



## Australian Medical Council statement on the consideration of the Royal Australian and New Zealand College of Psychiatrists Alternate Assessment Pathway

### The role of the Australian Medical Council

The Australian Medical Council (AMC) develops standards for medical education and training in all phases of medical education, including specialist medical education. In its accreditation processes, it assesses education providers and their medical programs against these standards and monitors them to ensure they continue to meet the standards. This is undertaken by the AMC on behalf of the Medical Board of Australia and the Medical Council of New Zealand. The standards for the accreditation and assessment of specialist medical training and continuing development programs are published on the AMC's website [here](#).

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

The AMC does not prescribe or approve specific assessments for accredited medical education and training programs. It is the role of each provider (in the case of specialist medical training, each College) to determine the methods that will most appropriately assess the competencies that must be achieved in their training program/s and to demonstrate that their approach will ensure the program meets the accreditation standards. The accreditation standards require that the assessments are fit for purpose and allow for trainees to demonstrate progress over time. They also have a focus on trainee engagement and communication, set clear expectations that trainees will be involved in the governance of their training and the requirements of the training program and assessment are clear and accessible.

In its accreditation processes, the AMC has a focus on continuous improvement and sharing practice. In the context of concern about the challenges of delivering assessments during the COVID-19 pandemic and the issues experienced by Colleges in moving to online assessment formats, the AMC ran a series of online workshops over 2020 and 2021. These workshops brought Colleges, Medical Schools and others together to share learning and discuss emerging best practice in assessment design and delivery. During these workshops the AMC expressed concern at the reliance on high stakes barrier assessments in specialist medical training programs, both in terms of the extent of judgement being made about trainees' performance and progress in a 'point in time exam' and, because of the impact on trainees lives and the health system from the need to prepare for these exams, which are often

held infrequently. The AMC has asked Colleges to consider how they can move to more balanced programs of assessment that increase the focus on trainees' performance in the workplace.

### **The Alternate Assessment Pathway – initial proposal**

In the days immediately following the 20 November 2021 Royal Australian and New Zealand College of Psychiatrists (RANZCP) Audio Visual Objective Structured Clinical Exam (OSCE), the chair of the AMC's Specialist Education Accreditation Committee, AMC's Chief Executive Officer and AMC staff met with trainees and with RANZCP officers and staff to understand the issues and concerns.

In view of the challenges with delivering the OSCE in the COVID-19 pandemic, the AMC requested assurance from the College that it would, as a matter of urgency, identify opportunities for trainees across Australia and New Zealand to complete the training program and agreed to expedite consideration of the College's proposals.

The College submitted proposals for the Alternate Assessment Pathway (AAP) as an alternative to the OSCE on 3 December 2021. The proposal included substantial and careful work on blueprinting to demonstrate how the AAP would be aligned to the training program outcomes and thereby ensure that trainees graduating the program would be prepared to practise as specialists. This is important for public safety and for trainees and Specialist International Medical Graduates (SIMGs), to prevent any perception that they have not met the standard required to practice as a specialist.

In considering the proposals, the AMC was aware of the mixed views amongst trainees, to some extent related to the varying impact of the pandemic on the delivery of exams across the states and territories and in New Zealand. The AMC was also aware that there had been a number of resignations of trainee representatives from the Trainee Representative Committee.

The AMC Specialist Education Accreditation Committee (SEAC), which is responsible for assessing specialist medical training programs against the accreditation standards reviewed the College's proposal for the AAP in detail on 5 December 2021. Then, on 7 December, on the basis of advice from the Committee, AMC Directors determined that the College was likely to be able to continue to substantially meet the accreditation standards in implementing the AAP. AMC Directors set a new condition on the accreditation:

**Condition 16** Work with trainees to ensure there are effective transparent mechanisms for trainees to be regularly engaged in the governance of their training (Standard 7.2.1)  
*Evidence of progress in addressing this condition should be reported to the Specialist Education Accreditation Committee by March 2022 and the College to provide evidence it has satisfied this condition in its 2022 reaccreditation assessment.*

And made the following recommendation to RANZCP:

**Recommendation OO** Consider including trainee representation with voting rights on the RANZCP Board to build trust with trainees (7.2.1)

SEAC understands that progress on addressing this issue is well underway.

## **The Alternate Assessment Pathway – proposal to implement the pathway in place of the AV OSCE scheduled in March 2022**

On 9 February 2022, the SEAC considered the College's plans to extend the AAP to the March 2022 AV OSCE candidates. The Committee's consideration related to whether the accreditation standards will continue to be met.

In line with the AMC's policies and procedures, SEAC considered the concerns from trainees that appeared to be systemic in nature and relate to the accreditation standards. All of these concerns had been raised with the College by the trainees; in some cases the AMC was copied in, in other cases correspondence with the College was forwarded to the AMC.

SEAC also considered an update from the College on the implementation of the AAP for the trainees and SIMGs who had been enrolled in the November 2021 AV OSCE and the College's responses to the issues related to the accreditation standards that trainees had raised in their concerns.

SEAC remains supportive of an alternative assessment pathway (AAP) to the OSCE, to ensure access to opportunities for progression. The Committee is also supportive of the use of workplace based assessment tools and recognizes the work the College had already done to develop these assessment methods.

While acknowledging the challenges associated with using the workplace based assessments in a different way than they had been designed for, SEAC did identify some areas of concern in the implementation of the AAP. These included some elements of the implementation that were not in keeping with the information presented to the Committee. They raise the risk that the accreditation standards are not being met and there were. In summary these are:

### **1 The portfolio review process**

Standard 5.1.1 of the accreditation standards requires that the College 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.

Standard 5.1.2 requires that the College clearly documents its assessment and completion requirements. All documents explaining these requirements are accessible to all staff, supervisors and trainees.

While the approach of a portfolio review continues to be supported by the Committee as a sound basis for assessment, the implementation appeared to introduce requirements for passing the domains of Medical Expert and Medical Manager. There has been no information to suggest that these are requirements applied to either the OSCE or the conceded two-station passing threshold implemented for the November sitting. Recognising that the detail of the AAP was still being refined, this criteria was not included in the information shared with the AMC in December 2021 or in the College's update received in January and so the rationale was unclear. The AMC requested assurance that the requirements of the alternative assessment pathway are fair when compared to the requirements of the OSCE.

There were some concerns that the use of two to three In-Training Assessments alone did not enable a full view of trainees' progression. In evaluating the implementation of the AAP, the College is encouraged to consider the selection of documents helpful to trainees in demonstrating their progression against the graduate outcomes.

In addition, the Committee requested a review of the communications for trainees on the AAP. While the College's communiques set out the criteria being used, from the information available thus far, they did not explain the reasoning for the choice of criteria or how the AAP had been developed.

## **2 Review of the decision of the Portfolio Review Oversight Panel**

Standard 1.3.1 requires the College to have reconsideration, review and appeals processes that provide an impartial review of decisions related to training and education functions. It makes information about these processes publicly available.

Standard 1.3.2 requires a process for evaluating de-identified appeals and completes to determine if there is a systems problem.

It was clear that a review of the decision of the Portfolio Review Oversight Panel was offered to trainees and that this was conducted with some urgency, however it was not entirely clear in the College's communications with trainees what that review would entail, whether additional information would be included in that review or the relationship between that review and the College's review reconsideration and appeals process, given that those trainees whose reviews did not result in a pass in the portfolio were offered the opportunity to apply for another review.

While the College provided detailed information to the AMC in December on how the review, reconsideration and appeal process applied, the College should consider the need to clearly articulate the review, reconsideration and appeals process specifically in the context of the AAP for trainees and may wish to consider waiving the cost of reviews to trainees, given the current context.

Given the AAP applies assessments differently than originally intended, the College is strongly encouraged to apply a trainee-centred and SIMG-centred approach to the review process and consider all information that may contribute to understanding the trainees' progress/SIMGs' performance and attainment of the graduate outcomes.

It did not appear from the College's response to the AMC that these reviews had prompted reflection on the portfolio review process and the College is encouraged to consider (and communicate with trainees) how any learning from the review process is informing the implementation and development of the AAP.

## **3 The implementation of the case-based discussion (CbD)**

In addition to standards 5.1.1 and 5.1.2 outlined above, which are also relevant here, standard 7.3.3 requires timely and correct information to trainees about their training status to facilitate their progress through training requirements.

The implementation of the CbD component appeared to differ from the approach communicated to the AMC and to trainees in December 2021. The SEAC had understood that trainees would be able to use an existing CbD summary, no older than 12 months. In January 2022, communication to trainees included a new patient consent form, specifically for the AAP CbD and an increased word count for the patient summary (1500 words, compared to 500 words). Similarly, the information in December indicated that one local assessor and one external assessor would conduct the AAP CbD but subsequent communications indicate that the CbD will be conducted by two external assessors.

While these changes may be sound in terms of assessment methodology, they have understandably caused significant stress and, at the time of consideration, the rationale for the changes have not been well communicated to trainees.

The requirement to consent a new patient and produce a new case summary appears to be particularly difficult for trainees who have finished training and/or are awaiting fellowship to take up new roles.

Relatedly, the rationale for the CbD to be mapped broadly to the seven domains/graduate outcomes rather than focus specifically on any gaps identified in the portfolio review process does not appear to have been communicated clearly to trainees and SIMGs.

#### **4 College engagement with the wider trainee and SIMG community**

While the Committee understands that the College has taken care to co-design the AAP with trainee and SIMG representatives, it is aware that a number of members of the Trainee Representative Committee resigned at the end of last year citing concern with this structure and that there continues to be differing views across trainee groups.

The College did not appear to have undertaken open engagement sessions with the broader trainee community since December and a number of the complaints shared with the AMC indicated that the College had not responded to trainees' or SIMGs' concerns, in a timely manner.

In this context, it is important that the College be mindful of in meaningful engagement across trainee groups and SIMGs that demonstrates the commitment of the College leadership to listen and to work with trainees to address their concerns.

The Committee was particularly concerned that 'priority' trainees who had not been passed in the portfolio review received this news on the 23<sup>rd</sup> of December 2021, as the College closed for two weeks over Christmas. The Committee recognises that the College was working hard to complete the portfolio reviews before Christmas, as requested by trainees. However in the College's response to the AMC in January 2022, there were no details of support for trainees/SIMGs or communications with those who were not passed in the portfolio review, over this close-down period.

It is important that the College properly plans and resources communications with trainees as the AAP continues to ensure that trainees get timely feedback on their assessments, the opportunities for review and the next steps, along with any additional support mechanisms the College has put in place.

#### **5 The Written Assessments scheduled for February and March 2022**

The AMC was copied into correspondence from trainees expressing concerns about and requesting confirmation of contingency arrangements for the RANZCP Critical Essay Question and Modified Essay Question examinations on 22 February 2022, and the Multiple Choice Question examination on 11 March 2022.

Given the proximity of these exams, the Committee was concerned about the lack of timely response to trainees. The Committee strongly encouraged the College to be trainee-centred in its approach to contingency planning, noting that trainees as clinicians, family members and individuals continue to be affected by the impact of COVID-19, even in the absence of lockdowns.

## **Outcome of the Specialist Education Accreditation Committee consideration**

While continuing to support the AAP as mechanism for ensuring trainees have opportunity to demonstrate achievement of the graduate outcomes and complete the training program, SEAC did express some concern about the impact on College's resourcing to manage the extension of the AAP to all candidates enrolled in the March OSCE and, at the same time, provide an appropriate level of support to candidates through that process. The Committee suggested that College may wish to consider a phased approach to further implementation of the AAP.

SEAC recognises the challenging situation in which the College is developing and implementing the AAP and the importance of understanding how potential changes may or may not affect the College's accreditation. It has therefore offered to identify a short term expert advisory group to give advice on what the College will need to present to the AMC to address the standards and the issues identified by SEAC.

SEAC has emphasised the need for the College to keep the AMC informed as it evaluates and refines the AAP, and demonstrate how the accreditation standards will continue to be met. The College is scheduled to provide an update to the AMC on the evaluation of the AAP and extension of the AAP to further cohorts at the end of March 2022.

The AMC will continue to keep the Medical Board of Australia and the Medical Council of New Zealand informed of developments and its Committee's considerations.

Professor Robyn Langham  
**Chair, Specialist Education Accreditation Committee**  
**Australian Medical Council**

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