Workplace Based Assessment for International Medical Graduates

Candidates Guide for Western Australia

Medical Workforce Branch
Office of the Chief Medical Officer
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Introduction and welcome

Dear candidate,

Welcome to workplace-based assessment (WBA) in Western Australia. We hope you will benefit from the many opportunities available during the course of your assessments and clinical experience.

It is important to understand that WBA is not a training program but is a self-directed learning program of assessments. It is an alternative to the Australian Medical Council (AMC) clinical examination, of 12 months duration.

WBA provides a mechanism for eligible IMGs to achieve the AMC certificate and be eligible for general registration through assessment at end of internship (PGY1) level across the six clinical areas: child health, women’s health, adult health (internal medicine), adult health (surgery), mental health and emergency medicine.

Please note that it is your responsibility to ensure that:

- You obtain sufficient experience in the six clinical areas in which you will be assessed after a minimum of 10 hours experience in each discipline.
  
  You may gain this experience by formal placement or by attending clinics, ward rounds, educational sessions, and by volunteering. The WBA team and your supervisors and assessors will advise you, and will support and facilitate your path through the disciplines, but are not responsible for ensuring that you cover all required areas.

- The requirements for successful completion of the program have been met. An assessment schedule for your hospital can be obtained from the program director and/or administrative officer.

- You undertake pre-reading to expand your knowledge base, and appropriate clinical experience to develop your skills in preparation for assessments.
  
  Candidates who do not prepare adequately may not meet eligibility criteria to achieve the AMC certificate and apply for general registration at the completion of the program. Previous candidates have indicated that preparation may require up to 10 hours each week of study, outside of work hours, to meet assessment requirements.

- The required text for the Program is the AMC Anthology of Medical Conditions. The AMC Clinical Examination is based on the information contained in this text, and WBA assesses the same scope of information. A copy has been purchased for your hospital for your reference. If you would like to order a copy from the AMC website, the link is: [http://www.amc.org.au/index.php/pub](http://www.amc.org.au/index.php/pub)

The WBA program director will meet with after you commence at your hospital site, to discuss the program and its requirements, which will include an orientation to WBA.

It is recommended that you register and complete the e-learning course. If registered, you will receive a certificate of completion.

On commencement of WBA you will be assigned a primary supervisor, and during the orientation period you will be required to complete a Self-Assessment and Learning Plan.

Compliance with the AMC approved WA Health WBA assessment plan is mandatory. The assessment plan is provided in Appendix 5.

If you rotate through different departments, you will have additional (secondary) supervisors. You will be assessed by a range of assessors during the course of the program.

The roles of supervisors and assessors are clarified below:
### A supervisor:

<table>
<thead>
<tr>
<th>Task</th>
<th>Primary</th>
<th>Secondary</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is assigned to a candidate for the full 12-month program</td>
<td>✔️</td>
<td>✓</td>
</tr>
<tr>
<td>Is assigned to a candidate for the duration of a rotation in a department other than that in which the primary supervisor is based</td>
<td></td>
<td>✔️</td>
</tr>
<tr>
<td>Completes the Assessment and Learning Plan (including blueprints) with the candidate</td>
<td>✔️</td>
<td>✓</td>
</tr>
<tr>
<td>Completes the Supervisor’s Agreement Form</td>
<td>✔️</td>
<td></td>
</tr>
<tr>
<td>Monitors the candidate’s progress and provides the candidate with support, advice and assistance where required</td>
<td>✔️</td>
<td>✓</td>
</tr>
<tr>
<td>May assist the candidate to select and prepare cases for assessment</td>
<td>✔️</td>
<td>✓</td>
</tr>
<tr>
<td>May act as an assessor for formative assessments and provide relevant feedback to a candidate under their supervision</td>
<td>✔️</td>
<td>✓</td>
</tr>
<tr>
<td>May, where unavoidable, act as an assessor for a summative assessment for a candidate they are supervising</td>
<td>✔️</td>
<td>✓</td>
</tr>
<tr>
<td>Prepares formative and summative reports as required, and provides the candidate with face-to-face feedback</td>
<td>✔️</td>
<td>✓</td>
</tr>
<tr>
<td>Provides the candidate with a review of multi-source feedback results</td>
<td>✔️</td>
<td></td>
</tr>
<tr>
<td>Prepares the candidate’s end-of-program report for submission to the Australian Medical Council (AMC) and the Medical Board of Australia</td>
<td>✔️</td>
<td></td>
</tr>
<tr>
<td>Ensures all documentation pertaining to the candidate is provided to the WBA Administration Officer (AO) for secure storage in the candidate’s file</td>
<td>✔️</td>
<td>✓</td>
</tr>
</tbody>
</table>

### An assessor:

<table>
<thead>
<tr>
<th>Task</th>
<th>Primary</th>
<th>Secondary</th>
</tr>
</thead>
<tbody>
<tr>
<td>Conducts a direct or indirect summative assessment of a candidate in a specific clinical area / skill / dimension, completes the required assessment documentation and provides the candidate with immediate feedback</td>
<td>✔️</td>
<td></td>
</tr>
<tr>
<td>May select the case and/or patient to be assessed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ensures that patient consent has been obtained</td>
<td>✔️</td>
<td></td>
</tr>
<tr>
<td>Ensures that the candidate is cognisant of exactly which areas, skills and dimensions are being assessed and that sufficient preparation time has been allocated</td>
<td></td>
<td></td>
</tr>
<tr>
<td>May liaise with the WBA AO to arrange the time, venue, etc for assessments</td>
<td></td>
<td></td>
</tr>
<tr>
<td>On request from a candidate, may conduct a formative assessment prior to the summative assessment, and provide constructive verbal and/or written feedback</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ensures that all documentation pertaining to the candidate is provided to the WBA AO for secure storage in the candidate’s file.</td>
<td>✔️</td>
<td>✓</td>
</tr>
</tbody>
</table>

If you have any queries, or need any information or assistance during the course of WBA, please feel free to contact the WBA team at your site.

### Name  | Title                           | Telephone       | Email                      
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Leanne Blazely</td>
<td>WBA Administration Officer</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Enasio Morris</td>
<td>WBA Program Director</td>
<td>(08) 9222 4288</td>
<td><a href="mailto:Katrina.lynn@health.wa.gov.au">Katrina.lynn@health.wa.gov.au</a></td>
</tr>
<tr>
<td>Katrina Lynn</td>
<td>Program Manager EAST PERTH</td>
<td>(08) 9222 4288</td>
<td><a href="mailto:Katrina.lynn@health.wa.gov.au">Katrina.lynn@health.wa.gov.au</a></td>
</tr>
</tbody>
</table>

This candidate’s guide provides the information you will need to prepare for assessment in WBA and introduces the methods of assessment that will be used.

Additional information on minimum requirements and Medical Board of Australia

**Principles underpinning workplace based assessment**

WBA involves the measurement of abilities and attitudes within highly complex areas of activity. To be effective, performance in a complex area of activity requires focussed observation in clinical practice by assessors drawn from a team of clinicians who are experienced in relevant clinical practice and trained in assessment of IMGs and other medical trainees and practitioners.

**Clinical Dimensions and Clinical Skills**

The AMC has developed a list of clinical dimensions and clinical skills across which the performance of IMGs should be assessed. The clinical dimensions identified for assessment are:
- Clinical skills, including history taking, physical examinations, investigations and diagnosis, prescribing, management, clinical procedures and counselling/patient education.
- Clinical judgement
- Communication skills
- Ability to work as an effective member of the health care team
- Ability to apply aspects of public health relevant to clinical settings
- Cultural competence
- Professionalism
- Attention to patient safety

Additional resources developed specifically for WBA in WA can be located on the [WA Health intranet](#).

The agreed minimum requirements for assessment for WBA in WA are listed here and provided diagrammatically in the assessment blueprint at [Appendix 1](#).

- 12 Mini CEX: 2 in each of the six clinical areas
- 6 DOPS: one in each of the six clinical areas
- 6 CBD: one in each of the six clinical areas
- Formative and summative supervisor reports: two of each, plus a final supervisor’s report
- Multisource feedback: one occasion of assessment across 10 assessors.

### Passing Standard and Requirements

The passing standard to be applied to WBA will reflect the standard applied to Australian-trained doctors at the end of internship year (PGY1).

- Please refer to the [AMC Intern Outcome Statements](#) for more guidance on what is expected of an intern
- Please refer to the [Australian Junior Doctors Curriculum Framework](#), an educational template outlining the learning outcomes required of prevocational doctors, to be achieved through their clinical rotations, education programs and individual learning, in order to promote safe, quality health care.

<table>
<thead>
<tr>
<th>Assessment</th>
<th>Rating scale</th>
<th>Application</th>
</tr>
</thead>
</table>
| Multisource feedback        | 5-point rating scale    | - A mean score of 3 or higher is normally required to pass, but any marginal scores will be reviewed in the context of the global scores. Any scores of 1 will lead to a fail.  
|                             | 0 = unable to assess    | - Respondents are requested to provide additional information if they return a score of 1, 2, or 3 for any question, to enable an informed pass/fail decision, and to ensure that constructive feedback can be provided.  
|                             | 1 or 2 = unsatisfactory |                                                                                                                                            |
|                             | 3 = marginal            |                                                                                                                                            |
|                             | 4 or 5 = satisfactory   |                                                                                                                                            |
| Mini-CEX, DOPS, CBD         | 9-point rating scale    | See table on page 5 of candidate’s guide for specific examples for Mini-CEX                                                                 |
|                             | 1, 2 or 3 = unsatisfactory |                                                                                                                                            |
|                             | 4, 5 or 6 = satisfactory |                                                                                                                                            |
|                             | 7, 8 or 9 = superior    |                                                                                                                                            |
| Summative supervisor’s report | Improving Performance Action Plan | All summative supervisors’ reports must achieve a pass score. If one or more supervisor’s reports indicate that the required PGY1 standard has not been achieved, a review must be held. |
|                             | Clearly below the level expected |                                                                                                                                            |
|                             | Borderline              |                                                                                                                                            |
|                             | Pass                    |                                                                                                                                            |
|                             | Expected level           |                                                                                                                                            |
|                             | Clearly above the expected level |                                                                                                                                            |
Assessment | Rating scale | Application
--- | --- | ---
Final supervisor’s report | Must achieve either expected level or clearly above the expected level | Prepared by the primary supervisor for the Medical Board of Australia and the AMC. Summarises progress through WBA.

The following table provides examples of the rating scale application to the Mini-CEX assessment:

<table>
<thead>
<tr>
<th>A rating of:</th>
<th>Constitutes a:</th>
<th>Mini-CEX Example:</th>
</tr>
</thead>
</table>
| 1 for any single clinical skill or dimension | Fail (the entire assessment encounter will be counted as a fail, despite all other skills receiving a pass mark) | 1. Medical interviewing skills – 5  
2. Physical examination skills – 6  
3. Professionalism/humanistic skills – 4  
4. Counselling skills – 1  
5. Clinical judgement – 7  
6. Organisation/efficiency – 5  
7. Overall clinical competence - 4 |
| 2 for one clinical skill or dimension and 3 for another clinical skill or dimension | Fail (the entire assessment encounter will be counted as a fail, despite all other skills receiving a pass mark) | 1. Medical interviewing skills – 3  
2. Physical examination skills – 6  
3. Professionalism/humanistic skills – 4  
4. Counselling skills – 2  
5. Clinical judgement – 7  
6. Organisation/efficiency – 5  
7. Overall clinical competence - 4 |
| 2 for any 2 clinical skills or dimensions | Fail (the entire assessment encounter will be counted as a fail, despite all other skills receiving a pass mark) | 1. Medical interviewing skills – 2  
2. Physical examination skills – 6  
3. Professionalism/humanistic skills – 4  
4. Counselling skills – 2  
5. Clinical judgement – 7  
6. Organisation/efficiency – 5  
7. Overall clinical competence - 4 |
| 2 for any single clinical skill or dimension and 4 or higher for all other clinical skills or dimensions | Pass | 1. Medical interviewing skills – 5  
2. Physical examination skills – 6  
3. Professionalism/humanistic skills – 4  
4. Counselling skills – 2  
5. Clinical judgement – 7  
6. Organisation/efficiency – 5  
7. Overall clinical competence - 4 |
| 3 for any 2 clinical skills or dimensions and 4 or higher for all other clinical skills or dimensions | Pass | 1. Medical interviewing skills – 3  
2. Physical examination skills – 6  
3. Professionalism/humanistic skills – 4  
4. Counselling skills – 3  
5. Clinical judgement – 7  
6. Organisation/efficiency – 5  
7. Overall clinical competence - 4 |
| 4 or higher for all clinical skills or dimensions | Pass | 1. Medical interviewing skills – 3  
2. Physical examination skills – 6  
3. Professionalism/humanistic skills – 4  
4. Counselling skills – 3  
5. Clinical judgement – 7  
6. Organisation/efficiency – 5  
7. Overall clinical competence - 4 |

Assessment methods and clinical settings

Both direct and indirect assessment methods will be used to meet the minimum requirements. All direct assessments will be held in the clinical setting in which the doctor-patient interaction takes place. Indirect assessments and feedback sessions following assessments will take place in a setting which affords as great a degree of privacy as possible.

Direct assessment – Mini CEX

The Mini-CEX aims to assess a range of core competencies that are used during day-to-day encounters with patients.

The AMC encourages participation in the online training programs for the Mini-CEX.
The following table identifies the competencies and the related clinical and patient management skills assessed for that competency.

<table>
<thead>
<tr>
<th>Competency</th>
<th>Clinical and patient management skills</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical interviewing and communication</td>
<td>Facilitates patient’s telling of story; effectively listens and uses questions/directions to obtain</td>
</tr>
<tr>
<td>skills</td>
<td>accurate, adequate information needed; responds appropriately to affect non-verbal cues.</td>
</tr>
<tr>
<td>Physical examination skills</td>
<td>Follows efficient, logical sequence; balances screening/diagnostic steps for problem; informs patient;</td>
</tr>
<tr>
<td></td>
<td>sensitive to patient’s comfort, modesty.</td>
</tr>
<tr>
<td>Professionalism / humanistic qualities</td>
<td>Shows respect, compassion, empathy, establishes trust, attends to patient’s needs of comfort, modesty,</td>
</tr>
<tr>
<td></td>
<td>confidentiality.</td>
</tr>
<tr>
<td>Counselling skills</td>
<td>Explains rationale for test/treatment, obtains patient’s consent, educates/counsels regarding</td>
</tr>
<tr>
<td></td>
<td>management.</td>
</tr>
<tr>
<td>Clinical judgement</td>
<td>Selectively orders/perform appropriate diagnostic studies, considers risks and benefits, arrives at</td>
</tr>
<tr>
<td></td>
<td>an accurate diagnosis or differential diagnosis and identifies effective management strategies.</td>
</tr>
<tr>
<td>Organisation/efficiency</td>
<td>Prioritises; is timely and succinct.</td>
</tr>
<tr>
<td>Overall clinical competence</td>
<td>Demonstrates judgement, synthesis, caring, effectiveness and efficiency.</td>
</tr>
</tbody>
</table>

**Direct assessment – DOPS**

During the DOPS assessment, an assessor will observe you performing a procedure. The assessor completes the DOPS assessment form at the end of the procedure and provides you with immediate feedback. If there are aspects of the procedure that are not performed satisfactorily the completed **DOPS form** acts as a guide for further learning.

The **DOPS list** identifies the procedural skills that can be assessed in each clinical area, but is not exhaustive: Further skills and procedures are identified on the **CPMEC website**.

<table>
<thead>
<tr>
<th>Discipline</th>
<th>Skill</th>
<th>Procedure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult health medicine</td>
<td>Oxygen Therapy</td>
<td>Nasal prongs, Hudson &amp; Non-rebreather mask</td>
</tr>
<tr>
<td></td>
<td>12 Lead ECG</td>
<td>Systematic approach for interpretation</td>
</tr>
<tr>
<td></td>
<td>Vascular</td>
<td>Blood cultures</td>
</tr>
<tr>
<td></td>
<td>Neurology</td>
<td>Focussed exam &amp; neck stiffness testing</td>
</tr>
<tr>
<td></td>
<td>Respiratory</td>
<td>Spirometry, Pleural aspirate</td>
</tr>
<tr>
<td></td>
<td>Imaging</td>
<td>Approach to reporting CXR</td>
</tr>
<tr>
<td></td>
<td>Medication</td>
<td>Chart prescribing</td>
</tr>
<tr>
<td>Adult health surgery</td>
<td>Basic preparation</td>
<td>Scrub, gown &amp; glove</td>
</tr>
<tr>
<td></td>
<td>Trauma</td>
<td>Primary survey &amp; GCS, In-line C-spine immobilisation, Peripheral neuro-vascular assessment</td>
</tr>
<tr>
<td>Wound management</td>
<td>Local anaesthesia</td>
<td>Wound exploration &amp; suturing, Removal of sutures</td>
</tr>
<tr>
<td>Gastro Intestinal</td>
<td>Nasogastric Tube</td>
<td>Per rectum examination</td>
</tr>
<tr>
<td>Child health</td>
<td>Neonate</td>
<td>APGAR score estimation</td>
</tr>
<tr>
<td>Infant / Child</td>
<td>Primary survey</td>
<td>Dehydration assessment</td>
</tr>
<tr>
<td>Equipment - Spacer</td>
<td>Use for bronchodilator administration</td>
<td></td>
</tr>
<tr>
<td>Emergency medicine</td>
<td>Approach to collapsed patient</td>
<td>Basic Life Support</td>
</tr>
<tr>
<td></td>
<td>Vital signs</td>
<td>BP, HR, Temp, Oximetry, RR &amp; BSL</td>
</tr>
<tr>
<td></td>
<td>Intra-venous</td>
<td>Cannulation &amp; Infusion set up Blood Gas</td>
</tr>
<tr>
<td></td>
<td>Injection</td>
<td>Sub-cutaneous</td>
</tr>
<tr>
<td></td>
<td>Genito-urinary</td>
<td>Bladder catheterisation (male / female)</td>
</tr>
<tr>
<td></td>
<td>Ophthalmological</td>
<td>Visual acuity assessment</td>
</tr>
<tr>
<td>Discipline</td>
<td>Skill</td>
<td>Procedure</td>
</tr>
<tr>
<td>--------------------</td>
<td>-------------------</td>
<td>-----------------------------------------------</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ophthalmological examination</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Removal of corneal foreign body</td>
</tr>
<tr>
<td>ENT</td>
<td>Immobilisation</td>
<td>Nasal pack to control epistaxis</td>
</tr>
<tr>
<td></td>
<td></td>
<td>POP backslab (e.g. wrist/forearm)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Broad arm sling</td>
</tr>
<tr>
<td>Mental health</td>
<td>Assessment</td>
<td>Mental state examination</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Suicide Risk</td>
</tr>
<tr>
<td>Women’s health</td>
<td>Fundal height assessment</td>
<td>Estimate gestation</td>
</tr>
<tr>
<td></td>
<td>Foetal heart sound</td>
<td>Detection &amp; rate determination</td>
</tr>
<tr>
<td></td>
<td>Speculum examination</td>
<td>Swabs, PAP smear &amp; removal of products</td>
</tr>
</tbody>
</table>

## Direct assessment - external assessor report

The external assessor is an experienced clinician with sound knowledge of the AMC Clinical Examination standards. The external assessor can be a local general practitioner with an interest in teaching and assessment.

The external assessor will directly observe you during your normal clinical practice (i.e., seeing patients in the workplace), usually for an hour. Following this observation period, the external assessor will provide immediate feedback and complete the External Assessor Report.

The external assessor’s report acts as a measure against which all other assessment reports are calibrated. The visit of the external assessor is conducted during the second half of the year, usually before the supervisor’s final report.

CBD is an alternative term for chart stimulated recall, developed by the American Board of Emergency Medicine, designed to allow the assessor to probe your clinical reasoning and decision making skills, and your application of medical knowledge in direct relation to patient care in real clinical situations.

CBDs are structured, non-judgmental reviews designed to:

### Indirect assessment - CBD

- Improve clinical decision making, clinical knowledge and patient management
- Improve clinical record keeping
- Provide you with an opportunity to reflect on and discuss your approach to the patient and identify strategies to improve your practice
- Enable assessors to share their professional knowledge and experience in a collegial way
- Enable you to access experts in clinical decision making and understand the rationale for preferred management choices
- Guide learning through structured feedback
- Identify areas for development as part of the continuum of learning
- Assist you in identifying strategies to improve your practice.

You will select three or four cases from patients you have managed (seen and documented) and prepare case notes for this assessment. Patients should be those recently cared for by you and may include longitudinal care patients. Each case record should have sufficient breadth, depth and complexity to enable focus on clinical decision making.

You will provide assessors with a neatly written or typed summary for each case. The assessor will assess your performance using the CBD template.

The assessor will select one of the three or four cases for the assessment.

The AMC encourages participation in the online training programs for the CBD.
Indirect assessment - multi-source feedback

Multisource feedback (MSF) or 360° feedback relies on a collection of ratings from multiple sources, including self-assessment by you, to form a collective assessment of how you meet the AMC clinical and personal performance dimensions, including honesty and teamwork. The MSF is completed mid-way through the assessment year.

You should select at least 10 colleagues with whom you have worked during the WBA year, including where possible, at least one representative from each of the following:

- supervisors
- registrars
- RMOs
- consultants
- interns
- nurses
- allied health staff
- ward and medical administrative staff

Please note that patient assessments are in addition to the 10 colleagues.

The following process is applied to the multisource feedback:

Each candidate will provide the administration officer with a list of a minimum of 10 names of colleagues.

The selected colleagues will each be asked to complete a questionnaire, (co-worker or medical colleague) and will return these to the administration officer.

The candidate will complete an MSF self-assessment form and return to the administration officer.

The administration officer will forward completed questionnaires to the senior project officer, who will collate the responses and provide the supervisor with a de-identified summary of results.

The supervisor will provide the IMG with the MSF results in a face-to-face interview.

If an MSF is not satisfactory, a review will be held.

The AMC encourages participation in the online training programs for the MSF.

Indirect assessment - supervisors’ reports

In-training assessment or structured supervision assessment reports are widely used in medical training in Australia, serving to signify trainees’ preparedness to move to the next level or rotation of training. The progress of IMGs in the Standard Pathway (AMC Examination) has a history of being monitored in this way, with structured in-training assessment reports contributing to decisions about the IMG’s progress through the required supervision period. For IMGs in the Standard Pathway who elect to replace the clinical examination option with a workplace based option, it is likely that in-training assessment will continue to be a component of their WBA process.

In-training assessment reports are based upon direct observation of IMGs in real clinical settings over a period of time. Observations are carried out by the supervisor(s) assigned to the IMG, but others may play a role. For example, nurses and other health team members are often asked to contribute to in-training assessments of communication and inter-personal skills, ethical behaviour, reliability and professional integrity. The use of multiple sources of information as a basis for ratings of IMG performance is highly effective in reducing the subjectivity of these ratings.

During the four-week orientation period you and your supervisor will complete the Self-assessment and Personal Learning Plan. Following the four-week orientation period, self-assessment reviews and supervisor’s reports should be completed as per the assessment schedule developed by the program director commencing with Formative Report 1, followed by Summative Report 1, then Formative 2, and Summative 2. Supervisors must also complete a final report towards the end of the assessment period.
Self-assessment and personal learning plan

The Self-assessment and Personal Learning Plan provides an opportunity for you and your primary supervisor to identify areas of strength and weakness, and to nominate how learning needs will be addressed.

Supervisor’s formative assessment

Two formative reports are completed during the assessment period. Both reports should be seen as progress reports, providing you with an opportunity to improve performance in preparation for the summative reports.

While not a formal requirement for AMC assessment, formative assessment reports provide a valuable opportunity for IMGs to gain feedback from their supervisor on their progress in the WBA program and to highlight areas for further development or concern.

You should complete the self-assessment review form to accompany each supervisor’s report, and present it to your supervisor at the feedback interview, for discussion in conjunction with the supervisor’s report. The self-assessment forms enable supervisors to gauge your awareness of your own strengths and limitations.

Formative assessments should be undertaken at least one week before a summative assessment (i.e. they may not be conducted during the week preceding a summative assessment).

The Improving Performance Action Plan section can be used to address identified issues and must be completed by the supervisor if there are any borderline or unsatisfactory ratings in the assessment form.

Supervisor formative reports are completed based on the supervisor’s observation of you in the workplace, or supervisor discussion of your performance with other members of the healthcare team. The supervisor reviews the self-assessment review form with you and completes the formative assessment report in discussion with the IMG. During this discussion the supervisor will work with you to identify areas for further learning and development.

Supervisor’s summative assessment

Two summative reports are completed during the assessment period. You must achieve satisfactory results (i.e. ‘at the expected level’ or higher) for both summative reports. The summative reports constitute part of the documentation required by AHPRA when IMGs apply for general registration.

Supervisor reports are completed following their observation of you in the workplace, or after they have discussed your performance with other members of the healthcare team. The supervisor will review the self-assessment report with you and complete the summative assessment report in discussion with you. During this discussion the supervisor will guide you in identifying areas for further learning and development.

The areas of assessment include:

- Clinical management
- Communication
- Professionalism
- Honesty
- Teamwork

Supervisors are encouraged to include observations from multiple sources in developing their assessment including other medical practitioners, nurses, allied health staff and patients.

Each formative assessment and summative assessment must be 18-20 weeks apart (see Appendix 5).
**Supervisor’s final report**

The final report provides an overview of your progress throughout WBA. You are expected to complete their section of the final report and identify their own strengths and areas for improvement, then arrange a time to meet with your supervisor to discuss progress, review your self-assessment and complete the final report.

The areas of assessment include:

- Clinical management
- Communication, including teamwork
- Professionalism, including honesty
- Safe Practice

**Resits**

Under normal circumstances, you may apply to re-sit a maximum of three failed summative assessments (Mini-CEX, DOPS or CBD) during the 12 month program.

However, where there are exceptional or mitigating circumstances such as faulty equipment, health or family issues, additional resits will be considered on an individual basis.

**Application to re-sit a Mini-CEX, DOPS or CBD assessment**

The following conditions apply:

- Applications must be made on the form provided, within 4 working days of the feedback session following the failed assessment
- Forms can be obtained from, and should be returned to, the WBA administrative officer
- Resits will take place a minimum of four weeks from the day of the original assessment
- The original assessor will not undertake the resit assessment, unless no other assessor is available
- An IMG may only re-sit any specific assessment (e.g. Mini-CEX for physical examination in Surgery) once

It is the responsibility of the candidate, in consultation with their supervisor and/or WBA staff, to seek the remedial support and instruction necessary to complete the assessment successfully on the second attempt.

**Assessment review, re-evaluation and appeals process**

IMGs undertaking WBA are able to raise and address concerns in a fair, equitable and prompt manner. The **WBA Assessment Review Policy and Guidelines** apply to any assessment review, re-evaluation or appeal, as defined.

The assessment review process seeks to provide solutions to a candidates ‘concern over the circumstances associated with the assessment’ initially through an informal and internal review mechanism, prior to initiating the more formal and structured processes of a re-evaluation or an appeal if the matter is not resolved.

There are three separate processes available to the IMG who does not accept the workplace based assessment outcomes. They are:

- Assessment Review – an informal, internal review mechanism;
- Re-evaluation Request – a formal, internal review mechanism; and
- Appeal Request – a formal, external review mechanism.
Accessing the process
The following information provides a summary of steps taken to initiate and undertake an Appeals Process for the WBA program in WA. It is intended as a guide only. Candidates wishing to initiate an Appeal Process at any level should consult the WBA Assessment Review Policy and Guidelines.

Assessment review
To initiate an assessment review the candidate will:
- complete and lodge an Assessment Review Request Form with their employer within the prescribed timeframe
- the employer will acknowledge receipt via email using the candidate’s Department of Health email address
- the assessment will be reviewed by an independent delegated officer
- the candidate will receive verbal and written feedback on the outcome of the review
- if not satisfied with the findings the candidate can request a re-evaluation
- if the candidate is satisfied, the outcome will be documented in their file.

Re-evaluation request
To initiate a re-evaluation request the IMG will:
- complete and lodge an Application for Re-evaluation Request Form with their employer within the prescribed timeframe
- the employer will acknowledge receipt via email using the candidate’s Department of Health email address
- the assessment and review and any additional material will be considered by a delegated officer, who is independent of both the original assessment and the assessment review
- the candidate will receive verbal and written feedback on the outcome of the review
- if not satisfied with the findings the candidate can request an appeal
- if the candidate is satisfied, the outcome will be documented in the candidate’s file.

Appeals process
To initiate an appeal process the candidate will:
- complete and lodge the appeal request form with their employer within the prescribed timeframe and pay the required appeal fee at the time of lodging the request
- the employer will acknowledge receipt via email using the candidates Department of Health email address
- the prior reviews and original assessment and any additional material will be reviewed by the WBA Appeal Committee (the Committee)
- the candidate will receive verbal and written feedback from the Committee on the outcome of the review and their options in regard to the appeals process
- if not satisfied with the findings the candidate can lodge an appeal request with the Australian Medical Council Appeal Committee
- the employer will finalise the appeal process documentation in the candidate’s file.

Detailed information about the appeals process is available in the WBA Assessment Review Policy and Guidelines which include an Assessment Review Request Form, Application for Re-Evaluation Request Form and Appeal Request Form.
Further action

If the candidate does not accept the decision of the review committee, they may appeal to the AMC using the guidelines and forms supplied for the AMC Clinical Examination. If, following remediation and re-assessment, a pass score is still not achieved; an external review will be required, following which a pass/fail decision will be made.
Appendix 1: Agreed minimum requirements

Macro-level and Micro-level blueprints for assessment requirements can be found in Appendix 3 and Appendix 4 respectively.

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<td>Summative Reports</td>
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<td>(Pass 1/1)</td>
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**Glossary:**

CBD – Case-Based Discussion
DOPS – Direct Observation of Procedural Skills
Mini-CEX – Mini-Clinical Examination
MSF – Multi-Source Feedback
F1 – Formative 1
S1 – Summative 1

*Note: This completed blueprint is submitted to the AMC with candidate results*
Appendix 2: Minimum requirements and process timeframes

WBA Program requirements

The WBA program is designed to meet the requirements of the AMC to ensure eligibility for the AMC certificate, and the Medical Board of Australia (MBA) to ensure eligibility for general registration. The requirements are outlined below:

a. **Successful completion of all assessments** is required by the AMC for candidates to be eligible to be considered for the AMC Certificate.

b. **Demonstration of at least 47 weeks or 12 months of full-time experience in an Australian healthcare setting under supervision** as outlined in the MBA standard *Granting general registration to medical practitioners in the standard pathway who hold an AMC certificate.*

AMC results panel meeting

The AMC results panel meeting for candidates commencing in early 2018 is scheduled for **Tuesday 4 December 2018.** For consideration of your results at this meeting you will be required to have all assessments completed and loaded to the AMC assessment portal by **05 November 2017.**

You should proactively seek out opportunities and work with your assessors and supervisors to ensure that arrangements are suitable so you will meet the target dates.

Medical Board of Australia (AHPRA) registration processes

The AMC Certificate will be sent to the MBA (WA Branch in Subiaco) approximately 8 weeks after successful completion of the 12 month program. Candidates will be sent a letter by the AMC advising what is required, including making an appointment with the MBA to collect the AMC Certificate and apply for general registration. The MBA will hold the certificate for 4 months.

Notes:

1. Requests for inclusion in earlier AMC results meetings will not be considered. The date for WA candidates has been set by the AMC.
2. Late submission of assessments will not be accepted.
3. Candidates with outstanding Evidence of Primary Source Verification or Eligibility Flags will be viewed as provisional candidates, and will not be eligible for assessment by the AMC until all Flags are cleared. The AMC will include these details in the mailed results letter.

Transition Process

It is important to note that as part of the WBA program you have a 12 month contract with the health service offering the program. While the assessment component may have been completed, you are still required to meet your contractual obligations to your employer. Planning your future career requires consideration of AMC and AHPRA timeframes and timely communication with your supervisor and line manager.
## Macro-Level Blueprint

**Macro-level blueprint:** WBA methods implemented at ________________________________ (insert name of site)

<table>
<thead>
<tr>
<th>CLINICAL DIMENSIONS</th>
<th>METHODS</th>
<th>Direct</th>
<th>Indirect</th>
<th>Indirect</th>
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<td>Clinical skills</td>
<td>✔ Supervisor or assessor</td>
<td>✔ Supervisor, doctors and clinical nurse specialists able to perform procedure</td>
<td>✔ Supervisor or assessor</td>
<td>✔ Multi-Source Feedback (global assessment)</td>
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<td>Clinical judgment</td>
<td>✔ Supervisor or assessor</td>
<td>✔ Supervisor or assessor</td>
<td>✔ Supervisor or assessor</td>
<td>✔ Supervisor and colleagues</td>
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<td>Communication skills</td>
<td>✔ Supervisor or assessor</td>
<td>✔ Supervisor, colleagues and patients</td>
<td>✔ Supervisor and colleagues</td>
<td>✔ Supervisor and colleagues</td>
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<tr>
<td>Ability to work as an effective member of the health care team</td>
<td>✔ Supervisor or assessor</td>
<td>✔ Supervisor or assessor</td>
<td>✔ Supervisor and colleagues</td>
<td>✔ Supervisor and colleagues</td>
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<tr>
<td>Ability to apply aspects of public health relevant to clinical settings</td>
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<td>✔ Supervisor or assessor</td>
<td>✔ Supervisor and colleagues</td>
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<td>Cultural competence</td>
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<td>✔ Supervisor or assessor</td>
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<td>Professionalism and attention to patient safety</td>
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Appendix 4: Micro-Level Blueprint

Micro-level blueprint: individual WBA plan for Dr __________________________ (insert name of doctor)

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<tr>
<th>CLINICAL SKILLS</th>
<th>Adult Health - Medicine</th>
<th>Adult Health - Surgery</th>
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Please refer to the AMC Workplace-based Assessment manual for guidance on completing these blueprints (pp. 35 – 38)
Appendix 5: WA Health WBA assessment plan

A summary of the approved assessment plan is provided below:

Direct assessment methods
- Mini-CEX – 12 encounters – 2 in each clinical area (or more as needed)
- DOPS – 6 encounters – 1 in each clinical area (or more as needed)
- External assessors report – direct observation (provided to AMC for calibration)

Indirect assessment methods
- CBD – 6 encounters – 1 in each clinical area (or more as needed)
- Formative supervisor’s reports – 2 reports. Between 18-20 weeks apart
- Summative supervisor’s reports – 2 reports. Between 18-20 weeks apart.
- MSF – 10 colleague evaluations usually undertaken mid-year and collated by the Senior Project Officer (SPO) into one report for the primary supervisor to discuss with and provide feedback to the candidate.

Updated August 2014

Note: please see the suggested WBA assessment and reporting schedule to help you plan your assessments.