Workplace-based assessment for International Medical Graduates

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The Challenge

- What is the best way to assess the performance of our IMGs and support their education?

- Often Isolated (culturally and geographically)
- Large numbers of IMGs in Australia
- Fill vital roll(30-40% of rural services)

Assessment not new…

- The earliest records of assessment date back to the Han dynasty in China (206 BC to 220 AD) where candidates were selected for government service
- First records of medical assessment was in Viennese and French medical schools where from 1788 entry was via competitive written and oral exams
- Board of internal medicine findings of Mini-CEX trial published 1995
- Interim Accreditation Committee 2006

IMG process for registration

- Process coordinated through Australian Medical Council (AMC)
- All IMGs sit a MCQ exam before practicing
- Several pathways exist for entry
  - Specialist pathway
  - Competent authority model
  - Standard pathway (AMC examination)
  - Standard Pathway (WBA model)

Why change?

- Variety of clinical and political drivers
- IMGs often in areas of risk with little direct observation of performance
- Little feedback on performance
- AMC wanting to do a better job and use more appropriate and emerging methodologies

Creating a program

- AMC Interim Accreditation Committee formed in 2006
- Committee developed set of comprehensive guidelines and standards
- Invited health authorities and others to apply for accreditation of programs based on guidelines
- Programs reaccredited on proscribed schedule

Program structure

- Summative outcome as alternative to OSCE
- Proscribed set of WBA tools
- Centres free to create own program within guidelines

Examples of guidelines

- Programs must cover range of clinical areas
- Assessments must cover range of clinical and non clinical skills
- Assessments must include variety of tools
- Assessment blue prints must be developed
- Extensive documentation and administrative processes must be in place
- Assessors must undergo training

What is special about WBA?

- WBA actually measures performance on the job with real patients
- Provides a longitudinal assessment over time and different contexts
- Provides protected time for structured feedback
- Methods increasingly in reliable & valid

What are WBA tools?

- *Assessments based on* ***direct observation***
  - Mini-CEX
  - DOPS
  - Day to day supervision
- *Assessments based on* ***collective opinion***
  - In-training assessment / supervisor reports (with structured observation)
  - Multi-source feedback / 360 degree assessment
- *Assessment based on record or chart review/audit.*
  - For example, Case-based discussions
- *Assessments in a simulated environment*
- *Portfolio assessment / Log books.*

Lessons learnt? successes

- ‘Many candidates reported that this was the first time they had received immediate constructive feedback on their performance’
- Apparent that you can conduct a high stakes summative assessment using WBA while maintaining educational value
- Robust methodology that gives more well-rounded picture than other assessments
- Lessons for other programs (eg specialist training)

Lessons learnt? Work in progress

- Still refining appropriate tool mix
- Variation between programs challenging and possibly inefficient
- Cost/benefit analysis unclear – is it scalable?
- Are we selecting best candidates for program therefore self-fulfilling – need orientation?
- Need to monitor closely as practice does not always match intent and many interpretations of WBA
- Substantial load on Faculty and required upskilling

Do we meet Norcini Citeria?

- Validity or coherence. There is a body of evidence that is coherent ("hangs together") and that supports the use of the results of an assessment for a particular purpose
- Reproducibility or consistency. The results of the assessment would be the same if repeated under similar circumstances.
- Equivalence. The same assessment yields equivalent scores or decisions when administered across different institutions or cycles of testing.
- Feasibility. The assessment is practical, realistic, and sensible, given the circumstances and context.

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Do we meet Norcini Citeria?

- Educational effect. The assessment motivates those who take it to prepare in a fashion that has educational benefit.
- Catalytic effect. The assessment provides results and feedback in a fashion that creates, enhances, and supports education; it drives future learning forward.
- Acceptability. Stakeholders find the assessment process and results to be credible.