

# Supporting assessment in vocational training

## 2019

In Australia, specialist medical colleges (the Colleges) are responsible for maintaining standards of medical knowledge and practice and for assessing trainees' preparedness for specialist practice. Trainees are required to complete both formative and summative assessments as part of their training program requirements. In essence, formative assessment provides feedback to trainees about their progress, whereas summative assessment measure the achievement of learning goals at the end of a course or programme of study.<sup>1</sup>

Formative assessments (e.g. workplace-based assessment) are intended to enrich the learning process by providing nonjudgmental feedback; they are assessments for learning rather than assessments of learning.<sup>2</sup> At the other end of the spectrum, summative assessment (e.g. examination) outcomes are frequently high stakes pass or fail decisions for vocational trainees.

Beyond the educational outcomes, assessment processes can have a significant impact on trainee career progression, and welfare; they can also affect the reputation and ability of specialties to attract and retain trainees. Colleges have a duty of care to their trainees and patients; and a responsibility to evaluate and optimise methods of assessment and the processes and supports that surround them.

This position statement outlines the processes required to support best practice in vocational assessment with the aim of producing doctors who are safe, competent, independent and professional practitioners. It also provides advice on steps to manage disruptions to examinations.

# 1. Assessment programs

- 1.1. Assessment methods and programs must be aligned with the goals and objectives of the curriculum and components of the vocational training program. The sequence of assessment must allow trainees to progress through the curriculum and complete their training within the recommended and/or permitted time frame.
- 1.2. Assessment programs should allow trainees to achieve a work-life balance by providing flexibility in how they complete their assessment, while continuing to ensure that trainees gain the necessary skills and experience to deliver high quality patient care.
- 1.3. Trainees and assessors should have clarity about what is expected of them in the assessment process. Information about the purpose of assessment must be clear and publicly available. This includes information on assessment standards and how they are determined, performance requirements, schedules and marking criteria, the consequences of failing to complete an assessment and circumstances for special consideration. Practical advice such as preparation for assessment and recommended time frames for completing assessments should also be available.
- 1.4. Assessment methods and programs should be chosen based on their fairness, validity and reliability. A range of assessment methods should be used to inform assessment decisions, and enable the rights and needs of trainees, supervisors, assessors and patients to be respected.
- 1.5. Regular monitoring and evaluation of assessment programs and examination methods are essential to improving the quality of assessment. Effort should be given to understand and utilise best practice in assessment, and information on improvements to methodologies shared openly between Colleges.

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<sup>&</sup>lt;sup>1</sup> Wood DF. Formative Assessment. Chapter in Understanding Medical Education: Evidence, Theory, and Practice, Third Edition. 05 October 2018. Accessed Wiley Online Library 28 Nov 18. https://onlinelibrary.wiley.com/doi/10.1002/9781119373780.ch25



- 1.6. Colleges should take steps to allow trainees to undertake examinations at a time that suits their personal circumstances and minimises the pressure and distress than can be associated with high stakes examinations, particularly those which form barriers to progression through training. These may include multiple opportunities for assessment, including the opportunity for a candidate to re-sit an examination, more than annual sittings of summative examinations, and more flexible or modular assessment structures.
- 1.7. Health services and hospitals, clinical departments and other employers should ensure that vocational trainees are provided appropriate rostering and leave to prepare for assessments and attend examinations.
- 1.8. Any change to assessment methods and programs should be transparent, communicated in a timely manner and should not disadvantage trainees already enrolled in a training program. Adequate notice should be given prior to changes in assessment and the implications or repercussions for trainees, supervisors, assessors, hospitals and health services must be considered. Any change to assessment should be tested and reviewed prior implementation to ensure its validity, with reference to literature on assessment, advice from trainees, and local content experts.
- 1.9. Trainees must be active partners in reviewing training and assessment programs and in designing improvements. Regular feedback should be sought from trainees, supervisors and assessors on the quality and relevance of assessment methods and programs.
- 1.10. College Trainee Committees (CTC) should be actively involved in the monitoring, review and reform of College assessment methods and programs. CTC should have formal and functional lines of communication with their College executive and Board as required to allow them to highlight areas of concern with assessment programs and have them addressed in a timely manner.
- 1.11. The costs to trainees associated with the administration of assessment programs should be transparent, justifiable and reflect the real costs of running assessments to the College. The cost of assessment should not be used as a price signal to discourage trainees from attempting an assessment, and payment should only be required for assessments able to be undertaken. Any profits realised from assessment processes should be re-invested into trainee education or welfare programs. Where there are multiple sections to an exam and progression from one section to another requires a minimal mark, trainees should not be expected to pay for all sections up front.
- 1.12. Colleges are encouraged to consider options to run assessments which assist to minimise the costs of assessment to trainees such as options for local invigilation to minimise travel costs, and to have mechanisms in place to support trainees under financial distress at the time of assessment.
- 1.13. Application for special considerations for summative assessments must be fair, accessible and provide a number of options for special considerations. These could include postponement of an exam without financial penalty or options to resist only the sections of the exam affected by the life crisis.

# 2. Role of the assessor

2.1. The roles and responsibilities of assessors should be clearly specified and used as the basis for appointment. Assessors must be able to demonstrate they have the relevant qualifications, experience and ability to undertake their role and assess only in areas they have competence. Assessors should be appropriately trained to allow them to perform their role and be equipped to uphold fairness and quality in assessment and training.

<sup>&</sup>lt;sup>2</sup> Kibble JD. Best practices in summative assessment. Adv Physiol Educ 41: 110–119, 2017.



#### 3. Feedback to trainees

- 3.1. Trainees and assessors have a shared responsibility to give and receive feedback. Processes must be in place to provide trainees with comprehensive, relevant and timely feedback on learning progression, assessment decisions and outcomes in both formative and summative assessment. However, the process of formative assessment is, and should be, separate from the summative assessment process.
- 3.2. Feedback should match the format and purpose of the assessment, be clearly documented and accessible to the trainee and those responsible for training. Feedback should be constructive and given early and regularly. Trainees and assessors should be provided with adequate clinical support time to prepare for, carry out and give feedback on assessments.
- 3.3. Opportunities for feedback on formative assessments should give trainees an accurate picture of their standing prior to undertaking summative assessments. This includes supervisor feedback during and following a training rotation, workplace-based assessment, and college/assessor feedback following an examination. This is particularly important in situations where trainees are required to re-sit an examination.
- 3.4. Pass rates for summative assessments should be transparent and reported at an aggregate level. The reasons for choosing a pass/fail or rank ordering should be clearly described to trainees.
- 3.5. Trainees who have trouble meeting requirements for assessment must be provided with early and appropriate advice, support and direction, including appropriate remediation or probation if required.
- 3.6. Colleges should have early warning systems in place during the formative assessment process to identify trainees in difficulty who may require additional support. This will give them a fair chance of passing summative assessments within the permitted timeframes and number of attempts. Colleges should highlight these processes to trainees and supervisors.
- 3.7. Where concerns about performance/competence become apparent, trainees should be informed without delay and given the opportunity to correct their performance. Personalised and appropriate support plans should be in place with graded contingencies if goals are not met. Opportunities for career counselling or advice should be available to all trainees throughout their training.
- 3.8. Assessment review and appeals processes should be available, timely, clear, transparent and impartial. Trainees are encouraged to have an independent third person attend discussions concerning disputes about training progression to provide additional support if required.
- 3.9. It should be made clear to trainees how to access relevant support services prior to and following the release of assessment results.
- 3.10. Exam results should be released on a stipulated date and time and not within a broad time-range. This minimises the distress of receiving results at an unforeseen time and allows trainees to be psychologically prepared for the result and have the correct support structures in place.

#### 4. Documentation

- 4.1. Trainees should have access to their complete training record and assessment outcomes throughout their training program. Documentation should be transferable and accessible as the trainee moves location.
- 4.2. Trainees are encouraged to share their training record and assessment outcomes with their supervisor upon starting a new placement to inform their future training plan and ongoing learning.



### 5. Resources

- 5.1. Trainers and assessors should be provided with adequate information, resources and training to enable them to undertake their training duties and conduct high quality assessments. This includes information about how assessment standards should be met, as well as information on marking criteria. This will assist them to offer practical advice to trainees about expectations for assessment, how to negotiate the requirements of the training program, including assessment preparation and submission, and is particularly important where assessment programs are revised, and new assessment methods or programs are introduced.
- 5.2. Information on administration of assessments and expected conduct should also be clear and communicated to trainees prior to an examination taking place. This includes information on venue access, facilities available, the administration of the examination and integrity controls such as expected behaviour during an examination.
- 5.3. Performance management and communication skills;, including giving and receiving feedback and unconscious bias training; should be provided for trainees, supervisors and assessors.
- 5.4. Facilities, venues and amenities must be appropriate for the assessment being conducted, with a test environment that is of a standard that gives trainees a fair chance of success. In respect of examinations, Colleges must have a visible presence at each examination site. Where a trainee has special needs, for example due to physical disability or breastfeeding an infant, reasonable adjustments should be made to support the person to undertake the assessment.
- 5.5. Resources to support trainees, supervisors and assessors should be made available prior to the implementation of new or revised assessments, and the implementation of any new assessment program should be monitored and evaluated.

# 6. Managing disruptions to examinations

- 6.1. It is important to acknowledge that any disruption to an examination may compromise a candidate's ability to successfully complete the examination. Disruption in this context is defined as any disturbance or problem/s which interrupt the flow or integrity of an assessment or examination.
- 6.2. Colleges must take all reasonable steps in design and preparation to minimise the risk of disruption to formal assessment and examinations and have detailed contingency plans in place to deal with disruptions if and when they occur. These plans should be communicated clearly to trainees and supervisors prior to sitting an examination.
- 6.3. In the event of disruption, early and open disclosure is paramount. Colleges should ensure clear and timely communications to trainees including explanation of events, acknowledgement of distress, avenues for support, how special consideration will be approached and what happens if a candidate fails.
- 6.4. Candidates who are significantly impacted by disruptions and who do not pass should be offered proportionate consideration and compensation, which may include an opportunity to re-sit the examination, at no cost, and should be reimbursed for any additional costs associated with resitting e.g. travel/cancelled plans.
- 6.5. Candidates must be provided with flexible options to re-sit the examination. Any re-sit should not count as an examination attempt where these are limited. Re-sit examinations must be of the same standard and quality as the original examination.
- 6.6. Colleges should investigate the cause of any disruption and release a full report to trainees.



## **Related AMA Position Statements**

AMA Position Statement on Entry requirements for vocational training - 2014.

AMA Position Statement on Supervision and assessment of hospital based postgraduate medical trainees – 2012.

AMA Position Statement on Clinical Support Time for Public Hospital Doctors – 2009.

#### References

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