
**AMACDT AND MEDICAL COLLEGE TRAINEE COMMITTEES DISCUSS COLLEGE ASSESSMENT:
VARIABILITY IN EXAM PROCESSES, EXAM PASS RATES, QUALITY OF EXAM FEEDBACK, AND THE EXTENT TO
WHICH EXAMINATIONS REFLECT CURRICULUM**

Summary of key themes

General agreement that Specialist Medical Colleges should:

- Explore options to collaborate and/or standardise examination processes across Colleges with regards to:
 - Number of total examinations required to achieve fellowship.
 - Validation of the number of examination attempts prior to needing to exit the training program, whilst increasing support for those needing to exit if limit reached.
 - Examination costs.
 - Part-time pro rata.
- Commit to a minimum suggested target pass rate of 70% for any particular College examination. ¹
- Investigate ways to reduce variability in examinations processes to increase standardisation.
- Elevate mechanisms that support diversity and ensure examination processes reduce bias wherever possible.
- Increase support for First Nations trainees and trainees from non-English speaking and culturally diverse backgrounds to progress through examinations and other forms of College assessment.
- Increase the quality of support for trainees who fail examinations, which should include both educational and professional support and support for trainee wellbeing. There was also a desire to improve processes of feedback to include clear details of areas of strengths and weaknesses, and further improving processes to increase transparency and fairness in review, reconsideration, and appeal endeavours.
- Develop a reporting framework to improve transparency of costs of training and assessment.

Regarding examinations: Attendees felt that overall Specialist Medical College exams were adequately designed to correctly select the right candidates to pass and progress to fellowship. Trainees were generally less satisfied about the usefulness and quality of exam feedback and further concerned about the low levels of support from a learning and wellbeing perspective for those who have failed examinations. The timeline for, and timeliness of, feedback prior to the next sitting of an examination was another issue that was discussed. Feedback that occurred after the closing date for registration for the next sitting of a barrier examination was regarded as unacceptably late and significantly delayed a trainee's ability to prepare for or reflect on areas that require further improvement. Further, more work is required to inform a determination of the cut-off for the number of attempts beyond which the likelihood of passing an exam with subsequent attempts is extremely low; this determination process should be made transparent to trainees.

Regarding consultation/involvement of College Trainee Committees in examination processes and feedback: Attendees were satisfied with their level of involvement concerning changes to assessment during COVID-19 and in curriculum design, but less satisfied with their involvement in usual i.e., prior to COVID, examination format, design, and feedback processes with a desire to see ongoing Trainee Committee engagement and consultation on these matters.

¹ Ideally this figure should be informed by an analysis of previous pass rates.



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Regarding the ongoing impact of COVID-19: Attendees were mostly satisfied with College processes regarding changes to education and training and impacts on wellbeing, but there are still ongoing concerns about the impact on trainees' ability to progress through training because of the pandemic.

Regarding pass rates: College Trainee representatives reported large variabilities in examination pass rates across the various Colleges. Just under one third of attendees reported examination pass rates of between 61-80 per cent. Approximately one third reported pass rates of between 41-60 per cent, and just over one third of trainees reported college pass rates of 40 per cent or less on an exam. Lower pass rates were attributed to:

- Exam designs that:
 - Promote structures that do not meet the needs of First Nations and non-English speaking and culturally diverse trainees.
 - Heavily rely on examination technique rather than clinical skill/knowledge with limited support for trainees who struggle with technique.
 - Promote assessor and case variability and marking criteria that are based on being proficient at the examination process and further increase the weighting of examiner perception of a trainee.
 - Do not allow adequate time to complete the assessment and have exam settings that disadvantage trainees who must travel to a single central location e.g., rural and remote trainees, and those who are breastfeeding mothers or parents with young children.
- Exam content that:
 - Is perceived as excessively broad and emphasises non-clinically relevant content that is not reflective of real-world practice.
 - Does not reflect the formal education curriculum or the educational resources provided.
- Lack of support for trainees, with regards to:
 - Preparedness for exams, and the inability to identify trainees early on who have a poor understanding of the focus of the exam and those who will require increased support.
 - Lack of access to high quality feedback and support for those who failed.
 - Complex and rigid standard setting for progression which creates a high stress environment and structure.
 - Impact of COVID-19 on ability to study face-to-face for clinical exams.

Trainees reemphasised their support to explore forms of assessment other than one-off, high stake barrier examinations to augment trainee progression. This includes support for:

- High quality work based progressive assessment via multiple smaller clinical and non-clinical assessment over the course of training, to allow greater triangulation of a trainee's ability to practice independently including 360-degree feedback.
- Exploration of competency-based training and increasing support and supervision.

Recommendations to improve examination processes moving forward:

- Increase examination flexibility and adaptability, including consideration of decoupling sequential exams in terms of the requirement to re-sit entire exam cycles if failing latter components. And further ensuring the timeline for feedback prior to the next sitting of an examination provides sufficient time for trainees to reflect and prepare for the examination.
- Continue reduction in emphasis on high-stakes and costly barrier examinations.
- Reduce number of summative assessments with an increased focus on competency-based training.



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- Ensure exams are designed to support the diverse backgrounds of trainees and have increased support mechanisms for trainees from minority groups, including ensuring decentralised examination settings wherever possible to reduce burden on rural and remote trainees, and trainees with young families.
- Reevaluate examination content to ensure that it is increasingly relevant to real life clinical practice, rather than focusing on differentiating candidates through what can be perceived as obscure knowledge.
- Elevate mechanisms for flagging trainees who require extra support and remediation rather than only identifying after exam failings.
- Re-emphasize the importance of trainee committee representatives and general trainee involvement in examination design processes, content, implementation, and communications.
- Increase support for trainees' post examination failure, with particular focus on increasing high quality feedback mechanisms to ensure trainees are well informed of their strengths and areas for improvement. This should include support for trainee wellbeing.
- Increase consistency with examination timing (offering more than one sitting per year), processes, and communications.
- Commit to standard targets of examination pass rates of 70 per cent.¹
- Increase transparency around fees for examinations and training.

This online AMACDT Trainee Forum had input from the following Medical College Trainee Committee Chairs/Representatives:

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| • Australian Medical Association Council of Doctors in Training | • Royal Australasian College of Medical Administrators |
| • Australian College of Rural and Remote Medicine | • Royal Australasian College of Physicians |
| • Australasian College for Dermatologists | • Royal Australasian College of Surgeons |
| • Australasian College for Emergency Medicine | • Royal Australian and New Zealand College of Obstetricians and Gynaecologists |
| • Australasian College of Sport and Exercise Physicians | • Royal Australian and New Zealand College of Psychiatrists |
| • Australian and New Zealand College of Anaesthetists | • Royal Australian and New Zealand College of Radiologists |
| • Australian Indigenous Doctors' Association | • Royal Australian College of General Practitioners |
| • New Zealand Medical Association | |
| • Royal Australasian College of Dental Surgeons | |

Apologies:

- Royal College of Pathologists of Australasia
- College of Intensive Care Medicine
- Royal Australian and New Zealand College of Ophthalmologists

The next meeting will be held in July 2021.

The AMACDT Trainee Forum is designed to increase collaboration between Specialist Medical College Trainee Committees and enhance cross specialty communication. If you have any feedback or questions, please contact us at cdt.chair@ama.com.au