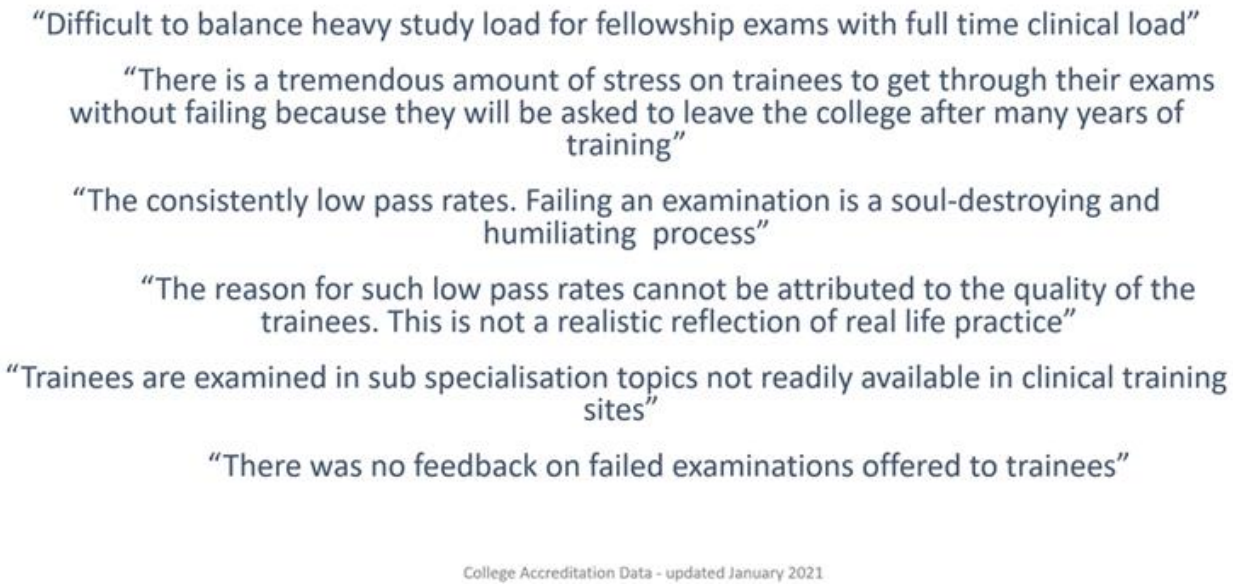
- low examination pass rates
- emphasis on high stakes examinations generally at the end of training programs and challenges with standard setting of these exams
- challenges in implementing workplace-based assessment consistently across dispersed training locations and in consequential repositioning of other assessment components
- multiple facets in managing change. For example, governance, assessment expertise, and stakeholder communication planning.

These challenges also link across to other accreditation standards including:

- complaints and disputes (standard 1.3 Reconsideration, review and appeals processes)
- trainee communication, including clarity about training regulations and policy (standard 7.3 - Communication with trainees; standard 7.5 - Resolution of training problems and disputes)
- communication with supervisors about planned changes (standard 8.1 - Supervisory and educational roles).

AMC surveys of specialist medical trainees in the period 2016 to 2021 highlight the impact on trainees of current assessment practices in specialty medical education, illustrated by quotes below.

Trainee feedback from AMC assessment activity in relation to Standard 5, 2016 to 2021



2.3.2 AMC MONITORING OF ACCREDITED PROGRAMS DURING COVID-19

In March 2020 the AMC circulated advice to specialist medical colleges on AMC actions to apply flexible accreditation requirements while colleges and health services were dealing with the impacts of COVID-19 on their operations, staff and trainees.

The statement linked to a proforma in which colleges could provide notification of changes to their specialist medical programs in response to COVID-19.

The AMC indicated that its focus was on being assured that:

- trainees are able to progress through training, although training and education structures may be different
- college communication about training requirements supports trainees and supervisors to meet program objectives
- specialist medical trainees graduating from accredited programs will be prepared to practise as specialists.

The AMC identified specific standards and changes that it intended to monitor including assessment and communication about changes in training requirements. It asked colleges to keep internal records of other changes, for reporting to the AMC in 2021. The forms and instructions are available on the AMC website here.

The AMC's 2020 targeted monitoring of colleges' COVID-19 related changes to assessment practices noted:

- college speed in adapting: exam rearrangement and new formats
- colleges recognised trainees' likely completion delays
- communication with trainees, supervisors, health services
- complexity in moving assessment online

- sharing of successes and barriers
- a shift towards greater collaboration across education providers.

2.3.3 AMC AND COLLEGE DISCUSSION – MOVING TO ONLINE ASSESSMENT

COVID-19 restrictions in 2020 caused most colleges to cancel or postpone face-to-face examinations in 2020, or to move those examinations online. A number of colleges already had considerable experience in delivering some examinations online, but most colleges adapted exams to some extent. Many colleges considered how to deliver formerly face-to-face exams online.

Many colleges had already been exploring how technology can support exam development with proactive reviews of exams and development strategies reported in accreditation assessments and the progress reports. However, with continuing uncertainty about COVID-19 restrictions, there was considerable pressure from trainees to move face-to-face exams to online formats faster than planned in order to provide trainees opportunities to progress through their training program.

Through review of COVID-19 notification forms during 2020, the AMC became aware that a number of colleges were deploying online exams. The AMC facilitated a session with college representatives on 5 November 2020, which provided an opportunity for sharing peer-to-peer learning about how to plan for effective online exam delivery and for mitigating risks associated with this, and how to communicate with trainees before and during the issues if they arise. Several colleges made presentations about both positive and challenging experiences. A panel discussion addressed topics such as how moving online has changed thinking about exams, the positive achievements, and effective communications with trainees before, during and after the exams.

These discussions informed the AMC's planning for the workshop series, *Conducting assessment in a changing environment.*

3. 2021 AMC ASSESSMENT WORKSHOPS

This section outlines the aims and content of the AMC's 2021 assessment workshop series, Conducting assessment in a changing environment.

3.1 BACKGROUND AND AIMS

The AMC's 2021 workshop series, *Conducting assessment in a changing environment,* aimed to build on the AMC's recent areas of focus in specialist medical program assessment[4] to provide education providers with opportunities to engage in effective change to their assessment programs. The themes relating to assessment in specialist medical programs identified from the AMC analysis of accreditation conditions, emerging from the consideration of accreditation reports and college progress reports, and highlighted by trainee surveys provided current context for the workshops.

The workshops provided opportunities to explore the need for change and some of the barriers, some common challenges experienced in meeting accreditation standards in assessment, balancing program based assessment with other methods, share good practice examples of assessment programs, and implementation considerations.

The overarching objectives were to support education providers to:

- develop outcomes-based programs, where those outcomes describe the specialists the community wants
- consider assessment approaches for specialty registration and the value proposition for these
- design programs of assessment that balance workplace-based assessments with other methods, are aligned to the training program, and are accessible, relevant and sustainable
- manage change to current assessments to achieve aligned programs of assessment that use methods fit for purpose
- identify needs for ongoing AMC support in assessment – possible future masterclass workshops.

3.2 WORKSHOP PLANNING GROUP

The AMC convened a planning group to develop the workshop series. The planning group was chaired by Associate Professor Jenepher Martin MBBS, MS, Med, DEd, FRACS. Membership included assessment experts from across the continuum of medical education, members with expertise in accreditation, and assessment and accreditation staff from the AMC. The membership of the planning group is provided as Appendix 3.

The planning group was responsible for developing the program and content for the four workshops, writing and curating supporting resources for each workshop, participating in facilitation of workshop discussions, and analysis of contemporaneous notes, participant questions and participant survey results. Members of the planning group also contributed as keynote speakers in their specific field of expertise.

[4] Recent AMC events include a November 2020 AMC and specialist colleges meeting on moving to online examinations, and a 2017 AMC workshop on programmatic assessment.

3.3 PROGRAM

The workshop program was distributed over four interactive sessions, each of two hours duration and delivered on a virtual platform. While the primary target audience was education staff and key fellows of specialist medical colleges, the workshop series was open to any interested individual or organisation.

The AMC developed a workbook for each session, providing relevant background, a detailed session plan and targeted resources. Participants were given access to the workbook approximately two days prior to the sessions. Workbooks are available on the workshops' website: https://web.cvent.com/event/b8ad318e-5bb2-4dff-b91a-58bdf4dbe9dc/summary.

The four sessions were held as follows:

- 30 March 2021: Current state of assessment in Australian and New Zealand medical training
- 20 April 2021: A case for change
- 18 May 2021: A path to change
- 8 June 2021: Next steps – where to from here.

The first three sessions were structured as initial plenary presentations by experts in assessment in medical education contexts to set the scene for subsequent breakout group discussions. Participants were assigned to one of five breakout groups for these discussions, with diverse stakeholders in each group. Groups were facilitated by members of the workshop planning group with contemporaneous notes recorded by an AMC staff member present in the breakout Zoom room. All sessions were recorded. Facilitators reported the key findings from each group in the closing plenary format panel discussion. The fourth session was conducted in plenary format, allowing extended panel discussion after a number of short presentations.

Over the course of the workshops a case study was developed to illustrate and focus the issues under consideration for each session. This case study charted the course of the fictional Australian and New Zealand College of Medical Mountain Climbers from inception to AMC accreditation for training with an emphasis on the development of trainee assessment.

Throughout each session participants submitted questions and comments via the online platform and these were monitored in real time for communication to the session panel for discussion as appropriate. The questions were also recorded and reviewed between sessions to inform the findings from the workshops.

Sessions 1 and 2 explored the value proposition for assessment in specialist medical colleges and promoted recognition of dissonance between current common practices in college assessment and contemporary best practice. The AMC shared material for the workshops that exemplify best practice in assessment, and this is listed in an Appendix 4.

The aim of *Session 1: current state of assessment* provided an opportunity for sharing learning and experiences and encouraged reflection on the value proposition for assessment in medical training and what assessment is aiming to achieve. Plenary presentations highlighted the common issues identified by AMC accreditation processes in relation to specialty medical training and Specialist International Medical Graduates, shared an international perspective from the United Kingdom on

the current challenges and opportunities for specialist trainee assessment, and presented trainee perspectives and experience of assessment from the Australian context.

In this session experiences in assessment in the context of the 2020 COVID-19 pandemic were acknowledged as an opportunity to consider how disruption can result in rapidly progressive and positive change to college assessment and participants were invited to share their learning as well as challenges and opportunities for the future.

Specific objectives for session 1 were to:

- share learning about common issues in assessment identified through AMC accreditation processes
- share perspectives on the current state of assessment, including issues and challenges
- consider opportunities for improvements and innovations in specialty training assessment practice that arise from the COVID-19 pandemic context and experience in 2020.

The aim of *Session 2: the case for change* was to discuss the drivers for change and opportunities for improving medical training assessments. Plenary presentations challenged participants to consider current best practice models of assessment in medical education, asking the questions what does 'good' or 'better' look like and presented the experience of change in assessment from the Royal College of General Practitioners, UK. The session highlighted how the reliance on 'large scale', infrequently held very high stakes assessments to determine progression or graduation may no longer be the best approach, and provided participants with the opportunity to discuss the potential risks associated with this approach and the possible alternatives.

Specific objectives for session 2 were to:

- share examples of dissonance between current medical training assessment practice/methods and developing thinking on 'good' or 'better' practice approaches
- discuss some of the potential risks to education providers in continued reliance on large scale very high stakes assessments
- consider how to design a system of assessment for specialty medical training conceptually aligned with current thinking on assessment practice.

Sessions 3 and 4 were forward looking and focused on how effective change in specialist medical college assessment can be achieved. Enablers and barriers to change were explored. Opportunities for greater collaboration across colleges and across the health sector to achieve change have also been highlighted.

The aim of *Session 3: a path to change* focussed on developing a pathway for improvement. The session explored how to successfully manage changes to assessment and how to shift cultural norms. Emeritus Professor David Prideaux's presentation took participants through the AMC's change journey entailing moving assessment of International Medical Graduates to an online format and plans to move to a hybrid clinical assessment. This was followed by an expert panel discussing the experience of achieving change in wider health education contexts.

Specific objectives for session 3 were to:

- identify cultural aspects in relation to assessment practice that may impede modernisation of assessment in line with contemporary best practice

- develop approaches to enhance enablers and mitigate barriers for change in assessment approaches.

The aim of *Session 4: next steps* was to promote colleges' commitment to actions that will modernise their assessment programs and to encourage inter-college collaboration and sharing of good practice developments. Plenary presentations focussed on examples of successful development and implementation of changes to assessment in medical education contexts across the continuum from medical school, specialist training and specialist international medical graduate assessment. The trainee perspective was again included. After the presentations additional experts joined an extended panel discussion, including addressing questions from participants. Highlights of this discussion were the emphasis on managing organisational cultural change, engaging learners in the change process, advantages for learners of adopting multi-method and programmatic assessment approaches, and insights as to how innovation in assessment relates to accreditation standards.

Specific objectives for session 4 were to:

- provide practical examples of organisational change and improvements in assessment practices
- explore key factors to achieving successful change
- encourage actions by education providers to modernise assessment programs
- promote collaboration and sharing of good practice developments.

4. ANALYSIS AND FINDINGS

This section outlines outcomes from the assessment workshop series, key findings of the analysis of the survey of workshop participants, and evidence collected through AMC accreditation.

As an outcome of the *Conducting assessment in a changing environment* workshop series, the AMC has sought to understand the key themes relating to the opportunities for system improvement of assessment in the medical education continuum in Australia in general, and for specialist training more specifically. As previously noted, although the principal intended audience for the workshop series was stakeholders involved in specialist medical education in Australia, the participant group included broad representation from the medical education providers, health jurisdictions, students, specialist trainees, governments and other stakeholders. This resulted in a large and diverse participant group, bringing multiple stakeholder perspectives to discussions.

Figure 5: Assessment workshop participant group

Participant group	% of attendees
Specialist Medical College	51.61%
Medical School	25.81%
Intern Training Accreditation Authority	3.23%
Health jurisdiction	4.84%
Health service	6.45%
Specialty trainee	3.23%
Other health profession	3.23%
Other including health consumers	1.61%

To identify important themes from diverse stakeholder perspectives, multiple sources of data have been included in this analysis (see Figure 6). Additional information from reports by the Australian Medical Association Doctors in Training and the CPMC has also been considered to inform the analysis. The analysis has not sought to identify specific themes, issues or concerns by stakeholder group, but rather to take a 'whole of system' view. This report then situates these within the specialty medical training context. This recognises that the potential for system improvement in assessment in medical education exists in the continuum.

Figure 6: Data sources for analysis

Data source	Summary of data
AMC Specialist Education Accreditation Committee (SEAC)	Common themes in the accreditation conditions and stakeholder feedback – Standard 5 from AMC assessment and monitoring activity 2016 to 2021.
Progress Reports Subcommittee	Challenges for specialist medical education providers identified in progress report reviews in Standard 5 and other related standards.
Australian Medical Council monitoring of COVID-19 changes in 2020	Specialist medical colleges reported changes to programs and assessment in 2020 in response to the COVID-19 pandemic.
Conducting assessment in a changing environment workshop: plenary presentations	Each plenary presentation was recorded, including presentation slides.
Conducting assessment in a changing environment workshop: breakout group discussions.	AMC staff, present in each of the workshop breakout groups, documented the key aspects of each discussion.
Conducting assessment in a changing environment workshop: participant questions and panel discussion.	All participant questions were captured in the virtual platform chat function. Panel discussions were recorded.
Conducting assessment in a changing environment workshop: participant survey	Survey of workshop participants – opinions on assessment. After workshop session 2, a survey link was distributed to all registered participants (see Appendix 5). This survey asked respondents about: • priority issues to be addressed in assessment generally • priority areas for improvement in their own training organisation context • challenges and barriers to change in assessment in their context • their vision for best practice in assessment • implementation of various assessment practices in their organisation • useful assessment resources that the AMC could share with medical education providers.
Conducting assessment in a changing environment workshop: resource paper Session 1	Literature review conducted by members of the AMC assessment workshop planning group to provide up to date evidence about current best practice in assessment in medical education (Appendix 5)

Content from each of these sources was reviewed to identify themes and perspectives. The results are grouped below under the focus for each workshop session.

4.1 CURRENT ASSESSMENTPRACTICES IN SPECIALIST MEDICAL COLLEGES

There is general reliance on high stakes barrier assessments by specialist medical education providers. These assessments are frequently the principal determinant of progression in training. While some providers have implemented increased workplace-based assessment (WBA), this has largely been additional assessment load to barrier examinations, rather than as part of a systematic change to a programmatic assessment approach or 'program of assessment'. Where more WBA is being used (e.g. Entrustable Professional Activities, portfolios) these are viewed positively. The disjunction between progression in training determined by barrier assessments and progression in level of employment in the workplace is problematic for health jurisdictions and the workforce pipeline more generally. It would therefore be reasonable to question the purpose of barrier examinations as determinants of training progression if robust WBA supports the competence of the trainee in practice.

Information from AMC accreditation of specialist medical training in the past 10 years highlights some of the issues and risks associated with the current state. These include:

- low pass rates in examinations with subsequent adverse impact on trainee progression through the training program and into the specialist workforce
- impacts on trainee wellbeing and effective workplace learning of preparation for barrier examinations
- issues of access and equity for trainees in preparation and attendance for assessments
- need for more robust quality assurance of assessments, including ensuring alignment with curriculum, determining standards, training assessors and the provision of feedback to trainees to achieve assessment 'for learning'.

Education providers and other stakeholders recognise that 'good practice assessments' respond to community expectations, are embedded within practice and deliver safe practitioners who embrace life-long learning/CPD. There is general recognition and acceptance that the standard at completion of specialist medical training is that of a beginning unsupervised generalist specialist practitioner with the expectation that ongoing learning and development is required and will occur.

Underpinning these perspectives as to the value proposition for assessment in specialty medical education is the principle that assessments must be of high quality. This is to support progression decisions that result in safe and competent specialists in the workforce and ensure that trainees not yet competent for independent practice do not progress.

Education providers perceive barrier examinations as being objective, fair assessments, and as familiar and well understood as determinants of standards for safe progression of trainees. While education providers expressed intent to move towards a greater proportion of WBA they recognise challenges related to training and calibration of assessors/supervisors, and trainee concerns about possible bias. The risk of making a transition away from barrier exams before a new system is 'tested', 'working well' and proven to maintain existing standards was expressed with concerns about trainees who are not at fellowship standard progressing to specialist practice. At the same time there was recognition that introducing a new system and keeping the large barrier examinations would increase the burden of assessment for trainees, assessors and education providers.

4.1.1 COVID-19 PANDEMIC AND ASSESSMENT

The disruption that the COVID-19 pandemic caused to longstanding assessment practices in specialty medical training contexts, and the opportunities arising from necessary changes to these, required 'new thinking', agility and resilience of individuals and organisations. Some of the opportunities arising from COVID-19 were innovative, for the education providers implementing them, some were challenging at the scale required, and some were constrained by technology failure.

Examples include:

Moving some assessment from examination to workplace. Some education providers recognised that WBA could replace aspects of clinical practice usually assessed in barrier examinations. This is particularly relevant for clinical skills assessment and diagnostic technical skills. Direct observation in the workplace was employed in formalised assessments to determine competence in place of assessment as part of barrier examinations.

Distributed administration of clinical assessments. Restrictions to domestic travel resulted in many education providers implementing distributed, regional clinical examination events and/or written examination administration at regional hubs. These solutions allowed trainees' opportunities to progress, but presented challenges including failures of technology, recruitment of larger numbers of examiners, perceived conflicts of interest where examiners know candidates well, the exclusion of real patients and concerns about sudden increases in local COVID-19 restrictions impacting on examination scheduling.

Use of online assessment technology. Many education providers responded with rapid development of on-line delivery of assessments. For some providers this was an acceleration of planned developments, however for others this was completely new. The success of moving to online assessment was mixed and technology failure significantly impacted some examinations.

Lessons from the experience of undertaking assessment for specialist medical programs in the pandemic context have emerged and are relevant to the ongoing development of these assessments. The importance of clear, frequent, consistent and targeted communication cannot be underestimated. Risks are inherent in the current reliance on high stakes barrier examinations to determine trainee progression, and education providers will need to pay greater attention to considering these risks and the mitigation of them in the future. Mitigation may well include moving away from reliance on large barrier assessments towards programs of assessment. Additionally, colleges have demonstrated allowance for greater flexibility of assessment milestones. There were examples of education providers adjusting sequencing and/or timing of assessments 'out of step' with normal progression resulting in a flexible approach in the pandemic circumstances without a reduction in overall training standards. Reliance on technology is also inherently risky and contingencies for technological failure are important implementation considerations. More positively, education providers have the capacity to adapt rapidly to changed circumstances and creatively address challenges in assessment, which may lead to ongoing development rather than reversion to previous assessment practices.

4.2 THE CASE FOR CHANGE

The case for change in assessment practices of specialist medical colleges has been well made. Evidence includes:

4.2.1 AMC ACCREDITATION AND MONITORING

As discussed in section 2.3.1, accreditation standards related to assessment continue to generate significant numbers of conditions in accreditation assessments and these often prove challenging for colleges to satisfy. The AMC has identified issues of culture and governance as also affecting colleges' capacity to implement assessment change.

Specialist medical colleges face common challenges of low examination pass rates, issues created by an emphasis on high stakes examinations, generally at the end of training programs, and standard setting of these exams.

The changes made to the accreditation standards in 2015 helped to strengthen the expectations of an educational basis for development, review and underpinning of assessment policies and programs.

4.2.2 TECHNICAL/RESEARCH EVIDENCE

Resource material developed for the workshop by assessment experts in medical education (Appendix 6), and examples of assessment developments presented support the view that current common assessment practice and tradition in Australian and New Zealand specialist medical programs are out of step with current best practice. It is acknowledged that best practice assessment in medical education should be based on evidence, and that education providers must consider how contemporary best practice is identified and adopted.

4.2.3 FEEDBACK FROM TRAINEES

Trainees provide feedback to the AMC about assessment practices and how they experience these as part of AMC accreditation of specialist medical programs. Current assessment practices significantly impact on trainees in multiple ways. Trainees report exam preparation is at times detrimental to effective workplace learning, stress associated with high stakes assessment, lack of transparency with regard to special consideration, review and appeals processes, the adverse impacts of costs associated with examinations, inequity associated with travel for examinations and lack of constructive feedback about examination performance. These effects are amplified for trainees who require multiple assessment attempts.

In addition to the trainee feedback from AMC accreditation assessments, stakeholder bodies' reflections during the COVID period have identified the following issues:

- Throughout the COVID-19 pandemic the Australian Medical Association Council of Doctors in Training (AMACDT) has met with Specialist Medical College Trainee Chairs for Trainee Forums to discuss COVID-19 and its impact on specialty training.

  Communiques released by the AMACDT during 2020 reported that trainees commended the efforts by specialist medical colleges to consider the impacts of COVID-19 on trainees, and welcomed the introduction of innovative approaches to assessment and progression through training. Key issues for trainees were reported to be:
  - exam readiness and preparation was significantly impacted
  - provisions made for online/virtual delivery of exams wherever possible
  - early, regular, transparent and effective communication about changes
  - development of a minimum standard for contingencies and communications for all virtual/electronic exams.

The AMACDT and Specialist Medical College Trainee Chairs have continued to meet in 2021. Most recently, a forum was held in April 2021 to discuss variability in college exam processes, exam pass rates, quality of exam feedback, and the extent to which examinations reflect curriculum. The communique released following the forum indicated that there is trainee support for continued reduction in emphasis on high-stakes and costly barrier examinations and a reduction in the number of summative assessments with an increased focus on competency-based training[5].

4.2.4 LIMITATIONS OF ASSESSMENT PRACTICES AND CURRENT FORMATS EXPOSED BY THE COVID-19 PANDEMIC

The CPMC report, *Training Impacts, Responses and Opportunities,* produced as part of this joint project indicates that timing of examinations and their format and delivery, including the role of high-stakes barrier exams, remain an issue for project stakeholders.

The report highlights that respondents to the CMPC survey informing the report believed that '*the timing, format, and delivery of exams constituted one of the largest challenges created by the pandemic in the Australian training system.'* Additionally, it was reported *that 'the organisational strain of rapidly shifting assessment to a secure virtual format, including in vivo aspects, also appears to have stretched the limit of many organisations' staffing, IT, and financial resources. The delays, uncertainties, and exam failures were noted as a major cause of stress and anxiety for trainees. This was around both exams and training progression'.*

As noted above (section 4.1), careful evaluation of changes to assessment is likely to reveal useful changes to carry forward, however not all will be in line with best practice or sustainable.

4.3 ACHIEVING CHANGE IN ASSESSMENT IN SPECIALIST MEDICAL PROGRAMS

Medical education providers and other stakeholders acknowledge that changes to assessment practice in specialist medical programs are required and are open to this. Analysis identified priority issues to be addressed, opportunities and significant challenges to be considered in developing, implementing and embedding changes in practice.

4.3.1 PRIORITY ISSUES IN ASSESSMENT

Achieving alignment of curriculum, training and assessment. There is still significant lack of alignment between the curriculum determined by education providers, the training opportunities in the workplace and assessment practice in speciality medical education. For example, many education providers have developed 'professional qualities' curriculum documents, however assessment for this aspect of the curriculum is not well developed and may not be included in barrier examinations. Related to achieving alignment is the need to increase the use of authentic assessment in the workplace.

Ensuring fairness in assessment. Achieving 'fairness' in assessment is a concern for the AMC, trainees, education providers and other stakeholders. This is, however, a complex construct. Fairness incorporates such aspects as high quality assessment supported by evidence, equity for trainees in preparation and access for assessment, managing actual and perceived bias, separating assessment

[5] AMA Trainee Forum Meeting Communique, Thursday 29 April 2021 https://ama.com.au/articles/amacdt-trainee-forum-college-assessment-april-2021

instances and progression decisions, and providing reasonable accommodations and access to review and appeal where necessary.

Support for trainees to complete once they are accepted to a specialty training program. There is a view that more is needed to support trainees to complete their training and minimise attrition from specialty training programs. There is significant investment in training from education providers, health jurisdictions and trainees themselves, and attrition has workforce pipeline impacts on the provision of health services in the community. In relation to assessment priorities more is needed to support supervisor and other assessors to develop skills for robust WBA, to develop and implement effective remediation programs in the workplace for trainees who are not progressing as expected, and ensure trainee wellbeing is maintained during preparation for, and experience of assessment events.

Effective supervision. The importance of effective supervision in the workplace was emphasised as key to increased WBA. Achieving effective supervision and robust WBA is seen as a whole of system issue and not solely the responsibility of the education providers. Skill development is required across the continuum of practice to achieve adequate learner support, remediation when required, robust assessment and feedback literacy for both learners and supervisors.

The burden of assessment. Education providers will need to consider the consequences of the burden of assessment on trainees, assessors, health services and the providers themselves as progress is made in moving to best practice models that incorporate more WBA, and multipoint smaller assessment instances to determine progression. Offsets in reducing large barrier assessments will be required.

4.3.2 OPPORTUNITIES

A number of opportunities for immediate or early gains in assessment improvement were brought into focus by the analysis. Some of these relate to the experiences of education providers conducting assessment in the COVID-19 pandemic context of 2020 described above.

Involvement of trainees in assessment design. Education providers have not routinely involved trainees in assessment design. The opportunity for this was recognised, particularly in relation to WBA, with perceived benefits relating to engagement of trainees in meaningful assessment and feedback as well as increased authenticity of these assessments. Where trainees are involved and engaged in change processes they are often effective 'change champions'. While some colleges do engage trainees significantly in educational governance of the training program, for some others involving trainees in assessment design will require significant culture change.

Changed thinking about the administration of assessment. Following the experience of specialist medical program assessment in 2020 education providers are actively considering alternative models for administration of assessments. These include such ideas as less reliance on single site examinations, devolving some assessments from examination contexts to the workplace and models where candidates and examiners are not co-located. Possible flow on benefits could include the development of a more modular approach to assessment by examinations where these are retained, more flexible progression rules for trainees tied to achievement of assessment goals over time rather than tied to single instances, and decreased impacts of specialist medical program assessment events

on service provision. Resource implications for education providers and health services still need to be carefully considered.

Utilisation of technology in assessment. There are opportunities to increase the use of technology in assessment in specialty medical education notwithstanding some of the significant failures experienced in 2020. Collaboration across the medical education continuum to develop best practice in this area should be encouraged and facilitated. A caveat is that not all assessment is appropriate for transition or complete delivery via remote interaction.

Increase sector knowledge about best practice in assessment. Stakeholders are open to considering changes in assessment practice more in line with current best practice and there is an opportunity for the AMC to facilitate change by the provision of resources. Stakeholders indicated that access to the AMC assessment resource website, currently in development, will be useful in achieving change. It was also apparent that education providers have limited knowledge of current assessment requirements and pass rates outside their own organisations and that access to collated information could be useful to understand where change should be prioritised. The AMC could provide this transparency on its website, thus facilitating benchmarking across the sector.

4.3.3 CHALLENGES TO OVERCOME

Some strong themes relating to the challenges in achieving change to assessment in specialty medical education were apparent. The most common were related to organisational culture, technology issues, concerns about security of assessments, and limited education provider resources to support increased and high quality WBA.

Organisational culture. The strength of organisational culture was acknowledged as a very significant barrier to change. Aspects to be managed include fellows and academic staff familiarity with and investment in current approaches. Perpetuation of the status quo in 'custom' and 'tradition' and by structural factors in governance is also important. This is particularly evident in the acceptance in specialist medical training that large barrier exams are a 'rite of passage' for trainees to progress to fellowship. Strong socio-cultural elements are also in play impeding changes to assessment practice. These include perceived status and/or power associated with the role of examiner or office holder in assessment and the opportunities for social interactions such as group dinners and networking during assessment events. These cultural factors are seen as underlying a likely reversion to traditional assessments by those providers who have tried new ways in response to the COVID-19 pandemic in 2020. A culture open to evaluation, constructive critique and feedback was regarded as important for education providers to support change in assessment, as was transparency of decision making.

Technology issues. Access to technology, in respect to equipment, applications and expertise is seen as critical to progressing a change agenda for assessment. For some providers this access is constrained by resources available for investment. Once again, collaboration across the medical education continuum is likely to be productive.

Security concerns. For some providers, concerns about assessment security will be a factor in developments such as uptake of technology assisted assessment, involvement of trainees in assessment design and wider involvement of fellows in assessment.

Resources. Educational providers cited resource constraints as rate limiting for changes to assessment practice. Direct funding was a consideration, however more importantly there were perceived deficits

in assessment, technology, and logistics expertise across the sector. A specific concern was the perceived limited capacity to support increased WBA and programs of assessment requiring multiple assessment instances for trainees. Capacity related to lack of staff resources to manage ongoing training of workplace based assessors and also limited numbers of specialists to undertake WBA. There are resource implications for health services and other workplaces for increased WBA or other programmatic assessment elements as they are introduced. Increased assessment in the workplace will impact service provision as investment in time for assessment from both trainees and assessors is required. Health services and employers will need to consider how this activity is funded and what offset benefits are accrued if increased WBA decreases absences from clinical service of both trainees and assessors for large examination events.

A number of conditions were identified to underpin effective and sustained change to assessment in specialist medical education. These are:

- clear strategic planning and roadmaps accessible to all involved
- access to, and reliance on, best evidence for assessment practice
- collaboration and sharing of information across the medical education continuum and between all stakeholder groups
- trust relationships between stakeholders, particularly between trainees and education providers
- powerful evaluation, and responsiveness to this
- time proportionate to the change undertaken.

4.4 NEXT STEPS: FACILITATION OF SYSTEMS IMPROVEMENTS

Education providers have indicated that AMC developed and hosted resources to support improvement and development of assessment would be welcomed. The AMC will undertake further work to support and facilitate system improvements in specialist medical education assessment and this is provided in section 6.

5. LINKS TO NATIONAL MEDICAL WORKFORCE STRATEGY

This section outlines some of the AMC's levers for change in medical education, and explores how the AMC work links to the themes of the National Medical Workforce Strategy.

5.1 AMC ACTIONS AND FUNCTIONS THAT SUPPORT IMPROVEMENTS IN SPECIALIST MEDICAL TRAINING AND ASSESSMENT

The AMC has identified the following actions and functions that relate to the specialist medical program assessment elements of this project.

Accreditation. As the accreditation authority for the medical profession, the AMC develops the standards for assessment and accreditation of specialist medical programs, continuing professional development programs and specialist international medical graduate assessment processes. Through its accreditation functions across the medical education continuum, the AMC is well placed to identify common challenges and risks across the sector. A number of studies have found that accreditation standards are an important motivator to uptake of change and to improving practices. In addition, the self-reflection and evidence gathering by education providers in preparation for accreditation assessments can support the providers own change processes.

Accreditation standards, guidance notes and reports are publicly available on the AMC website. This transparency promotes and facilitates knowledge sharing in the sector. After the introduction of revised AMC standards for specialist medical programs in 2015, including a number of new standards, improvements in assessment practice are becoming apparent in monitoring by the AMC.

Assessment expertise. The AMC provides the examination for international medical graduates seeking to practise in Australia. In this role it assesses on average 4,000 international medical graduates per year via a computer adaptive multiple-choice examination, a clinical examination delivered through the AMC National Test Centre and now available online. It also sets the standards for the alternate workplace based assessment pathway for international medical graduates and provides a process for accreditation of workplace-based assessment programs offered in Australian health services. It has expertise in the development of assessment material, standard setting, delivery of examinations, examiner training and calibration, and the development of assessment resources.

Cross continuum, interprofessional and intra-agency collaboration. The AMC works with partners and stakeholders to support achievement of its purpose. As the accreditation body for medical programs, it has oversight of standards and programs across all phases of the continuum. In addition to partners within the medical education and regulation sectors in Australia, it also has strong links to the accreditation authorities for the other regulated health professions in Australia and with testing and accreditation authorities internationally. It was a founder of the Health Professions Accreditation Collaborative Forum, and provides the secretariat for the Forum. The AMC's established partnerships allow it to bring together expert groups and interested stakeholders to take forward strategic projects.

Measurement of impact. In its accreditation role, the AMC gathers information about all the specialist medical training programs. Its accreditation assessments and monitoring of programs provides expert review of the programs against defined standards. AMC accreditation also gathers stakeholder feedback on specialist medical programs, including trainee, supervisor, health consumer, health

service and jurisdictional feedback. As the AMC COVID-19 project demonstrates, the AMC is able to use this information for analysis of themes across programs and providers, as well as for monitoring and assessment specific programs. The AMC is able to measure the impact of standards and responses to standards through these processes and to contribute to the measurement of impact of curriculum change.

Good practice curated collections and support. The AMC assessment website, being developed with Health Workforce Division support, is an example of a curated collection of good practice in videos, case studies and other resources that will be available to all colleges. Making these resources available to all provides transparent information about expectations in AMC accreditation assessments, and supports those with less access to medical education resources.

Embedding change. The AMC accreditation and assessment experience indicates that design and implementation of change in assessment practices as well as in specialist medical programs and specialist medical colleges is complex, and this complexity is enhanced by implementation across multiple health services and jurisdictions. There are opportunities to use the AMC's central role, as the accreditation and standards setting body, to consider what are common barriers to change, and consider levers to address them, including good practice guides, workshops, and where necessary accreditation levers. There are also opportunities to share the AMC's experience of change in assessment with education providers.

5.2 LINKING THE NATIIONAL MEDICAL WORKFORCE STRATEGY TO AMC ACTIONS

The National Medical Workforce Strategy as at August 2021 includes the following priority areas and themes. The priority areas that link to the AMC's expertise related to standards of assessment are highlighted.

Priority areas	Themes
Collaborate on planning and design Rebalance supply and distribution Reform the training pathways Build the generalist capability of the medical workforce Build a flexible and responsive medical workforce	Growing the Aboriginal and Torres Strait Islander workforce and improving cultural safety Adapting to and better supporting new models of care Improving doctor wellbeing

Specific examples of AMC actions include:

- The structure, location and timing of assessment events can be barriers to participation of trainees in geographically dispersed locations. Through accreditation standards, guidance notes and best practise guides, the AMC can challenge colleges to consider these barriers and implement changes to mitigate them.
- Expanding the use of some assessment methods, such as workplace based assessment, has implications for health services, since delivery relies on available, local trained assessors and depending on the assessment may need to be specialists. Unlike single event assessments, such as large centrally run clinical exams, administration of workplace based assessments is also more devolved to local clinicians and health services. There are opportunities to provide clear and

accessible guidance on good practice workplace based assessment for health services to support them in their discussions with colleges about training and assessment requirements.

- Online assessment and resources. The AMC's report for this project on barriers and enablers of access to learning resources and training (milestone 5 report) identifies the move by colleges to place learning and assessment preparation resources online as a key enabler of equitable access to training. AMC commendation of those programs that ensure resources are available to all trainees promotes and shares good practice.
- The AMC, through accreditation, monitors the stated outcomes of specialist medical education programs and evidence that these are aligned with community needs, reflecting the full breadth of the specialty scope of practice at entry to unsupervised generalist specialist practice. Further, that the curriculum, training opportunities and assessment are aligned with these outcomes.
- Feedback to the AMC from surveys of trainees, supervisors and other stakeholders, reinforces that training in rural settings could be incorporated or increased in many specialist medical programs. The nature of the specialty and required experience will determine if training can be undertaken primarily in rural Australia or if more limited experience in rural settings is appropriate. Developments such as networks of training sites, remote access to learning for trainees, increased support for rural supervisors and changing the balance between WBA and large, single site clinical assessments should facilitate rural training. Issues of trainee wellbeing related to placement in rural settings, such as dislocation from family and social networks and unsafe rostered hours, must be addressed for the development of sustainable models that result in doctors undertaking training in rural settings contributing to long term rural medical specialist workforce.
- Education providers for specialist medical programs are required to demonstrate that policies and processes are in place to allow flexible, interrupted and part time training. Progress reporting documents the numbers of trainees taking up these opportunities in each specialty training program and surveys of trainees provide additional information as to access to these options and any barriers to access. Summary information from AMC accreditation and monitoring reports, including feedback from trainees, could contribute to better understanding of gaps in the current supports for flexible training pathways.
- Experience with assessment for specialist medical programs in 2020 during the COVID-19 pandemic and continuing in 2021 demonstrates that a more 'modular' approach to assessment in specialist medical education could be considered. The transition to greater reliance on WBA, programmatic assessment approaches and progression in training independent of barrier assessments may facilitate the development of a modular qualification approach in some training programs. For speciality medical training programs recognition of prior learning would likely be required to underpin developments.

6. AMC NEXT STEPS

In this section we set out next step in the AMC's process of considering the findings from this project through its accreditation governance structures.

The AMC levers for change are set out in section 5 of this report.

The AMC's planned next steps in relation to this report include:

- Finalise a public report on the assessment workshops. This report will be accompanied by the compilation of assessment resources on the AMC-developed and Health Workforce Division-funded assessment website
- Complete an evaluation of the assessment workshops
- Identify short term changes to AMC accreditation practices to ensure that AMC is collecting the appropriate and necessary information about college assessment practices and outcomes
- Continue monitoring of COVID-19 changes to specialist medical programs in 2021 through the Progress Reports Sub Committee
- Consider the linkages between AMC priorities and actions and the National Medical Workforce Strategy as part of the AMC's current review of its Strategic Plan. Continue discussion with the Health Workforce Division on opportunities for further engagement and partnership
- Identify medium term potential changes to accreditation practices, policies and evidence gathering to improve ongoing monitoring of barriers and enablers of access to learning resources and training for discussion by Progress Reports Sub Committee
- Use the outcomes of this project as part of the preparation for the next review of the accreditation standards for specialist medical programs.

GLOSSARY

Australian Health Practitioner Regulation Agency (Ahpra)	The agency that provides assistance and support to the National Boards for the regulated health professions, and to the Boards' committees, in exercising their regulatory functions. In conjunction with the National Boards, Ahpra keeps up-to-date and publicly accessible national registers of registered health practitioners for each health profession.
Australian Medical Council (AMC)	The accreditation authority for medical programs under the *Health Practitioner Regulation National Law Act 2009*. The AMC develops accreditation standards and accredits medical programs in all phases of medical education and training.
Barrier assessment	An assessment that determines if the candidate can progress.
Council of Presidents of Medical Colleges (CPMC)	The CPMC functions as the unifying organisation of, and support structure for, the Specialist Medical Colleges of Australia. All fifteen specialist medical colleges are members.
CBD	Case-based discussion is an assessment focused on discussion of a case record of a patient for whom the candidate has been involved in their care. Usually, the candidate selects the medical records of two or three patients they have helped manage. An assessor selects one of the records and discusses patient care with the candidate and provides feedback at the completion of the discussion. The discussion assesses the candidate's clinical reasoning in relation to the decisions made in the patient assessment, investigation, referral, treatment and follow-up. The technique can also allow assessment of the candidate's professionalism and record keeping.
DOPS	Direct observation of procedural skills is an assessment focusing on observing and assessing a candidate's performance of a procedure. A DOPS assessment generally requires an assessor to observe the procedure and then provide feedback on completion. The assessor rates the candidate's performance on specific component skills related to the procedure observed.
Education provider	The National Health Practitioner Regulation Law Act 2009 uses the term *education provider* to cover organisations that may be accredited to provide education and training for a health profession. The term encompasses universities; tertiary education institutions, or other institutions or organisations that provide vocational training; or specialist medical colleges or other health profession colleges. For consistency, the AMC uses the terminology of the National Law in accreditation standards and reports.

Jurisdiction	An Australian state or territory health department or ministry, the Australian Government Department of Health or the New Zealand Ministry of Health, as well as government in general.
Medical Board of Australia (the Board)	The national board for the medical profession, established under the Health Practitioner Regulational National Law Act, with functions relating to registration of practitioners, development of standards codes and gudielines for the profession, and approval of accredited programs of study.
Mini-CEX	The mini-clinical evaluation exercise is the process of directly observing a doctor in a focused patient encounter for the purposes of assessment. It entails observing a candidate perform a focused task with a real patient such as taking a history, examining or counselling a patient. The assessor records judgments of the candidate's performance on a rating form and conducts a feedback session on the candidate's performance.
MSF	Multi-source feedback provides evidence on performance of a candidate from sources such as colleagues, other co-workers and patients. Questionnaires completed by each of these groups assess a candidate's performance over time. MSF enables the assessment of proficiencies that underpin safe and effective clinical practice, yet are often difficult to assess including interpersonal and communication skills, team work, professionalism, clinical management and teaching abilities.
OSCE	An objective structured clinical assessment comprises a circuit of short assessment stations. The candidate's clinical knowledge and skills is assessed by a different examiner or pair of examiners in each station. Stations may use real or simulated patients.
Specialist Education Accreditation Committee	The AMC committee responsible for developing standards for specialist medical programs and their providers and assessing, accrediting and monitoring programs and their providers against those standards.
Specialist medical program	Is the curriculum, the content/syllabus, and assessment and training that leads to certification in a recognised medical specialty or field of specialty practice.
Trainee	A doctor in training completing a specialist medical program.
SIMG	A specialist international medical graduate (SIMG) is a specialist doctor who has completed specialist medical training outside Australia.

Supervision	Doctors in training completing a specialist medical program experience various types of supervision: clinical or practice-based supervision, educational supervision and supervision for employment purposes by a line manager. These may overlap.
WBA	Workplace based assessment is a group of assessment methods that tests the trainee's performance in everyday clinical settings.

APPENDIX 1: SPECIALIST MEDICAL PROGRAM ACCREDITATION

The AMC has accredited specialist medical programs since 2002. Initially, the accreditation process was a voluntary quality improvement process that all the specialist medical colleges agreed to undergo. In July 2010, the National Registration and Accreditation Scheme for health professions began in Australia. The AMC was appointed as the accreditation authority for medicine under the National Law. From that date, the accreditation of specialist medical programs was mandated since the National Law makes the accreditation of specialist medical programs an essential element of the process for approval of programs for the purposes of specialist registration.

As the accreditation authority for the medical profession under the National Law, the AMC:

- develops accreditation standards for medical programs and their education providers
- assesses programs against the standards and accredits those that meet the standards
- monitors programs to ensure that they continue to meet standards
- makes recommendations and gives advice on accreditation related matters.

The National Law [S3(2)] defines the objectives of the National Registration and Accreditation Scheme and, in its accreditation work, the AMC must take account of these objectives:

a. to provide for the protection of the public by ensuring that only health practitioners who are suitably trained and qualified to practise in a competent and ethical manner are registered
b. to facilitate workforce mobility across Australia by reducing the administrative burden for health practitioners wishing to move between participating jurisdictions or to practise in more than one participating jurisdiction
c. to facilitate the provision of high quality education and training of health practitioners
d. to facilitate the rigorous and responsive assessment of overseas-trained health practitioners
e. to facilitate access to services provided by health practitioners in accordance with the public interest, and
f. to enable the continuous development of a flexible, responsive and sustainable Australian health workforce and to enable innovation in the education of, and service delivery by, health practitioners.

The AMC addresses these objectives through the accreditation standards it develops, the information and evidence it seeks from specialist medical programs and providers, accreditation methods and tools, and stakeholder consultation and engagement.

ACCREDITATION STANDARDS

The AMC assesses specialist medical programs and their providers against accreditation standards, *Standards for Assessment and Accreditation of Specialist Medical Programs and Professional Development Programs,* and grants accreditation to the programs that meet the standards. The AMC also applies the accreditation standards in monitoring accredited programs and providers to determine if they continue to meet the standards.

By agreement with the Medical Council of New Zealand, AMC-developed accreditation standards also apply to the assessment of medical programs in New Zealand.

The National Law [S5] defines accreditation standards as ' … a standard used to assess whether a program of study, and the education provider that provides the program of study, provide persons

who complete the program with the knowledge, skills and professional attributes necessary to practise the profession in Australia.'

The AMC has developed a common structure for the accreditation standards across the phases of medical education, with separate standards for each phase. Each set of standards is grouped into areas relating to the key elements in a curriculum development process.

The *Standards for Assessment and Accreditation of Specialist Medical Programs and Professional Development Programs* are Appendix 1. The standards are structured as:

Standard 1	The context of education and training
Standard 2	Purpose and outcomes
Standard 3	Specialist medical training and education framework (the curriculum)
Standard 4	Teaching and learning
Standard 5	Assessment of learning
Standard 6	Monitoring and evaluation
Standard 7	Trainees
Standard 8	Educational resources including supervision and accreditation of training posts and programs
Standard 9	Continuing professional development (CPD)
Standard 10	Assessment of specialist international medical graduates

The standards focus significantly on external context and relationships, and health jurisdictions engaged significantly in the 2006, 2008 and 2015 reviews of standards.

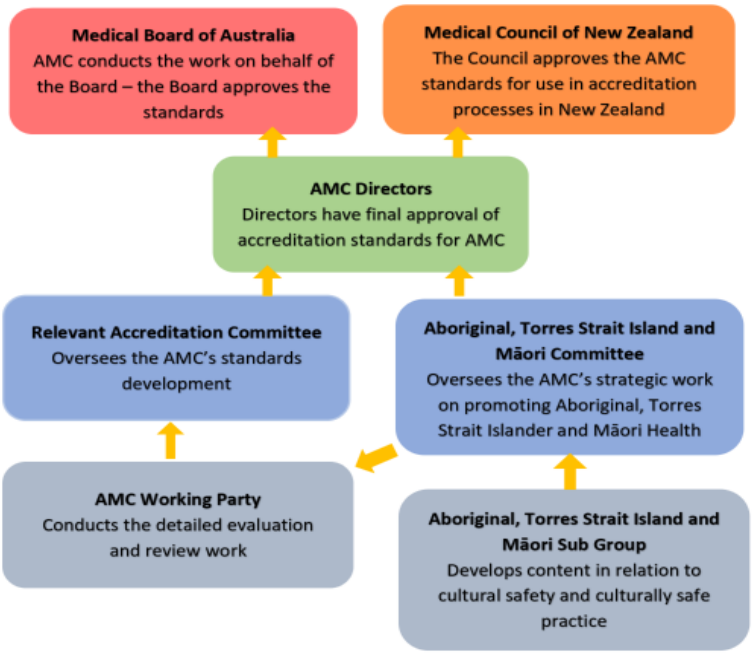
The AMC includes notes with the standards to provide further explanation of the standards and/or guidance on contemporary good practice relevant to the standard. The notes provide guidance that assists programs achieve and maintain compliance with the standards.

REVIEW OF ACCREDITATION STANDARDS

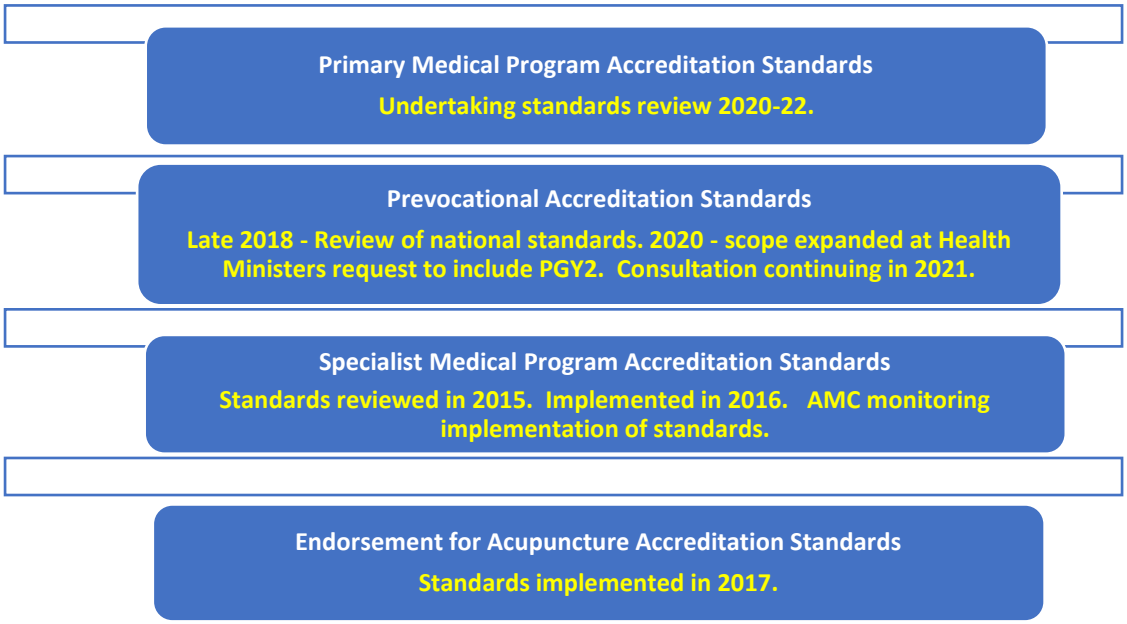
The AMC reviews the accreditation standards at regular intervals, generally every five years. These reviews provide opportunities for stakeholder contributions, and builds on the experience of AMC accreditation committees. The review of the standards for one phase of the medical education continuum also informs the subsequent reviews of standards for other phases of medical education.

The AMC consults widely with medical education stakeholders including education providers, learners, health services, the medical profession, jurisdictions, health consumers and the community, and other health professions. The consultation approach is iterative and responsive to the feedback received. The process is illustrated below:

The typical governance arrangements for a review is as follows:



The cycle of the AMC's reviews of accreditation standards is shown below:



ACCREDITATION PROCESSES

The standards state what is assessed when the AMC accredits programs, but the AMC's request for evidence of meeting the standards, and the way the program and institution are assessed are also key influences.

The AMC follows set procedures in the assessment and accreditation of all programs and their providers and in monitoring them once they are accredited.

AMC accreditation entails a cycle of review of the education provider's programs. The cycle starts with an accreditation assessment, which sets the accreditation period and conditions. The AMC then completes a paper-based assessment to determine if the program and provider are continuing to meet standards at six years, and an AMC team completes a reaccreditation assessment every ten years. Within the ten-year cycle, the AMC may complete additional accreditation assessments if the program and/or its provider do not meet one or more of the accreditation standards and if an assessment is necessary to determine progress against accreditation conditions.

The important elements of the accreditation cycle are as follows:

- The accreditation commences with the education provider undertaking a self-assessment, and developing an accreditation submission.
- The AMC accreditation committee appoints a team to complete the assessment. Teams include a combination of clinicians from private and public health services, and hospital and community sectors, educators, trainees, health consumers and community members, other health practitioners, and health service managers.
- The team meets after the provider lodges its accreditation submission. It discusses the submission, decides on any additional information, plans meetings and any site visits, and decides on preliminary feedback to the provider.
- The AMC invites submissions from stakeholders on the program being accredited. The AMC also surveys trainees, supervisors of training and specialist international medical graduates being assessed by the provider.
- The team completes its program of meetings, interviews and any site visits. The AMC looks for opportunities for teams to observe the provider's educational activities and assessments, for example clinical exams.
- The team prepares a report on its findings, against the accreditation standards. The accreditation committee considers the team's report and any comments by the provider. The committee decides on final wording and the accreditation recommendations.
- The AMC Directors make the accreditation decision.
- The AMC submits the report and the accreditation decision to the Medical Board of Australia. The Board makes its decision to approve, or to refuse to approve, the accredited program of study as providing a qualification for the purposes of registration.
- The AMC publishes its accreditation report including the decision on its website: https://www.amc.org.au/accreditation-and-recognition/accreditation-reports/.

ACCREDITATION OUTCOMES

The AMC accreditation decision states whether the AMC has found the program and provider to meet or substantially meet the accreditation standards; the options available to the AMC in deciding on the period of accreditation; and the period of accreditation the AMC has decided to grant the program. The decision also includes any necessary accreditation conditions.

The decision lists, by accreditation standard, conditions imposed by the AMC so the program and provider will meet accreditation standards. The AMC sets timelines for the program and provider to meet the conditions in consultation with the provider. The report also includes commendations of areas of strength identified in the assessment and recommendations for improvement provided as part of the AMC's collegial peer review process.

ACCREDITATON CONDITIONS AND MONITORING

After the AMC has completed its accreditation assessment, made the accreditation decision and set conditions (if necessary) it monitors the accredited program and its provider to ensure they continue to meet the accreditation standards, and make progress towards satisfying accreditation conditions.

Principal mechanisms are structured progress reports, comprehensive reports for extension of accreditation generally six years' into the accreditation cycle, and full reaccreditation assessments every ten years.

The AMC appoints an independent AMC reviewer to consider each progress report and prepare findings against the standards and accreditation conditions. The reviewer is usually the chair or a member of the last AMC team to assess the provider.

The reviewer's comments and the report are considered by the Progress Reports Sub Committee of the Specialist Education Accreditation Committee. The Sub Committee reports to the Specialist Education Accreditation Committee on its findings in relation to each college. Any matters that may affect the accreditation status of a college are reported in full to the Committee for a decision.

The AMC needs to decide if, on the information available, it is substantially satisfied that the program(s) and the provider continue to meet the accreditation standards. It takes account of both the report overall and the provider's response to any conditions on the accreditation.

The AMC makes one of the following decisions:

1 the report indicates that the program and provider continue to meet (or substantially meet) the accreditation standards, or

2 further information is necessary to make a decision, or

3 the provider and program may be at risk of not satisfying the accreditation standards.

After the AMC has made its decision, AMC staff send the AMC's findings and feedback on the report to the provider including:

- whether standards are met/substantially met or not met
- conditions which are satisfied and do not need to be addressed again
- any questions concerning the report or supplementary information required.

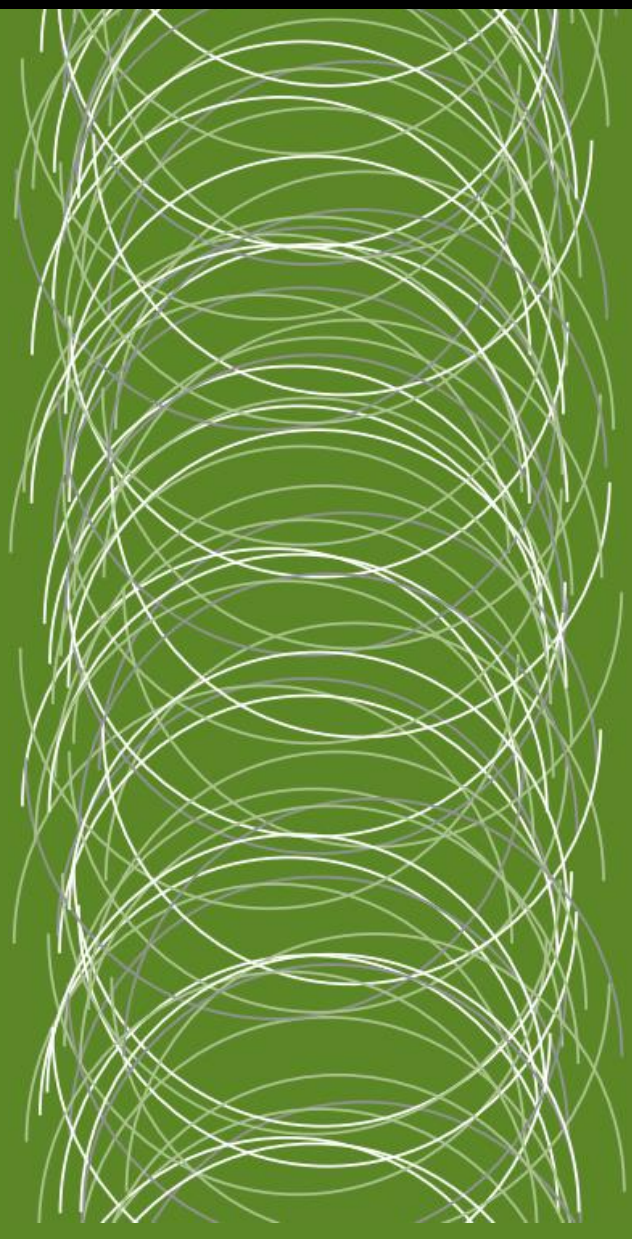
If the Committee considers that the provider may be at risk of not satisfying the approved accreditation standards, then the issue is referred to the AMC Directors, as per the *AMC Unsatisfactory Progress Procedures*. Providers are also advised if any major changes require assessment via correspondence and/or site visit.

APPENDIX 2: ACCREDITATION STANDARDS

Australian Medical Council Limited

Standards for Assessment and Accreditation of Specialist Medical Education Programs and Professional Development Programs by the Australian Medical Council 2015

AMC



Specialist Education Accreditation Committee

Glossary

Assessment	The systematic process for measuring and providing feedback on the candidate's progress, level of achievement or competence, against defined criteria.
Collaboration	Implies a cooperative arrangement in which two or more parties work jointly towards a common goal.
Continuing professional development	Continuing professional development (CPD) is the range of learning activities through which medical practitioners maintain, develop, update and enhance the knowledge, skills and performance required for safe and appropriate practice in the relevant specialty. A CPD program is the range of resources and activities to support CPD; a mechanism for participants to plan, document and self-evaluate activity; processes for assessing and crediting activities, and procedures for monitoring program participation and, where applicable, activity, quality and auditing compliance.
Cultural competence and cultural safety	The AMC draws on the Medical Council of New Zealand's definition of cultural competence.[6] Cultural competence requires an awareness of cultural diversity and the ability to function effectively, and respectfully, when working with and treating people of different cultural backgrounds. Being culturally competent means a medical practitioner has the professional qualities, skills and knowledge needed to achieve this. A culturally competent medical practitioner will acknowledge that: • Australia and New Zealand both have culturally diverse populations • a medical practitioner's culture and belief systems influence his or her interactions with patients, and accepts this may impact on the doctor-patient relationship • a positive patient outcome is achieved when a medical practitioner and patient have mutual respect and understanding. The AMC draws on the Royal Australian College of General Practitioners' explanation of cultural safety: Cultural safety is 'an outcome of health practice and education that enables safe service to be defined by those who receive the service'. Strategies aim to create an environment that is 'safe for people: where there is no assault, challenge or denial of their identity, of who they are and what they need', where there is 'shared respect, shared meaning, shared knowledge and experience, of learning, living and working together with dignity and truly listening'.[7]

[6] Medical Council of New Zealand, *Statement on cultural competence,* August 2006, https://www.mcnz.org.nz/assets/News-and-Publications/Statements/Statement-on-cultural-competence.pdf

[7] Royal Australian College of General Practitioners, *Cultural awareness education and cultural safety training*, April 2011, http://www.racgp.org.au/yourracgp/faculties/aboriginal/education/resources-for-gps-and-practice-staff/cultural-awareness/

Curriculum	A statement of the intended aims and objectives, content, assessment, experiences, outcomes and processes of a program, including a description of the structure and expected methods of learning, teaching, feedback and supervision. The curriculum should set out the knowledge, skills and professional qualities the trainee is to achieve. This is distinguished from a syllabus which is a statement of content to be taught and learnt.
Education provider	The National Health Practitioner Regulation Law Act 2009 uses the term *education provider* to cover organisations that may be accredited to provide education and training for a health profession. The term encompasses universities; tertiary education institutions, or other institutions or organisations that provide vocational training; or specialist medical colleges or other health profession colleges. For consistency, the AMC uses the terminology of the National Law in its accreditation standards and guidelines.
Employer	Specialist medical trainees complete work-based training and formal education while employed to practise as a medical practitioner. Where the standards use the term employer it means the person or persons who have a formal line management responsibility for the trainee's work role and performance.
Evaluation	The set of policies and processes by which an education provider determines the extent to which its training and education functions are achieving their outcomes.
Fellow/specialist in the discipline	Traditionally, in Australia and New Zealand specialist medical programs have been provided by specialist medical colleges. Their fellows are the members who *hold the award which signifies they are specialist medical practitioners in the discipline or disciplines covered by the specialist medical college and contribute to the college for example as supervisors, assessors and committee members. In this document the AMC has used "specialists in the discipline/specialty" rather than fellows.*
Field of specialty practice	This term is used in the Medical Board of Australia's *List of specialties, fields of specialty practice and related specialist titles*. Fields of specialty practice are part of a specialty. These standards also use the term subspecialty.

Generalism and generalist	The AMC accepts the definitions of the Royal College of Physicians and Surgeons of Canada: 'Generalism is a philosophy of care that is distinguished by a commitment to the breadth of practice within each discipline and collaboration with the larger health care team in order to respond to patient and community needs.' 'Generalists are a specific set of medical practitioners with core abilities characterised by a broad based practice. Generalists diagnose and manage clinical problems that are diverse, undifferentiated, and often complex. Generalists also have an essential role in coordinating patient care and advocating for patients.'[8]
Health consumer	The AMC has adopted the definition of the Australian Commission on Safety and Quality in Health Care which is 'Consumers and/or carers are members of the public who use, or are potential users, of health care services.'[9] When referring to consumers, the AMC is referring to patients, consumers, families, carers, and other support people. In Australia and New Zealand, health consumers include Aboriginal and Torres Strait Islander peoples of Australia and Māori of New Zealand and consumers from culturally and linguistically diverse backgrounds.
Jurisdiction	An Australian state or territory health department or ministry, the Australian government department of health or the New Zealand Ministry of Health, as well as government in general.
Indigenous health	The term Indigenous health is used to refer to the health of Aboriginal and Torres Strait Islander peoples of Australia and Māori of New Zealand.
Interdisciplinary learning	Interdisciplinary learning occurs when medical practitioners from two or more medical disciplines learn about, from and with each other to enable effective collaboration and improve health outcomes.

[8] Royal College of Physicians and Surgeons Canada: Education Strategy, Innovations and Development Unit, *Report of the Generalism and Generalist Task Force*, July 2013, http://www.royalcollege.ca/portal/page/portal/rc/resources/publications/dialogue/vol13_9/generalism

[9] Australian Commission on Safety and Quality in Health Care, *Safety and Quality Improvement Guide Standard 2: Partnering with Consumers,* October 2012, Sydney. ACSQHC, 2012.

Interprofessional learning	The AMC uses the World Health Organization definition of interprofessional education: 'Interprofessional education occurs when two or more professions learn about, from and with each other to enable effective collaboration and improve health outcomes. • Professional is an all-encompassing term that includes individuals with the knowledge and/or skills to contribute to the physical, mental and social well-being of a community. Collaborative practice in health-care occurs when multiple health workers from different professional backgrounds provide comprehensive services by working with patients, their families, carers and communities to deliver the highest quality of care across settings. • Practice includes both clinical and non-clinical health-related work, such as diagnosis, treatment, surveillance, health communications, management and sanitation engineering.'[10]
Outcomes	Graduate outcomes are the minimum learning outcomes in terms of discipline-specific knowledge, discipline-specific skills including generic skills as applied in the specialty discipline, and discipline-specific capabilities that the graduate of any given specialist medical program must achieve.
	Program outcomes describe what gives a discipline its coherence and identity, and define threshold and typical expectations of a graduate in terms of the abilities and skills needed to develop understanding or competence in the discipline. Education providers are expected to define the broad roles of practitioners in their specialty as the outcomes of the specialist medical program. Program outcomes are specific to the discipline but should reflect the overall goal of specialist medical training and education, as well as the role of clinical or medical expert in the specialty.
Specialist medical program	Is the curriculum, the content/syllabus, and assessment and training that leads to independent practice in a recognised medical specialty or field of specialty practice, or in New Zealand a vocational scope of practice. It leads to a formal award certifying completion of the program.

[10] World Health Organisation: Health Professions Networks Nursing and Midwifery Human Resources for Health, *Framework for Action on Interprofessional Education and Collaborative Practice,* 2010, http://www.who.int/hrh/nursing_midwifery/en/

Stakeholders	The term encompasses: • stakeholders internal to the education provider such as trainees and those contributing to the design and delivery of training and education functions including but not limited to program directors, supervisors, members and fellows and committees • external stakeholders that contribute directly to training and education such as training sites, and specialty societies in some specialties • other external stakeholders with an interest in the process and outcomes of specialist medical training and education such as health workforce bodies, health jurisdictions, regulatory authorities, professional associations, other health professions, health consumers, Aboriginal and Torres Strait Islander peoples of Australia and Māori of New Zealand.
Supervision	Doctors in training completing a specialist medical program experience various types of supervision: clinical or practice-based supervision, educational supervision and supervision for employment purposes by a line manager. These may overlap.
Supervisor	In these standards, supervisor refers to an appropriately qualified and trained medical practitioner, senior to the trainee, who guides the trainee's education and/or on the job training on behalf of the education provider. The supervisor's training and education role will be defined by the education provider, and may encompass educational, support and organisational functions. Education providers frequently define a number of supervisory roles (see standard 8.1.)
Trainee	A doctor in training completing a specialist medical program.
Training and education functions	Specialist medical education providers provide a variety of education and training services and functions, including a specialist medical program, and specific courses for trainees, other health professionals and/or specialists in the specialty. In these standards, the term 'training and education functions' includes the activities covered by these standards, namely providing a specialist medical program leading to a specialist qualification, education and training of qualified specialists and assessment of specialist international medical graduates – as well as additional variable training and education services.
Training sites	The organisation in which the trainee works and undertakes supervised workplace-based training and education. Training sites are generally health services and facilities such as public and private hospitals, general practices, community-based health facilities, and private practices, but may also be other sites such as laboratories.

Standard 1. The context of training and education

1.1 Governance

Accreditation standards

1.1.1 The education provider's corporate governance structures are appropriate for the delivery of specialist medical programs, assessment of specialist international medical graduates and continuing professional development programs.

1.1.2 The education provider has structures and procedures for oversight of training and education functions which are understood by those delivering these functions. The governance structures should encompass the provider's relationships with internal units and external training providers where relevant.

1.1.3 The education provider's governance structures set out the composition, terms of reference, delegations and reporting relationships of each entity that contributes to governance, and allow all relevant groups to be represented in decision-making.

1.1.4 The education provider's governance structures give appropriate priority to its educational role relative to other activities, and this role is defined in relation to its corporate governance.

1.1.5 The education provider collaborates with relevant groups on key issues relating to its purpose, training and education functions, and educational governance.

1.1.6 The education provider has developed and follows procedures for identifying, managing and recording conflicts of interest in its training and education functions, governance and decision-making.

Notes

Education providers have governance structures that relate to organisational or corporate governance, as well as operational governance structures for training and education functions. The corporate governance structures should be such that the education provider has adequate resources and autonomy to manage and deliver training and education functions.

Governance structures typically include decision-making committees, advisory groups and staff. The AMC recognises that the governance structures and the range of functions vary from education provider to education provider. The AMC does not consider any particular structure is preferable, and supports diversity where the structure can be demonstrated to function effectively over time. The internal units encompassed in the governance structures might include branches or regions, as well as chapters, faculties and societies. External training providers might include higher education providers and/or specialty societies.

The governance structures should be such that the education provider's governing body is informed of, and accepts ultimate responsibility for, new specialist medical programs or significant program changes.

The education provider should represent itself, its educational activities and fees accurately.

Relevant groups include internal stakeholders, and external stakeholders who contribute to the design and delivery of training and education. Depending on the role of the decision-making group, relevant external stakeholders might include health consumers, jurisdictions, Aboriginal and Torres Strait Islander peoples of Australia and/or Māori of New Zealand.

1.2 Program management

Accreditation standards

1.2.1 The education provider has structures with the responsibility, authority and capacity to direct the following key functions:

- planning, implementing and evaluating the specialist medical program(s) and curriculum, and setting relevant policy and procedures

- setting and implementing policy on continuing professional development and evaluating the effectiveness of continuing professional development activities
- setting, implementing and evaluating policy and procedures relating to the assessment of specialist international medical graduates
- certifying successful completion of the training and education programs.

Notes

The structures responsible for designing the specialist medical program and curriculum, and overseeing delivery should include those with knowledge and expertise in medical education.

The structures responsible for program and curriculum design should be informed by knowledge of local and national needs in health care and service delivery, national health priorities, and regulatory requirements.

1.3 Reconsideration, review and appeals processes

Accreditation standards

1.3.1 The education provider has reconsideration, review and appeals processes that provide for impartial review of decisions related to training and education functions. It makes information about these processes publicly available.

1.3.2 The education provider has a process for evaluating de-identified appeals and complaints to determine if there is a systems problem.

Notes

An appeals process that provides a fair and reasonable opportunity to challenge the decision is likely to result in decisions that are ultimately correct. Elements of a strong process include an appeals committee with some members who are external to the education provider, as well as impartial internal members. The process should also provide grounds for appeal against decisions that are similar to the grounds for appealing administrative decisions in Australia and/or New Zealand.

In relation to decision-making conduct, the grounds for appeal would include matters such as:

- an error in law or in due process in the formulation of the original decision
- relevant and significant information, whether available at the time of the original decision or which became available subsequently, was not considered or not properly considered in the making of the original decision
- irrelevant information was considered in the making of the original decision
- procedures that were required by the organisation's policies to be observed in connection with the making of the decision were not observed
- the original decision was made for a purpose other than a purpose for which the power was conferred
- the original decision was made in accordance with a rule or policy without regard to the merits of the particular case; and
- the original decision was clearly inconsistent with the evidence and arguments put before the body making the original decision.

Procedural fairness, timeliness, transparency and credibility, including requiring written reasons for decisions to be issued, are also elements of a strong and effective appeals process.

1.4 Educational expertise and exchange

Accreditation standards

1.4.1 The education provider uses educational expertise in the development, management and continuous improvement of its training and education functions.

1.4.2 The education provider collaborates with other educational institutions and compares its curriculum, specialist medical program and assessment with that of other relevant programs.

Notes

Educational expertise includes clinicians with experience in medical education and educationalists.

1.5 Educational resources

Accreditation standards

1.5.1 The education provider has the resources and management capacity to sustain and, where appropriate, deliver its training and education functions.

1.5.2 The education provider's training and education functions are supported by sufficient administrative and technical staff.

Notes

The resources required in the delivery of training and education functions comprise financial resources, human resources, learning resources, information and records systems, and physical facilities. Information systems should be maintained securely and confidentially.

Since training sites provide many of the resources required to deliver specialist medical programs and, in some cases, that training is delivered by external providers, education providers may not have direct control over these resources. This reinforces the importance of the development and maintenance of effective external relationships in the delivery of specialist medical training and education.

1.6 Interaction with the health sector

Accreditation standards

1.6.1 The education provider seeks to maintain effective relationships with health-related sectors of society and government, and relevant organisations and communities to promote the training, education and continuing professional development of medical specialists.

1.6.2 The education provider works with training sites to enable clinicians to contribute to high-quality teaching and supervision, and to foster professional development.

1.6.3 The education provider works with training sites and jurisdictions on matters of mutual interest.

1.6.4 The education provider has effective partnerships with relevant local communities, organisations and individuals in the Indigenous health sector to support specialist training and education.

Notes

While the education provider sets the educational requirements for completion of the specialist medical program, trainees are also part of the training and service delivery system of the health service that employs them. Effective management of specialist medical programs requires education providers to understand the intersection of their policies and the requirements of the employer and the implications for specialist medical training and education, for example in supervision and trainee welfare including discrimination, bullying and sexual harassment.

The duties, working hours and supervision of trainees should be consistent with the delivery of high-quality, safe, culturally safe, patient care. Ensuring trainees can meet their educational goals and service delivery requirements within safe hours of work is the responsibility of all parties.

The education provider's relationships with local communities, organisations and individuals in the Indigenous health sector should recognise and address the unique challenges faced by this sector. An

example of such a relationship is the Collaboration Agreement between the Australian Indigenous Doctors' Association and the Committee of Presidents of Medical Colleges.[11]

Matters of mutual interest to specialist medical education providers, training sites and jurisdictions include: teaching, research, patient safety, clinical service and trainee welfare. In relation to specialist medical programs, capacity to train, and the implications of substantial proposed changes to specialist medical programs and trainee requirements need to be covered in discussions between education providers, training sites and jurisdictions, as well as changes in community need, and medical and health practice.

Specialist medical training and education depends on strong and supportive publicly funded and private health care institutions and services.

Many benefits accrue to health care services through involvement in medical training and education. Teaching and training, appraising and assessing medical practitioners and students are important functions for the care of patients now and the development of a highly skilled workforce to care for patients in the future.

The AMC considers it essential that the institutions and health services involved in medical training and education are appropriately resourced to support training, educational experience and supervision. It recognises this is not a matter over which individual education providers have control.

Equally, many education providers do not have control over trainee intake, but in working with jurisdictions and training sites should contribute to explaining relationships and drawing attention to problems such as imbalances between intake and education capacity.

Effective consultation should include a formal mechanism for establishing high-level agreements concerning the expectations of the respective parties, and should extend to regular communication with the jurisdictions.

1.7 Continuous renewal

Accreditation standard

1.7.1 The education provider regularly reviews its structures and functions for and resource allocation to training and education functions to meet changing needs and evolving best practice.

Notes

The AMC expects each education provider to engage in a process of educational strategic planning, with appropriate input, so that its training and education programs, curriculum, assessment of specialist international medical graduates and continuing professional development programs reflect changing models of care, developments in health care delivery, medical education, medical and scientific progress, cultural safety and changing community needs.

It is appropriate that review of the overall program leading to major restructuring occurs from time to time, but there also needs to be mechanisms to evaluate, review and make more gradual changes to the curriculum and its components.

When an education provider plans new training requirements or a new program, trainees in transition should be included in the strategic planning.

[11] Australian Indigenous Doctors' Association and the Committee of Presidents of Medical Colleges, Collaboration Agreement 2013 – 2015, July 2013, http://www.aida.org.au/our-work/partnerships/.

Standard 2. The outcomes of specialist training and education

2.1 Educational purpose

Accreditation standards

2.1.1 The education provider has defined its educational purpose which includes setting and promoting high standards of training, education, assessment, professional and medical practice, and continuing professional development, within the context of its community responsibilities.

2.1.2 The education provider's purpose addresses Aboriginal and Torres Strait Islander peoples of Australia and/or Māori of New Zealand and their health.

2.1.3 In defining its educational purpose, the education provider has consulted internal and external stakeholders.

Notes

Education providers will have both an organisational purpose and an educational or program purpose. While these may be similar, this standard addresses the educational purpose of the education provider.

The community responsibilities embedded in the purpose of the education provider should address the health care needs of the communities it serves and reducing health disparities in the community, most particularly improving health outcomes for Aboriginal and Torres Strait Islander peoples of Australia and Māori of New Zealand, through improving the education of practitioners in Indigenous health.

Education providers are encouraged to engage health consumers when developing specialist medical programs to ensure the programs meet societal needs.

Similarly, education providers should engage the diverse range of employers of medical specialist trainees in developing programs that have due regard to workplace requirements.

The AMC has an expectation that medical specialists will demonstrate cultural competence in their practice of medicine. Both the Medical Board of Australia, in its document, Good Medical Practice[12], and the Medical Council of New Zealand, in its Statement on cultural competence[13], have described their expectation of medical practitioners regarding cultural awareness, safety and competence.

2.2 Program outcomes

Accreditation standards

2.2.1 The education provider develops and maintains a set of program outcomes for each of its specialist medical programs, including any subspecialty programs that take account of community needs, and medical and health practice. The provider relates its training and education functions to the health care needs of the communities it serves.

2.2.2 The program outcomes are based on the role of the specialty and/or field of specialty practice and the role of the specialist in the delivery of health care.

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[12] Medical Board of Australia, *Good Medical Practice: A Code of Conduct for Doctors in Australia*, March 2014, http://www.medicalboard.gov.au/Codes-Guidelines-Policies/Code-of-conduct.aspx

[13] Medical Council of New Zealand, *Statement on cultural competence*. August 2006, https://www.mcnz.org.nz/assets/News-and-Publications/Statements/Statement-on-cultural-competence.pdf

Notes

There are a number of documents that describe the general and common attributes and roles of medical specialists.[14]

Program outcomes describe what gives a discipline its coherence and identity, and define threshold and typical expectations of a graduate in terms of the abilities and skills needed to develop understanding or competence in the discipline. Education providers are expected to define the broad roles of practitioners in their specialty as the outcomes of the specialist medical program.

Program outcomes are specific to the discipline but should reflect the overall goal of specialist medical training and education which is to produce medical specialists capable of independent practice, able to fill the general roles and multifaceted competencies that are inherent in medical practice, as well as the role of clinical or medical expert in the specialty.

The specialist medical program should provide trainees with the training and education to achieve these outcomes, and the continuing professional development programs should facilitate the maintenance and enhancement of these outcomes throughout the practice lifetime of the specialist. In this way, consideration should be given to ensuring the relationship/connection between specialist medical programs and continuing professional development programs i.e. the continuum of training for skill development and retention.

In considering program outcomes, education providers should consider whether graduates are 'fit for purpose', both in order to attain the award and from the perspective of the patient, stakeholders and the community. This should include reflecting on whether the program is equipping graduates with the necessary and changing knowledge, skills and professional qualities that are not only expected as a practitioner within the specialty but also by consumers and the community.

Consumers and the community expect that changing models of care do not lead to unnecessary fragmentation and/or costs of care. In this respect, education providers' reflection on whether their graduates are fit for purpose should include consideration of the balance between generalism and specialisation in the discipline and its fields of specialty practice in the program outcomes.

2.3 Graduate outcomes

Accreditation standards

2.3.1 The education provider has defined graduate outcomes for each of its specialist medical programs including any subspecialty programs. These outcomes are based on the field of specialty practice and the specialists' role in the delivery of health care and describe the attributes and competencies required by the specialist in this role. The education provider makes information on graduate outcomes publicly available.

Notes

Graduate outcomes are the minimum learning outcomes in terms of discipline-specific knowledge, discipline-specific skills including generic skills as applied in the specialty discipline, and discipline-specific capabilities that the graduate of any given specialist medical program must achieve.

The outcomes should include commitment to professional responsibilities, caring for personal health and wellbeing and the health and wellbeing of colleagues, and adherence to the principles of medical ethics.

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[14] Frank, JR., Snell, LS., Sherbino, J., editors. *Draft CanMEDS 2015, Physician Competency Framework – Series III,* Ottawa: The Royal College of Physicians and Surgeons of Canada, 2014 September.

[14] Accreditation Council for Graduate Medical Education (ACGME), *Outcome Project*, ACGME 2003. Note: ACGME revised this information in 2007 when it revised its Common Program Requirements. Refer to the Outcome Project or "The Next Accreditation System (NAS)" http://www.acgme.org/

[14] Medical Council of New Zealand, *Good Medical Practice A Guide for Doctors*, April 2013, https://www.mcnz.org.nz/assets/News-and-Publications/good-medical-practice.pdf

Standard 3. The specialist medical training and education framework

3.1 Curriculum framework

Accreditation standards

3.1.1 For each of its specialist medical programs, the education provider has a framework for the curriculum organised according to the defined program and graduate outcomes. The framework is publicly available.

Notes

Given the population distribution, health care needs and health service configuration in Australia and New Zealand, specialists need to be trained initially in the broad scope of their specialty. It is recognised that their scope of practice will change depending on the context and location in which they practise, as well as their interests and career stage.

The term 'subspecialisation' is frequently used to describe narrow specialisation within a broad specialty. Many specialist medical programs allow trainees to focus their training in a subspecialist area or field of specialty practice. The AMC believes that such training should take account of the broader educational outcomes for the discipline/specialty as a whole. The Australian and New Zealand communities and health systems are better served by avoiding unnecessary fragmentation of medical knowledge, skills and medical care.

3.2 The content of the curriculum

Accreditation standards

3.2.1 The curriculum content aligns with all of the specialist medical program and graduate outcomes.

3.2.2 The curriculum includes the scientific foundations of the specialty to develop skills in evidence-based practice and the scholarly development and maintenance of specialist knowledge.

3.2.3 The curriculum builds on communication, clinical, diagnostic, management and procedural skills to enable safe patient care.

3.2.4 The curriculum prepares specialists to protect and advance the health and wellbeing of individuals through patient-centred and goal-orientated care. This practice advances the wellbeing of communities and populations, and demonstrates recognition of the shared role of the patient/carer in clinical decision-making.

3.2.5 The curriculum prepares specialists for their ongoing roles as professionals and leaders.

3.2.6 The curriculum prepares specialists to contribute to the effectiveness and efficiency of the health care system, through knowledge and understanding of the issues associated with the delivery of safe, high-quality and cost-effective health care across a range of health settings within the Australian and/or New Zealand health systems.

3.2.7 The curriculum prepares specialists for the role of teacher and supervisor of students, junior medical staff, trainees, and other health professionals.

3.2.8 The curriculum includes formal learning about research methodology, critical appraisal of literature, scientific data and evidence-based practice, so that all trainees are research literate. The program encourages trainees to participate in research. Appropriate candidates can enter research training during specialist medical training and receive appropriate credit towards completion of specialist training.

3.2.9 The curriculum develops a substantive understanding of Aboriginal and Torres Strait Islander health, history and cultures in Australia and Māori health, history and cultures in New Zealand as relevant to the specialty(s).

3.2.10 The curriculum develops an understanding of the relationship between culture and health. Specialists are expected to be aware of their own cultural values and beliefs, and to be able to interact with people in a manner appropriate to that person's culture.

Notes

The curriculum must advance trainees' knowledge of the basic principles of research, including how research is conducted, evaluated, explained to patients, and applied to patient care. Trainees should participate in an induction to research that includes codes of conduct, ethics, occupational health and safety, intellectual property and any additional matters that are necessary for the type of research to be undertaken.

The academic development and leadership of individual disciplines depends on some trainees following an academic pathway. Academic advancement in Australia and New Zealand requires demonstration of merit in research as well as clinical activity and teaching. The specialist medical program can facilitate an early start to research, through intercalated research degrees, with appropriate credit towards completion of the program. Trainee presentation of research projects at discipline scientific meetings is highly desirable.

Acquiring knowledge and understanding of the issues associated with the delivery of safe care includes participating in quality and safety systems within health care organisations.

3.3 Continuum of training, education and practice

Accreditation standards

3.3.1 There is evidence of purposeful curriculum design which demonstrates horizontal and vertical integration, and articulation with prior and subsequent phases of training and practice, including continuing professional development.

3.3.2 The specialist medical program allows for recognition of prior learning and appropriate credit towards completion of the program.

Notes

Specialist training is one step in the education of medical practitioners. Other phases, under separate jurisdictions in Australia and New Zealand, include primary medical education, prevocational training, research training, and continuing professional development.

Specialist training and education builds on the knowledge, skills and professional qualities developed in other phases and cannot be considered in isolation from those earlier phases, particularly the education, experience and training obtained during the intern year and other prevocational training. A complementary relationship is essential.

The AMC supports activities to develop the linkage between primary medical education, prevocational training and vocational training. It also considers that collaboration between the various bodies concerned with medical education is essential to achieve appropriate quality assurance and efficiency across the continuum of medical education.

Recognition of prior learning policies should support trainees to transition between specialist medical programs with appropriate credit.

3.4 Structure of the curriculum

Accreditation standards

3.4.1 The curriculum articulates what is expected of trainees at each stage of the specialist medical program.

3.4.2 The duration of the specialist medical program relates to the optimal time required to achieve the program and graduate outcomes. The duration is able to be altered in a flexible manner according to the trainee's ability to achieve those outcomes.

3.4.3 The specialist medical program allows for part-time, interrupted and other flexible forms of training.

3.4.4 The specialist medical program provides flexibility for trainees to pursue studies of choice that promote breadth and diversity of experience, consistent with the defined outcomes.

Notes

In determining the duration of the program, education providers should consider:

- the outcomes of the primary and prevocational medical education stages related to the specialty discipline
- the program and graduate outcomes for the specialist medical program, and the role of the specialist in the health sector
- possible alternatives to time-based educational requirements such as outcomes-defined program elements, measurements of competencies, logbooks of clinical skills and workplace experiences. Such alternatives depend highly on agreed valid and reliable methods for measuring individual achievements.

Policies about flexible training options should be readily available to supervisors and trainees. Education providers should provide guidance and support to supervisors and trainees on the implementation and review of flexible training arrangements.

Education providers are encouraged to monitor the take up of flexible training options, and to measure their success by incorporating appropriate questions in surveys and by analysing the pattern of applications by trainees. They are also encouraged to work with the training sites and employers to create appropriate opportunities for flexible training.

Standard 4. Teaching and learning

4.1 Teaching and learning approach

Accreditation standards

4.1.1 The specialist medical program employs a range of teaching and learning approaches, mapped to the curriculum content to meet the program and graduate outcomes.

4.2 Teaching and learning methods

Accreditation standards

4.2.1 The training is practice-based, involving the trainees' personal participation in appropriate aspects of health service, including supervised direct patient care, where relevant.

4.2.2 The specialist medical program includes appropriate adjuncts to learning in a clinical setting.

4.2.3 The specialist medical program encourages trainee learning through a range of teaching and learning methods including, but not limited to: self-directed learning; peer-to-peer learning; role modelling; and working with interdisciplinary and interprofessional teams.

4.2.4 The training and education process facilitates trainees' development of an increasing degree of independent responsibility as skills, knowledge and experience grow.

Notes

It is expected that, predominantly, training and education will be a balance of work-based experiential learning, independent self-directed learning and appropriate supplementary learning experiences. While much of the learning will be self-directed learning related to program and graduate outcomes, the trainee's supervisors will play key roles in the trainee's education.

Learning resources that are specified or recommended for the specialist medical program should relate directly to the graduate outcomes, be up to date and be accessible to trainees.

Adjuncts to learning in a clinical setting include clinical skills laboratories, wet labs and simulated patient environments.

In some specialties, trainees must complete education courses offered by other education providers, for example university programs, to meet the requirements of the specialist medical program. In these situations, the AMC expects the education provider for the specialist medical program to review and monitor the quality of the externally provided courses and the courses' continued relevance to the requirements of the specialist medical program.

Standard 5. Assessment of learning

5.1 Assessment approach

Accreditation standards

5.1.1 The education provider has a program of assessment aligned to the outcomes and curriculum of the specialist medical program which enables progressive judgements to be made about trainees' preparedness for specialist practice.

5.1.2 The education provider clearly documents its assessment and completion requirements. All documents explaining these requirements are accessible to all staff, supervisors and trainees.

5.1.3 The education provider has policies relating to special consideration in assessment.

Notes

Assessment includes both summative assessment, for judgements about progression, and formative assessment, for feedback and guidance. Formative assessment has an integral role in the education of trainees as it enables the trainee to identify perceived deficiencies, and the supervisor to assist in timely and effective remediation. It also provides positive feedback to trainees regarding their attainment of knowledge, skills and professional qualities.

The education provider's documents defining the assessment methods should address and outline the balance between formative and summative elements, the number and purpose of examinations (including a balance between written and practical examinations) and other assessment requirements. It should make explicit the criteria and methods used to make assessment judgments.

Policies on special consideration should be easily accessible. They should outline reasonable adjustments for trainees with short- or long-term conditions and circumstances which may affect assessment performance.

5.2 Assessment methods

Accreditation standards

5.2.1 The assessment program contains a range of methods that are fit for purpose and include assessment of trainee performance in the workplace.

5.2.2 The education provider has a blueprint to guide assessment through each stage of the specialist medical program.

5.2.3 The education provider uses valid methods of standard setting for determining passing scores.

Notes

Methods of assessment should be chosen on the basis of validity, reliability, feasibility, cost effectiveness, opportunities for feedback, and impact on learning.[15] The assessment methodology should be publicly available.

Contemporary approaches to assessment in medical education emphasise a programmatic approach where multiple measures of trainees' knowledge, skills and professional qualities over time are aggregated and synthesised to inform judgements about progress. Assessment programs are constructed through blueprints which match assessment items or instruments with outcomes. The strength of an assessment program is judged at the overall program level rather than on the psychometric properties of individual instruments. In such an approach, highly reliable methods associated with high stakes examinations such as multiple choice questions (MCQ), modified essay questions (MEQ) or objective structured clinical examinations (OSCE) are used alongside instruments which are currently less reliable but assess independent learning, communication with patients,

[15] van der Vleuten, CPM., 'The assessment of professional competence: developments, research and practical implications'. *Advances in Health Science Education,* vol. 1, 1996, pp. 41-67.

families and colleagues, working in interprofessional teams, professional qualities, problem solving and clinical reasoning.

The AMC encourages the development of assessment programs for their educational impact. A balance of valid, reliable and feasible methods should drive learning to achieve the program and graduate outcomes.

In clinical specialties, direct observation of trainees with real or simulated patients should form a significant component of the assessment.

5.3 Performance feedback

Accreditation standards

5.3.1 The education provider facilitates regular and timely feedback to trainees on performance to guide learning.

5.3.2 The education provider informs its supervisors of the assessment performance of the trainees for whom they are responsible.

5.3.3 The education provider has processes for early identification of trainees who are not meeting the outcomes of the specialist medical program and implements appropriate measures in response.

5.3.4 The education provider has procedures to inform employers and, where appropriate, the regulators, where patient safety concerns arise in assessment.

Notes

Trainees encounter difficulties for many reasons including problems with systems, teaching, supervision, learning, assessment performance and personal difficulties. Not all are within the power of the trainee to rectify. It is essential that education providers have systems to monitor their trainees' progress, to identify at an early stage trainees experiencing difficulty and where possible to assist them to complete the specialist medical program successfully using methods such as remedial work and re-assessment, supervision and counselling.

There may be times where it is not appropriate to offer remediation or the remediation and assistance offered is not successful. For these circumstances, education providers must have clear policies on matters such as periods of unsatisfactory training and limits on duration of training time. As specialist medical training is workplace-based, education providers need to have processes for deciding when to inform employers of a trainee's failure to progress.

Trainees should be told the content of any information about them that is given to someone else.

While the employer will often identify patient safety concerns first, it is important that the provider has clear procedures concerning informing employers and, where appropriate, the regulators. The requirement under standard 5.3.4 to inform employers and, where appropriate, the regulator about patient safety concerns will require action beyond remediation.

In Australia, education providers must also be aware of the Health Practitioner Regulation National Law. This requires registered health practitioners and employers to make notifications about registered medical practitioners who have engaged in 'notifiable conduct' as defined in the National Law. Notifiable conduct by trainees must be reported to the Medical Board of Australia immediately. In New Zealand, the Health Practitioners Competence Assurance Act 2003 provides for a medical practitioner who believes another medical practitioner may pose a risk of harm to the public by practising below the required standard of competence to refer the matter to the Medical Council of New Zealand.

5.4 Assessment quality

Accreditation standards

5.4.1 The education provider regularly reviews the quality, consistency and fairness of assessment methods, their educational impact and their feasibility. The provider introduces new methods where required.

5.4.2 The education provider maintains comparability in the scope and application of the assessment practices and standards across its training sites.

Notes

Assessment should actively promote learning that will assist in achieving the educational outcomes, provide a fair assessment of the trainee's achievement, and ensure patient safety by allowing only competent trainees to progress to become medical specialists.

When the program and graduate outcomes of the specialist medical program or a component of the program change, the assessment process and methods should reflect these changes; assessment should address and be developed in conjunction with the new outcomes. Similarly, new or revised assessments should be introduced where evaluation of specific curriculum components and associated assessment reveals a need.

Reviews of assessment methods should also regularly consider the overall burden of assessment, and result in removal of ineffective assessment methods and individual assessment items that duplicate rather than add to previous assessments.

Specialist medical trainees undertake their work-based training in a wide variety of training sites. It is essential that education providers have systems to minimise variation in the quality of in-training assessment across training sites in all settings.

Standard 6. Monitoring and evaluation

6.1 Monitoring

Accreditation standards

6.1.1 The education provider regularly reviews its training and education programs. Its review processes address curriculum content, teaching and learning, supervision, assessment and trainee progress.

6.1.2 Supervisors contribute to monitoring and to program development. The education provider systematically seeks, analyses and uses supervisor feedback in the monitoring process.

6.1.3 Trainees contribute to monitoring and to program development. The education provider systematically seeks, analyses and uses their confidential feedback on the quality of supervision, training and clinical experience in the monitoring process. Trainee feedback is specifically sought on proposed changes to the specialist medical program to ensure that existing trainees are not unfairly disadvantaged by such changes.

Notes

Education providers should develop mechanisms for monitoring the delivery of their program(s) and for using the results to assess achievement of educational outcomes. This requires the collection of data from a broad range of people involved in training and education and from trainees, and the use of appropriate monitoring methods.

The value of monitoring data is enhanced by a plan that articulates the purpose and procedures for conducting the monitoring, such as why the data are being collected, the sources, methods and frequency of data analysis.

Some examples of changes that may unfairly disadvantage existing trainees include those that lengthen the period of training, introduce more assessment, or change the range or kinds of training placements required to satisfy program requirements.

6.2 Evaluation

Accreditation standards

6.2.1 The education provider develops standards against which its program and graduate outcomes are evaluated. These program and graduate outcomes incorporate the needs of both graduates and stakeholders and reflect community needs, and medical and health practice.

6.2.2 The education provider collects, maintains and analyses both qualitative and quantitative data on its program and graduate outcomes.

6.2.3 Stakeholders contribute to evaluation of program and graduate outcomes.

Notes

When formulating and evaluating its program and graduate outcomes, the education provider considers the needs and expectations of both graduates and stakeholders. This occurs from the level of individual graduate attributes through to the level of overall workforce demand. Education providers should consider methods of evaluation that ensure that recently graduated specialists are of a standard commensurate with community expectation, such as specialist self-assessment of preparedness for practice, review of graduate destinations and community requirements, and other multi-source feedback mechanisms. Stakeholders in evaluation processes include supervisors, trainees, health care administrators, health professionals and consumers.

6.3 Feedback, reporting and action

Accreditation standards

6.3.1 The education provider reports the results of monitoring and evaluation through its governance and administrative structures.

6.3.2 The education provider makes evaluation results available to stakeholders with an interest in program and graduate outcomes, and considers their views in continuous renewal of its program(s).

6.3.3 The education provider manages concerns about, or risks to, the quality of any aspect of its training and education programs effectively and in a timely manner.

Notes

It is important that education providers report their program and graduate outcomes transparently and accountably, which includes how stakeholder feedback is analysed and incorporated into future changes, and how the changes are communicated to stakeholders. Education providers are therefore expected to develop and maintain effective internal reporting mechanisms, and to indicate how and when actions occur in relation to particular findings. In addition, education providers are expected to disseminate its program and graduate outcomes and engage in a dialogue with stakeholders. There should be evidence that stakeholder views are considered in continuous renewal of the education program(s).

Standard 7. Trainees

7.1 Admission policy and selection

Accreditation standards

7.1.1 The education provider has clear, documented selection policies and principles that can be implemented and sustained in practice. The policies and principles support merit-based selection, can be consistently applied and prevent discrimination and bias.

7.1.2 The processes for selection into the specialist medical program:

- use the published criteria and weightings (if relevant) based on the education provider's selection principles
- are evaluated with respect to validity, reliability and feasibility
- are transparent, rigorous and fair
- are capable of standing up to external scrutiny
- include a process for formal review of decisions in relation to selection which is outlined to candidates prior to the selection process.

7.1.3 The education provider supports increased recruitment and selection of Aboriginal and Torres Strait Islander and/or Māori trainees.

7.1.4 The education provider publishes the mandatory requirements of the specialist medical program, such as periods of rural training, and/or for rotation through a range of training sites so that trainees are aware of these requirements prior to selection. The criteria and process for seeking exemption from such requirements are made clear.

7.1.5 The education provider monitors the consistent application of selection policies across training sites and/or regions.

Notes

The AMC does not endorse any one selection process; it recognises that there is no one agreed method of selecting the most appropriate trainees and supports diverse approaches that include both academic and vocational considerations.

In 1998, the Medical Training Review Panel commissioned the report, *Trainee Selection in Australian Medical Colleges*. This report describes good practice in the selection of trainees into specialist medical programs. These standards draw on that report.[16]

The education provider, as the professional body for a particular medical specialty or specialties, should take a leadership role in the development of the criteria for selection of entrants into training for the specialty. Trainees are both postgraduate students in specialist medical programs and employees of the health services. This may cause tension between selection into a specialist medical program and employment. The AMC expects collaboration between the education provider and other stakeholders to determine selection criteria and processes. Training selection panel members on selection processes will add to the rigour of this process.

Due to this tension, selection into a specialist medical program can occur through several different mechanisms, often with the interlinking of processes for selection for employment and selection for training. In some situations the education provider performs the primary selection with employment assured for those selected into the specialist medical program. In other situations, the reverse may occur with employment into a training 'position' as the primary selection mechanism.

In the latter situation, in which selection is delegated to an employer or training provider, the AMC expects the education provider will work actively to obtain the cooperation of such other stakeholders in implementing its selection principles.

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[16] Brennan P. *Trainee selection in Australian medical colleges*. Canberra: Medical Training Review Panel, Commonwealth Department of Health and Family Services, 1998.

Strategies to increase recruitment and selection of Aboriginal and Torres Strait Islander and/or Māori trainees should be complemented by retention policies.

The education provider should facilitate opportunities to increase recruitment and selection of rural origin trainees and trainees from other under-represented groups.

Despite the wide variety of selection policies and processes, the AMC recognises a number of benefits to regional coordination of selection processes for both trainees and the employing health services, particularly in ensuring the consistent application of selection policies.

7.2 Trainee participation in education provider governance

Accreditation standard

7.2.1 The education provider has formal processes and structures that facilitate and support the involvement of trainees in the governance of their training.

Notes

There are many reasons for trainee participation in education provider governance. From the trainees' perspective, it will promote their understanding of, and engagement in, the specialist medical program and will encourage them to be active contributors to ongoing training and education in their specialty. From a program perspective, it will enable governance decisions to be informed by the users' view of the program and will enhance the education provider's understanding of how training and assessment policies work in practice. It also facilitates the early recognition of, and response to, potential program problems, allowing the identification and deployment of successful strategies to address these.

Governance structures vary between education providers. The AMC does not endorse any particular structure for engaging trainees in the governance of their training, but believes that these processes and structures must be formal and give appropriate weight to the views of trainees.

Recognising the constraints inherent in the education provider's structure, there should be a position for a trainee on the governing council and on every body making training-related decisions. Such constraints may include the education provider's constitution or articles of association, conflicts of interest, and the privacy of other trainees.

The trainees involved should be appointed through open, fair processes supported by the education provider. Election by the trainee body is the most open process possible and is encouraged.

A trainee organisation or trainee committee can articulate a general overview of trainees' experience and common concerns, as well as promoting communication between trainees on matters of mutual interest, and facilitating trainee representation on committees. There are advantages in establishing this committee or organisation within the education provider, since this facilitates communication and sharing of information and data, and provides a structure for funding.

Where the trainee organisation sits outside the education provider, particular efforts are required to ensure shared understanding of obligations and expectations.

Trainee representatives, and trainee organisations or committees are able to assist the education provider by gathering and disseminating information. For these roles, they require appropriate support. This could include providing administrative support or infrastructure, providing mechanisms for the trainee organisation and the trainee members of education provider committees to communicate with trainees, such as access to contact details or email lists, and designating a staff member to support the trainees in these activities. Consideration should also be given to training trainee representatives for their roles. Support that enables trainee representatives to be freed from clinical service commitments to attend necessary meetings should also be considered.

Education providers should supplement the perspective obtained through the trainee organisation or trainee committee by seeking feedback from individual trainees. The trainee representative structure should be complemented by regular meetings between the education provider's officers and its trainees to explore concerns and ideas at a local level. Because trainees' needs and concerns differ

depending on their stage and location of training, and personal circumstances, education providers should arrange for contribution from the full breadth of the trainee cohort.

Local and regional educational activities also provide opportunities for trainees to share problems and experiences with peers, and for trainee representatives to canvas views on training-related issues.

7.3 Communication with trainees

Accreditation standards

7.3.1 The education provider has mechanisms to inform trainees in a timely manner about the activities of its decision-making structures, in addition to communication from the trainee organisation or trainee representatives.

7.3.2 The education provider provides clear and easily accessible information about the specialist medical program(s), costs and requirements, and any proposed changes.

7.3.3 The education provider provides timely and correct information to trainees about their training status to facilitate their progress through training requirements.

Notes

Education providers are expected to interact with their trainees in a timely, open and transparent way. To this end, they should have mechanisms to inform prospective and enrolled trainees of training policies and processes, including but not limited to:

- selection into the specialist medical program(s)
- the design, requirements and costs of the specialist medical program(s)
- proposed changes to the design, requirements and costs of the specialist medical program(s)
- the available support systems and career guidance
- recognition of prior learning and flexible training options.

Changes in the content and structure of specialist medical programs have significant consequences for trainees. Trainees should participate formally in the evolution and change of the program. Education providers should communicate in advance with trainees about proposed program changes, be guided by the principle of 'no unfair disadvantage to trainees' specified under standard 6.1.3, and propose special arrangements for those already enrolled when changes are implemented, recognising that sometimes program changes are required due to evolving professional practice and community needs.

In general, the AMC supports the generous application of transitional exemption clauses and retrospective recognition of training completed under previous requirements and regulations.

To assist trainees to make informed choices about a specialist medical program and location, information on career pathways, addressing workforce distribution issues and training opportunities in different regions/states, should be available. Education providers are encouraged to collaborate with stakeholders in workforce planning activities for the specialty, including jurisdictions, to support career guidance systems.

Education providers are encouraged to supplement written material about specialist medical program requirements with electronic communication of up-to-date information on training regulations, and on trainees' individual training status. Mechanisms to support communication on issues of concern such as job sharing and part-time work should also be considered. It is recognised that many of the issues relating to job sharing and part-time work rest with the employer.

7.4 Trainee wellbeing

Accreditation standards

7.4.1 The education provider promotes strategies to enable a supportive learning environment.

7.4.2 The education provider collaborates with other stakeholders, especially employers, to identify and support trainees who are experiencing personal and/or professional difficulties that may affect their training. It publishes information on the services available.

Notes

Education providers can provide a supportive learning environment by promoting strategies to maintain health and wellbeing, including mental health and cultural safety, providing professional development activities to enhance understanding of wellness and appropriate behaviours, and ensuring availability of confidential support and complaint services. The education provider should facilitate education about, and identification, management and support for trainees who have experienced discrimination, bullying and sexual harassment.

The education provider should consider the needs of groups of trainees that may require additional support to complete training, such as Aboriginal and Torres Strait Islander and/or Māori trainees.

Areas for collaboration between the education provider and other stakeholders include developing processes for identifying, supporting and managing trainees whose progress or performance, health, or conduct is giving rise to concern and those trainees who experience personal and professional difficulties related to others' behaviour towards the trainee.

7.5 Resolution of training problems and disputes

Accreditation standards

7.5.1 The education provider supports trainees in addressing problems with training supervision and requirements, and other professional issues. The education provider's processes are transparent and timely, and safe and confidential for trainees.

7.5.2 The education provider has clear impartial pathways for timely resolution of professional and/or training-related disputes between trainees and supervisors or trainees and the education provider.

Notes

Supervisors and their trainees have a particularly close relationship, which has special benefits, but which may also lead to unique problems. Trainees need clear advice on what they should do in the event of conflict with their supervisor or any other person intimately involved in their training. Clear statements concerning the supervisory relationship can avert problems for both trainees and supervisors.

Processes that allow trainees to raise difficulties safely would typically be processes that give trainees confidence that the education provider will act fairly and transparently, that trainees will not be disadvantaged by raising legitimate concerns, and that their complaint will be acted upon in a timely manner.

Trainees may experience difficulties that are relevant to both their employment and their position as a trainee, such as training in an unsafe environment, discrimination, bullying, and sexual harassment. While education providers do not have direct control of the working environment, in setting standards for training and for professional practice, including training site accreditation, they have responsibilities to advocate for an appropriate training environment.

Trainees who experience difficulties often feel vulnerable in raising questions about their training, assessment or supervision, even anonymously, and can be concerned about being identified and potentially disadvantaged as a consequence. Often the same individuals hold positions in the education provider and senior supervisory positions in hospitals and health services, which may lead to conflicts of interest, especially if the trainee has a grievance about either their employment or training. Practical solutions are required to remove the disincentives for trainees to raise concerns about their training or employment.

Standard 8. Implementing the program – delivery of education and accreditation of training sites

8.1 Supervisory and educational roles

Accreditation standards

8.1.1 The education provider ensures that there is an effective system of clinical supervision to support trainees to achieve the program and graduate outcomes.

8.1.2 The education provider has defined the responsibilities of hospital and community practitioners who contribute to the delivery of the specialist medical program and the responsibilities of the education provider to these practitioners. It communicates its program and graduate outcomes to these practitioners.

8.1.3 The education provider selects supervisors who have demonstrated appropriate capability for this role. It facilitates the training, support and professional development of supervisors.

8.1.4 The education provider routinely evaluates supervisor effectiveness including feedback from trainees.

8.1.5 The education provider selects assessors in written, oral and performance-based assessments who have demonstrated appropriate capabilities for this role. It provides training, support and professional development opportunities relevant to this educational role.

8.1.6 The education provider routinely evaluates the effectiveness of its assessors including feedback from trainees.

Notes

The AMC recognises that the word 'supervisor' is used in the workplace to describe an administrative or managerial function equivalent to a line manager, but in this document it refers to supervision in the educational context.

Education providers will devise and implement their own structures in response to specific goals and challenges, but the following functions are common in the educational supervision of trainees. These functions may be combined in different ways and in large programs performed by a number of individuals:

- An individual with overall responsibility for the specialist medical program in a health service, training site or training network. This director oversees and ensures the quality of training and education rather than being involved on a day-to-day basis with all trainees in the work environment.
- Medical practitioners senior to the trainees who have day-to-day involvement with the trainee.
- An individual who has particular responsibility for the direct supervision and training of the trainee, whose involvement with that trainee during the working week is regular and appropriate for the trainee's level of training, ability, and experience.

Medical practitioners make significant contributions to medical education as teachers and role models for trainees. The educational roles of supervisor and assessor are critical to the success of the specialist medical program, especially as most specialist training is workplace-based. It is essential that there is adequate training and resources for these roles. Those filling supervisory roles should know the program requirements, and have skills in adult learning, in providing constructive feedback to trainees, and in responding appropriately to concerns. They need clear guidance on their responsibilities to the trainee and to patient safety in the event that the trainee is experiencing difficulty, including in circumstances where the trainee is not maintaining a satisfactory standard of clinical practice and/or is not meeting the expected fitness to practise standards.

All those who teach, supervise, counsel, employ or work with medical practitioners in training are responsible for patient safety. Patient safety will be protected through explicit and accountable supervision. Education providers should have clear and explicit supervision requirements, including processes for removing supervisors where necessary.

Other members of the health care team may also contribute to supervising, assessing and providing feedback to the trainee.

There are advantages for trainees to an ongoing mentoring relationship with a more senior medical colleague. This person has no formal role in the trainee's assessment or employment but can advise and support the trainee on personal or professional matters.

Education providers should encourage mentorship through a variety of their educational activities. They should also develop processes for supporting the professional development of medical practitioners who demonstrate appropriate capability for the role of mentor.

Because of the critical nature of the supervisory roles outlined above, it is essential that there are clear procedures for trainees and supervisors to follow in the event of conflict. Accreditation standards in relation to the resolution of training-related problems and disputes are provided under standard 7.5.

Assessors engaged in formative or summative assessments must understand the education provider's curriculum and training requirements, be proficient in the issues relating to the level of competence and training of the trainee, and skilled in providing feedback. Those assessing trainees should participate in training and education addressing issues such as constructive feedback, dealing with difficult situations and contemporary assessment methods.

8.2 Training sites and posts

Accreditation standards

8.2.1 The education provider has a clear process and criteria to assess, accredit and monitor facilities and posts as training sites. The education provider:

- applies its published accreditation criteria when assessing, accrediting and monitoring training sites
- makes publicly available the accreditation criteria and the accreditation procedures
- is transparent and consistent in applying the accreditation process.

8.2.2 The education provider's criteria for accreditation of training sites link to the outcomes of the specialist medical program and:

- promote the health, welfare and interests of trainees
- ensure trainees receive the supervision and opportunities to develop the appropriate knowledge and skills to deliver high-quality and safe patient care, in a culturally safe manner
- support training and education opportunities in diverse settings aligned to the curriculum requirements including rural and regional locations, and settings which provide experience of the provisions of health care to Aboriginal and Torres Strait Islander peoples in Australia and/or Māori in New Zealand
- ensure trainees have access to educational resources, including information communication technology applications, required to facilitate their learning in the clinical environment.

8.2.3 The education provider works with jurisdictions, as well as the private health system, to effectively use the capacity of the health care system for work-based training, and to give trainees experience of the breadth of the discipline.

8.2.4 The education provider actively engages with other education providers to support common accreditation approaches and sharing of relevant information.

Notes

Since training and education in most specialties takes place in health services, specialist medical training is a shared responsibility between the education providers and these training sites. The quality of the learning experience depends on the support the unit or service provides.

Education providers have formal processes to select and accredit training sites, and the process and requirements for accreditation vary depending on the medical specialty. Many commonalities exist between education providers' processes but so do inconsistencies. The AMC recognises the significant interest of training sites and education providers in ongoing quality improvements in and streamlining of these processes, including where relevant, greater sharing of information or processes between providers. The AMC endorses work to develop tools to support consistent approaches to accreditation, such as the Accreditation of Specialist Medical Training Sites Project.[17] The accreditation standards under 8.2.2 draw on the domains for accreditation in that report and education providers are encouraged to use these standards.

Education providers define the range of experience to be gained during training. Education providers should make as explicit as possible the expectations of training sites seeking accreditation, including clinical and other experience, education activities and resources, and expectations for flexible training options. Education provider accreditation processes must verify that this experience is available in training sites seeking accreditation and once accredited must evaluate the trainees' experience in those sites.

The accreditation process should result in a report to the training site. Where accreditation criteria are not met, the report should give guidance so that the training site may address any unmet requirements.

Trainees are likely to gain experience in multiple locations each providing a varying range of experiences of the specialist discipline. For this reason, education providers are increasingly accrediting networks of training sites rather than expecting a single training site to provide all the required training experience, and while all training sites should satisfy the education provider's accreditation criteria, the AMC encourages flexible rather than restrictive approaches that enable the capacity of the health care system to be used most effectively for training.

[17] Australian Health Ministers' Advisory Council Health Workforce Principal Committee, *Accreditation of Specialist Medical Training Sites Project Final Report*, 2013

Standard 9. Continuing professional development, further training and remediation

9.1 Continuing professional development

Accreditation standards

9.1.1 The education provider publishes its requirements for the continuing professional development (CPD) of specialists practising in its specialty(s).

9.1.2 The education provider determines its requirements in consultation with stakeholders and designs its requirements to meet Medical Board of Australia and Medical Council of New Zealand requirements.

9.1.3 The education provider's CPD requirements define the required participation in activities that maintain, develop, update and enhance the knowledge, skills and performance required for safe and appropriate contemporary practice in the relevant specialty(s), including for cultural competence, professionalism and ethics.

9.1.4 The education provider requires participants to select CPD activities relevant to their learning needs, based on their current and intended scope of practice within the specialty(s). The education provider requires specialists to complete a cycle of planning and self-evaluation of learning goals and achievements.

9.1.5 The education provider provides a CPD program(s) and a range of educational activities that are available to all specialists in the specialty(s).

9.1.6 The education provider's criteria for assessing and crediting educational and scholarly activities for the purposes of its CPD program(s) are based on educational quality. The criteria for assessing and crediting practice-reflective elements are based on the governance, implementation and evaluation of these activities.

9.1.7 The education provider provides a system for participants to document their CPD activity. It gives guidance to participants on the records to be retained and the retention period.

9.1.8 The education provider monitors participation in its CPD program(s) and regularly audits CPD program participant records. It counsels participants who fail to meet CPD cycle requirements and takes appropriate action.

Notes

In Australia and New Zealand the community expects that registered medical practitioners will maintain, develop, update and enhance their knowledge, skills and performance so that they are equipped to deliver safe and appropriate care throughout their working lives.

The Medical Board of Australia sets registration standards that require medical practitioners to participate in CPD in Australia. In New Zealand, the Medical Council of New Zealand sets requirements for recertification and CPD under the *Health Practitioners Competence Assurance Act 2003*. The same requirements apply to specialists practising full- and part-time. In both countries, medical practitioners are asked whether they are complying with registration requirements for CPD/recertification when applying for re-registration or recertification and practitioner responses are subject to audit.

In addition to these accreditation standards, the Medical Council of New Zealand has criteria for education providers supporting medical practitioners in vocational scopes of practice in New Zealand that include the mandatory activities required for recertification.

Education providers play an important role in assisting CPD by setting the requirements for CPD and providing a CPD program(s) that is available to all specialists in their specialty(s), including those who are not fellows.

The CPD phase of medical education is mainly self-directed and involves practice-based learning activities rather than supervised training. The education provider therefore requires regular participation in a range of educational activities to meet self-assessed learning needs based on the intended scopes of practice of specialists and, where possible, on practice data. These activities

include: practice-based reflective elements that may include clinical audit, peer-review, multi-source feedback or performance appraisal; continuing medical education activities, such as courses, conferences and online learning; other scholarly activities such as teaching, assessment and research; and activities that contribute to cultural competence, and medical practitioner health and wellbeing.

The AMC encourages education providers to include in their CPD program resources a framework to assist specialists to assess and define their learning needs. Where available and appropriate, participation in external or formal evaluation of personal CPD outcomes is encouraged.

Consultation with potential participants and other stakeholders is important in the development of CPD requirements and programs. Self-evaluation by participants, and monitoring and auditing by the education provider assist participants in achieving their CPD objectives.

Many organisations other than accredited education providers offer CPD opportunities for specialists, including health care facilities, universities, the pharmaceutical and medical technological industries, community and health consumer organisations and for-profit CPD providers. Education providers are expected to have a code of ethics that covers the role of, and their relationship with, other groups that provide CPD activities that may be credited towards the education provider's CPD program(s). In reviewing the educational quality of an activity, the education provider should consider whether the activity has used appropriate methods and resources, and the feedback from participants.

The AMC acknowledges that participation in CPD cannot guarantee competence.

9.2 Further training of individual specialists

Accreditation standards

9.2.1 The education provider has processes to respond to requests for further training of individual specialists in its specialty(s).

Notes

Regulatory authorities set requirements for recency of practice in a medical practitioner's current scope of practice, and requirements to support proposed changes to a medical practitioner's scope of practice. Specialists, employers and registration authorities may ask an education provider to provide further training to meet recency of practice requirements, or to support a change in scope of practice. Education providers develop processes specific to their specialty(s) for practice re-entry and training in new scopes of practice for their fellows and other specialists, consistent with requirements of the Medical Board of Australia and, if relevant, the Medical Council of New Zealand.

9.3 Remediation

Accreditation standards

9.3.1 The education provider has processes to respond to requests for remediation of specialists in its specialty(s) who have been identified as underperforming in a particular area.

Notes

Laws, regulations and codes of conduct set expectations for standards of practice of medical practitioners. Requests to an education provider to address under-performance are made by specialists, employers and registration authorities, or may arise within the education provider itself. Education providers develop processes specific to their specialty(s) for remediation of specialists in the discipline, consistent with relevant laws, regulation and codes of conduct.

Standard 10. Assessment of specialist international medical graduates

10.1 Assessment framework

Accreditation standards

10.1.1 The education provider's process for assessment of specialist international medical graduates is designed to satisfy the guidelines of the Medical Board of Australia and the Medical Council of New Zealand.

10.1.2 The education provider bases its assessment of the comparability of specialist international medical graduates to an Australian- or New Zealand- trained specialist in the same field of practice on the specialist medical program outcomes.

10.1.3 The education provider documents and publishes the requirements and procedures for all phases of the assessment process, such as paper-based assessment, interview, supervision, examination and appeals.

Notes

In Australia, the Health Practitioner Regulation National Law, as in force in each state and territory, provides for the registration of specialist international medical graduates who have successfully completed any examination or assessment required by an approved registration standard to assess a specialist international medical graduate's ability to practise competently and safely in the specialty.

The Medical Board of Australia has decided that the examination or assessment will be undertaken by the specialist medical colleges that are accredited by the AMC. It relies on these assessments to make decisions about whether to grant registration to a particular specialist international medical graduate. The Medical Board has prepared guidelines to support specialist medical colleges in their role of assessing specialist international medical graduates for comparability to an Australian-trained specialist in the same field of specialty practice.[18] These accreditation standards draw on that guidance.

The requirements for specialist registration in Australia differ from the requirements for registration in New Zealand. The assessment of specialist international medical graduates in New Zealand needs to meet the requirements of the Medical Council of New Zealand which are based on legislative requirements. The Medical Council of New Zealand requires education providers to have a process for the assessment of specialist international medical graduates' training, qualifications and experience so that the Medical Council can determine eligibility for registration within a vocational scope of practice.

The AMC expects that the medical practitioners whose qualifications, training and experience are being assessed through these processes would be able to access the education provider's review and appeals processes (see standard 1.3).

10.2 Assessment methods

Accreditation standards

10.2.1 The methods of assessment of specialist international medical graduates are fit for purpose.

10.2.2 The education provider has procedures to inform employers, and where appropriate the regulators, where patient safety concerns arise in assessment.

[18] Medical Board of Australia, *Good practice guidelines for the specialist international medical graduate assessment process*, November 2015, http://www.medicalboard.gov.au/Registration/International-Medical-Graduates/Specialist-Pathway.aspx

Notes

Methods of assessment should be chosen on the basis of validity, reliability, feasibility, cost effectiveness, opportunities for feedback, and impact on learning.[19] The assessment methodology should be publically available.

The assessment of specialist international medical graduates should include assessment of their ability to contribute to the effectiveness and efficiency of the health care system (standard 3.2.6) and of their cultural competence for practice in Australia and/or New Zealand (standards 3.2.9 and 3.2.10).

In Australia, the 'specialist pathway' is for international medical graduates with overseas specialist qualifications who wish to qualify for specialist registration in Australia. The assessment determines whether the applicant is comparable to an Australian-trained specialist in the same field of practice.

The 'area of need pathway' is for specialist international medical graduates who wish to work in Australia in a designated area of need. The education provider assesses the applicant's qualifications and relevant experience against the specified requirements of a position in a confirmed area of need to determine the applicant's ability to practise safely and competently in the position.

The requirement under standard 10.2.2 to inform employers and, where appropriate, the regulator about patient safety concerns will require action beyond remediation.

In New Zealand, the *Health Practitioners Competence Assurance Act 2003* provides for a medical practitioner who believes another medical practitioner may pose a risk of harm to the public by practising below the required standard of competence to refer the matter to the Medical Council of New Zealand. In Australia, education providers must also be aware of the Health Practitioner Regulation National Law. This requires registered health practitioners and employers to make notifications about registered medical practitioners who have engaged in 'notifiable conduct' as defined in the National Law.

10.3 Assessment decision

Accreditation standards

10.3.1 The education provider makes an assessment decision in line with the requirements of the assessment pathway.

10.3.2 The education provider grants exemption or credit to specialist international medical graduates towards completion of requirements based on the specialist medical program outcomes.

10.3.3 The education provider clearly documents any additional requirements such as peer review, supervised practice, assessment or formal examination and timelines for completing them.

10.3.4 The education provider communicates the assessment outcomes to the applicant and the registration authority in a timely manner.

Notes

In Australia, for specialist pathway applicants, the Medical Board of Australia has provided definitions for assessment of comparability to determine whether an applicant is not comparable, partially comparable or substantially comparable to an Australian-trained specialist in the same field of practice. Education providers are expected to use these definitions in making a recommendation to the Medical Board on whether or not to recommend registration.

In New Zealand, the role of the education provider is to provide comprehensive advice and recommendations on the applicant qualifications, training and experience and whether this is at the level of a New Zealand-trained specialist, and to advise the Medical Council of New Zealand on the suitability of the proposed employment position and supervisor for the assessment period. The term

[19] van der Vleuten, CPM., 'The assessment of professional competence: developments, research and practical implications'. *Advances in Health Science Education,* vol. 1, 1996, pp. 41-67.

'equivalent to or as satisfactory as' is the statutory definition of the assessment of comparability to the relevant New Zealand/Australasian postgraduate qualification.

10.4 Communication with specialist international medical graduate applicants

Accreditation standards

10.4.1 The education provider provides clear and easily accessible information about the assessment requirements and fees, and any proposed changes to them.

10.4.2 The education provider provides timely and correct information to specialist international medical graduates about their progress through the assessment process.

Notes

Education providers are expected to interact with specialist international medical graduates applying through their assessment pathways in a timely, open and transparent way. To this end, they should have mechanisms to inform prospective applicants and those undergoing the process of the relevant policies and processes, of any proposed changes to policies and processes, and outcomes at various stages of the process.

APPENDIX 3: ASSESSMENT WORKSHOP PLANNING GROUP

- Associate Professor Jenepher Martin, Chair. Medical Education Research, Eastern Health Clinical School, Faculty of Medicine Nursing and Health Sciences, Monash University, Member, AMC Progress Reports Sub Committee
- Professor Julian Archer, Executive General Manager for Education, Royal Australasian College of Surgeons
- Dr Ainsley Goodman, Education Committee, Medical Council of New Zealand. Member, AMC Progress Reports Sub Committee
- Professor Brian Jolly, Conjoint Professor of Medical Education, School of Medicine & Public Health, Faculty of Health and Medicine and Adjunct Professor, School of Rural Medicine, University of New England
- Dr Will Milford, Obstetrician and Gynaecologist Kindred Midwifery, Obstetrics & Gynaecology Brisbane, Deputy Chair, AMC Progress Reports Sub Committee
- Emeritus Professor David Prideaux, AMC Director and Chair, AMC Assessment Committee
- Professor Lambert Schuwirth, Professor of Medical Education, Director Prideaux Research Centre, Flinders University
- Associate Professor Andrew Singer AM, Principal Medical Adviser, Australian Government Department of Health; Associate Professor in Emergency Medicine, Australian National University Medical School; Senior Specialist in Emergency Medicine, Canberra Health Services. AMC Director, and member, AMC Specialist Education Accreditation Committee and Progress Reports Sub Committee
- Professor Stephen Tobin, Associate Dean and Professor of Clinical Education, Western Sydney University. Member, AMC Progress Reports Sub Committee

Australian Medical Council Limited

Conducting assessment in a changing environment

Workshop Session 1: Current state of assessment in Australian and New Zealand Medical Training

2:00pm – 4:00pm AEDT, Tuesday 30 March 2021

Acknowledgement of Country



The Australian Medical Council (AMC) acknowledges the Aboriginal and Torres Strait Islander Peoples as the original Australians, and the Māori People as the original Peoples of New Zealand.

We pay respect to these Peoples, the traditional custodians of all the lands on which workshop participants will be based and, recognise their ongoing connection to the land, water and sky.

We recognise the Elders of all these Nations both past, present and emerging, and honour them as the traditional custodians of knowledge for these lands

Overview of workshop sessions

Building on earlier AMC workshops on moving to online examinations (2020), and programmatic assessment (2017), this workshop aims to provide education providers with opportunities to engage in effective change to their assessment programs. The workshop will provide opportunities to explore the need for change and some of the barriers, highlight some common challenges experienced in meeting current AMC standards in assessment, balancing program based assessment with other methods, share good practice examples of assessment programs, and implementation considerations.

The workshop sessions will support education providers to:

- develop outcomes based training programs, where those outcomes describe the specialists the community wants
- consider assessment approaches for specialty registration and the value proposition for these
- design programs of assessment that balance workplace-based assessments with other methods, are aligned to the training program, and are accessible, relevant and sustainable.
- manage change to current assessments to achieve aligned programs of assessment that use methods fit for purpose
- identify needs for ongoing AMC support in assessment – possible future masterclass workshops

Session 1 objectives

The aim of *Session 1: current state of assessment* provides an opportunity to sharing learning and experiences. It is intended to encourage reflection on the value proposition for assessment in medical training and what assessment is aiming to achieve – what is the point of assessment/why do it?

The workshop will highlight the common issues identified by AMC accreditation processes in relation to specialty medical training and Specialist International Medical Graduates and share a trainee perspective and international perspective on the current challenges and opportunities.

Experiences in assessment in the context of the 2020 COVID-19 pandemic provide an opportunity to consider how the disruption can result in rapidly progressive and positive change to college assessment and participants will be invited to share their learning as well as the challenges and opportunities they see ahead.

This session will:

- Share learning about common issues in assessment identified through AMC accreditation processes
- Share perspectives on the current state of assessment, including issues and challenges
- Consider opportunities for improvements and innovations in specialty training assessment practice that arise from the COVID19 pandemic context and experience in 2020

Conducting assessment in a changing environment

In 2020 our world changed. The global COVID-19 pandemic has affected us in ways that are yet to be fully understood and has likely permanently changed how health professions practice, health professional education is conducted, and the assessment of health professional students and trainees.

This first in a series of four workshop sessions acknowledges the disruption that the global pandemic caused to longstanding assessment practices in specialty medical training contexts, and the opportunities arising from necessary changes to these practices in 2020. Some of these changes were innovative for the education providers implementing them, some were challenging at the scale required, and some were constrained by technology failure. All required 'new thinking', agility and resilience of individuals and organizations. In this workshop Jane Cannon, Head of Operations, Education Directorate, General Medical Council, will provide insights about the experiences and opportunities of the COVID-19 pandemic for assessment in the UK context. Dr Hashim Abdeen, Chair, AMA Doctors in Training will explore the trainee experience of assessment in Australian and New Zealand specialty training more broadly and the issues brought into sharp relief in 2020. Dr Lindy Roberts, Chair of the AMC Progress Reports Subcommittee will present insights regarding assessment in specialty medical training in Australia and New Zealand from the AMC perspective.

In breakout sessions participants will be challenged to consider fundamental questions relating to assessment in specialty medical training, the diversity of the participant group allowing multiple stakeholder perspectives in the conversation. Underpinning this discussion is a resource pack presenting current thinking and evidence for 'best practice' in assessment. The nature of 'best practice' is not static – a changing environment - and all participants are encouraged to reflect on the current state of assessment in their particular context, as well as common themes that may arise in discussion.

By considering 'where we are', what opportunities for positive change have come from disruption, and what 'good' looks like in assessment, a path forward to 'better' is explored in the subsequent sessions.

Workshop Program

2:00pm	**Workshop Opens**
2:00	**Welcome and Opening Address** *Professor Kate Leslie AO*, President, Australian Medical Council
2:10	**Workshop overview from the session Chair** *Dr Lindy Roberts AM, Chair, AMC Progress Reports Sub Committee. Deputy Chair, AMC Specialist Education Accreditation Committee*
2:15	**Presentations**
	AMC insights regarding assessment in specialty medical training *Dr Lindy Roberts AM* Reflections from the UK: changes in specialist medical training assessments in response to the COVID-19 pandemic *Ms Jane Cannon, Head of Operations, Education Directorate, General Medical Council* The trainee experience of assessment *Dr Hashim Abdeen, Chair, AMA Council of Doctors in Training*
2:55	**Break**
3:00	**Group activity - Where are we now? Where could we go?**
	Participants will break into groups to work though the following questions: • What are we trying to achieve with our current assessment processes? • What is working for us? • What are we struggling with? • What does 'good' look like? Then, coming back together, the summarised key points from the group work will be presented to the workshop. *Background reading is available on page 13-18 of this booklet*
3:40	**Presenter Q & A**
	Reflecting on the questions asked by participants during their presentations earlier in the session, the three presenters will answer some questions and provide thoughts on points raised in the group activity.
3:55	**Session wrap-up and next steps**
4:00pm	**Workshop closes**

Presenters

Dr Lindy Roberts AM

Chair, AMC Progress Reports Sub Committee. Deputy Chair, AMC Specialist Education Accreditation Committee

Dr Lindy Roberts is a Specialist Anaesthetist and Specialist Pain Medicine Physician at Sir Charles Gairdner Hospital in Western Australia. She was President of the Australian and New Zealand College of Anaesthetists from 2012 to 2014. Since 2016, she has been an ANZCA Director of Professional Affairs (education).

In 2019, Dr Roberts was appointed chair of the AMC Progress Reports Sub Committee. She was recently appointed deputy chair of the Specialist Education Accreditation Committee, having been a member from 2014 to 2017 and since 2019. Dr Roberts is an experienced AMC assessor.

Ms Jane Cannon

Head of Operations, Education Directorate, General Medical Council

Jane Cannon joined the Education and Standards directorate of the General Medical Council in 2014 and is currently Head of Approvals. Prior to this she spent 5 years as Head of Quality at the Joint Royal College of Physicians Training Board. In her current role Ms Cannon's main focus is to ensure that UK training meets the needs of the UK population and health workforce. She also leads a cross-directorate program of work to address the ethnic attainment gap in medical education.

Dr Hashim Abdeen

Chair, AMA Council of Doctors in Training

Dr Hashim Abdeen is a Rheumatology and General Medicine Advanced Trainee and is the current Chair of the Federal AMA Council of Doctors in Training (CDT) & Deputy Chair of the Binational RACP College Trainees' Committee (CTC). Dr Abdeen is a member of the AMC's Intern Training Framework Review Working Party.

About the AMC

The Australian Medical Council has a broad remit:

Appointed as the accreditation authority for the medical profession in Australia and provides accreditation services for New Zealand

Accredits over 128 primary and specialist medical programs

Oversees medical training in 40 educational providers in Australia and New Zealand

Uses accreditation as a quality assurance tool for state-based authorities that set standards for medical internships and embeds quality improvement tools to facilitate reflection and improved practice

Sets and assesses standards for IMG workplace based providers and pre-employment clinical structured interview providers

Conducts IMG assessments in the Standard Pathway (AMC examinations) 2500 MCQ; 2300 Clinical

Works internationally and in partnership with other accreditation, testing and standard setting bodies.

Click on the play icon to hear the Philip Pigou, AMC Chief Executive Officer, provide an overview of the AMC's current activities.

AMC Accreditation, Standards and Monitoring

The AMC is the accreditation authority for the medical profession under the Health Practitioner Regulation National Law as in force in each state and territory (the National Law). Under the National Law, an *accreditation standard*, for a health profession, means a standard used to assess whether a program of study, and the education provider that provides the program of study, provide persons who complete the program with the knowledge, skills and professional attributes necessary to practice the profession in Australia.

The AMC develops accreditation standards for all phases of medical training and education. The standards follow similar structure and formatting but are customised to the requirements of the stage of training and education. The Medical Board of Australia approves accreditation standards for the medical profession. The accreditation standards and the AMC's accreditation processes are also relied upon by the Medical Council of New Zealand in relation to primary medical qualifications, specialist medical training, continuing professional development and the assessment of specialist international medical graduates.

The AMC uses accreditation standards to assess medical programs for accreditation and for subsequent monitoring of accredited programs and providers. The accreditation standards can be found on the **AMC website**.

Accreditation conditions and monitoring

Following an AMC accreditation assessment of an education providers programs, the AMC will provide a series of commendations, quality improvement recommendations, and conditions on the accreditation. The AMC sets conditions when a program and provider substantially meet the accreditation standards but do not fully meet the all the requirements. Conditions are intended to lead to the program meeting the standard in 'a reasonable time[20]'.

Once the AMC has accredited programs and their providers, under the *Health Practitioner Regulation National Law* it must monitor the program and provider to ensure that they continue to meet the accreditation standards.

- Principal mechanisms are structured progress reports, comprehensive reports and full accredited assessments every ten years.
- Providers are also expected to report at any time on matters that may affect accreditation status of their programs.
- Progress reports enable the AMC to monitor accredited education providers and their programs between formal accreditation assessments as required by the National Law.
- When a progress report is submitted, AMC staff will seek commentary on a report from an experienced AMC assessor and reviewer.
- The report and commentary, with a summary of the AMC's response to the providers' previous progress reports are then considered through AMC committee processes.

[20] Section 48 Health Practitioner Regulation National Law

Assessment Standards at the AMC

Assessment is one of the areas of focus in the prevocational, primary medical program and specialist medical program accreditation standards.

Key Concepts

The key concepts underpinning AMC standards on assessment for medical programs across the continuum are:

- **Assessment approach**

  The assessment program is aligned with learning outcomes, with requirements clearly documented and easily accessible to staff, supervisors and students/trainees/interns.
- **Assessment methods**

  The program contains methods that are fit for purpose, has a blueprint to guide assessment through each stage and uses validated methods of standard setting.
- **Assessment feedback**

  The provider/program facilitates regular feedback to students/trainees/interns to guide their learning, gives feedback to supervisors on assessment performance and has processes for underperforming students/trainees/interns and implementing remediation.
- **Assessment quality**

  The provider regularly reviews its program of assessment to ensure the validity and reliability and scope of its practices, processes and standards is consistent across teaching sites.

The standards for specialist medical colleges also includes standards for the assessment of Specialist International Medical Graduates:

- **Assessment framework**

  The process for assessment of specialist international medical graduates is documented, accessible and designed to satisfy the guidelines of the Medical Board of Australia and the Medical Council of New Zealand.
- **Assessment methods**

  The methods of assessment are fit for purpose and uses validated methods of standard setting.
- **Assessment decision**

  Assessment decisions are made in line with requirements of the assessment pathway, and any additional requirements are clearly documented.
- **Communication with specialist international medical graduate applicants**

  Mechanisms are in place to inform applicants of the relevant policies and processes, of any proposed changes to policies and processes, and outcomes at various stages of the process.

AMC Assessment of International Medical Graduates

The AMC has been responsible for setting and delivering examinations for the registration of International Medical Graduates in Australia since 1986. From July 2010, the examination, leading to general registration for international medical graduates has been conducted under the provision of the Health Practitioners Regulation National Law Act 2009. The AMC assessment for general registration involves two components:

- a knowledge test in the form of a computer adaptive test of multi-choice questions; and
- an Objective Structured Clinical Exam, or a
- Workplace Based Assessment program.

The Clinical Exam has been run at the AMC's Melbourne-based National Test Centre, which also hosted exams for a number of medical specialist colleges. However, in response to travel restrictions during the COVID-19 pandemic, the face-to-face format has been translated into an online exam using the existing blueprint. The Zoom-based platform and remote marking capability is also available colleges that use the test centre.

Further information about the AMC's exams for International Medical Graduates can be found on the AMC website

Research and Innovation

The AMC is committed to research and innovation to ensure its methods of assessment and key approaches are leading practice. The development of the AMC Assessment Strategy is drawing upon evidence in the medical education literature regarding known strengths and weaknesses in assessment. Both current and future projects are focussing on multi-modal assessment that can be delivered in more flexible ways with the affordances of new technology and the experience of longitudinal programs of assessment with feedback and directed learning. The health and cultural safety of Aboriginal and Torres Strait Islander and Maori people is a priority in the AMC Assessment Strategy.

Next Steps

Overview of **Session 2 – Tuesday 20 April, 2:00pm – 4.00pm AEST**:

The focus of the Assessment Workshop Session 2 is on the case for change – what does good practice look like in contemporary medical training assessment? What are the opportunities, issues and risks associated with change?

Session 2 Presenters:

- Professor Lambert Schuwirth, Professor of Medical Education, Director Prideaux Research Centre
- Mr Chris Mirner, Assistant Director for Postgraduate Training, Royal College of General Practitioners

Pre-session Activities

- Visit the workshop website regularly in between sessions for news updates and any additional resources
- Look out for your workbook for session 2

Please note other key dates of sessions in this online workshop series are:

- **Session 3: A pathway for change**
  Tuesday 18 May 2:00pm AEST
  Looking at case studies, this session will focus on managing change, and barriers and enablers for change

- **Session 4: Next Steps – where to from here**
  Tuesday 8 June 2:00pm AEST

  This session will focus on moving towards effective change in assessment programs, and opportunities for collaboration.

Australian Medical Council Limited

Conducting assessment in a changing environment

Workshop Session 2: The case for change

2:00pm – 4:00pm AEST, Tuesday 20 April 2021

Overview of the assessment workshop series

Building on earlier AMC workshops on moving to online examinations (2020), and programmatic assessment (2017), this workshop series aims to provide participants with opportunities to engage in discussions about how to develop their assessment programs. The workshop series will provide opportunities to explore the need for change and some of the barriers, highlight some common challenges experienced in meeting current AMC standards in assessment, balancing assessment methods, share good practice examples, and discuss barriers and enablers in implementing change.

The workshop sessions will support education providers to:

- develop outcomes based training programs, where those outcomes describe the specialists the community wants
- consider assessment approaches for specialty registration and the value proposition for these
- design programs of assessment that balance workplace-based assessments with other methods, are aligned to the training program, and are accessible, relevant and sustainable.
- manage change to current assessments to achieve aligned programs of assessment that use methods fit for purpose
- identify needs for ongoing AMC support in assessment – possible future masterclass workshops

Summary of previous sessions

Session 1 - Current state of assessment in Australian and New Zealand Medical Training

The first session of the workshop, held on 30 March 2021, focussed on the current state of assessment in Australian and New Zealand medical training. It acknowledged the disruption that the global pandemic caused to longstanding assessment practices in specialty medical training contexts, and the opportunities arising from necessary changes to these practices in 2020. The session included insights about the experiences and opportunities of the COVID-19 pandemic for assessment in the UK context, the trainee experience of assessment in Australian and New Zealand specialty training and issues that became evident in the 2020 pandemic, and insights into assessment in specialty medical training in Australia and New Zealand from the AMC perspective.

In breakout groups, participants considered fundamental questions relating to assessment in medical training. The diversity of the participant group allowing multiple stakeholder perspectives in the conversation. The following themes emerged from those discussions:

- ‘good practice assessments’ were ones that responded to community expectations, were embedded within practice and delivered safe practitioners who embraced life-long learning/CPD.

- The need to be clearer about how programs of assessment drive learning (for learning) and distinguished trainees who are not safe to be included on the specialist register (of learning.
- Desire to move towards a greater proportion of work place based assessment but recognise challenges related to training and calibration of assessors/supervisors and trainee concerns about bias.
- Some practical issues related to the pandemic (moving clinical exams online and/or regionally) eg easier to get supervisors together once or twice for big OSCEs than to get buy-in for multiple online or regional exams

Session 2 objectives

The aim of *Session 2: the case for change* is to discuss the drivers for change and opportunities for improving medical training assessments.

The session will highlight how the reliance on 'large scale', infrequently held very high stakes assessments to determine progression or graduation may no longer be the best approach, and provide participants with the opportunity to discuss the potential risks associated with this approach and the possible alternatives.

This session will:

- Share examples of dissonance between current medical training assessment practice/methods and developing thinking on good' or 'better' practice approaches
- Discuss some of the potential risks to education providers in continued reliance on large scale very high stakes
- Consider how to design a system of assessment for specialty medical training conceptually aligned with current thinking on assessment practice

Session 2 Program

2:00pm	**Workshop Opens**
2:00	**Welcome and session overview from the Chair** *Professor Stephen Tobin, Associate Dean and Professor of Clinical Education, Western Sydney University. Member, AMC's Progress Reports Sub Committee*
2:05	**Presentations**
	What does 'good' and 'better' look like in contemporary medical training assessment practice *Professor Lambert Schuwirth, Professor of Medical Education, and Director, Prideaux Research Centre* Making the change in assessment approach *Mr Chris Mirner, Assistant Director for Postgraduate Training, Royal College of General Practitioners*
2:45	**Introduction to the Case Study**
	Workshop participants will now begin to focus on a case study to explore setting up the new college of *Australian and New Zealand College of Medical Mountain Climbers*. Over the remaining sessions participants will explore how the new College can work through issues with developing an assessment program to meet AMC standards, managing change, barriers and enablers Professor Stephen Tobin will present slides to introduce workshop participants to the College.
2:55	**Break**
3:00	**Group activity**
	Participants will break into groups and will work through one topic each in relation to the case study slides: **Group 1:** Organisational risk and governance aspects of assessment, including risk mitigation **Group 2:** Trainee wellbeing, progression and programming of assessment throughout training **Group 3:** Mitigating false positives and false negatives in assessment program outcome of admission to fellowship **Group 4:** Systems approach and programs of assessment **Group 5:** The value proposition for assessment

	An overview of the AMC standards are provided as background reading to assist with this activity on pages 10-11 of this booklet
3:30	**Feedback from the group activity**
	Coming back together, the summarised key points from the group work will be presented to the workshop
3:40	**Presenter Q & A**
	The presenters will respond to questions sent in by participants during their presentations earlier in the session and reflect on points raised in the group activity.
3:55	**Session wrap-up and next steps**
4:00pm	**Workshop closes**

Session Chair

Professor Stephen Tobin

Associate Dean and Professor of Clinical Education, Western Sydney University.
Member, AMC's Progress Reports Sub Committee

Professor Stephen Tobin trained in general and colorectal surgery, practising in Ballarat, Victoria for over 25 years. During this time, he led medical education activities for medical students, residents and surgical trainees. Professor Tobin was lead supervisor for general surgery in Ballarat for 8 years. He was involved with the establishment of the Ballarat Clinical Schools of Deakin University and the University of Notre Dame, Sydney.

Professor Tobin completed Clinical Education studies at UNSW and became RACS Dean of Education in 2012. He has published book chapters and papers related to medical and surgical education. He was extensively involved in the RACS Building Respect, Improving Patient Safety action plan and associated courses on education, professional behaviours and leadership.

In 2018 he left RACS and started a new role as Associate Dean, Clinical Education, School of Medicine at Western Sydney University in 2019.

Professor Tobin has been a member of multiple AMC accreditation teams, and is currently a member of the Progress Reports Sub Committee.

Presenters

Professor Lambert Schuwirth

Professor of Medical Education, and Director, Prideaux Research Centre

Professor Schuwirth obtained his MD from Maastricht University, the Netherlands. He has been involved in medical education and medical education research for 30 years with his main interest being assessment of medical competence and performance, both in undergraduate and postgraduate training settings. He has been an advisor on assessment to various medical education programs in the Netherlands, UK and Australia. Professor Schuwirth's current role is Strategic Professor in Medical Education, College of Medicine and Public Health, and Director of Prideaux Centre for Research in Health Professions Education, Flinders University.

Mr Chris Mirner

Assistant Director for Postgraduate Training, Royal College of General Practitioners

Chris Mirner joined the RCGP eight years ago. He is currently the Assistant Director for Postgraduate Training, but this is only the latest of several roles he has had overseeing and managing the College's work on GPs' speciality training.

He has built up nearly twenty years of experience in assessments, education and training, since he first started working on National Curriculum Tests in 2001. Since then he worked for the UK's qualifications regulator Ofqual, and also run qualifications and membership assessments for a professional body (the Chartered Quality Institute, or CQI), so quality and standards in qualifications have been at the core of his work throughout this time.

Background reading and resources

AMC Accreditation standards

The AMC is the accreditation authority for the medical profession under the Health Practitioner Regulation National Law as in force in each state and territory (the National Law). Under the National Law, an *accreditation standard*, for a health profession, means a standard used to assess whether a program of study, and the education provider that provides the program of study, provide persons who complete the program with the knowledge, skills and professional attributes necessary to practice the profession in Australia.

The AMC develops accreditation standards for all phases of medical training and education. The standards follow similar structure and formatting but are customised to the requirements of the stage of training and education. The Medical Board of Australia approves accreditation standards for the medical profession. The accreditation standards and the AMC's accreditation processes are also relied upon by the Medical Council of New Zealand in relation to primary medical qualifications, specialist medical training, continuing professional development and the assessment of specialist international medical graduates.

Overview of the standards:

Standard 1 - The context of training and education

Standards cover: governance; program management; reconsideration, staffing, educational expertise and exchange; educational resources; interaction with the health sector; review and appeals processes and continuous renewal.

Standard 2 - The outcomes of training and education

Standards cover: educational purpose of the educational provider; and, program and graduate outcomes.

Standard 3 - The medical training and education framework

Standards cover: curriculum framework; curriculum content; continuum of training, education and practice; curriculum structure and design.

Standard 4 - Teaching and learning

Standards cover: teaching and learning approach and methods.

Standard 5 - Assessment Standards

Standards cover: assessment approach; assessment methods; performance feedback; assessment quality.

Standard 6 - Monitoring and evaluation

Standards cover: program monitoring; evaluation; feedback, reporting and action.

Standard 7 - Students/Trainees

Standards cover: admission policy and selection; students/trainee participation in education provider governance; communication; wellbeing; resolution of training problems and disputes.

Standard 8 - Implementing the program – delivery of education and accreditation of training sites

Standards cover: services and environment; supervisory and educational roles; training sites and posts.

The standards for specialist medical colleges also includes:

Standard 9 - Continuing professional development, further training and remediation

Standards cover: continuing professional development; further training of individual specialists; remediation.

Standard 10 - Assessment of specialist international medical graduates

Standards cover: assessment framework; assessment methods; assessment decision; communication with specialist international medical graduate applicants.

The accreditation standards all phases of medical training and education are available for download on the **AMC website**.

Next Steps

Session 3 – A path to change

Tuesday 18 May, 2:00pm – 4.00pm AEST

The focus of Assessment Workshop Session 3 is developing a pathway for improvement. The session will explore how to successfully manage changes to assessment and how to shift cultural norms.

Session 3 Presentations:

- The AMC's change journey - *Emeritus Professor David Prideaux, Professor of Medical Education at the Prideaux Centre for Research on Health Professions Education, Flinders University*

Pre-session Activities

- Keep an eye on your inbox for the link to complete the survey
- Look out for your workbook for session 3

Australian Medical Council Limited

Conducting assessment in a changing environment

Workshop Session 3: A path to change

2:00pm – 4:00pm AEST, Tuesday 18 May 2021

Overview of the assessment workshop series

Building on earlier AMC workshops on moving to online examinations (2020), and programmatic assessment (2017), this workshop series aims to provide participants with opportunities to engage in discussions about how to develop their assessment programs. The workshop series will provide opportunities to explore the need for change and some of the barriers, highlight some common challenges experienced in meeting current AMC standards in assessment, balancing assessment methods, share good practice examples, and discuss barriers and enablers in implementing change.

The workshop sessions will support education providers to:

- develop outcomes based training programs, where those outcomes describe the specialists the community wants
- consider assessment approaches for specialty registration and the value proposition for these
- design programs of assessment that balance workplace-based assessments with other methods, are aligned to the training program, and are accessible, relevant and sustainable.
- manage change to current assessments to achieve aligned programs of assessment that use methods fit for purpose
- identify needs for ongoing AMC support in assessment – possible future masterclass workshops

Summary of previous sessions

Session 1 - Current state of assessment in Australian and New Zealand Medical Training

The first session of the workshop, held on 30 March 2021, focussed on the current state of assessment in Australian and New Zealand medical training. It acknowledged the disruption that the global pandemic caused to longstanding assessment practices in specialty medical training contexts, and the opportunities arising from necessary changes to these practices in 2020. The session included insights about the experiences and opportunities of the COVID-19 pandemic for assessment in the UK context, the trainee experience of assessment in Australian and New Zealand specialty training and issues that became evident in the 2020 pandemic, and insights into assessment in specialty medical training in Australia and New Zealand from the AMC perspective.

In breakout groups, participants considered fundamental questions relating to assessment in medical training. The diversity of the participant group allowing multiple stakeholder perspectives in the conversation. The following themes emerged from those discussions:

- ‘good practice assessments’ were ones that responded to community expectations, were embedded within practice and delivered safe practitioners who embraced life-long learning/CPD.

- The need to be clearer about how programs of assessment drive learning (for learning) and distinguished trainees who are not safe to be included on the specialist register (of learning.
- Desire to move towards a greater proportion of work place based assessment but recognise challenges related to training and calibration of assessors/supervisors and trainee concerns about bias.
- Some practical issues related to the pandemic (moving clinical exams online and/or regionally) eg easier to get supervisors together once or twice for big OSCEs than to get buy-in for multiple online or regional exams

Session 2 – The Case for change

Session 2 of the workshop series, held on 20 April, focussed on the case for change. Through presentations, the session highlighted how the reliance on 'large scale', infrequently held, high stakes assessments to determine progression or graduation may no longer be the best approach. The session also included insights on how changes to assessment practices was made in a specialist medical college in a UK context.

Participants were introduced to a case study to explore creating a new College. This session explored how the new College can work through issues with developing an assessment program to meet AMC standards. Participants were then able to consider issues including:

- Organisational risk and governance aspects of assessment, including risk mitigation
- Trainee wellbeing, progression and programming of assessment throughout training
- Mitigating false positives and false negatives in assessment program outcomes
- Systems approach and programs of assessment
- The value proposition for assessment

Session 3 objectives

Workshop *Session 3 – a path to change* will look to developing a pathway for improvement. The session will explore how to successfully manage changes to assessment and how to shift cultural norms. The workshop aims to:

- Identify cultural aspects in relation to assessment practice that may impede modernisation of assessment in line with contemporary best practice.
- Develop approaches to enhance enablers and mitigate barriers for change in assessment approaches

Session 3 Program

2:00pm	**Workshop Opens**
2:00	**Welcome and session overview from the Session Chair** *Professor Julian Archer, Executive General Manager for Education, Royal Australasian College of Surgeons*
2:05	**Presentation**
	The Change Journey – AMC International Medical Graduate Assessment *Emeritus Professor David Prideaux, Professor of Medical Education, Prideaux Centre for Research on Health Professions Education, Flinders University. AMC Director. Chair, AMC Assessment Committee*
2:25	**Panel Discussion**
	Experience of achieving change in wider health education contexts Panel Members: ***Professor Julian Archer**, Executive General Manager for Education, Royal Australasian College of Surgeons* ***Emeritus Professor David Prideaux**, Professor of Medical Education, Prideaux Centre for Research on Health Professions Education, Flinders University. AMC Director. Chair, AMC Assessment Committee* ***Associate Professor Andrew Singer AM**, Principal Medical Adviser, Australian Government Department of Health. AMC Director. Chair, AMC Prevocational Standards Accreditation Committee* ***Professor Stephen Tobin**, Associate Dean and Professor of Clinical Education, Western Sydney University. Member, AMC's Progress Reports Sub Committee*
2:45	**The case study continues**
	Workshop participants will continue the focus on the case study college, the *Australian and New Zealand College of Medical Mountain Climbers*. In this session, participants will explore how the College can work through issues with managing change.
2:55	**Break**
3:00	**Group activity**
	Participants will break into groups and discuss questions in relation to the case study slides: **Group 1 and 2:** What are the organisational cultural aspects of assessment that need to be considered? **Group 3 and 4**: How do we get everyone on the same page and have a common philosophy as foundation for change?

	Group 5: What are the barriers and enablers to modernisation of assessment practice? **All groups to consider:** What are examples/experience of recent change to 'better practice' assessment other than those due to COVID-19? What are the key factors in successful change?
3:30	**Feedback from the group activity**
	Coming back together, the summarised key points from the group work will be presented to the workshop
3:45	**Q & A**
	Presenters will respond to any final questions from participants.
3:55	**Session wrap-up and next steps**
4:00pm	**Workshop closes**

Session Chair

Professor Julian Archer

Executive General Manager for Education, Royal Australasian College of Surgeons

Professor Julian Archer was appointed Executive General Manager, Education, at the Royal Australasian College of Surgeons, in late 2018. Prior to this, Julian was a senior clinical academic leader in the UK. He worked as a consultant paediatrician in the NHS and founded the Collaboration for the Advancement of Medical Education Research and Assessment (CAMERA), within the Faculty of Medicine and Dentistry, University of Plymouth where he retains an Honorary Chair. Julian also holds an Adjunct Chair within the Faculty of Medicine, Nursing and Health Sciences, Monash University.

Julian has substantial experience leading clinical education research, designing postgraduate medical curricula, and has held numerous senior advocacy roles in healthcare education and regulation.

Keynote speaker

Emeritus Professor David Prideaux

Professor of Medical Education, Prideaux Centre for Research on Health Professions Education, Flinders University

Emeritus Professor Prideaux is an Emeritus Professor of Medical Education at the Prideaux Centre for Research on Health Professions Education, Flinders University. David has vast experience in curriculum design, assessment, innovation and evaluation of medical education programs.

Emeritus Professor Prideaux is the Chair of the AMC's Assessment Committee, an AMC Director and a member of the Australian Medical Council. He has previously been a member on both the AMC's Medical School Accreditation Committee and the Prevocational Standards Accreditation Committee.

Background reading and resources

Next Steps

Session 4: Next steps – where to from here

Tuesday 8 June, 2:00pm – 4.00pm AEST

The focus of Assessment Workshop Session 4 is to explore how change can be achieved, sharing of success stories, and encourage collaboration and sharing of good practice developments in the future.

Session 4 will be run entirely in plenary and will include keynote speakers, panel discussions and Q&A.

Pre-session Activities

- If you haven't done so, please complete the survey on assessment practices
- Look out for your workbook for session 4

Australian Medical Council Limited

Conducting assessment in a changing environment

Workshop Session 4: next steps – where to from here

2:00pm – 4:00pm AEST, Tuesday 8 June 2021

Overview of the assessment workshop series

Building on earlier AMC workshops on moving to online examinations (2020), and programmatic assessment (2017), this workshop series aims to provide participants with opportunities to engage in discussions about how to develop their assessment programs. The workshop series will provide opportunities to explore the need for change and some of the barriers, highlight some common challenges experienced in meeting current AMC standards in assessment, balancing assessment methods, share good practice examples, and discuss barriers and enablers in implementing change.

The workshop sessions will support education providers to:

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- identify needs for ongoing AMC support in assessment – possible future masterclass workshops

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- Some practical issues related to the pandemic (moving clinical exams online and/or regionally) eg easier to get supervisors together once or twice for big OSCEs than to get buy-in for multiple online or regional exams

Session 2 – The Case for change

Session 2, held on 20 April, focussed on the case for change. Through presentations, the session highlighted how the reliance on 'large scale', infrequently held, high stakes assessments to determine progression or graduation may no longer be the best approach. The session also included insights on how changes to assessment practices was made in a specialist medical college in a UK context.

Participants were introduced to a case study to explore creating a new College. This session explored how the new College can work through issues with developing an assessment program to meet AMC standards. Participants were then able to consider issues including:

- Organisational risk and governance aspects of assessment, including risk mitigation
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- Mitigating false positives and false negatives in assessment program outcomes
- Systems approach and programs of assessment
- The value proposition for assessment

Session 3 – A path to change

Held on 18 May 2021, Session 3 of the assessment workshop series focussed on a path to change. Emeritus Professor David Prideaux's presentation took participants through the AMC's change journey with moving assessment of International Medical Graduates to an online examination format, and plans to move to a hybrid clinical assessment. This was followed by an expert panel discussing the experience of achieving change in wider health education contexts.

Breaking out into groups, participants considered questions related to organisational cultural aspects of assessment that need to be considered when making change, how to get everyone on the same page and have a common philosophy as foundation for change, and barriers and enablers to modernisation of assessment practices. Participants were encouraged to share examples/experience of recent change to 'better practice' assessment and key factors in successful change. Themes emerging from breakout group discussions included:

- Despite a desire to move to work place based assessment, large, 'single shot' or barrier exams are favoured as they are the familiar and understood. Change required a trust relationships with stakeholders

- Concerns remain about transitioning away from current examination practices before a new system is tested, and proven to maintain existing standards
- Feedback culture is important to allow honest and transparent conversations
- Benefits in involving trainees in assessment design
- A programmatic assessment approach seen to have a positive impact on trainee well-being compared to large barrier exams - better preparation, multiple opportunities to be tested, remediate and to meet goals/standards

Session 4 objectives

The focus of Session 4 is to look at next steps and where can we go from here. This session aims to:

- Provide practical examples of organisational change and improvements in assessment practices
- Explore key factors to achieving successful change
- Encourage actions by education providers to modernise assessment programs
- Promote collaboration and sharing of good practice developments

Session 4 Program

2:00pm	**Workshop Opens**
2:00	**Welcome and session overview from the Session Chair** *Associate Professor Andrew Singer AM, Principal Medical Adviser, Australian Government Department of Health. AMC Director. Chair, AMC Prevocational Standards Accreditation Committee. Member, AMC Specialist Education Accreditation Committee and Progress Reports Sub Committee*
2:05	**How we achieved change – success stories**
	Participants will hear success stories of change in organisations assessment processes from: • ***Professor Tim Wilkinson,*** *Professor of Medicine and Medical Education, Otago University* • ***Professor Leona Wilson****, Executive Director, Professional Affairs, Australian and New Zealand College of Anaesthetists & the Faculty of Pain Medicine* • ***Dr Andrew Thompson,*** *Chairman of Board of Ophthalmic Science Examiners, Royal Australian and New Zealand College of Ophthalmologists* • ***Dr Hashim Abdeen****, Chair, AMA Council of Doctors in Training* • ***Professor Michelle Leech****, Deputy Dean Faculty Medicine Nursing And Health Sciences, Head of the Medical Course, Monash University*
2:45	**Panel discussion**
	Joined by additional experts, presenters will have a deeper discussion into driving organisational change, and key factors for success. Topics for discussion include: • Managing organisational cultural change and dealing with cultural issues • How learners can be involved in change • Advantages for learners in adopting a more multi method or programmatic approach • How does making change and innovation fit into the AMC standards

	The panel will also be addressing comments and questions from participants.
3:35	**The case study concludes**
	The story of the case study college, the *Australian and New Zealand College of Medical Mountain Climbers* will conclude. In this session, participants will find out how the College has progressed in their journey.
3:45	**Closing comments from the AMC**
4:00pm	**Workshop closes**

Session Chair

Associate Professor Andrew Singer AM

Principal Medical Adviser, Australian Government Department of Health. Associate Professor in Emergency Medicine, Australian National University Medical School. Senior Specialist in Emergency Medicine, Canberra Health Services. AMC Director. Chair, AMC Prevocational Standards Accreditation Committee. Member, AMC Specialist Education Accreditation Committee and Progress Reports Sub Committee

Associate Professor Andrew Singer is a medical adviser in the Commonwealth Department of Health, advising on health services policy, acute care issues, management of health system emergencies and medical education, training and regulation policy. Andrew is a former President of the Australasian College for Emergency Medicine and executive member of the International Federation for Emergency Medicine.

Andrew is a Director of the AMC, and Chair of the Prevocational Standards Accreditation Committee. He is a member of the AMC Specialist Education Accreditation Committee and its Progress Reports Sub Committee.

APPENDIX 5: AMC ASSESSMENT WORKSHOP PARTICIPANTS SURVEY

Survey - Assessment Workshop Participants

Introduction text

This short survey is designed by the Australian Medical Council (AMC) to find out your views on current assessment practices in Australia and New Zealand, what are the priority issues for you in assessment, what do you think should change, and what are the barriers to achieving this.

Your responses will help shape further AMC work in this area.

The survey is anonymous and should take less than 10 minutes to complete. It can be completed on your computer, tablet or smartphone.

If you have any questions about the survey you can contact the AMC by email – accreditation@amc,org.au

Questions:

1. Are you from, or would you describe yourself as (tick all that apply):

    - Specialist Medical College
    - Medical School
    - Intern Training Accreditation Authority
    - Health jurisdiction
    - Health service
    - Specialty Trainee
    - Prevocational Trainee
    - Medical Student
    - Other health profession
    - Other (please specify)

2. What are the priority issues that should be addressed in assessments? (Rank all that are applicable to you)

    - Less reliance on barrier examinations
    - Less reliance on high stakes examinations
    - Low examination pass rates
    - Ensuring assessment programs are robust
    - Ensuring assessment programs are less vulnerable to disruption
    - Ensuring fairness in assessment
    - Greater emphasis on reliability of examinations
    - Greater emphasis on validity of examinations
    - Greater emphasis on authenticity of assessments (assessment formats mirror practice activities and/or are embedded within the workplace)
    - Systems or mechanisms for giving feedback that is meaningful in the workplace
    - Alignment between assessment, curriculum and training
    - Assessment access and equality for candidates regardless of location

- Disruption to health services related to examination events
- Reducing examination burden on learners
- Impacts of examinations on candidate wellbeing
- Other (please explain)

3. What are the areas of improvement you would like to focus on in your organisation/or would like your organisation to focus on? (Tick all that apply)

   - Less reliance on barrier examinations
   - Less reliance on high stakes examinations
   - Low examination pass rates
   - Ensuring assessment programs are robust
   - Ensuring assessment programs are less vulnerable to disruption
   - Ensuring fairness in assessment
   - Greater emphasis on reliability of examinations
   - Greater emphasis on validity of examinations
   - Greater emphasis on authenticity of assessments (assessment formats mirror practice activities and/or are embedded within the workplace)
   - Systems or mechanisms for giving feedback that is meaningful in the workplace
   - Alignment between assessment, curriculum and training
   - Assessment access and equality for candidates regardless of location
   - Disruption to health services related to examination events
   - Reducing examination burden on learners
   - Impacts of examinations on candidate wellbeing
   - Other (please explain)

4. Please rank the key challenges or barriers to change in assessment.

   - Lack of assessment expertise in the organisation to guide change
   - Technology challenges, security or limitations
   - Lack of change management expertise
   - Cultural factors – fellows/academic staff like the current approach
   - Cultural factors – the exam committee/group likes the current approach
   - Cultural factors – supervisors are uncomfortable with more workplace based assessment
   - Resourcing – lack or technology
   - Resourcing – lack of staff to manage ongoing training of workplace based assessors
   - Other resourcing issues (please specify)
   - Suitable IT systems for analysis of assessment data
   - Other challenges (please explain)

5. What is your vision for best practice in assessment? (Free text box)

6. Has your organisation/learning institution implemented any of the below in regards to assessment (tick all that apply)

   - Online knowledge examinations
   - New examinations that replace traditional examinations such as long-case
   - Multi source feedback
   - Observed clinical encounters
   - Direct observation of procedural skills
   - Mini clinical evaluation exercises
   - Portfolios
   - Entrustable Professional Activities
   - Engaging student/trainee bodies or students/trainees with regards to changes to assessment
   - Co-design of assessments with learners
   - Sharing with other institutions
   - Other

7. The AMC has capacity to develop and share resources on assessment, courtesy of funding from the Commonwealth Department of Health. What resources would you find useful and would like the AMC to share? (Tick all that apply)

   - Short instructional or 'how to' videos
   - Case studies in continuous improvement of assessments
   - Podcasts explaining elements of assessment (Please specify which)
   - Templates for download
   - Literature reviews/research articles
   - Further workshop sessions (Please specify topic/s)
   - FAQs page
   - Discussion Board
   - Review by outside assessment consultants
   - Other (please explain)

8. Do you have any other remarks or comments? (free text)

End of survey

Evidence from medical education literature - strengths and weaknesses in assessment

The COVID-19 pandemic has had a significant impact on education and assessment in Australia and around the world. Although the disruptions in Australia and New Zealand may have been less than many other places in the world, most organisations in medical education have had to adapt their processes. It is fair to say that these many examples of Plan B solutions have met various degrees of success. With the arrival of vaccinations and good hopes for an end to the disruptions in the near future the question what the 'new normal' will look like and how to prepare for it are both relevant and timely. Our viewpoint is that the 'new normal' will not likely be the same as the 'old normal' and, more importantly, that it **should not** be the same as the old normal. Amongst other things, Covid 19 has shown that the old normal was likely to be too vulnerable for disruption and not in keeping with the advances in the relevant literature.

Therefore, with COVID-19 as an unexpected 'catalyst' for improvement and change of current assessment processes, it may be wise to consider some of the robust evidence in the medical education literature about strengths and weaknesses around assessment. The most important of these are discussed in this document. Every subsection makes reference to literature. Each reference is only one example of that literature, and each subsection could be supported by many references.

– The issue of adequate sampling

Every assessment is in fact a small sample out of the whole domain of relevant questions, stations, assignments that could have been used. Even a 200 item multiple-choice examination is only an 'n' of 200 out of the domain of at least tens of thousands of relevant possible questions. Like in research, the smaller the study sample, the lower the generalisability of the results to the population at large, and the less the likelihood of reaching any statistical significance. Sampling does not only relate to the number of items in an assessment but also to the number of examiners, stations and even the number of occasions at which the exam took place. An exam that takes place for one day only is likely to be a more limited sample than assessment on a more longitudinal basis. As in clinical medicine, poor use of a diagnostic procedure or inadequate sampling is not only likely to produce false negatives – candidates failing who are actually sufficiently competent – but also to engender false positives - candidates passing who are actually not sufficiently competent. So, any exam that is based on a limited number of cases, includes judgements from a limited number of examiners or involves observations from limited sources on limited occasions, is likely to produce a significant number of false positive and false negative results[21].

[21] - Swanson DB. A measurement framework for performance-based tests. In: Hart I, Harden R, eds. Further developments in Assessing Clinical Competence. Montreal: Can-Heal publications 1987:13 - 45.
- Swanson DB, Norcini JJ. Factors influencing reproducibility of tests using standardized patients. *Teaching and Learning in Medicine* 1989;1(3):158-66.
- Norcini JJ, Swanson DB. Factors influencing testing time requirements for measurements using written simulations. *Teaching and Learning in Medicine* 1989;1(2): 85-91.

– The issue of domain specificity

Unfortunately, all components of competence suffer from domain (aka content) specificity. This means that performance on one case, station or assignment is a poor predictor of how the same candidate would perform on any other relevant case, station or assignment. This is a counterintuitive concept. We often think that if we have observed a candidate in one situation, we can reliably draw inferences from this and make generalised judgements as to whether the candidate is a competent doctor or not. Unfortunately, this is not the case and is a very robust finding in the literature. The explanation for the phenomenon of domain specificity is quite complex and centres on the capacity of seemingly different cases to connect to the same underlying principle or competence[22]. This has ramifications for generalised judgements about a candidate based on one single observation or case. A candidate who performs poorly on one case and fails an assessment, might have done perfectly on all other given cases, but also a candidate who performs well on a certain given case might have performed very poorly on all other given cases.

- The difference between assessment format and assessment content

Although it is customary in assessment practice to be primarily focused on the format of an assessment, it is actually the content that determines the validity. Counterintuitively, when the same content is being asked of a candidate, the format is relatively unimportant. This has even been demonstrated when comparing an actual, practical OSCE with a written test on physical examination skills[23]. This is probably the most counterintuitive finding and such comparative studies are relatively rare in the literature, but there are myriads of publication comparing different item formats – typically open-ended with multiple-choice– in the medical education literature. In a nutshell, they almost unanimously show that competence does not generalise well across contents but extremely well across formats. So, two multiple-choice items asking different things do not correlate well, and the same holds for two open-ended questions or essays, but a multiple-choice question and an open-ended question asking for the same (applied) knowledge aspect correlate very highly. Therefore, careful item or clinical station writing, thorough review, and post-test psychometric analysis with moderation, contribute more to the validity of an assessment than specific scoring rules, complicated formats and weighting or the way in which numerical scores of different assessments are combined.

– The issue of validity

A central problem in all assessment is the fact that we are trying to assess something that we cannot observe directly. Where, for example, a patient's weight can be both measured but also gauged by observation, every aspect of competence has to be inferred from what is observable. This is a bit like taking a blood pressure. Blood pressure cannot be observed directly, and it has to be inferred from reading a sphygmomanometer whilst gradually lowering the pressure in the cuff auscultating the brachial artery. So, in order to assure that the blood pressure measurement is valid we have to be certain that the measurement is based on a correct procedure, in other words that the observations made by the clinician (from the sphygmomanometer) are correctly translated into numbers. It is also important that sufficient blood pressure measurements are taken to ensure that the findings are

[22] - Eva KW, Neville AJ, Norman GR. Exploring the etiology of content specificity: Factors influencing analogic transfer and problem solving. *Academic Medicine* 1998;73(10):s1-5.

[23] - Van der Vleuten CPM, Van Luyk SJ, Beckers HJM. A written test as an alternative to performance testing. *Medical Education* 1988;22:97-07.

reproducible and that the findings correspond with other measures around cardiovascular health (such as pulse, auscultation, jugular venous pressure, et cetera)[24]. Validity in assessment follows a similar pattern; procedures have to be in place to ensure that the observation of performances correctly translate into scores, that the scores are based on a sufficiently large sample to ensure that they are reproducible/generalisable and that the findings correspond with other measures of assessment so that a complete image of a candidate's competence can be validly made[25].

- The issue of reliability

In its classical sense reliability purely indicates the reproducibility of outcomes of an assessment. This means, in its strictest interpretation, that if a candidate obtains a certain score – let's say 58% – he or she should obtain the same score if he or she were tested again with a similar test of similar difficulty. The slightly less strict interpretation is the expectation that the candidate's position in the rank order from best performing to most poorly performing would be the same, i.e. if they were the fourth best performing candidate on the assessment they would be expected to also be the fourth best performing candidate on a similar assessment. This second interpretation is most often used, for example in the rather famous Cronbach's alpha[26].

This straightforward approach to reliability as reproducibility has long been the only one. However, when assessment started to include human judgement more prominently, and with the increased awareness that competence is not something that can only be expressed in scores but also in narratives, other approaches to reliability have since gained importance. One such approach is based on the concept of saturation of information[27]. Although this concept is derived from qualitative research it is also something that is well-known to almost any practising clinician. When conducting a diagnostic workup, there is always a moment at which the clinician decides that no further diagnostic information is needed, because the diagnosis or the preferred management can be determined with sufficient certainty. This too is a saturation of information principle and can be applied in the same way to assessment.

- The role of feedback

There is overwhelming support in the literature that providing constructive and meaningful feedback leads to more rapid development of expertise and, eventually, to higher levels of expertise.[28] Unfortunately, many educational contexts in medicine do not have a culture of providing constructive

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[24] - Llabre MM, Ironson GH, Spitzer SB, Gellman MD, Weidler DJ, Schneiderman N. How Many Blood Pressure Measurements are Enough? An Application of Generalizability Theory to the Study of Blood Pressure Reliability. *Psychophysiology* 1988;25(1):97-106.

[25] - Kane MT. Validation. In: Brennan RL, ed. Educational Measurement. Westport: ACE/Praeger 2006:17 - 64.

[26] - Clauser BE, Margolis MJ, Swanson DB. Issues of validity and reliability for assessments in medical education. In: Holmboe ES, Hawkins RE, eds. Practical Guide to the Evaluation of Clinical Competence. 1st ed. Philadelphia: Mosby/Elsevier 2008:10 –23.

[27] - Driessen E, Van der Vleuten CPM, Schuwirth LWT, Van Tartwijk J, Vermunt J. The use of qualitative research criteria for portfolio assessment as an alternative to reliability evaluation: a case study. *Medical Education* 2005;39(2):214-20.

[28] - Ericsson KA, Charness N. Expert performance. *American Psychologist* 1994;49(8):725-47.

- Ericsson KA. An expert-performance perspective of research on medical expertise: the study of clinical performance. *Medical Education* 2007;41:1124-30. doi: 10.1111/j.1365-2923.2007.02946.x

and meaningful feedback and of 'closing the loop'[29]. It is clear that this can be seen as a missed opportunity because where there are systems of identifying registrars who are struggling and giving them access to feedback and remediation opportunities they are considerably more likely to perform well. For example, on the fellowship examinations[30] . The incorporation of feedback cycles, focusing on strengths but also weaknesses in combination with opportunities to practice and improve the weaknesses or to retain the strengths with repeated observation, is often called 'deliberate practice'[7].

- The role of the supervisor or assessor

Whereas in written or computerised assessment, validity can be built into the assessment through careful test production, this is not the case with workplace based assessment. In workplace based assessment, the quality of the assessor – their ability to translate what they observe into a meaningful result or score – **is essential** for validity. Untrained assessors will not be able to produce high-quality assessment results. Structured rubrics may mitigate this negative effect of lack of training of assessors[31], but only to a small extent[32]. An important implication of this is that a comprehensive 'picture' of a registrar's or candidate's competence can only be obtained when multiple stakeholders are involved. Each stakeholder has expertise to see certain aspects but may be blind to others. For instance, a scrub nurse may not be a good person to ask about a surgeon's interaction with patients, but may know a great deal about their sensitivities and respect for tissue, and they have far more experience with a range of surgeons. This is the reason why instruments such a multisource feedback are a valuable addition to the range of instruments in an assessment program.

Another development that has demonstrated its usefulness in supporting the assessor in making valid decisions is the use of so-called entrustable professional activities (EPAs)[33]. The biggest advantage of EPAs is that they employ a language which is more intuitive to most clinical supervisors. This is certainly not trivial. One could argue that by asking supervisors to use judgements they have more experience with, instead of using more 'educational' language, they are actually put in a more 'expert' position. Good EPAs lead to demonstrably positive effects on the quality/validity of workplace based assessment[34].

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- The difference between plan B and real improvement through innovation

If we see education also from the perspective of a business, it is worthwhile to make a distinction between the organisation's value proposition and the organisation's processes. As a result of the covert 19 pandemic, many educational organisations – including Australian colleges – have focused on adapting their current processes to an online-only context. In the short term, this has created some breathing space. There is another significant benefit from this application of the proverbial plan B, namely that it has 'loosened the existing processes sufficiently to enable true innovation. The medical education literature is now being populated with publications that describe experiences with moving processes online and lessons that can be drawn from that[35]. In addition, there are publications emerging which advocate for educational organisations to consider more revolutionary changes to their business.[36] There is now a unique opportunity to align educational processes with the imperatives of competency-based education, to extend the assessment tool box from a purely measurement orientation to one that also includes human judgement and due process, and finally, to smooth and the transition between the various phases of the education continuum from the first day of the undergraduate curriculum to the a final day of continuing medical education. Another reason to consider these fundamental changes exists because of the fundamental changes in the learners' affordances. Especially through ICT, learners now have affordances that did not exist in the past[37]; not in the least the continual availability of information everywhere through the Internet. Educational programs that do not sufficiently adapt to these fundamental changes and keep on thinking in terms of tweaking existing processes rather than a fundamental reorientation of their value proposition, run the risk of making themselves vulnerable. So, for organisations whose role is to ensure quality of health professions workforce in a country it is an important consideration whether they want to exert this role purely from a gatekeeper perspective or from the perspective of promoting of quality of all learners. The former typically leads to testing, whereas the latter would lead to a more longitudinal assessment program intertwined with feedback and educational activities.

In summary, for any redesign of assessment, especially within an academic/scientific context, there is consolidated evidence in the medical education literature from which appropriate strategies can be drawn. Unfortunately, a lot of that evidence is not in complete alignment with current practice and tradition. Approaches we believe to be valid and reliable have repeatedly been demonstrated to be all but valid and reliable. It is not an easy task to change assessment approaches in an existing organisation[38], but given the pandemic, the vulnerabilities of the existing (business) models and the rapid improvements and innovations across the globe, there is a real need and opportunity for a fundamental redesign of assessment practices.

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APPENDIX 7: AMC ASSMENT WORKSHOP RESOURCE MATERIAL

Additional resources workshop 1

Competence-based medical education - AMC consultation paper

In medical education as in other health professions, the terms 'competency', 'competency based training' and 'competency frameworks' are increasingly used but have not been clearly defined.

This paper reviews the use of competency-based training in education, and proposes a revised framework for the adoption of competency-based approaches within health professional education. It will articulate and extend the Australian Medical Council's (AMC) understanding of the terms 'competence', 'competency' and 'competency-based training', building to an outline of an AMC framework that will guide the AMC's accreditation of medical programs across the continuum from undergraduate to continuing education, and the assessment of International Medical Graduates (IMGs) for eligibility for general registration and entry into the workforce.

Health professional education is inextricably linked to professional practice within the health care system. An increasing interest in competency-based approaches in the health professions is driven by a number of emerging challenges to health care delivery internationally and domestically. The central concept underpinning the AMC framework is that overall competence is dependent on the development of discrete competencies but also on the development of tacit knowledge and that overall competence is dependent on the stage of training, the context and varies over a professional's working life. This paper proposes that the approach to competency-based training as used in the Australian Vocational Education and Training (VET) sector is not always suitable for application in all areas of medical education and training.

The paper can be found on the AMC website here.

Additional resources workshop 2

Resources from the Programmatic Assessment Workshop 2017

The AMC held a workshop in 2017 on the topic of programmatic assessment, with Professors Cees Van Der Vleuten and Lambert Schuwirth as presenters. The aim of the workshop were to give participants an opportunity to:

- Gain an understanding of the fundamentals of Programmatic Assessment. Review common problems and innovations in assessment across the medical continuum and at the AMC to understand the alignment with programmatic assessment concepts and AMC standards.
- Share good ideas and ask burning questions about assessment from experts and peers.
- Gain practical strategies for how to design and implement a programmatic approach to assessment Share information about a range of pilots of National and International innovations in assessment across the medical continuum and at the AMC relating to programmatic assessment
- Reflect on how to further improve assessment practices in their training program and future directions for review of AMC standards on Assessment

Resources generated from the Programmatic Assessment Workshop include the workshop report and case studies about implementing programmatic assessment across the continuum of medical education, and these can be found in the 'resources' section on the event website here.

Additional resources workshop 3

Embedding change

Design and Implementation of assessment processes in medical education is complex. To effectively embed change which will stick, it is important to think through how to introduce the change and how to approach it from a multi-dimensional perspective including consideration of political, cultural, structural and people frames.

Current literature regarding innovation for assessment in medical education focusses on the quality of educational product and is theoretically grounded in psychometrics.

Increasingly, it is becoming evident that whilst the quality of the innovation in medical education is vital, quality alone does not ensure success. This is because the context and times in which we find ourselves are ones of complex change and disruption.

To maximise the success of innovation and sustainability of educational programs, we need to explore program design and implementation in terms of complexity and adaptive systems.

Implementation challenges and solutions for integration of workforce development across the continuum are multiple and key issues summarised below:

- Importance of not reinventing the wheel – leveraging off good practice
- Professional development of supervisors to equip them to undertake new assessment approaches
- Change management
- Agile project innovations
- Resistance to change
- Ensuring models are fit for purpose – stakeholders have opportunities to have their say
- Communication of change
- Technology infrastructure and access
- Implementing competency based approaches so they move to integrated programs of assessment
- Implementation that works across diverse settings
- Monitoring of success to inform continuous improvement

A new lens? Complexity and Adaptiveness

It is useful to consider change from a complexity and adaptivity lens when undertaking innovation which:

- is large scale
- involves high stakes decisions
- is national or global
- involves changing/contesting the perception and role of education provider
- interfaces with employer processes
- disrupts existing practices
- prompts significant personal reaction from stakeholders.

Stepping Out the Change

Three Horizon Thinking is a useful framework to consider the TIMING and SPACING of change activities.

Three Horizon Thinking is based on research into how organisations sustain growth. This framework stresses that throughout their lifecycle organisations must attend to existing businesses (horizon 1) whilst still considering areas they can grow in the future (horizon 2 and 3).

- Horizon 1 represents those core activities of the business most readily identified with the company name. Here the focus is on improving performance to maximise remaining value.
- Horizon 2 encompasses emerging opportunities including to consolidate new businesses and may include significant investment in technology and spatial infrastructure, capability growth and processes.
- Horizon 3 contains ideas for profitable growth down the road – for instance, small ventures such as research projects, pilot programs or minority states in new businesses which focus on new ways of growing the business and exploring new markets and ideas of what and how to do the business.

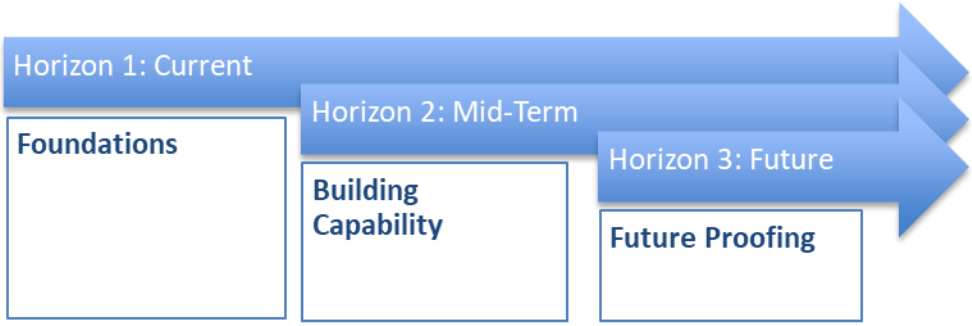

Figure 1: Three Horizon Thinking

The Four Frames[39] is a useful tool to help us with the change TAKING HOLD and EMBEDDING in the Imagination, Systems and Institution.

It is based on research into how organisations adopt a balanced approach to leadership and organisational change. This framework stresses that throughout their lifecycle organisations must attend to activity in four key frames: the people, the political (adapted to partnerships in the proposed model), the culture and the structural.

Reframing organisations, through use of these four frames identified by Bolman and Deal, recognises that when many organisations face challenges a common default solution is the structural frame, which results in structural change. By seeking activity in all four frames research shows that change is more likely to be acceptable to stakeholders and leads to enduring change to practice.

Structure emphases the task related elements of work. It concentrates on strategy, measurable goals, clarifying tasks, responsibilities and reporting lines, agreeing metrics and deadlines and creating systems and procedures.

Political addresses the idea that individuals and interest groups often have competing (often hidden) agendas, especially in times when budgets are limited and organisations need to make difficult choices. In this frame we see coalitions – building partnerships and alliances to support key initiatives.

People places emphasis on people's needs, human contact, personal growth through learning and education and job satisfaction.

Culture focuses on people's need for a sense of purpose and meaning in their work. It includes creating a motivating vision, attending to rituals including celebrations and everyday behaviours, which demonstrate and reinforce the value of the key initiatives.

Combining the two thinking tools for change together, The Three Horizons and Four Frames, yields a useful planning model that considers timing, spacing and embedding of change, as depicted in Figure 2.

[39] Bolman, L. G. and Deal, T.E. (1991) *Reframing Organisations: Artistry, Choice and Leadership* Jossey-Bass Business and Management Series, San Francisco, USA.

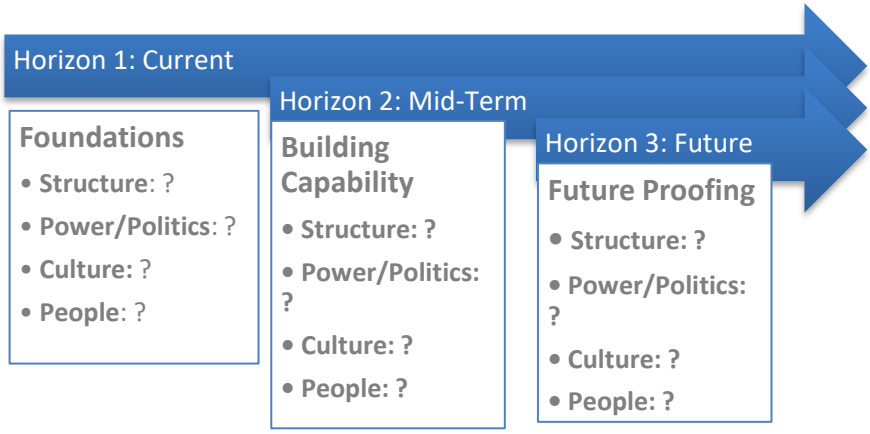

Figure 2: Three Horizon Thinking and Four Change Frames

The key message in considering change is that context matters.

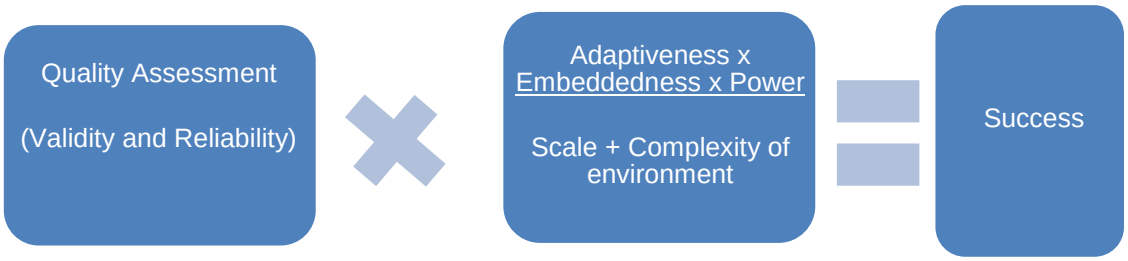

Figure 3: A model of success

Strategies for implementation and embedding change

The following questions and support strategies based on the leadership and organisation reframing change model of Bolman and Deal[40] is designed to explore some broader issues of design and implementation of the change including about the structural, people, power/political, and cultural issues.

Structure

The structural frame of an organisational change focuses on elements such as review of the organisational structure and impact of the change on workflow. In this frame strategy is established and resource management and technology infrastructure is considered. It also takes into account key tasks which need to be undertaken related to the change and role definition - who is doing what.

Key focus questions

1. **Strategy:** What is the change management and implementation strategy for your organisation?

[40] Bolman, L. G. and Deal, T.E. (1991) *Reframing Organisations: Artistry, Choice and Leadership* Jossey-Bass Business and Management Series, San Francisco, USA.

2. **Governance and policy:** How does implementation of the change impact governance and policy at your organisations and for other stakeholders i.e. health services? What are the legal frameworks and legislation impacts?
3. **Technology Infrastructure:** Will implementing the change impact of the technology infrastructure at your organisation?
4. **Project planning:** How will your organisation establish a project plan setting out clear tasks and role delegation to implement the change?
5. **Organisational structure and workflow:** What is the impact of the change to the structure and workflow?
6. **Roles and responsibilities:** How will the change impact the roles of people at your organisation and roles of other stakeholders?
7. **Resource management:** How will implementation be reflected in resource management planning?

People

The people frame explores impacts on people. This frame focuses on the support required to enable people to actively engage in the change, the need to assess whether your organisation has the necessary capability to manage the change and stresses the importance of establishing plans post implementation for staff. Support strategies in this frame focus on communication, training, engagement and capability plans. It stresses the importance of rewards and recognition throughout the change process. The people frame acknowledges that people will have different reactions to the change ranging from early adopters to resistors. This frame focuses on listening to their voices and leveraging off their strengths to refine your development, risk management and implementation plans.

Key focus questions

1. **Engagement:** What is the strategy and method to engage stakeholders?
2. **Capability Assessment:** How capable is your organisation to design and implement this change? Are additional resources and/or support plans required?
3. **Communication:** What is the communication plan related to the change? What are the key messages, how can communication about the change be delivered using trusted sources to those impacted by the change?
4. **Training:** What education and training should be accessed and promoted to support your organisation and stakeholders to gain the skills they need to adopt to the new way?
5. **Reward and recognition:** How can your organisation reward and recognise efforts of stakeholders as they engage in the change?
6. **Champions:** Who are the champions of the change and how can their energy, support and skills to help with the change?
7. **Managing resistance**: What is the nature and reason for and sources of the resistance and fear of change - what aspects should be considered in improvements to approaches in minimisation of risk and which concerns are unfounded? What is the strategy for turning unfounded negativity around?
8. **Post implementation plans**: What are the ongoing requirements of the change post implementation? What plans do you need to put in place to ensure ongoing support for staff and stakeholders in maintaining the system?

Power/ politics

The power/political frame recognises that the implementation of change may involve shifts in the power dynamics between different groups impacted by the change. A useful strategy for mapping the political landscape is to create a 'heat map' of your organisation and stakeholders to draw a visual representation of the supporters and resistors of your planned change. This frame can reveal some of the underlying barriers and threats which if left unattended can result in lack of engagement with and adoption of the change. In addition, this frame includes new opportunities and ways of working. The power/political frame includes positive and enabling strategies such as the forging of new partnerships and networks and the mobilisation of non-human agency through the use of technologies. Encouraging individuals and organisations to form partnerships and new networks dedicated to new ways of working can render broad benefits at an individual, organisational, community and system level. Central to this frame is resilience and the openness of spirit to explore new opportunities to innovate, create efficiencies and minimise risk.

Key focus questions

1. Power dynamics: what are the power dynamics within your organisation? What are the attitudes towards change, and specifically change related to adoption of new assessment practices?
2. Heat maps: Consider drawing a visual heat mat showing the adoption of the change for your organisations and stakeholders - red for resistance, orange for luke-warm, green for champions.
3. Resistance plans: What is the plan to manage those resistant to change?
4. Partnerships and networks: What partnerships and networks can you engage in to support the implementation of the change?
5. Non-human agency: How can the change be used to improve efficiencies, minimise risk and innovate in your organisation and stakeholders?
6. Resilience: How is your organisation planning to build resilience through the change process during implementation?
7. Openness to new opportunities: How is your organisation planning to foster and lend power to the opportunities the change achieves for individuals, organisations, systems and stakeholders?

Culture

The cultural frame is typically thought of as "the way we do things around here". Culture is expressed in the everyday acts and behaviours accepted and reinforced by the organisation and individuals within it. The organisational culture is reinforced through an official account and the rituals and stories it tells internally and externally. To instigate cultural change one can draw on the evidence of ethnography (observation of how things are actually done in the organisation), symbols and most powerfully through the behaviour promoted and modelled by its leaders. Importantly, culture is enduring and complex to change. It requires time, patience, a commitment to learning, quality improvement and collective efforts drawn from implementation of strategies in the other frames to evolve and instigate positive change - from little pockets of change big things can grow.

Key focus questions

1. **The way we do things:** If you had to describe "the way we do things around here in terms of attitudes and adoption of assessment approaches" at your organisation - what would your answer be?
2. **Official accounts:** What is your official account of the promotion of fair and transparent methods of fostering change?
3. **Everyday acts and behaviours:** How consistently is the official account reinforced by the everyday acts and behaviours of your organisation and stakeholders?
4. **Rituals:** What rituals does your organisation have related to assessment practices? What new rituals could you introduce to reinforce the use and value of potential change?
5. **Symbols:** What symbols represent your organisation and how do they relate assessment? What new symbols could be introduced to reinforce the value of change?
6. **Stories:** What stories are told at an official and informal level related to assessment?
7. **Leadership:** How supportive are the key leaders at your organisation for change? How is your organisation going to encourage champions for change?
8. **Modelling:** To what extent does your organisation model adaptiveness and change in everyday behaviour?
9. **Time:** Consider the profile and personalities in your organisation. What are their time preferences - quick adoption or slower processing including reflection. What is a reasonable timeframe to bring about change? How can you break this change down in manageable bite size chunks and progressively implement viable solutions and innovate further to improve systems and approaches?
10. **Organisational learning:** How do you gather and act on insights and feedback loops to further improve systems?

Further reading

Bendermacher, G. W. G., Dolmans, D. H. J. M., de Grave, W. S., Wolfhagen, I. H. A. P., oude Egbrink, M. G. A. Advancing quality culture in health professions education. Advances in Health Sciences Education (2021) 26:467–487 https://doi.org/10.1007/s10459-020-09996-5

Lundblad, Jennifer P. A review and critique of Rogers' diffusion of innovation theory as it applies to organizations. Organization Development Journal; Winter 2003; 21(4) 50-64.

Muhiuddin Haider & Gary l. Kreps (2004) Forty Years of Diffusion of Innovations: Utility and Value in Public Health, Journal of Health Communication, 9:sup1, 3-11.
https://www.tandfonline.com/doi/abs/10.1080/10810730490271430

Trisha Greenhalgh, Glenn Robert, Fraser MacFarlane, Paul Bate, and Olivia Kyriadikou. Diffusion of Innovations in Service Organizations: Systematic Review and Recommendations. The Milbank Quarterly, Vol. 82, No. 4, 2004 (pp. 581–629)

Additional resources workshop 4

A paper from the AMC with evidence from medical education literature about strengths and weaknesses around assessment can be found in the 'resources' section on the event website here

Tim J Wilkinson, Mike J Tweed, Tony G Egan, Anthony N Ali, Jan M McKenzie, MaryLeigh Moore and Joy R Rudland: Joining the dots: Conditional pass and programmatic assessment enhances recognition of problems with professionalism and factors hampering student progress. BMC Med Educ **11,** 29 (2011). https://bmcmededuc.biomedcentral.com/articles/10.1186/1472-6920-11-29

Podcasts:

Wilkinson, T. J., and Ryan, A. (2020). Programmatic assessment: Part 1. Med Ed Source. Retrieved from: https://player.whooshkaa.com/episode/652240

Wilkinson, T. J., and Ryan, A. (2020). Programmatic assessment: Part 2. Med Ed Source. Retrieved from: https://player.whooshkaa.com/episode/652243

Websites:

This website provides insights into organisation culture, including different types of organisational culture and the dimensions of organisational culture – https://hi.hofstede-insights.com/organisational-culture