

ATTACHMENT 4

Accreditation of WBA Providers: Standards and Procedures – Updated March 2024 for consultation (Part B only)

Contents

Glossary	iii
Part A: What are accredited Workplace Based Assessment programs?	1
A1 Introduction	1
A2 What is the purpose of the Workplace Based Assessment program?	1
A3 How does completion of a WBA program relate to eligibility for general registration?	1
A4 What does a Workplace Based Assessment program involve?	2
A5 What organisations are responsible for the standard of the WBA program?	3
A6 How does the AMC accredit Workplace Based Assessment programs?	4
A7 Further information and resources	5
Part B: Procedures for AMC accreditation of Workplace Based Assessment providers and programs	6
B1 Management of the accreditation process	6
B2 AMC conduct	7
B3 The purpose of accreditation of Workplace Based Assessment providers	7
B4 The scope of AMC accreditation of Workplace Based Assessment providers	7
B5 Conflict of interest	7
B6 Confidentiality	8
B7 Complaints	8
B8 Fees and charges	9
B9 Administration of the accreditation process	9
B10 Accreditation outcomes	13
B11 Monitoring of accredited programs and providers	14
Part C: Standards for AMC accreditation of Workplace Based Assessment providers and programs	17
Standard 1 Context	17
Standard 2 Independence	18
Standard 3 Selection of candidates for WBA programs	18

Standard 4	Workplace Based Assessment plan, methods and blueprinting	18
Standard 5	Standard of the assessment and outcome of assessment	22
Standard 6	Reporting and recording procedures	22
Standard 7	Selection, training and calibration of assessors	23
Standard 8	Review and evaluation	25
Standard 9	Annual reporting	25

Consultation Draft

Glossary

AHPRA	Australian Health Practitioner Regulation Agency.
Applicant / candidate	The international medical graduate undertaking Workplace Based Assessment.
AMC	Australian Medical Council.
AMC CAT MCQ	Australian Medical Council Computer Adaptive Test Multiple Choice Question examination for international medical graduates.
AMC Assessment Committee	The Committee responsible for assessment outcomes and overall results in the AMC Examinations. It has final responsibility for approving the assessment content of the WBA pathway.
AMC Clinical Examination	A 16-station integrated multidisciplinary structured clinical assessment. It assesses clinical skills in Adult Health - Medicine, Adult Health - Surgery, Child Health, Emergency Medicine, Mental Health and Women's Health.
Initial accreditation	The first period of accreditation granted to the Workplace Based Assessment provider.
International medical graduate assessment pathways	The <i>Standard Pathway</i> is for international medical graduates seeking general registration with the Medical Board of Australia and involves completion of the written examination (AMC CAT MCQ) AND either the AMC Clinical Examination or an accredited Workplace Based Assessment program.
	The <i>competent authority pathway</i> is for international medical graduates seeking general registration with the Medical Board of Australia, who have completed a primary medical degree and training or assessment with a Medical Board-approved competent authority.
Assessor	In the context of Mini-CEX and CBD assessments, an assessor is a medical practitioner who assesses the candidate's clinical skills in the workplace. The AMC defines an assessor as someone with general or specialist registration and at least four years' postgraduate experience in the Australian healthcare environment or who has equivalent experience and has trained in a Competent Authority country (United Kingdom, Canada, United States, New Zealand or Ireland). For direct observation of procedural skills assessors may also be registered nurses with appropriate clinical assessment experience. For multi-source feedback, assessors include medical practitioners and co-workers. In some cases, patients may provide feedback.
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 goal of the discussion is to assess 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 such as obtaining informed consent, appropriate pre-procedure preparation, technical ability, communications skills and overall clinical competence in performing the procedure.
Indigenous health	The term Indigenous health is used to refer to the health of Aboriginal and Torres Strait Islander peoples of Australia.
ITA/ Supervisor report	In-training assessment reports (also known as structured supervisor reports) are based upon direct observation of the candidate in real clinical settings over a period of time. Observations are carried out by supervisors assigned to the candidate but others may play a role and contribute to the assessment of communication, interpersonal skills, ethical behaviour, reliability and professional integrity.
MBA	Medical Board of Australia.
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 a variety of sources. These sources may include colleagues, other co-workers (nurses, allied health) and patients. Questionnaires completed by each of these groups assess a candidate's performance over time in contrast to a specific candidate encounter. 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.
Prevocational Standards Accreditation Committee	PreVAC: The committee responsible for the accreditation of WBA providers, including the initial accreditation, monitoring and any subsequent re-accreditation.
The provider	The body seeking accreditation, which may be a health service, a jurisdiction, a specialist college or similar.
WBA Results Panel	The Group responsible for reviewing and confirming WBA candidates results on behalf of the AMC Assessment Committee. It also reviews and confirms the WBA assessment plans for new providers prior to their accreditation as a provider by the Prevocational Standards Accreditation Committee.

Part A: What are accredited Workplace Based Assessment programs?

A1 Introduction

The Standard Pathway (Workplace Based Assessment) was developed by the AMC in response to a 2006 Council of Australian Governments' directive to ensure nationally consistent assessment of international medical graduates. It is an alternative to the clinical examination component of the standard assessment pathway for international medical graduates.

The Workplace Based Assessment (WBA) pathway is designed for international medical graduates who have passed the AMC Computer Adaptive Test Multiple Choice Question (CAT MCQ) examination, hold limited registration as a medical practitioner and are appointed to a hospital or general practice position. If they gain selection to an AMC- accredited WBA program, the candidate completes a suite of workplace based assessments. Successful candidates are awarded the AMC Certificate, which provides a qualification for general registration. These WBA guidelines have been developed to provide information to WBA providers, applicants, health services and jurisdictions.

The *Procedures for AMC accreditation of Workplace Based Assessment providers and programs* at Part B explain how the AMC assesses applications for accreditation of WBA programs, and how it monitors those programs once accredited.

The *Standards for AMC accreditation of Workplace Based Assessment providers and programs* at Part C detail what providers must demonstrate to be granted and maintain AMC accreditation.

A2 What is the purpose of the Workplace Based Assessment program?

The Standard Pathway (Workplace Based Assessment) provides a different or alternative method of assessment to the clinical examination component of the standard pathway.

The assessment program tests that the candidate possesses an adequate and appropriate set of clinical skills and the essential professional qualities to practise safely within the Australian healthcare environment and cultural setting.

Assessment of competence measures what a doctor is capable of doing within controlled environments whereas performance assessment (such as Workplace Based Assessment) measures what a doctor actually does in practice.¹ Performance assessment contributes important information about an international medical graduate's overall suitability for independent practice in Australia.

A3 How does completion of a WBA program relate to eligibility for general registration?

International medical graduates who are not eligible for the Competent Authority Pathway and who want to apply for general registration have to complete the Standard Pathway. All applicants in the Standard Pathway must have passed the AMC CAT MCQ examination before presenting for either the AMC Clinical Examination – for those on the Standard Pathway (AMC Examinations) or assessment of their performance in the workplace – for those on the Standard Pathway (Workplace Based Assessment).

¹ Rethans JJ, Norcini JJ, Baron-Maldonado M, Blackmore D, Jolly BC, LaDuca T, Lew S, Page GG, Southgate LH. The relationship between competence and performance: implications for assessing practice performance. *Medical Education* 2002;36:901-909

All international medical graduates on the Standard Pathway must first pass the AMC CAT MCQ examination before they can apply to the Medical Board of Australia for registration. International medical graduates who have passed the AMC CAT MCQ examination can apply for [limited registration](#).²

The AMC Certificate is awarded to international medical graduates who have successfully completed all components of the AMC Examinations: AMC CAT MCQ examination and either the Clinical Examination or an accredited Workplace Based Assessment program.

International medical graduates on the Standard Pathway (AMC Examinations or Workplace Based Assessment) must successfully complete a 12-month period of supervised practice before being eligible to apply for [general registration](#).³ All international medical graduates are required to comply with the Medical Board of Australia's [Registration Standards](#)⁴ and the requirements for general registration.

A4 What does a Workplace Based Assessment program involve?

A WBA program is a structured assessment program of a minimum of six months' duration during which the candidate's performance is assessed on the job using validated methods of assessment including direct observation and indirect methods that can be applied in the clinical setting. Typically the summative⁵ component of the program is no more than 12 months.

The Medical Board of Australia requires all medical practitioners with limited registration to practise under supervision and WBA candidates must work under supervision, while completing the WBA program.

All assessment methods have strengths and weaknesses and, in a WBA program, no single method will, on its own, assess all of the domains outlined below. Inherent limitations in any single method may be addressed by making multiple observations over time and using multiple assessment methods.

The candidate's knowledge and performance is assessed regularly across the following clinical areas:

- Adult Health – Medicine
- Adult Health – Surgery
- Child Health
- Emergency Medicine
- Mental Health and
- Women's Health.

The following domains are assessed for each area:

- clinical skills (history taking, physical examination, investigations and diagnosis, prescribing and management, counselling/patient education, clinical procedures)
- clinical judgment
- communication skills
- ability to work as an effective member of the healthcare team

² Medical Board of Australia: <http://www.medicalboard.gov.au/Registration/Types/Limited-Registration.aspx>

³ Medical Board of Australia: <http://www.medicalboard.gov.au/Registration/Types/General-Registration.aspx>

⁴ Medical Board of Australia's Registration Standards: <http://www.medicalboard.gov.au/Registration-Standards.aspx>

⁵ Assessment includes both summative assessment, for judgements about progression, and formative assessment, for feedback and guidance.

- ability to apply aspects of public health relevant to clinical settings
- Indigenous health and cultural competence
- professionalism
- patient safety.

To meet AMC accreditation requirements, the WBA program must provide for the candidate to be:

- assessed by at least the three following assessment methods, and others as determined by the provider, to ensure all domains of performance are appropriately assessed:
 - Mini-clinical evaluation exercise (Mini-CEX)
 - Case-based discussion (CBD)
 - Multi-source feedback (MSF) and
- observed in the clinical setting over time, with multiple observations by multiple assessors.

A5 What organisations are responsible for the standard of the WBA program?

Role of the WBA provider

The accredited WBA provider is responsible for delivering a Workplace Based Assessment program that:

- meets the AMC accreditation standards
- is conducted according to their AMC accredited assessment plan using the AMC WBA forms for the applicable assessment methods.

The accredited WBA provider is responsible for reporting the outcomes of assessments to enable the AMC to decide on the award the AMC Certificate to successful candidates. The provider reports to the AMC on:

- the results of individual candidates
- Workplace Based Assessment processes.

The WBA provider:

- employs the candidate
- offers the candidate a place in its Workplace Based Assessment program
- conducts the assessment program and
- uploads its WBA candidate results to the AMC WBA portal using the AMC WBA forms for the applicable assessment methods.

The program is not a training program, although continuous feedback offers many opportunities for professional development and is likely to be a key factor in candidates' success.

Role of the AMC

The AMC is responsible for the assessment of international medical graduates in the Standard Pathway.

The AMC accredits providers to conduct Workplace Based Assessment, subject to providers continuing to demonstrate via annual monitoring submissions to the AMC that they meet the accreditation standards.

The AMC Prevocational Standards Accreditation Committee considers applications for accreditation of WBA providers. This includes initial accreditation, monitoring, reviewing material changes to programs and providers, and subsequent reaccreditations.

The AMC Assessment Committee is responsible for confirming assessment outcomes and overall results in the AMC Examinations. The Assessment Committee is responsible for approving the assessment content of the WBA pathway.

Since the AMC awards the AMC Certificate to candidates who successfully complete an AMC-accredited WBA program, it is also responsible for monitoring the assessment of individual candidates. The AMC:

- confirms the eligibility of the candidates for the WBA pathway
- coordinates the offer and acceptance process for eligible candidates
- checks that candidates have completed assessments as specified in their WBA provider's accredited assessment plan
- checks and confirms the candidate results
- awards the AMC Certificate to successful candidates.

The AMC does not have a role in securing employment for international medical graduates seeking to join a Workplace Based Assessment program.

Role of the Medical Board of Australia

The Medical Board of Australia is responsible for registering and regulating medical practitioners. The Medical Board administers the Health Practitioner Regulation National Law, as in force in each state and territory which defines the requirements that applicants for registration need to meet to be registered. The Medical Board has also developed registration standards that have been approved by the Australian Health Workforce Ministerial Council that define eligibility for registration.

The Medical Board of Australia requires that all international medical graduates are supervised. The Board has developed guidelines on supervised practice for international medical graduates.

The Board develops codes and guidelines to guide the profession. These help to clarify the Board's expectations on a range of professional issues. One such document is *Good medical practice: a code of conduct for doctors in Australia*.

A6 How does the AMC accredit Workplace Based Assessment programs?

To be accredited by the AMC, a WBA provider must demonstrate that it meets the *Standards for AMC accreditation of Workplace Based Assessment providers and programs (Part C)*. Procedures for accreditation are at **Part B**.

Information for organisations wishing to apply to become accredited WBA program providers is available on the AMC's website here: <https://www.amc.org.au/accredited-organisations/accreditation-of-new-wba-providers/>

A7 Further information and resources

AMC-accredited WBA providers

The list of AMC-accredited WBA providers is available on the AMC website [here](#).⁶

WBA provider accreditation

Please address queries about applying to become a WBA provider to prevac@amc.org.au.

WBA candidate enquiries

Candidates should direct any queries regarding their specific WBA program to the relevant [WBA program provider](#).⁷

WBA resources

The [AMC website](#) provides information on the Standard Pathway (Workplace Based Assessment), candidate eligibility and WBA process, accredited WBA providers, how to apply, information for candidates and a WBA Online Resources.

The [WBA Online Resources](#)⁸ is designed to help AMC-accredited providers of WBA programs to continue to improve and standardise their training programs. It aims to provide AMC candidates on the Standard Pathway (WBA) with a clear picture of what to expect when undertaking certain kinds of WBA. The website features interactive learning modules on two popular WBA assessment tools (case-based discussion and multi-source feedback). Website users can also watch videos of effective feedback sessions. The modular format enables users to customise their time to the most effective areas for learning.

The [WBA Resource Guide](#)⁹ is designed for WBA providers. It provides information about the principles of Workplace Based Assessment and the essentials for developing a successful clinical assessment program conducted within the workplace. It is designed to complement the AMC accreditation standards for Workplace Based Assessment. The information in the guide is generally applicable to any health profession introducing Workplace Based Assessment.

⁶ The AMC website WBA information link: <https://www.amc.org.au/assessment/pathways/standard-pathway/workplace-based-assessment-standard-pathway/>

⁷ The AMC website WBA information: <https://www.amc.org.au/assessment/pathways/standard-pathway/workplace-based-assessment-standard-pathway/>

⁸ The WBA online website link: <https://www.amc.org.au/workplace-based-assessment/>

⁹ The WBA Resource Guide link: <https://www.amc.org.au/workplace-based-assessment/resource-guide/>

Part B: Procedures for AMC accreditation of Workplace Based Assessment providers and programs

B1 Management of the accreditation process

The AMC has been appointed by the Medical Board of Australia to conduct accreditation functions for the medical profession under the Health Practitioner Regulation National Law.

This set of procedures relates to the following AMC functions:

- to improve health through advancing the quality and delivery of medical education and training associated with the provision of health services in Australia and New Zealand
- to act as an external accreditation entity for the purposes of the Health Practitioner Regulation National Law
- to assess, or oversee the assessment of, the knowledge, clinical skills and professional attributes of overseas qualified medical practitioners who are seeking registration as a medical practitioner in Australia under the Health Practitioner Regulation National Law and whose qualifications are not approved qualifications for medicine under the Health Practitioner Regulation National Law.

The AMC Prevocational Standards Accreditation Committee makes decisions on accreditation of WBA programs and providers including the initial accreditation, monitoring and any subsequent reaccreditation.

Under its terms of reference, the Committee:

- (i) advises the AMC on guidelines, policy and procedures
- (ii) oversees AMC assessment and review of intern training accreditation authorities
- (iii) oversees AMC assessment and accreditation of providers of assessment processes for international medical graduates including Workplace Based Assessment under the Standard Pathway (Workplace Based Assessment) and pre-employment structured clinical interviews (PESCI)
- (iv) seeks to encourage improvements in medical education in Australia and New Zealand that respond to evolving health needs and practices, and educational and scientific developments, including:
 - contributes to and advises the AMC on national and international developments and discussions concerning medical education
 - sponsors and undertakes activities that promote improvement in medical education.
- (v) sets an annual program of activities and reports to each general meeting of the Council on its activities.

The Committee includes members appointed after consultation with health jurisdictions; the Australian Medical Association; and the Confederation of Postgraduate Medical Education Councils. The Committee also includes a graduate of a workplace based assessment program, a doctor in training, prevocational training supervisors, a member with experience in the assessment of international medical graduates, a member with a background in, and knowledge of, health consumer issues and a position to enhance the contribution of Aboriginal and/or Torres Strait Islander peoples to the AMC's accreditation processes.

The AMC asks organisations undergoing accreditation to deal directly with AMC staff who will provide as much help and advice as possible on the accreditation processes. However, organisations are responsible for the preparation of their accreditation application and for advising the AMC of changes in their processes or requirements.

B2 AMC conduct

The AMC will:

- (i) recognise each organisation's autonomy to set its educational direction and policies in response to its specific operating environment and context
- (ii) in making decisions, gather and analyse information and ideas from multiple sources and viewpoints
- (iii) follow its documented procedures, and implement its accreditation process in an open and objective manner
- (iv) adopt mechanisms to ensure that members of assessment teams, monitoring submission reviewers, committees and staff apply standards and procedures in a consistent and appropriate fashion
- (v) apply a code of conduct for members of assessment teams, monitoring submission reviewers, committees and staff
- (vi) review its processes and the accreditation standards on a regular basis
- (vii) gather feedback on and evaluate its performance; and
- (viii) work cooperatively with other accreditation authorities to avoid conflicting standards and to minimise duplication of effort.

B3 The purpose of accreditation of Workplace Based Assessment providers

Accreditation of WBA programs and providers allows the AMC to assess that the workplace based assessment program provider meets national standards and gives the AMC a mechanism to decide whether or not to award the AMC Certificate to candidates who complete a WBA program.

B4 The scope of AMC accreditation of Workplace Based Assessment providers

The AMC accredits WBA programs that meet its WBA accreditation standards.

Each program is accredited for the assessment plan that has been approved by the AMC and the locations approved by the AMC. Any variations to the assessment plan or locations of the WBA program must be approved by the AMC.

While the AMC does not accredit a provider for a specified cohort size, a change in the number of candidates may affect the capacity of the provider to deliver the program at the level of quality necessary to meet the standards, and the AMC will consider whether such changes represent a material change in the program.

B5 Conflict of interest

Members of AMC committees are expected to make decisions responsibly, and to apply standards in a consistent and an impartial fashion.

The AMC recognises there is extensive interaction between the organisations that set standards for and provide medical training and education in Australia. Often, individuals are involved in a number of programs and processes. The AMC does not regard this, of itself, to be a conflict.

The AMC requires its Directors and members of its committees to complete standing notices of interest and to update these regularly. These declarations are available at each meeting of the committee. The agendas for AMC committee meetings all require members to declare personal or professional interests which might, or might be perceived to, influence their capacity to undertake impartially their roles as members of the committee.

The committee decides how the member's interest in a particular item will be managed. For example, the member may be excluded from the meeting or from discussion of the relevant item at committee meetings within guidelines provided by the AMC. Members will not vote on matters on which they have a declared personal or professional interest. All declared interests will be recorded in the committee minutes, as will the committee's decision in relation to the interest.

B6 Confidentiality

In order to discharge its accreditation functions, the AMC requires organisations undergoing accreditation to provide considerable information in accreditation submissions and in subsequent monitoring submissions. This may include sensitive information, such as strategic plans, honest appraisal of strengths and weaknesses, and commercial in confidence material.

The AMC requires the members of its committees and any assessment teams to keep confidential the material provided by WBA providers and, subject to the statements below on research, to use such information only for the purpose for which it was obtained in conjunction with the AMC assessment process.

The AMC provides detailed guidance to its committees on its confidentiality requirements and their responsibilities for secure destruction of information once an assessment is complete.

The AMC may conduct research based on information contained in accreditation submissions, monitoring submissions, surveys and stakeholder submissions. The results of this research may be published in AMC policy and discussion papers. Normally, this material will be de-identified. If the AMC wishes to publish material which identifies individual WBA assessment providers it will seek the accredited provider's permission.

B7 Complaints

The AMC does not have a role in investigating personal complaints. The AMC assesses Workplace Based Assessment providers against the relevant accreditation standards. It is the WBA provider's responsibility to document its processes and to provide an avenue for candidates to have their results reviewed or a formal appeals process. If the appeal process is exhausted at the WBA provider level and the candidate has grounds for appeal, the appeal application can be lodged through the WBA Guidelines for appeal process.

From time to time the AMC will receive questions and/or complaints about the processes of WBA providers it has accredited or is assessing. Those complaints may come from candidates, staff, or other stakeholders. They may also be referred to the AMC by other bodies involved in the regulatory framework such as the Medical Board of Australia or Ahpra. The AMC policy, *Complaints about programs of study, education providers and organisations accredited by the Australian Medical Council* available on the AMC website applies.

In broad terms, complaints will fall into one or two categories:

- a A personal complaint which the complainant seeks to have investigated and rectified so as to bring about a change to their personal situation. This would include, for example, matters

such as selection, recognition of prior learning/experience, training post allocation, assessment outcomes, or dismissal from training.

- b A systemic complaint which may evidence some systemic matter that could signify a failure of a program or provider to meet accreditation standards.

The AMC complaints process relates to systemic complaints.

B8 Fees and charges

From July 2016, a charge will apply for assessment of new providers and the monitoring of accredited providers. Please consult the AMC for advice on fees.

B9 Administration of the accreditation process

9.1 Types of accreditation assessments

The AMC undertakes accreditation assessments in the following circumstances:

- assessment of new Workplace Based Assessment providers
- assessment of proposals for material change in established Workplace Based Assessment programs and/or providers
- assessment for the purposes of extension of accreditation of established Workplace Based Assessment programs and/or providers, through the AMC monitoring process.

9.1.1 AMC advisory groups

There are circumstances where prospective and established WBA providers require additional advice on AMC accreditation requirements. In these circumstances, with the agreement of the provider, the Prevocational Standards Accreditation Committee may establish an advisory group.

The advisory group works with the provider to clarify the requirements for accreditation that must be satisfied. The advisory group does not:

- give detailed advice on program development, or delivery; it is expected that the provider will engage appropriate staff or consultants if such expertise is required
- contribute to writing the provider's submissions to the AMC
- make a recommendation on accreditation to the AMC.

The advisory group determines the frequency and means of contact with the WBA provider.

The advisory group is required to keep the AMC accreditation committee informed of any plans for meetings or site visits.

The provider pays the direct cost of the work of the advisory group.

9.1.2 Initial accreditation of a new provider

The AMC welcomes a notice of intent from potential new providers.

The AMC asks organisations intending to seek accreditation as a WBA provider to advise the AMC of the planned implementation so the AMC can give general advice on the early planning for the program to meet the accreditation standards; and complete all the accreditation steps before the program is scheduled to begin. The AMC expects to receive notice of intent to become an accredited WBA provider at least nine months before implementation.

The organisation seeking accreditation lodges a submission for initial accreditation addressing the standards for accreditation, stating the proposed locations, the length of the program and the proposed candidate numbers, and describing the assessment plan.

The Prevocational Standards Accreditation Committee assesses the application against the accreditation standards. The Committee may seek advice from the Assessment Committee and/or the AMC WBA Results Panel on the assessment plan.

The AMC may decide that an advisory group should be established (see 9.1.1). Any written advice will be provided by the Prevocational Standards Accreditation Committee not the advisory group.

The AMC will not grant initial accreditation of a new provider and program unless the applicant can provide access to assessment in all required clinical areas (see Part C, standard 4).

The Committee makes a decision on accreditation of the provider and its assessment plan.

9.1.3 Material changes to an accredited program and/or provider

A material change includes:

- a change in capacity to manage the WBA program such as decreased resources and staff, or increased cohort size
- a change in the program such as addition of, or change to, location, or change in the program length or
- a substantial change to an existing element of the accredited assessment plan such as removal or addition of an assessment instrument to the accredited program or change in assessment method.

The provider should contact the AMC for advice on whether a change is material or minor.

9.1.4 Formal reconsideration of the Committee's accreditation findings

An organisation may seek formal reconsideration of the Committee's accreditation findings.

Reconsideration is undertaken by the Prevocational Standards Accreditation Committee. The organisation must lodge a request for reconsideration in writing with the secretary of the Committee within 14 calendar days of receiving the Committee's accreditation findings.

Within 30 days of receiving the Committee's accreditation findings, the organisation must identify the areas of concern, and provide a full explanation of the grounds for reconsideration and any additional material considered relevant to the reconsideration.

The Prevocational Standards Accreditation Committee will discuss the request for reconsideration either at its next scheduled meeting or by special arrangement. The Committee will determine any process considered necessary to undertake the reconsideration.

The Committee considers the accreditation findings, the material supplied by the organisation, and any additional material and documentation agreed by the Committee. The Committee finalises its accreditation findings. The Committee will advise the organisation of its response to the request for reconsideration in writing following its meeting and provide a copy of its final accreditation findings.

Where an organisation remains dissatisfied with the Committee's final accreditation findings, it may make a request for an internal review of a decision to refuse accreditation/to grant accreditation subject to conditions (see 9.1.5). The organisation is given 14 calendar days to respond.

9.1.5 Internal review of a decision to refuse accreditation/to grant accreditation subject to conditions

The organisation may seek an internal review of the decision to refuse accreditation, or of the decision to grant accreditation subject to conditions. Internal review is review based upon all of the material and information available to the Prevocational Standards Accreditation Committee

at the time it made its decision. (Note internal review does not include consideration of new material or variations to the organisation's submission.)

An organisation must make any request for an internal review of a decision identified above in writing to the AMC Chief Executive Officer within 14 calendar days of receiving the outcome of the formal reconsideration process. A fee applies to the internal review process.

Within 30 calendar days of receiving the outcome of the formal reconsideration process, the organisation must provide a detailed explanation of each matter which the organisation claims is in error in the original decision or justifies a different decision, together with any conditions or amended conditions which are proposed by the organisation.

The AMC will establish a review committee comprising members with appropriate qualifications and experience which will meet as required to consider any request for a review of a decision to refuse accreditation/to grant accreditation subject to conditions. The review committee will provide independent advice and will therefore not include any person involved in the original assessment, or the Prevocational Standards Accreditation Committee.

The review committee will determine the process to be undertaken for the review and will inform the education provider of that process and the timeframe.

The review committee considers the Prevocational Standards Accreditation Committee's final accreditation findings, all submissions by the organisation during the original process and the submission made by the organisation as part of the request for internal review. The review committee may seek further information from the Prevocational Standards Accreditation Committee, the organisation or AMC staff.

The review committee may recommend that AMC Directors:

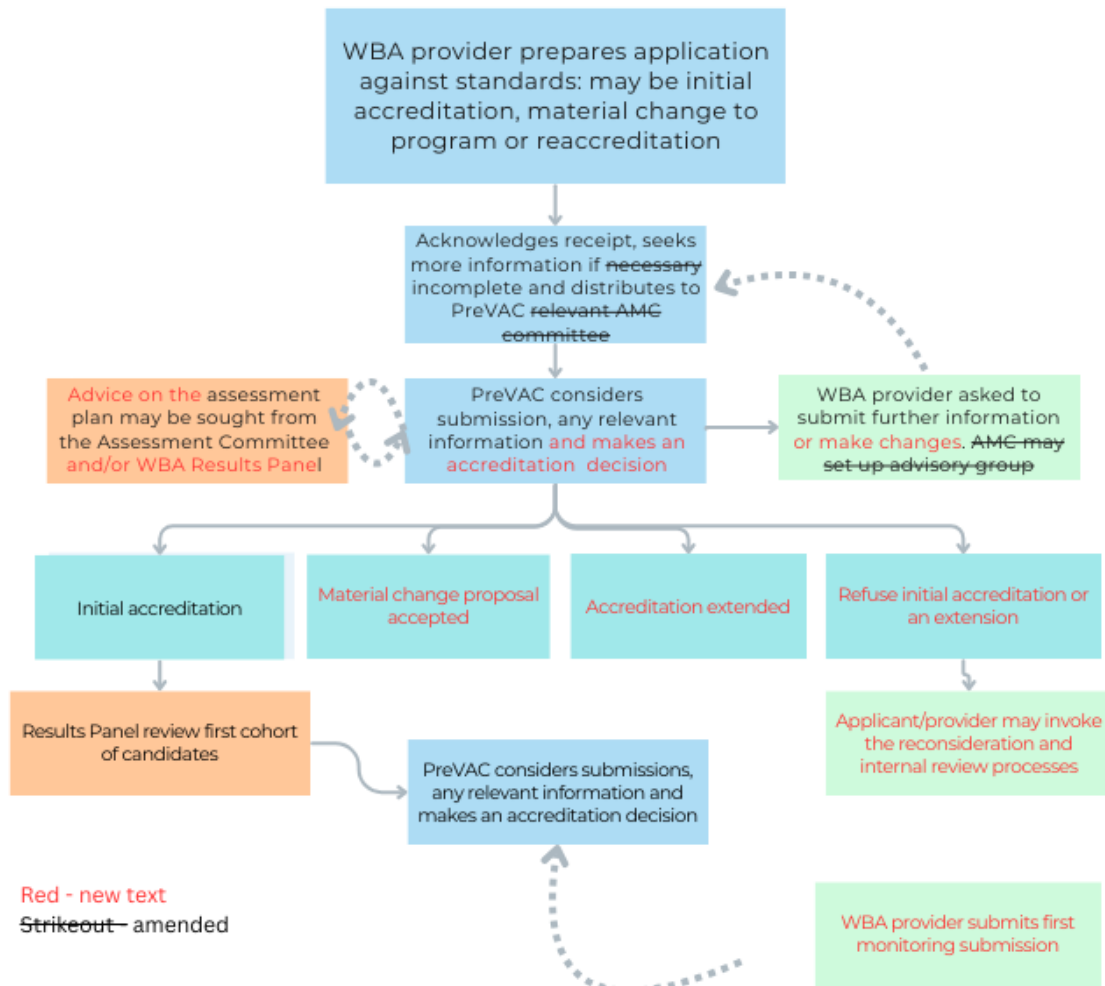
- (i) confirm the decision which is the subject of the review, or
- (ii) revoke the decision and refer it to the Prevocational Standards Accreditation Committee for further consideration (either in whole or in part), or
- (iii) revoke the decision and replace it with another decision.

The review committee may also recommend that the AMC waive part or all of the costs associated with the review.

The AMC Directors consider the review committee's recommendation and make a decision on the accreditation. The AMC will notify the organisation of the decision.

Figure 1: Application for accreditation as a WBA provider (marked-up)

Figure 1: Application for accreditation as a WBA provider - Marked-up



Material changes in the WBA assessment program of an accredited provider, such as removal or addition of an assessment instrument to the accredited program, will be referred to the Prevocational Standards Accreditation Committee for consideration and approval through the process for considering material changes to accredited providers.

The Prevocational Standards Accreditation Committee will assess the application against the accreditation standards. The Committee will seek advice from the Chair of the Assessment Committee on any changes to the assessment plan.

The AMC may decide that an advisory group should be established (see 9.1.1).

After considering the application and any other information, the Prevocational Standards Accreditation Committee makes a decision on accreditation of the provider and its assessment plan.

A WBA provider that makes changes to its accredited program which satisfy the accreditation standards may be granted initial accreditation subject to satisfactory monitoring submissions and until the results of the first cohort of candidates can be evaluated by the Assessment Committee (see 10.1).

B10 Accreditation outcomes

The range of options available to the AMC in granting accreditation to WBA programs and providers is set out below. The AMC may accredit a provider if it is reasonably satisfied that the WBA program and the provider meet the accreditation standards.

Each accredited provider will undergo a reaccreditation assessment at least every four years. Reaccreditation assessments are by review of an accreditation extension submission and the AMC experience in monitoring the provider and WBA program over the accreditation period.

10.1 Initial accreditation

Where the AMC is reasonably satisfied that a new WBA program and provider, or a provider which has made a material change to the program, meet the accreditation standards, it will grant initial accreditation subject to satisfactory monitoring submissions, until the Assessment Committee evaluates the results of the first cohort of candidates.

For providers with initial accreditation, the Assessment Committee will consider all the results of the candidates to establish that the overall result is valid and that the AMC Certificate should be awarded.

If the Assessment Committee identifies no deficiencies in the assessment program plan and/or in the results of the first cohort of candidates, and the Prevocational Standards Accreditation Committee determines that accreditation standards continue to be met, the Prevocational Standards Accreditation Committee may grant accreditation to the provider (see 10.2).

If the decision is to refuse accreditation, the AMC will give the organisation written notice of the decision, and its reasons; and the procedures available for reconsideration and internal review of the decision within the AMC. (See 9.1.4 and 9.1.5)

10.2 Reaccreditation of established WBA programs and providers

The accreditation options for established WBA programs and providers are:

- 1 Accreditation for four years (with or without conditions) subject to satisfactory monitoring submissions. In the year the accreditation ends, the WBA provider will submit an accreditation extension submission for reaccreditation rather than a monitoring submission. Subject to a satisfactory report, the AMC may grant a further period of accreditation.

When a provider has been granted full accreditation for WBA, the Assessment Committee will receive and sign-off the provisional assessment outcomes from the accredited provider and may review the results or conduct random audits of results.

In particular, results will be reviewed if:

- the provider identifies a concern with the performance of an individual candidate; OR
- a provider with full accreditation assesses a candidate as a FAIL.

In all such cases, the Assessment Committee will conduct a full review of the assessment outcomes of the WBA pathway before confirming the result.

- 2 Accreditation for periods shorter than four years where standards are only substantially met and subject to satisfactory monitoring submissions. At the conclusion of this period, the AMC will conduct a review to determine if the standards are met and accreditation can be extended.
- 3 Accreditation may be revoked when the provider has not satisfied the AMC that the WBA program is being, or can be, delivered at a level consistent with the accreditation standards.

If the AMC revokes accreditation, it will give the organisation written notice of the decision, and its reasons; and the procedures available for reconsideration and internal review of the decision within the AMC. (See 91.4 and 9.1.5)

B11 Monitoring of accredited programs and providers

11.1 Purpose of AMC monitoring

Once it has accredited a Workplace Based Assessment provider, the AMC monitors the program and provider to ensure they continue to meet the accreditation standards.

The principal monitoring mechanisms are structured annual monitoring submissions, and accreditation extension submissions every four years. In addition, the AMC expects that an accredited Workplace Based Assessment provider will report at any time on matters that may affect the accreditation status, such as a change to capacity or any change that may meet the definition of a material change to the program.

The Prevocational Standards Accreditation Committee considers these reports.

If at any time the AMC has reason to believe that changes are occurring or planned in the accredited provider or its work that may affect the provider's accreditation status, it may seek information from the accredited provider in writing.

11.2 Monitoring submissions

The aim of annual monitoring submissions is to enable the AMC to monitor accredited providers and their programs. The reporting requirement is in no way intended to inhibit new initiatives or the gradual evolution of WBA programs.

The AMC may require additional reports from a Workplace Based Assessment provider granted a shorter period of accreditation.

In their monitoring submissions, providers:

- inform the AMC of significant changes, made or planned, relevant to the accreditation standards
- respond to AMC conditions on their accreditation, recommendations for improvement and AMC questions concerning information in earlier monitoring submissions
- provide data concerning the operations of the WBA program for the previous 12 months.

AMC staff provide each provider with an outline for the monitoring submission about four months before the report is due.

11.2.1 Decision on monitoring submissions

The Prevocational Standards Accreditation Committee will consider the submission and determine whether:

- (i) the submission indicates that the program and accredited provider continue to meet the accreditation standards for Workplace Based Assessment providers; or
- (ii) further information is necessary to make a decision; or
- (iii) the accredited provider may be at risk of not satisfying the WBA accreditation standards.

If the submission is considered satisfactory, the provider is advised. The AMC provides details of any matter to be addressed in the next monitoring submission and identifies any accreditation conditions which have been satisfied and do not need to be addressed again.

If the Committee needs more information to make a decision on the monitoring submission, it advises the provider of the information required and a date for submission. The Committee may decide that an advisory group should be established (see 9.1.1).

If the Committee's consideration of a monitoring submission results in a change to the accreditation status of a program and its accredited provider, or identifies material changes to the accredited program or accredited provider, the Committee will advise the accredited provider and outline the procedures the AMC will follow.

11.3 Accreditation extension submission

When it grants accreditation, the AMC indicates the year in which the accreditation of the Workplace Based Assessment provider and its program will expire. In the year accreditation expires, the AMC will indicate if the Workplace Based Assessment provider is able to seek extension of the accreditation. The AMC considers requests for extension via an accreditation extension submission.

In the accreditation extension submission, the Workplace Based Assessment provider is expected to provide evidence that it continues to meet the accreditation standards, and that it has maintained its standard of assessment and an adequate resource base. The report also provides an appraisal of the developments since accreditation, and information on plans leading up to the next AMC reaccreditation.

If, on the basis of the report, the Prevocational Standards Accreditation Committee decides that the Workplace Based Assessment provider is continuing to satisfy the accreditation standards, it may extend the accreditation of the program and provider. The maximum period of extension possible is usually four years. At the end of this extension, the provider may again seek extension of accreditation.

The AMC will provide a report on the outcome of its consideration of the organisation's extension of accreditation submission. Refer to sections 9.1.4 and 9.1.5 for details regarding the reconsideration/internal review processes.

11.4 Unsatisfactory progress procedures

The procedures described below relate to circumstances where the AMC, on the basis of monitoring submissions or other material, considers the WBA provider may no longer meet the accreditation standards or may have difficulty meeting the standards in the future.

The AMC will investigate the concerns. It will inform the WBA provider of its concerns and the grounds on which they are based. It may require that no new candidates are enrolled while the investigation is underway. The provider will be asked to respond to the statement of concerns by the next meeting of the Prevocational Standards Accreditation Committee or within a shorter timeframe, depending on the nature of the concerns.

The Prevocational Standards Accreditation Committee will consider the response information from the WBA provider regarding the statement of concerns and will make a decision on these matters.

If the AMC investigation leads it to reasonably consider the accredited program no longer meets the accreditation standards, the AMC will either impose conditions on the accreditation or revoke the accreditation.

If the AMC intends to restrict accreditation, for example by imposing conditions and/or shortening the accreditation period or revoke accreditation it will work with the provider to facilitate, so far as practicable, candidates enrolled in the program completing the assessment requirements.

The Prevocational Standards Accreditation Committee will confirm the outcome and the AMC will advise the WBA provider of its decision. Refer to sections 9.1.4 and 9.1.5 for details regarding the reconsideration/internal review processes.

Consultation Draft

Part C: Standards for AMC accreditation of Workplace Based Assessment providers and programs

This section includes the standards the AMC uses to assess Workplace Based Assessment providers. The notes provide further explanation of the standards and/or guidance on contemporary good practice relevant to the standard. The notes are not standards. Not all standards are accompanied by notes.

Standard 1 Context

- 1.1** The provider is an organisation with appropriate governance structures, expertise and resources to conduct WBA and manage a WBA program, including designated responsibility for:
- the selection and appointment of eligible candidates
 - the selection, training and calibration of assessors
 - the selection of patients and case records for assessment
 - the assessment blueprinting process
 - awarding provisional results
 - management of relevant records including candidate records and records of relevant committee meetings.
- 1.2** The provider has defined the types of positions for which it will conduct WBA (e.g. hospital and/or GP positions).
- 1.3** The provider has ongoing capacity to conduct WBA, demonstrated by adequate resources and support from the sponsoring health services for the WBA program.
- Note:** A new provider should have evidence of permission to engage in provision of the Workplace Based Assessment program in the relevant health service(s) and be able to present a budget demonstrating adequacy of resources.
- 1.4** The provider works effectively with the Medical Board of Australia/AHPRA, and has partnerships with its own stakeholders including employers and recruiters as relevant to ensure that:
- stakeholders are aware of, and accept responsibilities for, their various roles to support workplace based assessment
 - the responsibilities for leading interactions between the stakeholder and the WBA provider are stated.
- 1.5** The provider has an appropriate profile of professional and administrative staff to manage the WBA program.
- 1.6** The provider has processes to ensure that the duties, working hours and supervision of candidates, balanced with the requirements of workplace based assessment are consistent with the delivery of high quality, and safe patient care.
- 1.7** The provider recruits and uses educational expertise in the development, management and continuous improvement of its assessment processes.

Note: Providers might show educational expertise through using local educators from relevant academic and clinical backgrounds or through twinning arrangements with other providers. The AMC sees particular value in these arrangements for new providers.

Standard 2 Independence

- 2.1 The provider makes decisions related to the operation of the WBA program independent of undue influence from any stakeholder.
- 2.2 The WBA provider has developed and follows procedures for identifying, managing and recording conflicts of interest in decision making about the WBA program and outcomes.

Note: Conflict of interest documentation should show the processes in place to ensure that the assessments are clear of any conflict of interest on the part of the employer, the assessors, supervisors and the candidates.

Standard 3 Selection of candidates for WBA programs

- 3.1 The provider verifies that applicants for the WBA assessment pathway have passed the AMC CAT MCQ examination before accepting the applicants as WBA program candidates.
- 3.2 The provider must state any additional pre-requisites, for example in relation to previous experience as a medical practitioner.
- 3.3 The provider has selection processes that are appropriate for selection into WBA programs, and are fair and transparent.
- 3.4 Candidates must have a contract for the entire period of the program.

Standard 4 Workplace Based Assessment plan, methods and blueprinting

Note – the AMC intends to expand the notes in this section. These changes will not affect the standards.

- 4.1 The assessment plan:
 - comprises a range of tools appropriate to the clinical domains being assessed
 - lists reliable and validated methods of assessment for the clinical setting including:
 - o **direct observation**, to assess the clinical skills domain which may also cover aspects of other domains
 - o **indirect methods**, such as structured supervisors' reports¹⁰, case-based discussions, multi-source feedback.

Notes:

The methods vary in their ability to assess different aspects of performance in different contexts. WBA providers are encouraged to innovate in their assessment methods and to trial new methods with the prior approval of the AMC.

All methods have strengths and weaknesses. In a WBA program no single method can, on its own, assess all of the dimensions outlined above. Making multiple observations over

¹⁰ This is usually the Medical Board of Australia's structured feedback form

time, using both multiple observers and both multiple assessment methods helps to overcome inherent flaws in any single method.¹¹

Workplace based assessment is a program of summative assessment. However, candidates may be offered formative attempts in each assessment method before the first summative attempt for that method. Providers and assessors must inform candidates as to whether each assessment is formative or summative prior to the assessment, as formative assessments will not contribute to the result of a summative assessment.

- 4.2** Direct observation assessment methods: the WBA program assesses the clinical skills dimension by direct observation, using reliable and validated assessment methods. The direct observation assessment covers the clinical skills and the clinical areas listed in the detailed guidance under this standard.

Notes: Assessments based on direct observation (Mini-CEX, DOPS and day to day supervision) provide reliable measures of clinical performance, so long as sufficient encounters are observed. The provider should be able to demonstrate that the instruments used can produce reliable results for the number of encounters assessed within the total observation time.

Direct observation methods assess the interaction between the candidate and the patient but they may not assess other skills that affect work performance, such as team work. Their strength is in the provision of feedback after each patient encounter.

The various assessment methods will take place across different time frames. Some of the directly observed methods such as Mini-CEX, for example, take place over a short period (20 to 30 minutes including immediate feedback) and cannot cover all the required domains in a single assessment. Each of these assessments would thus focus on a sample of the required domains across the clinical areas so that over the course of the WBA program for the particular assessment tool each candidate is assessed across the full range of domains and clinical areas. For each assessment event it is important that the candidate knows the dimensions being assessed and the clinical areas covered.

- 4.3** Indirect observation assessment methods: the WBA program assesses clinical judgment, communication skills, ability to apply aspects of public health relevant to clinical settings, cultural competence, teamwork, professionalism and attention to patient safety using indirect assessment methods such as supervisors' reports, case-based discussions, multi-source feedback or audit. These domains can also be included in direct observation assessment.

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

- 4.4** Assessment documentation: The provider's documentation on the WBA program should:
- indicate the period over which assessment will be conducted
 - distinguish the purpose of performance appraisal for employment from that of Workplace Based Assessment, although common tools may be used
 - indicate the period over which direct observation assessment encounters are spread and the number of encounters and total observation time to be undertaken
 - indicate the frequency of indirect assessment reports
 - describe the processes in place to give feedback to candidates and to provide remedial assistance if appropriate
 - demonstrate how patient consent and privacy will be addressed.

¹¹ Epstein RM. Assessment in Medical Education. *NEJM* 2007; 356(4):pp387,10pgs.

- 4.5** The WBA provider develops blueprints documenting each Workplace Based Assessment method, and how each is used to assess the clinical domains and clinical areas.

Detailed notes on the assessment plan, methods and blueprinting

The workplace based assessment plan must cover the following domains:

- clinical skills: applying clinical knowledge and skills, including a suitable approach to each patient and the ability to take a history, conduct a physical examination, order investigations, interpret physical signs and investigations, formulate diagnostic and management plans, prescribe therapies, perform procedures, counsel patients and apply aspects of public health care relevant to clinical health settings
- clinical judgment: synthesising information obtained about and from a patient to prioritise investigations and treatment, demonstrating the safe and effective application of clinical knowledge and skills within Australian healthcare settings; and demonstrating safe practice when dealing with unfamiliar conditions or contexts
- communication skills: demonstrating effective oral, non-verbal and written communication skills, including effective listening skills
- ability to work as an effective member of the healthcare team: demonstrating respect, teamwork and effective communication
- Indigenous health and cultural competence: 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. Cultural competence means a medical practitioner has the professional qualities, skills and knowledge needed to achieve this. A culturally competent medical practitioner will acknowledge:
 - that Australia has a culturally diverse population
 - that a doctor's culture and belief systems influence his or her interactions with patients, and accepts this may impact on the doctor-patient relationship.
- professionalism: respect, compassion and empathy for the patient; working effectively within Australian legal and ethical guidelines for practice; recognising the limitations of one's own knowledge and skills; recognising the need for continuing professional development; and meeting the responsibilities of positions within the Australian healthcare setting, including teaching responsibilities
- national patient safety and quality of care standards applied to everyday health care.

All domains need to be assessed for each candidate and sampled across the clinical areas of:

- Adult Health – Medicine
- Adult Health – Surgery
- Child Health
- Emergency Medicine
- Mental Health
- Women's Health.

These clinical areas must include health promotion, disease prevention, and acute and chronic management.

Assessment methods vary in their ability to assess different aspects of performance in different contexts. Validated methods of assessment that can be applied to assessment within the clinical setting include:

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

These methods provide reliable measures of clinical performance, provided sufficient numbers of encounters are observed.

Assessments based on direct observation include:

- mini-clinical evaluation exercise (Mini-CEX)
- direct observation of procedural skills (DOPS)
- day to day direct supervision of practice.

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

Supervisors' reports are a common assessment method. Reports may include information obtained from third parties, such as residents and registrars, as the supervisor may have more limited opportunities to observe directly the candidate's clinical work.

Assessment based on collective opinion however should include direct observation of, or interaction with, the candidate with a patient, for example:

- in-training assessment (ITA)/supervisor reports (including observation by medical colleagues)
- multi-source feedback (MSF): The resource tool <http://wbaonline.amc.org.au/> provides additional guidance about assessment by multi-source feedback. As a guide, in an AMC-accredited WBA program, two rounds of multi-source feedback should be completed. The first round should be formative assessment with feedback and the second round summative assessment. It is recommended that a minimum of six and up to twelve suitable assessors in each category of assessor should complete the feedback for each candidate in each group, for example, six medical colleagues and six co-workers. Greater numbers are required when using patients.

(iii) *Assessment based on the **medical record or chart review/audit***

A case-based discussion (CBD) uses data recorded by the candidate on a real patient. It involves a comprehensive review of a patient's clinical situation based on a discussion between the candidate and their trained WBA assessor. The candidate is given feedback from the WBA assessor across a range of areas relating to clinical record keeping, clinical assessment, management and clinical reasoning.

In relation to the CBD method, assessment plans must include a total of six assessment events. Candidates must reach a passing standard in at least five of these six CBDs. To achieve an adequate sampling, providers must assess a minimum of three different clinical areas across the six CBD events. Assessments in clinical areas in which the candidate is not primarily employed may be achieved with comorbidities of patients in their care. For example, a CBD may be conducted in the clinical area of mental health for a patient on a maternity ward who suffers from depression. Alternatively, rotation to other settings such as the Emergency Department or General Practice that enables the candidate to participate in the management of, and record keeping for, a wider range of patients may be required. [For implementation by providers from January 2021]

(iv) *Assessments in **a simulated environment***

Methods such as simulations may have a place in assessing some advanced procedural skills or teamwork in complex situations in specialised centres.

(v) *Assessment of a portfolio or log books*

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

Assessment must be undertaken across the multiple clinical areas according to a defined assessment blueprint. Table 1 indicates the range of assessment tools that might be used (✓) and suggests possible clinical settings.

Standard 5 Standard of the assessment and outcome of assessment

- 5.1 The WBA provider sets the standard at that of a graduate of an AMC-accredited medical program at the end of PGY1.
- 5.2 The WBA provider documents the passing standard for both the direct and indirect methods of Workplace Based Assessment and how this passing standard was derived, including:
- what the candidate must achieve in both direct and indirect methods of assessment to pass overall. This might include, for example, the number of encounters that must be satisfactory in the direct observation methods
 - the maximum number of summative attempts for observed encounters.
- 5.3 The WBA provider indicates how consistency of implementation and application will be maintained across encounters and assessors.
- 5.4 The WBA provider has processes to reassess a candidate who is not meeting expected levels of performance. The processes should include planning a course of action, determining a time limit for achieving the requirements and communicating these elements to the candidate concerned.
- Adequate advance warning is required before any time limit is put into effect.
- 5.5 The WBA provider has processes for reporting to appropriate authorities (for example, hospital medical director, Medical Board of Australia) negative outcomes of the candidate's assessment process (for example, falling well short of an expected standard, causing an adverse event). Where serious deficiencies in certain clinical domains/areas are noted and the candidate's performance on the assessments is deemed to be unsatisfactory, the WBA provider must document what was reported and to whom.
- 5.6 The WBA provider has processes for review of the assessment outcome on a case-by-case basis and appeals processes that adhere to the principles of procedural fairness.
- 5.7 The WBA provider documents the outcomes of candidates' assessments using AMC forms for the applicable assessment methods.

Note: Failure to use the AMC forms may prevent candidates' results from being considered by the AMC for the award of an AMC Certificate.

Standard 6 Reporting and recording procedures

- 6.1 The WBA provider has established and maintains a process for entering summative assessment data and tracking the progress of all Workplace Based Assessment candidates.
- To meet this standard the provider will:
- enable secure storage of the results of assessments
 - provide evidence in support of the assessment outcomes
 - report results in line with the assessment blueprint

- indicate the duration of contact between the supervisor and the candidate in relation to any supervisor reports used for Workplace Based Assessment
- enable prompt reporting of outcome results to the employer and the Medical Board of Australia
- report results to the AMC on the prescribed template
- manage the destruction of data as per standard 6.4 below.

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

6.2 The WBA provider can demonstrate processes to control the quality of data entry and collation.

These processes include:

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

6.3 The WBA provider has procedures for complying with state/territory privacy laws and for obtaining patient consent.

These procedures include:

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

6.4 The WBA provider has procedures to meet AMC data requirements regarding recording, storage and data disposal.

These procedures include:

- a stated decision to either enter assessment results data directly onto the AMC WBA portal OR upload data from a provider-specific database
- a process to enter/upload assessment results within two weeks of the assessment encounter
- a process to lock the assessment results on the AMC WBA portal within two weeks after entering/uploading the assessment result
- a process, that meets jurisdictional requirements, to destroy all assessment data held by the provider when the candidate assessment results are confirmed by the AMC and to provide written confirmation of this destruction.

Standard 7 Selection, training and calibration of assessors

Note – the AMC intends to expand the notes in this section. These changes will not affect the standards.

7.1 The provider maintains an up to date pool of appropriately qualified assessors.

7.2 The provider documents selection criteria for assessors and follows its stated selection process.

Notes:

The AMC expects detailed documentation to show that the provider has defined the knowledge and experience required of clinicians appointed as assessors. It also expects documentation to show assessors' preparation for taking on the role including consultation with assessor clinicians, and their commitment to the Workplace Based Assessment processes.

For **direct observation** of clinical performance, assessors should be medical practitioners with general and/or specialist registration who have successfully completed four years of experience in the Australian healthcare environment; or assessors who have equivalent experience and have trained in a Medical Board of Australia designated Competent Authority. AMC candidates are not to be included as assessors or patients. For direct observation of procedural skills, assessors may also be registered nurses with appropriate clinical assessment experience.

For **indirect observations** there are clear statements of the expertise and experience required for the appointment of assessors. In the case of the multi-source feedback the candidate and/or the WBA provider may choose to include other members of the healthcare team with whom the candidate is working.

- 7.2.1** The WBA provider has sufficient assessors to enable each candidate to experience multiple assessors across all of the observed encounters.
- 7.3** The WBA provider requires assessors to complete a training program prior to taking part in the Workplace Based Assessment.

Notes:

The provider should be able to show the AMC details of the training programs (when run, by whom, training methods used) for assessors of:

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

The provider should be able to show the plans for maintaining the program, such as the training of new assessors and coordination of supervisory responsibilities.

For further information for assessment methods and assessor training for WBA, visit <http://wbaonline.amc.org.au/>.

- 7.4** The WBA provider undertakes regular calibration of all assessors involved in:
- direct observation of clinical performance; and/or
 - indirect methods of assessment.

Note: Calibration refers to a process that is used to ensure that all assessors are applying assessment criteria and standards consistently. It should occur at least every 12 months. Workplace Based Assessment relies on assessment by multiple assessors. It is important that all assessors understand what is being assessed, the standard of the assessment, and that they are able apply these standards consistently.

- 7.5** The WBA provider makes assessors aware of their professional responsibilities to provide accurate and complete information about a candidate's performance.

The responsibilities covered should include how assessors take responsibility to prevent any harm to patients.

- 7.6** The provider ensures that assessors are indemnified for these activities, and are informed of the indemnity provisions.

Standard 8 Review and evaluation

- 8.1** The WBA provider regularly reviews and updates structures, functions and policies relating to Workplace Based Assessment to rectify deficiencies and to meet changing needs including:
- tracking overall income and expenditure associated with the Workplace Based Assessment program
 - tracking the training status of assessors.
- 8.2** The WBA provider has processes to review and evaluate the assessment programs implemented, including plans to:
- collect and record the outcomes of the Workplace Based Assessments
 - compile statistics (or descriptive information for small numbers of international medical graduates) on the outcomes of the assessments
 - analyse and review the assessment information/statistics
 - identify and act on areas that need attention.

Standard 9 Annual reporting

9.1 The AMC-accredited WBA provider submits an annual report to the AMC.

9.1.1 The report:

- gives assurance of the provider's continuing ability to deliver the Workplace Based Assessment program consistent with the accreditation standards
- notifies of any program changes
- addresses any issues identified by the AMC Prevocational Standards Accreditation Committee or the AMC Assessment Committee
- addresses any other concerns raised in the delivery of the program.

Table 1: Capacity of different Workplace Based Assessment methods to assess clinical domains

DIMENSIONS	REQUIRED ASSESSMENT METHODS			ADDITIONAL OPTIONS			
	Mini-CEX	Case-based discussion	Multi-source feedback	DOPS	In-training assessment /Supervisor report	Chart Review, Audit	Log books
Clinical Skills	✓ Clinical Assessment (direct observation) • History taking • Physical exam • Counselling (investigations, management and treatment)	✓ Record keeping Clinical Assessment: • History • Physical exam • Diagnostic formulation • Management (Investigations, treatment, follow-up)	✓ Collective opinion on overall performance	✓ Focussed aspects within individual patient	✓ Collective opinion on overall performance	✓ Record keeping Competence assessment	Not assessed
Procedural Skills	Not assessed	✓ Some aspects	✓ Collective opinion on overall performance	✓ Observed performance of well-defined skills	✓ Collective opinion on overall performance	✓ Competence assessment not performance assessment	✓ Record of procedures
Clinical Judgment	✓ Focussed aspects	✓ Opinion on overall performance – pattern of decision making	✓ Collective opinion on overall performance – pattern of decision making over time	✓ Focussed aspects	✓ Opinion based on review of a number of individual cases	✓ Direct observation in a simulated environment	Not assessed
Clinical reasoning	✓ Some aspects	✓ Directly explored clinical reasoning via individual case records	Not assessed	Not assessed	Not assessed	Not assessed	Not assessed
Communication skills	✓ With patient	✓ With patients, relatives, medical nursing & allied health staff, referring doctors	✓ With patients, relatives, staff	✓ With patients, staff	✓ With patients, relatives, staff	✓ Written communication	Not assessed
Team work	Not assessed	✓ Collective opinion	✓ Collective opinion	✓ Some aspects	Not assessed	Some aspects	Not assessed
Indigenous health and cultural competence	✓ Some aspects	✓ Collective opinion	✓ Collective opinion	✓ Some aspects	Some aspects	Some aspects	
Professionalism	✓ Some aspects	✓ Some aspects	✓ Broad spectrum collective opinion	✓ Some aspects	✓ Some aspects	✓ Some aspects	✓ Some aspects
Patient safety and quality	✓	✓	✓	✓	✓	✓	Not assessed