External Evaluation of the Workplace-Based Assessment Program

Western Australia

October 2017
## Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Executive Summary</td>
<td>ii</td>
</tr>
<tr>
<td>Section 1: Introduction</td>
<td>1</td>
</tr>
<tr>
<td>WBA in Western Australia</td>
<td>2</td>
</tr>
<tr>
<td>Evaluation of the WBA program</td>
<td>2</td>
</tr>
<tr>
<td>Section 2: Findings of the evaluation process</td>
<td>3</td>
</tr>
<tr>
<td>Outcome 1: WBA program assesses IMGs to AMC Standards</td>
<td>3</td>
</tr>
<tr>
<td>Outcome 2: The Department meets AMC Standards as program provider</td>
<td>8</td>
</tr>
<tr>
<td>Outcome 3: The program encourages recruitment and retention to rural hospitals</td>
<td>11</td>
</tr>
<tr>
<td>Outcome 4: WBA increases the scope of medical supervision and assessment expertise in the clinical setting</td>
<td>13</td>
</tr>
<tr>
<td>Outcome 5: Delivery of WBA in WA is cost-effective and sustainable</td>
<td>15</td>
</tr>
<tr>
<td>Appendix 1: Accredited WBA hospitals in WA</td>
<td>21</td>
</tr>
<tr>
<td>Appendix 2: Evaluation process</td>
<td>22</td>
</tr>
<tr>
<td>Appendix 3: Candidate assessments by WBA site</td>
<td>25</td>
</tr>
<tr>
<td>Appendix 4: Interview and survey tools</td>
<td>27</td>
</tr>
<tr>
<td>Appendix 5: Schedule of assessments</td>
<td>51</td>
</tr>
<tr>
<td>Appendix 6: Interview participants</td>
<td>52</td>
</tr>
<tr>
<td>Appendix 7: Survey results</td>
<td>54</td>
</tr>
<tr>
<td>Appendix 8: Definitions and acronyms</td>
<td>62</td>
</tr>
</tbody>
</table>
Executive Summary

International medical graduates (IMGs) with medical qualifications from an institution outside Australia or New Zealand, who seek registration with the Medical Board of Australia (MBA), must provide the Australian Medical Council (AMC) with evidence of their eligibility to undertake one of the medical assessment pathways. The Standard Pathway is for IMGs seeking general registration who are not eligible for the Competent Authority or Specialist Pathway. The three pathways are part of the Nationally Consistent Assessment Program implemented in 2010 to confirm appropriate standards of training and qualifications among IMGs and ensure safety and quality in patient care.

Successful completion of the Standard Pathway assessment processes results in awarding of the AMC Certificate. There are two assessment mechanisms under the Standard Pathway: workplace based assessment (WBA) and the AMC clinical examination. The WBA program (the program) was developed by the AMC as an alternate assessment pathway to the clinical exam, combining the AMC multiple choice examination with a program of workplace-based assessment of clinical skills and knowledge by an AMC-accredited authority.

The Western Australia (WA) Department of Health (the Department) was accredited by the AMC as a program provider in 2010. The first rural pilot program commenced in WA in January 2011 at Bunbury Hospital and the first collaborative public-private pilot program commenced at Hollywood Private Hospital/Joondalup Health Campus (HPH/JHC) in WA in August 2011. In 2017, Bunbury Hospital, Kalgoorlie Health Campus (commenced 2013) and Geraldton Hospital (commenced 2015) continue to deliver the program in rural WA.

The WA program comprises 12 months of supervised clinical practice to meet the MBA requirement for general registration. To meet AMC requirements, candidates must achieve satisfactory assessment across six clinical areas, performing at the level expected of an Australian medical graduate at the end-of-postgraduate year 1 (end-of-PGY1).

The program typically accepts applicants at registrar and resident medical officer (RMO) level who are eligible to apply after securing employment with a WBA accredited hospital.

The Department’s current period of WBA accreditation expires in January 2019. In preparation for AMC re-accreditation, an external evaluation was commissioned. The Request for Quote identified the following areas as the focus of this evaluation:

- The extent to which the objectives and outcomes of the program are met in WA, and
- Progress toward the recommendations of the Evaluation of workplace-based assessment in Western Australia, December 2014 (the 2014 Evaluation Report).

In addressing these requirements, the external evaluation would indirectly examine future sustainability of the program including; the capacity for principles of the program to be applied to strengthen and provide consistent assessment processes for all junior medical officers (JMOs), and ongoing management of the program.

An evaluation methodology was developed to inform the consultation process, identifying key areas from the program objectives and outcomes that could be reasonably assessed through interviews and surveys. Copies of the consultation tools are provided in Appendix 4.

Whilst the evaluation found that, generally, the objectives and outcomes of the program are being met, feedback from interviews and surveys identified opportunities for health services to strengthen delivery of the program through provision of additional support for supervisors, assessors and candidates.

Progress towards recommendations of the 2014 Evaluation Report was found to be overall satisfactory. However, since 2014, WA Health has undergone, and continues to undergo, major
restructure and reform. The future sustainability of the program requires further consideration within the context of these changes.

General consensus among stakeholders was that WBA in WA is a valuable program which should continue. Medical workforce data for WA demonstrates that rural communities continue to rely on overseas trained doctors and there is an ongoing need to support these doctors. While medical student numbers have increased nationally and locally to address the projected shortage of doctors into the future, until such time as these graduates are trained and employed in rural hospitals these hospitals will continue to rely on doctors trained overseas.

Recommendations from the evaluation are grouped according to those to be addressed by health service providers, with some support from the program provider, and recommendations focused on program sustainability. Addressing the recommendations for sustainability falls outside the scope of this evaluation and will require further consideration and exploration by the Department to determine the most appropriate option for WA Health as part of the restructure and reform program.

| Health service provider recommendations                                                                 |
| Recommendation 1: Health services to implement a process to streamline delivery of the program and improve candidate assessment planning. |
| • Encourage the use of new and existing tools to plan and inform assessments and manage time effectively. |
| • Examine current placements and implement preferred placement length for individual clinical areas. |
| • Support candidates to prepare for external assessments to ensure effectiveness of the calibration process. |
| • Invite completing candidates to orientation sessions to share advice to progress through program. |
| • Develop one-page summary for visiting doctors skilled in WBA methods but unfamiliar with the context of the program. |

| Recommendation 2: Explore new approaches to training sessions for supervisors and assessors to improve attendance and ensure assessments are conducted to the level required by the AMC. |
| • Reinforce the need to assess candidates for safe clinical practise at end-of-PGY1 level separately to their employment level. |
| • Incorporate presentations by keynote speakers. |
| • Introduce calibration sessions to foster low ratings variance. |
| • Enhance supervisor understanding of WBA’s equivalency with the AMC clinical exam. |
| • Broaden the scope of assessor training to incorporate supervision and clinical competency assessment of all hospital JMOs. |

| Recommendation 3: Implement processes to improve distribution of assessments among assessors. |
| • Expand current list of identified assessors to include clinical nurse specialists. |
| • Support supervisors and assessors to develop a personal list of preferred clinical assessments and to identify key focus areas for each assessment. |
| • Monitor the number of assessments an assessor undertakes for each candidate. |

| Recommendations towards sustainability          |
| Recommendation 4: Examine where overall management and governance of the program is best located to ensure the program continues to operate effectively, delivery remains independent of stakeholder influence and all aspects program governance, management and operation continue to meet AMC accreditation guidelines. |

Options to be considered include:

| Option 1: Status Quo |
| The Medical Workforce Branch within the Department continues as program provider providing strategic management and reporting functions, and health services continue to provide operational management and delivery of the program. |

| Option 2: Status Quo (Department restructure) |
| The strategic management and reporting functions of the Department are devolved to another branch within the Office of the Chief Medical Officer. Health services continue to provide operational management and delivery of the program. |

| Option 3: Devolution to WACHS |
| WACHS takes on the role of program provider and the Department is no longer involved in management of the program. |

| Option 4: Devolution to health services |
| Each accredited site is responsible for management and delivery of their own program. Further consideration would be required to determine governance and oversight of program management. |

| Recommendation 5: Incorporate into future planning for WA Health opportunities for: |
| • WBA principles to be extended to JMO assessments, particularly for intern and RMO rotations. |
| • Explore retention strategies for rural and remote locations through generalist career pathways. |
It is important to note that it is unlikely any major change or relocation of the program can be progressed in 2017 as modification would (1) require approval by the AMC, and (2) impact on recruitment and retention for rural hospitals. It is recommended that either Option 1 or Option 2 (status quo) be retained for the 2017-18 candidate cohorts, and that implementation of any major change to program management be delayed until after January 2018, applying only to the candidate cohort commencing 2019, as recruitment commences in mid-2018. This would align with the AMC re-accreditation cycle.

Patient safety relies on good clinical governance, which includes monitoring the clinical competence of all medical practitioners regardless of where they have trained. Implementation of WBA has introduced an AMC accredited program, with nationally consistent standards, to selected regional hospitals in WA. The program has supported a culture of supervision and assessment among clinical staff and reinforced the value of monitoring performance in the workplace. These skills and processes can benefit both IMGs and Australian-trained medical graduates.
Section 1: Introduction

The WBA 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.”\(^1\) The program assesses what an IMG actually does in the clinical setting in which they have been employed, providing information about the candidate’s suitability for independent practice in the Australian healthcare system. In line with AMC requirements, candidates are assessed at the level expected of an Australian medical graduate at the end-of-PGY1.

To meet the assessment requirements of the program the AMC requires candidates to be assessed across six clinical areas:

- Adult Health – Medicine
- Adult Health – Surgery
- Child Health
- Emergency Medicine
- Mental Health
- Women’s Health

Focussing on the following domains for assessment:

- Clinical skills (history taking, physical examination, investigation and diagnosis, prescribing and management, counselling/patient education, clinical procedures)
- Clinical judgement
- Communication skills
- Ability to work as an effective member of the healthcare team
- Ability to apply aspects of public health relevant to clinical settings
- Indigenous health and cultural competence
- Professionalism
- Patient safety.

Assessment is undertaken in the clinical setting over a set period of time, with multiple assessments performed by a number of assessors using as a minimum the following assessment methods:

- Mini-clinical evaluation exercise (Mini-CEX)
- Case-based discussion (CBD)
- Multi-source feedback (MSF)

The AMC Board of Examiners is responsible for confirming assessment of IMGs in the Standard Pathway while the AMC Prevocational Standards Accreditation Committee is the accrediting body for the program, responsible for initial accreditation, monitoring through review of AMC Annual Reports, reviewing material changes to programs and providers, and subsequent reaccreditations.

In 2017 there are seven AMC accredited program providers throughout Australia with the program delivered across 15 sites. Program providers must meet the Standards for AMC Accreditation of Workplace Based Assessment providers and programs (AMC Accreditation Standards) and once accreditation is granted, must demonstrate their continued ability to meet these standards through annual reporting, or more often if requested, to the AMC Prevocational Standards Accreditation Committee.

---

WBA in Western Australia

Development of the program for WA commenced in 2009 and accreditation of the Department as a program provider was granted by the AMC in 2010. While the program at HPH/JHC did not extend beyond the pilot phase due to a lack of incentive in the private setting, the program has been successfully implemented at Bunbury Hospital, Geraldton Hospital and Kalgoorlie Health Campus with overall management and governance of the program undertaken by the Department within the Office of the Chief Medical Officer (OCMO).

The WA program is tailored to offer 12 months of supervised clinical practice to meet the requirements for general registration with the MBA, with candidates undertaking clinical experience across the six clinical areas required by the AMC and undergoing the following assessments.

<table>
<thead>
<tr>
<th>Clinical assessments</th>
<th>Adult Health – Medicine</th>
<th>Adult Health – Surgery</th>
<th>Women’s Health</th>
<th>Child Health</th>
<th>Mental Health</th>
<th>Emergency Medicine</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mini-CEX</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>CBD</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>DOPS</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>

**General assessments**

- Formative supervisor reports: 2
- Summative supervisor reports: 2
- External Assessor report: 1
- Multi-source Feedback: 1

**Total assessments per candidate**: 30

An additional benefit is that WBA accredited sites are ensured employment of candidates for a minimum of 12 months thereby minimising workforce shortages in rural areas through placement of high quality candidates.

Further information on the accredited WBA hospitals in WA is provided in Appendix 1.

**Evaluation of the WBA program**

In May 2017 the consultant was appointed to undertake the external evaluation of the program.

All accredited hospital sites were visited and interviews conducted with candidates, supervisors, assessors and program administration staff. A random review of candidate assessment records was conducted and reports prepared by the Department and submitted to the AMC as part of the provider reporting requirements were reviewed.

To facilitate the evaluation, program outcomes were aligned with the AMC Accreditation Standards and Department objectives for the program in WA.

<table>
<thead>
<tr>
<th>Outcome</th>
<th>WBA Program Outcomes</th>
<th>AMC Accreditation Standards and Department WBA objectives</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outcome 1</td>
<td>WBA program assesses IMGs to AMC Standards</td>
<td>Addresses AMC Standards 4, 5, 6, 7</td>
</tr>
<tr>
<td>Outcome 2</td>
<td>The Department meets AMC Accreditation Standards as program provider for WBA</td>
<td>Addresses AMC Standards 1, 2, 3</td>
</tr>
</tbody>
</table>
Section 2: Findings of the evaluation process

The following discussion examines the findings of the evaluation against the requirements of the Request for Quote to inform the development of the recommendations.

Outcome 1: WBA program assesses IMGs to AMC Standards

This outcome examines whether WBA accredited hospitals deliver an assessment program which incorporates the clinical areas, clinical competencies and skills identified by the AMC, and whether candidates are assessed using a range of assessment techniques and a number of different assessors to ensure validity of the assessment process. The importance of fostering low rating variance among assessors through regular calibration workshops at each hospital is addressed by this outcome as well as measures to assess whether the program delivered in these hospitals provides an assessment process that is comparable to the AMC clinical exam.

The assessment program incorporates the AMC clinical areas, competencies and skills and is comparable to the AMC clinical exam

Candidates in the WA program must achieve satisfactory assessment across the six clinical areas required by the AMC during their 12 months of supervised clinical practice. Program directors and administration officers work hard to facilitate candidate access to clinical experience across all clinical areas.

Candidates appreciated the access different clinical areas and many indicated that the opportunity to work on wards as part of a multidisciplinary team gave them a much better understanding of the Australian healthcare system. Candidates at all sites valued the efforts made on their behalf and the education sessions provided.

It was noted by some supervisors that many Australian-trained RMOs can take up to four weeks to settle into a ward routine at the start of an 11-week placement, so it seemed unreasonable to expect candidates on a short placement to orientate and integrate into wards effectively.

Candidates responding to the survey agreed or agreed strongly that they were able to access all clinical areas (90%, n=45), were assessed by different assessors using a range of assessment techniques (98%, n=49), that they were well supported by WBA administration staff (94%, n=47), and that participating in WBA had helped prepare them for the next stage of their medical career (96%, n=48).

Candidates working at RMO level reported there were no obstacles to meeting the requirements of the WBA. Candidates working as registrars commented that with adequate planning and initiative to negotiate assessment opportunities with consultants, it is possible to meet all assessment requirements.
Program directors and administrators at each site are fully aware of assessment requirements and processes and the progress of candidates through the program is closely monitored by the administration officer using the candidate blueprint.

One of the program requirements is completion of a Self-Assessment and Learning Plan to identify the candidate’s strengths and weaknesses. While supervisors recognised it as a useful tool, some commented that it relies on the candidate’s willingness to look positively at their weaknesses. The first self-assessment was considered very important and it was acknowledged that gauging weaknesses can be difficult but is important to identify areas for improvement.

Supervisors and assessors generally felt that candidates take feedback positively and were seen as more mature than other RMOs. Communication skills were identified a key area where candidates require support.

Candidates are assessed using a range of assessment techniques and a number of different assessors to ensure validity of the assessment process

All candidates interviewed appreciated the range of assessment methods and the opportunity to learn from senior consultants and supervisors. Many candidates stated they valued that the program enabled them to become familiar with the cultural approach and patient-centric management of the Australian healthcare system.

Assessment for WBA is undertaken on a team basis. The use of multiple assessors ensures sign-off on the competency of a candidate is not the responsibility of one individual. This cumulative assessment ensures candidates are supervised and assessed more broadly than one individual supervisor can achieve and ensures supervision does not adversely impact on the supervisor’s clinical load.

For some candidates arranging assessments can be challenging and program directors and administration officers provide strategies to assist. Requiring candidates to take responsibility for arranging assessments and negotiating suitable times with assessors was seen as a means to develop professional interpersonal skills, which is recognised as a key development area for many IMGs in the program.

Candidates are encouraged to use multiple assessors across the clinical areas and at least one assessment in each specialty area must be done by the consultant or Head of Department.

The number of skilled locum doctors working in the WBA accredited hospitals means candidates benefit from being assessed by a wide range of assessors, some of whom may be involved in clinical education in their own hospitals. This provides access to a broad range of assessment styles and clinical experience that would not be available in smaller metropolitan hospitals.

Candidates prefer to schedule their own assessments when they are prepared and ready, however, a consequence of this may be that assessors who are most readily available are approached more often or those who are perceived to be ‘easy’ markers are favoured by candidates. As a result some assessors may be overworked compared with others.

Data included the WA Health Workplace-based Assessment Program AMC Provider Progress Report: February 2017 provides information on the number of assessments, including supervisor reports, undertaken at each site. The data revealed that a minority of assessors (7.9%, n=9) complete more than 10 assessments per year with the remaining assessments spread evenly across available assessors. The number of assessments ranged from between 15 to 22, with outliers of 46 and 37 where access to assessors was limited (see Appendix 3).
Assessment training

Of the 15 supervisors and assessors interviewed the majority (46.7%, n=7) have been involved in the program since 2014. Two supervisors have been involved with WBA since its inception in 2009, while two others have been involved since 2011. The remaining four supervisors joined the program in 2012, 2013, 2015 and 2016. Among those interviewed one supervisor had previously been, and one was currently, an examiner for the AMC clinical exam. The supervisor who was still examining for the AMC had previously been involved in delivering AMC exam workshops. A significant number of those interviewed, 46.7% (n=7), were assessors or examiners for their specialist college. With regard to support for WBA candidates, 73.3% (n=11) of those interviewed indicated that they both supervised and assessed while 26.7% (n=4) only undertook assessments with WBA candidates.

Supervisors and assessors interviewed understood that the assessment of WBA candidates was at end-of-PGY1 level. However some stated they found this difficult to apply when assessing RMOs and registrars, so it was important to keep reminding themselves of the required assessment standard. Some assessors who had not attended WBA training reported they received information from other assessors or used their own experience of the AMC clinical exam. A small number of interviewees reported cases where assessment standards were inconsistent which they attributed to inadequate understanding of assessment requirements by some assessors. Implementing regular calibration workshops would assist to raise consistency in assessment standards.

During preparation for accreditation, hospitals are advised that supervisors must be senior clinicians, with experience in the supervision, training and assessment of junior doctors. Assessors and supervisors for WBA must undertake an initial training workshop to prepare them for their role. Initial training sessions are well attended and have made a positive impact on assessment and supervision expertise at the sites. While some supervisors commented that they had not attended subsequent sessions which they saw as a repeat of previous information, it was generally agreed that attendance at an annual workshop should be encouraged. In practice it has been challenging to maintain and increase attendance at past WBA workshops.

Exploring new approaches to presenting workshop information may assist to increase attendance. Modifications include scheduling a well-regarded keynote speaker or presenting workshops as being more broadly applicable than only the WBA program. Assessment techniques covered during the workshop can potentially encompass the assessment and supervision of Australian-trained graduates.

Supervisors and assessors interviewed recognised the value in calibration among program assessors, particularly those who had attended calibration workshops for specialist medical colleges. Most indicated they would attend a calibration workshop if it were held at their hospital provided sufficient notice was given to schedule this into their clinical time.

The importance of assessors adding detailed comments to the assessment record was raised. General comments such as “no problems” or “very good” do not sufficiently support assessment rankings and could prove inadequate if the assessment were to be questioned at a later date. Identification of clinical assessments that assessors will undertake as well as a list of areas they consider important to look for and assess could be developed. These assessment guides can be applied more broadly to interns and RMOs.

In Women’s Health the end-of-PGY1 standard is not tested as there are no intern rotations in this specialty. An approach suggested is to assess knowledge at medical student level and test organisational skills at intern level to come to an appropriate level for that specialty.
What was done well?

- The program was delivered consistently at each site, offering guidance and support to candidates and support and training to supervisors and assessors.
- Candidates met all the assessment requirements across the six clinical areas and were assessed by multiple assessors using a range of assessment processes. Candidates received clear and meaningful feedback from assessors on the assessment forms.
- RMOs at each hospital stated they had excellent opportunities to experience clinical practice across the six clinical areas and appreciated rotations arranged by the program director.
- Self-Assessment and Learning Plans were either reviewed by the program director or discussed directly with candidate. In this way the learning needs of the candidate were identified and clinical experiences arranged to address these.
- There was consensus among RMOs that they received valuable clinical experience that provided a strong basis for progression to future vocational training.
- Prior to joining the program, many candidates had worked in peripheral hospitals, primarily in emergency departments (EDs), with little opportunity to “get inside” the Australian health system. Working in hospital wards, experiencing social scenarios and liaising across multidisciplinary teams were seen as key benefits of the program.
- Assessment forms provided are clear and easy to explain to new and potential assessors. Particularly in hospitals staffed by a large number of locums, candidates can be assessed by a wide variety of assessors.
- Candidates reported that working directly with specialist consultants offered excellent learning opportunities both clinically and in regard to their professional development.
- Supervisors agreed that their role is to support and guide candidates through the program whilst maintaining patient safety by ensuring safe clinical practise by candidates.
- It was generally agreed that assessments are a good test of clinical competency.
- The process to monitor assessment consistency at each site by the program director worked well. Identified anomalies in assessment ratings are discussed one-to-one.
- Supervisors who attended an orientation session or completed the online learning packages found these useful.

What could be improved?

- Candidates reported it could be difficult to arrange assessments for some clinical areas, particularly when there is just one consultant. However, most agreed that with adequate planning and initiative, assessment opportunities could be negotiated to ensure all assessment requirements are met.
- Registrar clinical workload can make it difficult to arrange access to clinical time and assessments outside their own clinical area to meet AMC assessment requirements.
- Placements to some specialty areas (Women’s Health, Mental Health) could be longer to enable better assessment of candidates and reduce disruption to the ward.
- Where there is little activity during the scheduled external assessment time candidates should come with a series of prepared cases for CBD so that either Mini-CEX or CBD can be used during the scheduled time with the external assessor.
- Scheduling formative and summative assessments and the requirement for an 18-20 week gap between the first and second of each caused concern at some sites. It was felt there
should be a reasonable gap between the formative and summative as well to allow candidates to address issues raised during the formative assessment. (See Appendix 5).

- To ensure assessment at a consistent level, calibration training should include midwives and other clinical nurse specialists as they form a more stable component of the clinical team. Consistency in assessment would be aided by more detailed information on the level of performance to look for when assessing candidates at the end-PGY1 level, such as a checklist of clinical competencies. (Note: this has been addressed).
- Implement calibration sessions to foster a low rating variance, noting the wider applicability to the broader hospital setting (e.g. interns and JMO assessment processes).

**Recommendation 1: Health services to implement a process to streamline delivery of the program and improve candidate assessment planning.**

- Encourage the use of new and existing tools to plan and inform assessments and manage time effectively.
- Examine current placements and implement preferred placement length for individual clinical areas.
- Support candidates to prepare for external assessments to ensure effectiveness of the calibration process.
- Invite completing candidates to orientation sessions to share advice to progress through program.
- Develop one-page summary for visiting doctors skilled in WBA methods but unfamiliar with the context of the program

**Recommendation 2: Explore new approaches to training sessions for supervisors and assessors to improve attendance and ensure assessments are conducted to the level required by the AMC.**

- Reinforce the need to assess candidates for safe clinical practise at end-PGY1 level separately to employment level.
- Incorporate presentations by keynote speakers.
- Introduce calibration sessions to foster low ratings variance.
- Enhance supervisor understanding of WBA’s equivalence with the AMC clinical exam.
- Broaden the scope of assessor training to incorporate supervision and clinical competency assessment of all hospital JMOs.

**Recommendation 3: Implement processes to improve distribution of assessments among assessors.**

- Expand current list of identified assessors to include clinical nurse specialists.
- Support supervisors and assessors to develop a personal list of preferred clinical assessments and to identify key focus areas for each assessment.
- Monitor the number of assessments an assessor undertakes for each candidate.
Outcome 2: The Department meets AMC Standards as program provider

This outcome reviews the role of the Department as the accredited program provider and the need to remain independent of other program stakeholders in order to monitor program delivery and ensure AMC accreditation standards are met. This outcome also addresses the need for there to be an open and fair selection process for candidates.

Program management

Introduction of the Health Service Act 2016 established the Director General of the Department as the System Manager responsible for oversight and management of the WA health system. Health service providers (HSPs) were established as individual statutory authorities.

As the AMC accredited program provider, the Department manages, guides and monitors delivery of the program from within OCMO’s Medical Workforce Branch (MWB). Negotiation and liaison with the AMC in regard to ongoing accreditation of the Department, the accreditation of new sites and reporting on delivery of the program is managed from within the MWB. This aligns with the role of System Manager relating to strategic planning, performance monitoring and evaluation, resource allocation, and promoting innovation in safety and quality of health services. Department resourcing and support comprises a Senior Program Officer from MWB, for whom approximately 0.25 FTE is allocated to management of the program, and the Medical Advisor who provides medical governance and oversight of the program.

The three sites accredited to implement the program are managed by WA Country Health Services (WACHS). The program director and administration officer at each site are responsible for program implementation, supported and guided by the Department to meet accreditation standards of the AMC.

As the program is no longer a pilot, and has been embedded into hospital processes and procedures, it is timely for hospitals to take a stronger, more directive role to strengthen the program, ensure it meets candidate and hospital needs, and utilises processes that further develop and expand assessment methods as part of hospital assessment procedures for all JMOs. With hospitals taking a leading role to expand WBA principles to include all JMOs, applying these assessments more broadly than only candidates on the program, it is timely to determine whether overall management of the program should sit with WACHS or remain at the Department.

The majority of stakeholders who offered comments in this area felt the Department should continue in its role as the accredited program provider, citing that current arrangements are a good fit with the Department’s role as System Manager. Some identified a potential conflict of interest for WACHS if management of the program were to be transferred from the Department, with those responsible for management and governance of the program reporting to the same CEO as the HSPs delivering the program. Retaining management and oversight with the Department allows the governance role to be kept separate from the operational role.

Additionally, some stakeholders suggested that oversight, support for assessment training and reinforcing standards and procedures are better received by staff at WACHS hospitals when this originates from the Department rather than from another area within WACHS. It was also suggested that maintaining management at the Department ensures the program remains a state-wide program, rather than being restricted to rural health services only.

One stakeholder stated that moving management of the program to WACHS MEUs would give WACHS Directors of Postgraduate Medical Education (DPGME) more direct oversight of the program and support more streamlined management, given that the DPGME meets regularly with educational staff at WACHS hospitals.
The current arrangement allows the Department as System Manager to meet its strategic management and performance reporting responsibilities and WACHS to meet its operational responsibility in delivering the program at the accredited hospitals. Any change to these arrangements should ensure that the accredited program provider continues to meet the AMC Accreditation Standards and deliver the program without influence from external stakeholders.

**Selection to the program**
The program typically accepts candidates at registrar and RMO level. Candidates must secure employment with a WBA accredited hospital before being eligible to apply to the program.

In 2017, all junior doctor positions in WA were advertised through a centralised recruitment process on MedJobsWA. Prior to 2017 Kalgoorlie Health Campus interviewed and selected candidates directly into WBA RMO positions, receiving numerous applications for these three positions. From 2017, the RMO posts at Kalgoorlie will be advertised as general RMO positions and places in the program will be allocated once employment is confirmed, as is the practice at Bunbury and Geraldton Hospitals.

Candidates reported that they were asked about their interest in the program during interview. Once employment was confirmed an expression of interest for the program was submitted.

Hospital administrators and heads of departments interviewed for the evaluation were confident the application process offers candidates fair access to the program. Positions are filled through an open and transparent employment process to meet the clinical workforce needs of the hospital. Following this, places for the program are offered to candidates who have accepted these positions. Suitability for employment is the first requirement for the hospital; the candidate’s skill-set must meet the hospital’s workforce requirements.

Throughout the recruitment process applicants are advised that entry to the program is highly competitive and the award of an employment contract at an accredited WBA hospital does not guarantee a place in the program. Applicants to Bunbury Hospital are advised that places are allocated on a first-come-first-served basis, with the employment application process acting as the vetting mechanism to select candidates for the program.

The WA Health WBA Program Selection and Appointment Guidelines for Hospitals developed by the Department, guides accredited hospitals through candidate selection and appointment and sets out eligibility criteria for candidates. Selection of candidates is conditional on the availability of supporting infrastructure at the accredited site as determined by the AMC accreditation process. The number of candidates accepted to the program by the accredited hospital is determined by the Director of Medical Services and/or the Program Director, in consultation with WACHS.

Once an employment contract is signed by the IMG and their interest in WBA is confirmed, the administration officer submits the signed employment contract to the Senior Program Officer. Once the signed 12-month contract is received, the candidate is sent a confirmation email, extending an offer to join the program. The candidate is asked to review all attachments to the email and sign and return the written acceptance of offer. This verifies their commitment to complete the 12-month program and agreement to pay the $10,000 administrative fee directly to the employing hospital.

On receipt of the signed acceptance, the Senior Program Officer notifies the MBA and the AMC that the candidate has been enrolled in the program. If the candidate is not enrolled for the AMC clinical exam the AMC accepts the candidate’s nomination and invoices the candidate for the AMC administration fee. If the candidate is enrolled for the clinical examination they are required to withdraw using the AMC candidate portal and are offered a refund which can be used to pay for the AMC administration fee.
What was done well?

- Under the current arrangements the Department as System Manager meets its strategic management and performance reporting responsibilities and WACHS meets its responsibility to deliver the program at the accredited hospitals.
- The appointment of candidates and recruitment of new sites to the program was managed in an open and transparent manner, with no evidence of influence from external stakeholders.

What could be improved?

- As the program is no longer a pilot, and has been embedded into hospital processes and procedures, it would be timely for hospitals to take a stronger, more directive role to strengthen the program.
- Given the reform and restructure of WA Health, a review of the best location for the program to operate effectively should be considered.

Recommendation 4: Examine where overall management and governance of the program is best located to ensure the program continues to operate effectively, delivery remains independent of stakeholder influence and all aspects program governance, management and operation continue to meet AMC accreditation guidelines.

Options that could be considered include:

**Option 1: Status Quo**

The Medical Workforce Branch within the Department continues as program provider providing strategic management and reporting functions, and health services continue to provide operational management and delivery of the program.

**Option 2: Status Quo (Department restructure)**

The strategic management and reporting functions by the Department are devolved to another branch within the Office of the Chief Medical Officer. Health services continue to provide operational management and delivery of the program.

**Option 3: Devolution to WACHS**

WACHS takes on the role of program provider and the Department is no longer involved in management of the program.

**Option 4: Devolution to health services**

Each accredited site is responsible for management and delivery of their own program. Further consideration would be required to determine governance and oversight of program management.
Outcome 3: The program encourages recruitment and retention to rural hospitals

This outcome focuses on the Department’s objective to support the recruitment of medical staff to rural hospitals and ensure retention for a minimum of 12 months.

Recruitment and retention of a well-trained workforce in rural and remote locations is of prime importance to a sustainable health care system. Poor retention results in loss of skills and experience, compromises continuity of health care and increases recruitment costs. Retention does not imply employment in one location ‘forever’ but refers to a minimum length of stay in a location or with an employer or organisation.

Recruitment

Despite the increase in Australian-trained medical graduates, many hospitals in regional WA continue to face a shortage of qualified doctors, particularly at registrar level. This shortage is at times also faced by metropolitan hospitals. While RMO positions may increasingly be filled by Australian-trained graduates, to date the medical workforce need has seen a sufficient number of IMGs employed at WBA accredited hospitals to warrant continuation of the program. In future years this may shift as competition rises among Australian-trained junior doctors for positions in metropolitan hospitals, increasing applications for positions at WACHS hospitals. Until then, the reliance on IMGs to fill vacancies at many WACHS hospitals will continue.

The WBA program has provided WACHS with a means to attract skilled and experienced doctors to regional areas. During the consultation process candidates confirmed that their application for employment to accredited hospitals was driven by the opportunity to access the program. Among candidates surveyed, 80% of respondents (n=40) agreed that their decision to apply for a position at these WACHS hospitals was primarily driven by the potential access to the program. Most candidates had applied to all or at least two of the WBA sites in WA and two candidates had considered applying for WBA programs in NSW. Some candidates indicated they would not have applied for a position at the hospital if there was no accredited WBA program available. Senior clinicians at the hospitals confirmed they received high quality candidates for vacant positions at their hospitals due to the availability of the program.

There are benefits for both the hospital and the candidate. Candidates in the WA program sign a 12-month employment contract, ensuring the participating hospitals continuity of service for the duration of the contract. As WBA candidates are able to demonstrate 47 weeks of supervised practice they are eligible for general registration with the MBA once they have successfully completed the program. This enables candidates to either enter a vocational training program or to work in an unsupervised position anywhere in Australia.

Interest in access to the program remains high and applicants, particularly those already working with WACHS, have expressed frustration to WACHS staff when they are unable to secure a place in the program. Since the introduction of the National Registration and Accreditation Scheme in 2010, the 12-month period of limited registration granted to an eligible IMG may not be renewed more than three times. During four years of limited registration it is expected that the IMG will progress to general registration if they wish to continue to practise in Australia. Those IMGs unable to achieve general registration during this time must make a new application for registration in order to remain in Australia.

The limited time available to achieve general registration has intensified anxiety among IMGs related to passing the AMC clinical exam and increased interest in achieving a place in the program. One WBA candidate interviewed had twice applied for the program at Kalgoorlie.

---


3 Medical Board of Australia (2016). Registration Standard: Limited registration for Area of Need, 1 July 2016; MBA 1605 01
Most candidates interviewed at Bunbury and Geraldton had not previously applied for a position in a WBA hospital however all had applied for a position at their current hospital because it offered access to the program and most had sat and failed the AMC clinical exam at least once. Some candidates had applied to other jurisdictions and had moved to WA to undertake the program when they received the offer of employment.

A key finding of the 2014 Evaluation Report was that the success of the program had increased competition for entry, raising the calibre of candidates seeking employment with participating hospitals and then applying for a place in the program. While not directly examined in this 2017 evaluation process, it was generally agreed by supervisors and department heads that the program continues to attract high quality candidates to each of the accredited hospitals. A small number of interviewees had opted directly for WBA over the AMC clinical exam.

Retention

The candidate survey found that 68% of respondents continued, or planned to continue, working in rural WA following completion of the program. The survey did not interrogate how long these candidates continued to work at the employing WBA hospital.

While most WBA graduates currently working in rural WA are not at the hospital where they completed the program, the fact that they continue to provide medical services to rural communities in WA meets the Department’s objective that the program supports medical workforce retention in this state. Some candidates interviewed were able to apply for ongoing positions at the WBA hospital and welcomed the opportunity to consolidate their practise and ‘give back’ to the hospital following the support provided to them during the program.

Unless hospitals can provide a career pathway for candidates who have completed the program and achieved general registration, there is little opportunity for the hospital to benefit from the continued employment of these candidates.

Where continued employment at the WBA hospital is not possible, successful medical workforce retention may instead be measured by doctors moving to a community setting in rural WA as non-vocational general practitioners (GPs), as evidenced by several candidates who completed the program at Bunbury Hospital. Alternatively, retention can be measured through the progress of WBA graduates to general practice vocational training with Western Australian General Practice Education and Training (WAGPET), the Rural Vocational Training Scheme (RVTS), or the rural locum relief program (RLRP) managed by Rural Health West (RHW).

A review of the AHPRA, WAGPET and RHW databases to locate WBA graduates confirmed the location and occupation of 78 past candidates:

- 26 are working in WA rural general practice (33%)
  - 1 has gained fellowship with the Royal Australasian College of GPs (FRACGP)
  - 9 are on the RLRP
  - 8 are WAGPET GP Registrars
  - 3 are on the RVTS
  - 5 are working in rural general practice (temporary residents)
- 16 are working in WA rural hospitals (20.5%)
- 14 are working in WA metropolitan hospitals (18%)
- 22 are no longer in WA, of whom 8 work in general practice and 14 in hospitals (28%).

Discussion with WAGPET to examine whether WBA candidates are better prepared for GP training than other IMGs, found that while some candidates are very well prepared, others had problems transitioning to general practice. One candidate left the WAGPET training program and was continuing in general practice through the RLRP. It is not possible to determine what
impact completion of the program had on the preparation of these candidates for general practice, nor has any comparison been made to ascertain if the range of preparedness is the same among Australian-trained GP registrars. As at August 2017, WAGPET has 486 active GP registrars of whom 34% are IMGs.

In regard to the existing GP workforce, data from RHW\(^4\) indicates 56% of the rural and remote GP workforce in WA obtained their basic medical qualification overseas, the highest proportion recorded to date. In 2016, 92 GP IMGs arrived in rural WA, up from 80 in 2012. Whilst traditionally the UK has been a significant source of new GPs to rural areas, the proportion of UK arrivals has declined annually, from 25.6% in 2012 to 15.2% in 2016.

**Recommendation 5:** Incorporate into future planning for WA Health opportunities for:

- WBA principles to be extended to JMO assessments, particularly for intern and RMO rotations.
- Explore retention strategies for rural and remote locations through generalist career pathways following completion of WBA.

**Outcome 4: WBA increases the scope of medical supervision and assessment expertise in the clinical setting**

This outcome explores whether the program has fostered increased capacity for supervision and assessment in the clinical setting. Access to a culture of professional development in the workplace would also benefit medical practitioners who are not engaged in a vocational training pathway such as those working as service registrars, career medical officers, and other medical officers in the hospital medical workforce.

**Scope of supervision and assessment**

The program has introduced a rigorous AMC-developed assessment and supervision program to accredited WACHS hospitals, with the Department developing system-wide resources and providing strategic management and governance. The program has attracted high-calibre IMGs to AMC-accredited hospitals and supported the development of assessment skills among clinicians, providing consistency of supervision and assessment techniques across the wider hospital community.

Moreover, assessment for WBA set at end-of-PGY1 level provides an opportunity for senior doctors in WACHS hospitals to become more familiar with this level of assessment, given that until recently intern placements have been limited to metropolitan teaching hospitals.

As the program has developed and moved beyond the pilot phase it has become further integrated with junior doctor teaching and supervision processes at these hospitals. This has had a positive impact on recruitment of assessors across the six clinical areas. The majority of those interviewed were active in the supervision and assessment of JMOs in their hospital. Supervision of interns and RMOs was done by 73.3% (n=11), 53.3% (n=8) supervise medical students, 66.6% (n=10) supervise registrars, and 60% (n=9) supervise vocational trainees.

Further development of the culture of supervision and assessment at WACHS hospitals would create a positive recruitment and retention incentive, encouraging Australian trained JMOs to apply for employment positions at rural hospitals.

Interviews with stakeholders confirmed that due to the number of assessors involved for intern and medical student assessment, calibration among assessors is not generally undertaken. For

---

\(^4\) Rural Health West (2017): *Rural General Practice in Western Australia: Annual Workforce Update. November 2016*, p.9 Perth: Rural Health West
the Rural Clinical School of WA a marking guide is used and locally-based coordinators review all assessments and counsel assessors individually if moderation to their assessment process is required. Only approved assessors can perform assessments and each student must use a range of assessors.

For intern assessments, all assessment forms are reviewed by the Director of Clinical Training (DCT) and DPGME. Any results that fall outside the expected or required range are discussed with the supervisor. This provides an opportunity to re-examine assessment requirements and discuss calibration of assessment standards.

Administration officers and program directors for the program undertake a calibration review of all candidate assessments. Any anomalies in marking patterns, such as minimal variance or very high, very low ratings, are discussed with the assessor by the program director. In this way both assessment calibration and the assessment level for WBA can be reinforced one-to-one with the assessor.

Increased use of external assessors was suggested as a means of calibrating across hospital assessors. The use of retired medical practitioners, trained in assessment standards and available to conduct assessments across a number of hospitals would assist in developing uniformity in assessments.

Alternatively, senior doctors undertaking assessments of JMOs not working directly with them would allow the JMO to benefit from an alternate assessor and give the assessing doctor an opportunity to compare performance among JMOs.

Some commentators noted that given the end-point for candidates who successfully complete the WBA program, the need for accuracy in assessment is high and there is an imperative to undertake calibration among assessors to ensure assessment consistency. The calibration process applied to IMGs is noted to be more thorough than that applied to Australian-trained interns. As there is the opportunity to apply the principles of WBA assessment to Australian-trained interns, there is a need to ensure accurate and comprehensive assessment processes for both interns and WBA candidates during the 12-months of supervised clinical practise required to demonstrate eligibility for general registration.

The intensity of assessment for candidates in the program was accepted as necessary to support what was generally described as a ‘high-stakes’ assessment process. Candidates are assessed to determine their preparedness for safe, independent medical practice in the Australian healthcare system with successful candidates eligible for general registration. Similarly, Australian-trained interns are assessed to determine whether they meet standards for safe clinical practice as an independent practitioner.

Those involved with undergraduate and postgraduate medical education agreed that elements of the program could be a worthwhile addition to intern assessment. One commentator suggested that intern supervision may not be sufficiently close resulting in missed opportunities to identify issues. End-of-term reports may be based on insufficient knowledge of the doctor’s actual ability. To counter this, elements of the WBA assessment could be introduced with a focus on performance in the workplace setting and assessment at the ‘does’ level. The assessments listed below would provide rigour, are not onerous and are a minor addition to the current assessment load. For each intern rotation the following assessments could be included:

- one DOPS assessment (by registrar)
- one Mini-CEX (by registrar)
- one case presentation during team meeting (in place of case based discussion)
- one supervisor report.
Currently, case presentations are required during most intern placements, facilitating the transition from intern to RMO to registrar, and forming part of the performance and professional development pathway for JMOs. Adding DOPS and Mini-CEx assessments would provide an opportunity for focussed one-on-one assessment and could highlight problems interns may have transitioning from medical school to clinical practice in the hospital.

Assessment expertise
As assessment techniques are similar for all JMOs including those in the program, the potential to broaden the scope of supervisor education sessions beyond WBA and include assessment and supervision for all JMOs, from Australian-trained interns to WBA candidates to RMOs and registrars, should be explored further. This could increase interest in workshop attendance and ensure assessment training sessions are more appealing, as a wider range of assessment experiences can be shared by those attending.

Training sessions for supervisors and assessors involved in WBA could be co-presented by WACHS and the Department. Current training programs for WACHS are driven by the regions, based on requests from medical staff or to fill training needs identified by WACHS. Joint facilitation of these sessions across WACHS, the Department, hospital DCTs and training staff from the MEUs, further supports the development of training skills at a local level.

Supervisors and assessors could be encouraged to share stories of their experiences of supervision and assessment rather than conducting didactic teaching workshops on assessment techniques. This was identified as an important means to develop a collegiate teaching culture amongst clinicians. These sessions could bring together assessors at all levels to share their experience and explore new ideas in supervision and assessment. Facilitation by heads of department would reinforce the ongoing commitment to assessment at the hospital.

What was done well?
- Introduction of the program has helped develop assessment and training expertise among clinical staff at WACHS hospitals.
- The program has integrated with junior doctor teaching and supervision processes.
- There has been a positive impact on recruitment of assessors across the six clinical areas.

What could be improved?
- Further development of the culture of supervision and assessment at WACHS hospitals would create a positive recruitment and retention incentive, encouraging Australian-trained JMOs to apply for employment positions at rural hospitals.

Outcome 5: Delivery of WBA in WA is cost-effective and sustainable
This outcome reviews the capacity to deliver WBA in a cost-effective and sustainable manner at both the Department and hospital level.

Since the 2014 evaluation the program has continued to operate successfully at all three sites. While there have been changes in program administration staff at each site, candidates and supervisor support has continued and candidates have successfully completed the program.

Integration into the Medical Education Unit
Until recently the administration officer at each site was also the Medical Education Officer (MEO) for postgraduate medical education. While this arrangement continues at Bunbury and
Kalgoorlie, in Geraldton the MEO role has moved to an administration position that supports the DCT and the administration officer continues in the role from within medical administration.

The administration officer’s key areas of responsibility are to:

- organise WBA orientation and training workshops for candidates and supervisors
- maintain candidate records
- monitor progress with assessments and remind candidates of outstanding assessments
- log completed assessments to the AMC Portal
- generally troubleshoot issues relating to candidates and supervisors.

The administration officer receives and reviews all completed assessments, raising any concerns with the program director and maintains the candidate’s blueprint of completed assessments. At all sites the candidate blueprint is used to record completed assessments and highlight those outstanding. The administration officer also brings concerns regarding candidate rotations to the attention of the program director.

WBA administration officers agreed that the combination of WBA administration officer with MEO was a good fit. Similarity in the scope of work and issues dealt with for JMOs and WBA candidates allows streamlining of processes. Moreover, during WACHS postgraduate medical education workshops MEOs have the opportunity to discuss WBA issues.

The role of program directors focuses on candidate and supervisor support. While some supervisors may take on a mentoring role for candidates allocated to them, all program directors saw their role to include guiding WBA candidates through the program. Although candidates are responsible for arranging their own assessments with supervisors and assessors, program directors and administration officers will assist candidates who have difficulties arranging assessment opportunities.

The scope of work for program directors differs slightly across the sites. One program director is also the DCT at that hospital while at other sites the program director has a clinical or administrative role as well as the WBA role. However, at both these sites the DCT is directly involved in the support and supervision of WBA candidates.

At Bunbury Hospital the program director is also the DCT, dividing his time across the roles, 0.2 FTE program director, 0.5 FTE DCT, 0.1 FTE clinical locum in ED. The program director does not directly supervise WBA candidates, focusing instead on program administration such as review of candidate assessments and learning plans, providing supervisor support and training, and undertaking limited assessments with WBA candidates. The program director took on the role in mid-2017 and has been involved as a WBA supervisor since 2011.

At Geraldton Hospital the program director commenced in 2014 taking on the WBA role as part of a medical administration role (0.8 FTE) and also works 0.2 FTE as a SMO in the ED. Candidates are supervised by senior clinicians in their departments with medical registrars supervised by the Head of Department General Medicine and RMOs supervised by the DCT. Senior clinicians in the various departments that RMOs rotate to, take on secondary supervisor roles. The program director will undertake assessments with WBA candidates in the ED if requested.

In Kalgoorlie the program director took on the role in 2015 following appointment as head of the ED. The role accounts for 0.2 FTE of the position. As WBA candidates are based in the ED, the program director is the primary supervisor for all candidates and chooses to have limited involvement with assessments. Candidates are encouraged to seek assessment from other clinical staff throughout the hospital. The hospital DCT is also based in the ED and provides support to WBA candidates.
To support delivery of the program at the accredited sites, the Senior Program Officer located in OCMO’s MWB developed a suite of documents, approved by the AMC, to guide program participants. In response to recommendations of the 2014 Evaluation Report, the IMG website was reviewed and revised to align with AMC requirements and WBA webpages were developed and published on the Department’s IMG website with most resources made available online. The following resources are currently in use:

- Administrative Guidelines for Hospitals
- Selection and Appointment Guidelines for Hospitals
- Self-assessment and Learning Plan (available online)
- Candidate Guide for Western Australia (available online)
- Supervisor Booklet (available online)
- Assessor Guide (available online)
- Assessor and Supervisor Training Package (available online)
- WBA Assessment guidelines: direct and indirect, resitting assessment, performance criteria, appeals process (available online)
- Learning resources for WBA candidates (intranet access only)

**Program funding**

The WBA program has been operating in WA since 2011 and has accepted 107 candidates of whom 85 have graduated and 22 are currently completing the program. During this time the program has operated at five sites and is currently active at three: Bunbury (since 2011), Kalgoorlie (since 2013) and Geraldton (since 2014).

The cost of implementing the standard pathway (WBA) was initially calculated to be similar to the expense associated with holding the AMC clinical exams, based on costing from a Canadian model, with the AMC recommending, in 2010, that each candidate be charged the clinical exam fee of $2,850. However, after commencement of the pilot, the AMC was advised that the fee charged to IMGs was not sufficient to provide sustainability, and to align with New South Wales Health the candidate fee was increased to $6,000. This increase partially covered implementation costs at each site, however there was still a gap and supplemental funding was sourced externally, including from the Australian Government Department of Health and Ageing and Health Workforce Australia. This funding was required to support program management including the salary of a Senior Program Officer to develop a hybrid program to meet WA-specific requirements, support hospitals to obtain accreditation, and implement the appropriate processes for the recruitment, employment and assessment of candidates.

In mid-2013, at the WBA National Workshop hosted by the AMC, it was agreed that WBA was a successful alternative to the AMC clinical examination and consideration should be given to how the program could be rolled-out beyond the pilot, including standardising the program nationally and working towards sustainability. To identify how the program could move towards increased sustainability in WA, and in preparation for the external funding ceasing on 31 December 2014, a cost-benefit analysis was developed. It was estimated that the indicative cost of delivering the program for 10 candidates at one site was $136,800 based on the 2014 costs for pilot site resourcing levels and included administrative salaries, workshops, external assessor fees and internal assessor honoraria, as shown in the table below. These costs include the program director salary, which is funded by the accredited hospitals, and assessor honoraria that were not funded beyond the pilot phase. Excluding these costs, the total cost of implementation at one site for 10 candidates was $42,800.

---

5 Workplace Based Assessment Communiqué, April 2017.
Indicative cost in 2014 of implementing WBA in WA for 10 candidates

<table>
<thead>
<tr>
<th>Site specific implementation costs per annum for 10 candidates</th>
<th>Cost per site $</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program Director salary (AMA Level 19, 0.2 FTE) ¹</td>
<td>65,000</td>
</tr>
<tr>
<td>Administration Officer salary (HSU Level 3.4, 0.5 FTE) ¹</td>
<td>41,300</td>
</tr>
<tr>
<td>Assessor honoraria ²</td>
<td>29,000</td>
</tr>
<tr>
<td>External assessor fees ³</td>
<td>1,500</td>
</tr>
<tr>
<td><strong>Subtotal site-specific costs</strong></td>
<td><strong>136,800</strong></td>
</tr>
</tbody>
</table>

Notes:  
1. Based on 2014 rates with 30% on-costs.  
2. Based on $100 per assessment at 29 assessments each for 10 candidates  
3. Based on $150 per assessment for 10 candidates

Included in the cost-benefit analysis were a comparison of the cost; with programs offered by other providers that also resulted in awarding of the AMC certificate; and replacing an IMG who had passed the AMC clinical exam and was subsequently found to be unsuitable for employment, as shown in the following table.

Cost of alternative to WBA

<table>
<thead>
<tr>
<th>Options</th>
<th>Cost $</th>
</tr>
</thead>
<tbody>
<tr>
<td>RACGP clinical bridging program</td>
<td>5,995</td>
</tr>
<tr>
<td>AMC clinical exam</td>
<td>3,120</td>
</tr>
<tr>
<td>Repeat AMC clinical exam</td>
<td>1,680</td>
</tr>
<tr>
<td><strong>Total cost to IMG</strong></td>
<td><strong>10,795</strong></td>
</tr>
<tr>
<td>Replacing an IMG doctor at a WACHS hospital</td>
<td>220,000</td>
</tr>
<tr>
<td><strong>Total cost to WA Health</strong></td>
<td><strong>220,000</strong></td>
</tr>
</tbody>
</table>

Notes:  
1. Does not include travel and accommodation costs which will be substantial if interstate travel is required  
2. IMG replacement costs are based on 2010 figures.

In 2010, four IMGs were found unsuitable for employment, following awarding of the AMC certificate, at a total cost of approximately $900,000 to WA Health. Given this, the cost of supporting an IMG to general registration through the WBA program is small⁶ with the potential benefit that the completing candidate will continue to work within the WA health workforce.

As program provider, the Department was required to present a proposal to the AMC supporting an increase in the candidate fee. The AMC were advised that a candidate fee of $28,800 would meet the full cost of program management and delivery at a site where 10 candidates were employed. In considering this, the AMC requested a candidate survey be undertaken to identify if this proposed increase was fair and reasonable.

The Department undertook a WA candidate survey, and presented the findings, together with the cost-benefit analysis, to the AMC in the document Proposed Fee Increase for 2015. The findings indicated that increasing the fee to $28,800 was not considered reasonable; however $10,000 per candidate was reasonable, and would support sustainability of the program at

---

accredited hospitals. These costs did not include the resources required to undertake the Department’s role as accredited program provider.

The Department provides medical governance and strategic management, including associated travel undertaken to all hospital sites delivering the program. The resources within the Department include a Senior Program Officer from MWB, for whom approximately 0.25 FTE is allocated to management of the program, and a Medical Advisor who provides medical governance and oversight of the program. Funding for a Senior Program Officer and associated travel was required to continue the program, resulting in development of an option paper that was presented to the Director General of Health in 2014. The proposed preferred option was the Department funding the program management costs that had been previously funded externally by the Australian Department of Health and Ageing and HWA. The proposal to increase the candidate fee to $10,000 to support sustainability at each accredited hospital was also presented in this option. This option was supported, and the salary costs of the Senior Program Officer and the Medical Advisor have since been incorporated into the OCMO annual budget.

Following AMC approval to increase the candidate fee to $10,000 each, a sliding scale was developed; see table below; to assist accredited hospitals to plan for resourcing to implement the program. Candidate fees are invoiced by the hospital and paid by the candidate directly to the hospital.

**Sliding scale of cost-recovery options**

<table>
<thead>
<tr>
<th>Candidate numbers per site</th>
<th>Total fees received $</th>
<th>On site costs $</th>
<th>Offset for program costs $</th>
</tr>
</thead>
<tbody>
<tr>
<td>10</td>
<td>100,000</td>
<td>43,913</td>
<td>56,088</td>
</tr>
<tr>
<td>9</td>
<td>90,000</td>
<td>43,763</td>
<td>46,238</td>
</tr>
<tr>
<td>8</td>
<td>80,000</td>
<td>43,613</td>
<td>36,388</td>
</tr>
<tr>
<td>7</td>
<td>70,000</td>
<td>43,463</td>
<td>26,538</td>
</tr>
<tr>
<td>6</td>
<td>60,000</td>
<td>43,313</td>
<td>16,688</td>
</tr>
<tr>
<td>5</td>
<td>50,000</td>
<td>43,162</td>
<td>6,838</td>
</tr>
<tr>
<td>4</td>
<td>40,000</td>
<td>43,012</td>
<td>-3,013</td>
</tr>
<tr>
<td>3</td>
<td>30,000</td>
<td>42,862</td>
<td>-12,863</td>
</tr>
</tbody>
</table>

Notes: 1 Includes the Administration Officer salary HSU 3.4 (+30% on-costs)
2 Includes external assessor fee of $150 per candidate (one assessment per candidate in the second half of the year)
3 Excludes salary for program director. This position is funded by the accredited hospital and can be offset by candidate fees where there are more than five candidates and it is likely that 0.2 FTE will be fully utilised.

This funding model included the part-time administration officer salary and the external assessor fee, and excluded the program director salary. The administrative officer is employed at Health Services Union Award Level 3.4 for up to 0.5 FTE, depending on candidate cohort size. The external assessment is required by the AMC as a method of calibration. External assessors are paid an honorary fee of $150 for each assessment, on receipt of invoice. Each accredited hospital has a suitable pool of external assessors.

The program director is typically a consultant employed at the Australian Medical Association (AMA) Award Level 19 for up to 0.25 fulltime equivalent (FTE). This position is funded by each
accredited hospital, and can be offset by candidate fees where there are greater than five candidates and it is likely that 0.2 FTE will be fully utilised.

It was determined that the honorary payments for internal assessments would not be included in the funding model as (1) these could not be sustained unless a candidate fee of $28,800 each was charged, and this would not be accepted by the AMC, and (2) during the pilot phase the awareness of the benefits of junior doctor assessment and supervision were increased, supporting the integration of WBA processes into the broader hospital system.

**What was done well?**
- All WBA candidates participate in the education programs delivered by the hospital MEU together with other JMOs at the hospital.
- The DCT is either the program director or a supervisor and/or assessor for WBA candidates.

**What could be improved?**
- The MEU is not the automatic ‘home’ for the program. Further integration of the program as an accepted part of the MEU scope of work could help to support the introduction of WBA assessment processes for Australian-trained JMOs.

**Conclusion**
Interviewees with experience of the WBA program nationally commented that the program seemed to work well throughout Australia. The pass rate for candidates at all WBA sites is high so nearly all will gain general registration at the completion of the program. The program has demonstrated rigor, using multiple assessors wherever possible, and comments on reports and assessments from supervisors and assessors are generally open, honest and constructive. Regular reporting and assessment allows candidate’s progress to be tracked with observations, assessments and immediate effective feedback contributing to a global rating.

It was recognised that in WA the program had put forward good candidates for registration following their completion of the program.

General consensus among stakeholders interviewed was that WBA in WA is a valuable program which should continue. The WA health system remains reliant on doctors from international backgrounds, doctors who add significantly to the diversity of the medical workforce, and bring with them a valuable range of skills and experience. Medical workforce data for WA demonstrates that rural communities continue to rely on overseas trained doctors. As such there is an ongoing need for the WA health system to support these doctors to gain general medical registration so that they can continue in these roles.

While medical student numbers have increased nationally and locally to address the projected shortage of doctors into the future, until such time as these graduates are trained and prepared to work in rural hospitals there will continue to be a reliance on doctors trained overseas.

The safety of patients in our health system relies on good clinical governance, which includes monitoring the clinical competence of all medical practitioners regardless of where they were trained. Implementation of the program has introduced an AMC accredited program, with nationally consistent standards, to selected regional hospitals in WA, has helped develop a culture of supervision and assessment and raised awareness among clinical staff of the value of monitoring performance in the workplace. These skills and processes will continue to benefit both IMGs and Australian-trained medical graduates.
Appendix 1: Accredited WBA hospitals in WA

Bunbury Hospital
- A 160 bed hospital, co-located with the private St John of God Hospital Bunbury (SJOGB), covering all basic specialties including emergency medicine, general medicine, mental health, surgery, orthopaedics, paediatrics, obstetrics and gynaecology, day ward, chemotherapy (located at SJOGB but shared), intensive care unit (located at Bunbury Hospital but shared), dialysis unit (located at SJOGB but shared), restorative care unit, operating suites (shared).
- There is no outpatient department at the hospital, there are clinics for orthopaedics and obstetrics and gynaecology. Patients are referred to their general practitioner for follow-up care.
- Accredited for WBA from 2011, in 2017 the hospital has 13 WBA candidates.
- There are 52 active supervisors and assessors, the program director works 0.2 FTE and the administration officer is 0.5 FTE and undertakes the Medical Education Officer role for the remaining 0.5 FTE.
- The hospital has specialist trainees on rotation from metropolitan hospitals for the following programs: obstetrics and gynaecology, paediatrics, anaesthetics and general medicine.
- The hospital hosts students from the Rural Clinical School of WA (RCSWA).

Kalgoorlie Health Campus
- A 113-bed in-patient facility and the major trauma centre for the Goldfields region.
- Services provided include: emergency medicine, general medicine, mental health unit, surgery (including orthopaedics), paediatrics, obstetrics and gynaecology, day ward, chemotherapy, high dependency unit, dialysis unit.
- Accredited to commence in 2013 with five WBA places, in 2017 there are three WBA candidates at this hospital all of whom are based in the Emergency Department (ED) and rotate out to other wards and departments.
- There are 23 active supervisors and assessors (a significant proportion of whom are locums on short-term contracts), the program director (0.2 FTE) is Head of Department Emergency, the administration officer (0.5 FTE) is also the medical education officer.
- The hospital has specialist trainees on rotation from metropolitan hospitals for emergency medicine and paediatrics.
- The hospital hosts students from the RCSWA.

Geraldton Hospital
- A 100 bed hospital covering all basic specialties including emergency medicine, general medicine, surgery, orthopaedics, paediatrics, obstetrics and gynaecology.
- Accredited to commence WBA in 2015 with five places, in 2017 there are five WBA candidates at this hospital: three resident medical officers (RMOs) – rotating through the ED and wards, and two registrars in general medicine.
- There are 39 active supervisors and assessors, the program director is 0.2 FTE and the administration officer role is part of the 1.0 FTE Medical Administration Coordinator position.
- The hospital has specialist trainees on rotation from metropolitan hospitals for emergency medicine and obstetrics and gynaecology.
- The hospital hosts students from the RCSWA, medical students completing electives, and medical observers.
Appendix 2: Evaluation process

The objective of the WBA program is to provide eligible IMGs with an alternative pathway (to the AMC clinical examination) as a means of achieving the AMC certificate, while addressing the requirement for 47 weeks of supervised practice and hence eligibility to apply for general registration with the MBA.

The outcomes of the program include:

- Candidates possess an adequate and appropriate set of clinical skills and the essential professional qualities to practise safely within the Australian healthcare environment and cultural setting
- Candidates are suitable for (more) independent practice in Australia and eligible to apply to a vocational training program
- Highly suitable IMGs are employed in rural areas for a minimum of 12 months
- Improved retention in rural areas following completion of the WBA program (i.e. GP training, service RMOs/registrars in some areas)
- Further development of training and supervision skills across the broader hospital setting.

Program logic evaluation framework

The Consultant adopted a program logic approach to create a hierarchy of outcomes for each identified program outcome. Starting with the ‘Needs’ that the program aims to address, the hierarchy identifies key activities undertaken in order to achieve the required outcomes. Three stages of outcomes are identified: immediate, intermediate and ultimate.

The program has been operating in WA for over six years so many outcomes have reached the intermediate level and approaching ultimate level. However, for others the impact of the program is less advanced and the more immediate outcomes will be evaluated. The table below sets out definitions for the program logic outcomes hierarchy.

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Needs</td>
<td>Priority issues/problems that the program must respond to; difference between desired and actual state of the issue</td>
</tr>
<tr>
<td>Activities</td>
<td>Program activities to address needs and achieve outcomes</td>
</tr>
<tr>
<td>Immediate outcomes</td>
<td>Level and nature of participation and reaction to these</td>
</tr>
<tr>
<td>Intermediate outcomes</td>
<td>Changes in individual and organisation as a result of activities, changes can be positive or negative; intended or unintended</td>
</tr>
<tr>
<td>Ultimate outcome</td>
<td>Impact of overall program from sub-projects</td>
</tr>
</tbody>
</table>

Consultation approach

A consultation strategy was developed to gather insights into the operation and reach of the WBA program from individuals and organisations involved or with an interest in the program.

- Each hospital site visited to conduct face-to-face interviews with candidates, supervisors, assessors and hospital administration staff. Interviews conducted one-on-one using a semi-structured interview format to maximise comparability of responses across each group.
- Interviews conducted with program stakeholders identified by the Department. While a structured interview template was created for these interviews, wide variance of involvement with the program among this group meant discussion focused on the scope of their engagement with the program rather than covering the breadth of discussion originally envisaged.
In total 50 interviews were conducted. Two online surveys were developed for current and past WBA candidates and clinical staff identified as supervisors or assessors at the three hospital sites. Invitations to participate were sent to 96 candidates and 116 supervisors and assessors. Individuals interviewed during visits to hospital sites were excluded from the survey process. Surveys were based on questions from the structured interview templates for these groups to ensure similar information was gathered and add further depth to the data analysis for those interviewed.

**Interview participants**

The following interviews were conducted at each hospital site:

<table>
<thead>
<tr>
<th>Site</th>
<th>Candidates</th>
<th>Supervisors/Assessors</th>
<th>Administration</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bunbury</td>
<td>5</td>
<td>5</td>
<td>3</td>
<td>13</td>
</tr>
<tr>
<td>Kalgoorlie</td>
<td>4</td>
<td>6</td>
<td>2</td>
<td>12</td>
</tr>
<tr>
<td>Geraldton</td>
<td>5</td>
<td>4</td>
<td>2</td>
<td>11</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>14</strong></td>
<td><strong>15</strong></td>
<td><strong>7</strong></td>
<td><strong>36</strong></td>
</tr>
</tbody>
</table>

Of the candidates interviewed, five were employed in registrar positions and nine were employed as resident medical officers (RMOs).

Among supervisors and assessors, five were only involved in candidate assessment and included two nurse practitioners from ED. The rest of this group undertook both supervision and assessment roles in WBA and were employed as consultants, heads of department, directors of clinical training (DCT), or senior medical officers (SMP).

Stakeholder interviews were held with 14 representatives from the following organisations:

- Medical Board of Australia WA
- Postgraduate Medical Council of WA (PMCWA)
- Rural Clinical School of WA (RCSWA)
- Rural Health West
- WA Country Health Services (WACHS)
- WA Department of Health
- Western Australian General Practice Education and Training (WAGPET)

A full list of those interviewed is at Appendix 6.

**Survey participants**

From the 96 candidates invited to participate in the survey, 50 responses were received (response rate 52%). Of these approximately 21% (n=10) indicated that they would be completing the WBA program in 2017 or 2018. A further 27% (n=13) completed the program in 2016 and a similar number, 29% (n=14) completed the program in 2014 or 2015. The final 23% (n=11) completed the program in the years 2011-2013.

Of the 117 supervisors and assessors invited to participate in the survey, 25 responses were received (response rate 21.4%). Of these 24% (n=6) identified as supervisors only, 32% (n=8) identified as assessors only, and 44% (n=11) indicated that they had both a supervisor and assessor role in the program. The low response rate can be explained by the transience of the rural medical workforce. Many assessors are short-term locums and may not have an ongoing relationship with the hospital.
Analysis of consultation data
Commentary recorded during interviews was transcribed and analysed to identify common themes and key issues identified for candidates, supervisors and assessors, and program administration. Interviewee names were coded and data de-identified.

Due to the range of organisations interviewed, stakeholder data was more individualistic and key themes were identified across this group. The analysis of findings from interviews with participants and stakeholders is incorporated into Section 2.

Results of the surveys are presented by participant group in Appendix 7.
## Appendix 3: Candidate assessments by WBA site

### Bunbury Hospital

<table>
<thead>
<tr>
<th>Department</th>
<th>Number of Assessments</th>
<th>Number of Assessors</th>
<th>&lt;5</th>
<th>5 to 10</th>
<th>≥10</th>
<th>Number of Supervisors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency</td>
<td>79</td>
<td>14</td>
<td>8</td>
<td>3</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Adult Health (medicine)</td>
<td>77</td>
<td>17</td>
<td>14</td>
<td>1</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>Mental Health</td>
<td>76</td>
<td>6</td>
<td>1</td>
<td>1</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Women's Health</td>
<td>44</td>
<td>4</td>
<td>3</td>
<td></td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Child Health</td>
<td>46</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Adult Health (surgery)</td>
<td>25</td>
<td>10</td>
<td>10</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>347</td>
<td>52</td>
<td>36</td>
<td>5</td>
<td>8</td>
<td>10</td>
</tr>
</tbody>
</table>

- One assessor completed 18 assessments and 4 supervisor reports, average 2/month, up to 5 in one month.
- One assessor completed 12 assessments, average 2/month, up to 5 in one month.
- Assessments completed for all other clinical areas except mental health.

### Geraldton Hospital

<table>
<thead>
<tr>
<th>Department</th>
<th>Number of Assessments</th>
<th>Number of Assessors</th>
<th>&lt;5</th>
<th>5 to 10</th>
<th>≥10</th>
<th>Number of Supervisors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency</td>
<td>48</td>
<td>12</td>
<td>8</td>
<td>4</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Adult Health (medicine)</td>
<td>16</td>
<td>7</td>
<td>6</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mental Health</td>
<td>18</td>
<td>6</td>
<td>4</td>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Women’s Health</td>
<td>13</td>
<td>7</td>
<td></td>
<td>7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child Health</td>
<td>15</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adult Health (surgery)</td>
<td>10</td>
<td>4</td>
<td></td>
<td>4</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>120</td>
<td>39</td>
<td>31</td>
<td>8</td>
<td>0</td>
<td>1</td>
</tr>
</tbody>
</table>

- Average 2/month, up to 5 in one month.
- Assessments completed women’s health, child health, surgery, mental health.
- Primary supervisor completed 12 summative reports.

### Emergency

- Average 2/month, up to 5 in one month.
- Assessments completed women’s health, child health, surgery, mental health.
- Primary supervisor completed 12 summative reports.

### Adult Health (medicine)

- Average <1/month.

### Mental Health

- Average <1/month.

### Women’s Health

- Average <1/month, up to 3 in one month.

### Child Health

- Average 2/month, up to 6 in one month.

### Adult Health (surgery)

- Average <1/month, up to 4 in one month.
<table>
<thead>
<tr>
<th>Kalgoorlie Hospital</th>
<th>number of assessments</th>
<th>number of assessors</th>
<th>&lt;5</th>
<th>5 to 10</th>
<th>≥10</th>
<th>number of supervisors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency</td>
<td>35</td>
<td>14</td>
<td>13</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Adult Health (medicine)</td>
<td>7</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Mental Health</td>
<td>2</td>
<td>2</td>
<td></td>
<td>1</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Women’s Health</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Child Health</td>
<td>6</td>
<td>3</td>
<td></td>
<td>3</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Adult Health (surgery)</td>
<td>1</td>
<td>1</td>
<td></td>
<td>1</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>total</td>
<td>51</td>
<td>23</td>
<td>20</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>

- **Emergency**: average <1/month, up to 4 in one month
- primary supervisor completed 6 summative reports
- assessments completed for all other clinical areas

- **Adult Health (medicine)**: average <2/month
- one assessor undertook assessments in surgery, women’s health, child health

- **Mental Health**: three ED assessors completed 6 assessments in mental health

- **Women’s Health**: undertaken in ED and adult health (medicine)

- **Child Health**: also undertaken in ED and adult health (medicine)

- **Adult Health (surgery)**: also undertaken in ED and adult health (medicine)

**Notes:**
- For Bunbury Hospital:
  - the additional load carried by six assessors across Emergency, Adult Health (medicine) and Mental Health could be eased if assessments were spread more evenly among the 37 assessors in these clinical areas.
  - In Women’s Health and Child Health the load carried by individuals is a result of the limited number of assessors available. However, the number of assessments undertaken in these areas can be completed at an average of five per month and appears to be well managed in the Child Health area.

- For Geraldton Hospital and the Kalgoorlie Health Campus:
  - The spread of assessments is fairly even between assessors.
  - Assessments for nearly all clinical specialties can be undertaken in the ED of these hospitals.

At Kalgoorlie Health Campus assessments for Women’s Health, Child Health and Adult Health (surgery) were undertaken by assessors in the ED and Adult Health (medicine).
Appendix 4: Interview and survey tools

Candidate Interview

Date: _____________________
Hospital: ______________________________________________
Name: ______________________________________________
Commenced WBA program: _______________ months: _____

Accessing the WBA program (fair and transparent process)

1. How did you hear about WBA?
   
   Explore how candidates learnt about WBA
   How did you hear about WBA?
   What had you heard about WBA?
   Was that information specific to this hospital?
   Did the fact that WBA was offered at this hospital influence your decision to apply for employment at this hospital?
   Had you considered other WBA hospitals in WA? In Australia?

   What was your understanding of the WBA program when you applied?
   Has that changed?
   - How? Why?

   Would you recommend WBA to others?
   - Why?

   In Western Australia entry to WBA requires that you first secure employment within a WBA hospital. For that reason I’m interested in discussing the application process you went through to gain your employment position at this hospital.

2. Applying for a position at WACHS.
   
   Can you describe your experience applying for an employment position at this hospital?
   - How did you find the job application process with WACHS?
   - Was information on the position and the application process easily accessible?
   - What support did you receive from the hospital?
   - What support did you receive from WACHS?

   What worked well during the employment application process? Why?
   What could be done better?

   I’d now like to discuss the process of joining the WBA program.

3. Applying for a place in the WBA program
   
   Can you describe your experience applying for a place in the WBA program at this hospital?
   - How did you find the hospital application/selection process for WBA?
   - What information did you receive and was it easily accessible?
   - Was it clear who to go to for information? Where did you get that information?
   - In regard to the WBA application process, did you contact the Department of Health? (MWB)
   - Did you have any problems accessing information? Accessing people?

   What worked well? Why?
   What could be done better?
Orientation to the WBA program (aware of program requirements)
I’d now like to discuss your experience as a Candidate in the WBA program.

4. Orientation to WBA program
Can you describe your Orientation to the WBA program at this hospital?
- Did the Orientation workshop give you a good understanding of the assessment requirements for the WBA and the process of how this could be achieved in the WBA program?
- How was this made clear to you?
- Did your Supervisor and/or Program Director check-in with you to confirm you understood program requirements?

What worked well during the orientation process?
What could be done better?

The AMC recommends the use of Blueprinting and Learning plans to meet program requirements

5. Learning Plans and Blueprinting
How was the use of Self-Assessment and Learning Plans and Blueprinting explained to you? By whom?
Did you complete a Self-Assessment and Learning Plan? Was it useful?
Did you complete a Program Blueprint/Assessment Plan? Was it useful?
If you did not complete a Program Blueprint/Assessment Plan, how were your assessments allocated / planned?

Did you consult your Supervisor when preparing the Self-Assessment and Learning Plan?
Did you consult anyone else when completing the Self-Assessment and Learning Plan?
Did you consult your Supervisor when preparing the Blueprint/Assessment Plan?

What resources were provided to support your self-directed learning?

The AMC requires WBA Candidates to have access to six clinical areas (Adult Medical, Adult Surgical, Mental health, Child health, Women’s health, Emergency), I’d like to look at how that was managed at this hospital and how you’re being assessed in these areas.

Progress through the WBA program (meet AMC requirements = clinical exam)

6. Meeting AMC Clinical Exam requirements
How has access to the six clinical assessment areas required by the AMC been arranged for you?
- 10 hours min. prior to first assessment – ward rounds, clinic time etc.
Were there any obstacles to achieving this?
How were these overcome?

7. Assessment process – multiple assessors, multiple assessment techniques across six clinical areas
What has been your experience of the assessment processes used in WBA?
- Were you assessed by a number of different Assessors using a range of different assessment techniques in each clinical area?
- Did Assessors give you an opportunity to undertake a ‘trial’ assessment if this was considered beneficial in some clinical areas?
- Did you experience a difference between Assessors in the level you were being assessed? If yes, how was this managed?
- How useful were the formative and summative Supervisor Reports?

Can you describe the process of arranging assessments across the six clinical areas?
- Did you have any problems arranging assessments?
- Was it clear who you could ask to undertake an assessment for you in each clinical area?
• Are you satisfied with the process of receiving feedback from your Assessors?

What worked well? Why?
What could be done better?

8. Support from your WBA Supervisor,
Did you feel well supported by your Supervisor?
• How often do you meet with your Supervisor?
• Did your Supervisor review your Self-Assessment and Learning Plans? Blueprints?

9. Support from program administration: Administration Officer, Program Director, Department of Health
Did you feel well supported by program administrators?
• Who do you go to if you have problems with any of the assessment requirements for the program?
• Have you needed assistance from the Administration Officer? describe
• Have you needed assistance from the Program Director? describe
• Have you needed assistance from the Department of Health WBA SPO? Describe

10. Overall WBA administration
Have you found the WBA program to be well managed?
• Organising Assessments
• Rotation through/access to clinical areas
• Access to learning modules

Post-WBA program (IMG retention, rural workforce, preparation for Australian health system)
I’d now like to discuss your medical career plans after you complete the WBA program.

11. Candidate plans post WBA
When will you complete the WBA program?

What are your plans for work after completing the WBA program?
• Are you planning to stay in this hospital?
• If yes, has working at this hospital for 12 months and enrolment in the WBA program influenced that decision?
• If No, are you planning to stay in rural WA? Why?
• Metro WA? WA?
• Somewhere else in Australia?

How has WBA helped prepare you for the next step of your medical career?

How do you feel about taking on further studies following WBA?

Have you considered Vocational training? If yes – in what area?
About the respondent

1. Information about Administration Officers
Apart from the WBA program, are you involved in the administration of other JMO programs?
On average, what proportion of your time is spent on WBA activities?

Orientation to the WBA program

2. Orientation to WBA for Administration Officers
Can you describe the orientation you received for the WBA program?
Did this orientation give you a good understanding of the WBA program and your role?
Did this orientation give you a clear understanding of Candidate assessment requirements for the WBA?
- Who gave it and where was it held?
- What worked well? Why?
- What could be done better?

Are you aware of the online resources available to support WBA Candidates, Supervisors and Assessors?
- Department of Health WBA website
- Assessor and Supervisor training package?
- AMC learning programs on WBAOnline?
- Other? (e.g. specialty college training in WBAs) (ACFJD http://curriculum.cpmec.org.au/)

Having been involved in the program for some time now, thinking back on your orientation, what would you like to know when you started which wasn’t included in the orientation program.

3. Orientation - Additional information
Was there any information not included in the Orientation that would have assisted you when you first took on this role?
Was there any additional support that you would have liked to receive when you first took on this role?

WBA application process

4. Application and Selection process for WBA program
Is there a formal application process for WBA at this hospital? Can you describe this?
How are Candidates selected from the applications received for the WBA program?
What works well? Why?
What could be done better?

If there are no formal processes, does the hospital intend to introduce these?
- What information is/will be provided to prospective candidates and is it easily accessible?
- Is any support provided by the Department of Health? (MWB)
- Have you been able to access information regarding appropriate tools or mechanisms? (e.g. WACHS forums, HoD educational selection tools etc.)

Administration of WBA

5. Day-to-day administration of WBA
What are your responsibilities in administering the WBA program?
Can you describe your daily/weekly tasks associated with administering the WBA program at this hospital?
• Candidate rotation through/access to clinical areas
• Scheduling Candidate assessments
• Maintaining Candidate records
• Candidate and Supervisor/Assessor training
• Developing Candidate Assessment Plans/Blueprint
• Candidate Self-Assessment/Learning Plans

6. Meeting AMC Clinical Exam requirements
Are you involved in arranging access to the six clinical areas for Candidates?
• 10 hours min. prior to first assessment – ward rounds, clinic time etc.
If yes, what is your role in this?
Are there any obstacles to achieving this?
How were these overcome?

7. Assessment process – multiple assessors, multiple assessment techniques across six clinical areas
How are assessments scheduled for WBA Candidates?
• Are Candidates accessing multiple assessors and different assessment techniques to meet AMC requirements for WBA?
• Are there any obstacles to scheduling assessments?

What works well? Why?
What could be done better?

8. How is Candidate progress against program requirements monitored?
What is your role in monitoring WBA activity of Candidates?
• What support have you received from the Program Director to complete this? describe

What is your role in the developing/monitoring of Assessment Plans/Blueprints to map Candidate activity against program requirements?
• How was the use of blueprinting described to you?
• What processes are in place to ensure Candidates meet AMC assessment requirements?
• What support have you received from the Program Director to complete this? describe

9. How is Candidate activity recorded?
What is your role in recording WBA activity of Candidates and maintaining these records?
• What support have you received from the Program Director to complete this? Describe
• What processes are in place to ensure security and backup of these records?

10. Support from Hospital clinical staff
Do you feel well supported by the WBA clinical staff at this hospital?
• program director, supervisors, assessors

11. Support from Department of Health MWB
Do you feel well supported by staff from the Department of Health?

12. WBA – budget and cost-effectiveness
Has the WBA at this hospital operated within the available budget for the program?
If not, what additional costs were incurred and how were these met?
Can you foresee any potential budgetary obstacles to continuing WBA at this hospital?
How could these be addressed?
Management of WBA Program in WA

The AMC requires the WBA Program Provider be an organisation with appropriate governance structures, expertise and resources to conduct WBA and manage a WBA program. The roles of the Program Provider include:

- deliver a WBA program that meets AMC Accreditation Standards
- report the assessment outcomes to the AMC and award provisional results
- to select, appoint and employ eligible candidates
- the selection, training and calibration of assessors
- the selection of patients and case records for assessment
- undertake the assessment blueprinting process
- management of relevant records including candidate records and records of relevant committee meetings.

13. Management of the WBA program

The Department of Health is the accredited Program Provider for the WBA program in WA. The Medical Workforce Branch liaises across the AMC and the three hospital sites to oversee implementation and delivery of the WBA program in WA.

Do you think this management model is the best fit? Why?
Could you suggest an alternate model for delivery of the WBA program in WA?
- Do you think the WA Country Health Service should manage the WBA program? Why?
About the respondent

1. Information about Program Directors
Apart from WBA program, are you involved with other JMO training/assessment programs?
Undergraduate medical training programs?
On average, what proportion of your time is spent on WBA activities?
In addition to your role as Program Director, have you been involved in the assessment of WBA candidates?
Have you been involved in supervision of WBA candidates?

Orientation to the WBA program

2. Orientation to WBA
What orientation/information did you receive for the AMC WBA program?
Did this give you a clear understanding of the assessment requirements for AMC WBA?
• Who gave it and where was it held?
• What worked well? Why?
• What could be done better?
Are you aware of the online resources available to support WBA Supervisors and Assessors?
Which of these have you completed?
• DoH WBA website?
• Assessor and Supervisor training package?
• AMC learning programs on WBAOnline? (to obtain a certificate of completion)
• Other? (e.g. specialty college training in WBA’s) [ACFJD http://curriculum.cpmec.org.au/]

WBA Application and Selection process

3. Application and Selection process for WBA program
Is there a formal application process for WBA at this hospital? Can you describe this?
How are Candidates selected from the applications received for the WBA program?
What works well? Why?
What could be done better?
If there are no formal processes, does the hospital intend to introduce these?
• What information is/will be provided to prospective candidates and is it easily accessible?
• Is any support provided by the Department of Health? (MWB)
• Have you been able to access information regarding appropriate tools or mechanisms? (e.g. WACHS forums, HoD educational selection tools etc.)

Engaging Assessors and Supervisors for WBA

4. Has WBA impacted on interest in and commitment to clinical supervision and assessment among clinical staff at this hospital?
How have you recruited Supervisors and Assessors for WBA at this Hospital?
Have there been any barriers to engaging clinical staff into these roles?
• Have clinicians engaged in other specialist training programs participated as assessors for WBA?
• Have clinicians involved in JMO training and supervision become involved with WBA Candidates?
Have WBA assessors shown interest in becoming involved with other JMO training and assessment roles?
Have there been any other benefits?
Any negative impacts?

5. **Calibration among WBA Assessors**
How do you monitor that the level of assessment for WBA candidates is consistent among Hospital Assessors (end PGY1)?

Has calibration been discussed with Supervisors and Assessors?
How is re-calibration among Assessors managed at this hospital?
Do you use a calibration tool? (see attachment 2)
- Review assessment standards among WBA Assessors and ensure assessment of candidates is consistent.
- Undertake assessment exercises to compare assessment standards.

Have you conducted or attended a re-calibration workshop?
- What worked well during the re-calibration workshop?
- What could be done better?

Are there any barriers to Assessors attending WBA workshops?
Assessor training workshops in general?
- If you are currently an Assessor for a Specialty College, how does this College ensure the level of assessment is appropriate across all Assessors? i.e. How does this College assess their assessors? Peer review?
- The AMC is interested in applying Supervisor/Assessor standardisation methods used by Colleges to the WBA program.

6. **Supervisor and Assessor workload**
What processes are in place to ensure that WBA Supervisors and Assessors can accommodate their supervision and assessment tasks into their overall clinical role and responsibilities?
- With no impact on the quality of patient care delivered by supervisors and assessors.

What processes are in place to ensure the supervision and assessment load is spread across the available supervisors and assessors in each clinical area?

AMC would like to know whether “The provider has processes to ensure that the duties, working hours and supervision of Candidates, balanced with the requirements of WBA are consistent with the delivery of high quality, safe patient care.”

**Candidate Assessment**

7. **Meeting AMC Clinical Exam requirements**
How is access to the six clinical areas arranged for Candidates?
- 10 hours min. prior to first assessment – ward rounds, clinic time etc.

Are there any obstacles to achieving this?
How are these overcome?

8. **Assessment process – multiple assessors, multiple assessment techniques across six clinical areas**
How are assessments scheduled for WBA Candidates?
- e.g. Do you use an Assessment plan? Individual blueprint? (see attachment 1)
- Are Candidates accessing multiple assessors and different assessment techniques in line with AMC requirements for WBA?
- Are there any obstacles to scheduling assessments?

What works well? Why?
What could be done better?
9. How is Candidate progress against program requirements monitored?
How is WBA activity of Candidates monitored?
- Clinical rotations
- Assessments with hospital Assessors and Supervisors
- External Assessors

What is your role in developing/monitoring Assessment Plans/Blueprints to map Candidate activity against program requirements?
- How was the use of blueprinting described to you?
- What processes are in place to ensure Candidates meet AMC assessment requirements?
- What support have you received to complete this? Describe

10. WBA administration

Have you been able to accommodate your WBA Program Director role into your overall clinical/administrative workload?
If not, what could be done to assist you with this?

What are your responsibilities as Program Director of the WBA program?
Can you describe the responsibilities associated with administrating the WBA program at this hospital?
- Supporting WBA Candidates
- Develop Candidate learning plans to schedule rotation through/access to clinical areas
- Developing Candidate Assessment Plans/Blueprint
- Candidate Self-Assessment/Learning Plans
- Coordinating Candidate assessments
- Review Candidate assessment results
- Candidate and Supervisor/Assessor training

11. WBA – budget and cost-effectiveness

Has the WBA at this hospital operated within the available budget for the program?
- If not, what additional costs were incurred and how were these met?
Can you foresee any potential budgetary obstacles to continuing WBA at this hospital?
- How could these be addressed?

12. Support from MWB – administration

Do you feel well supported by staff from the Department of Health?
- WBA Medical Advisor?
- WBA SPO?

Management of WBA Program in WA

The AMC requires the WBA Program Provider be an organisation with appropriate governance structures, expertise and resources to conduct WBA and manage a WBA program. The roles of the Program Provider include:
- deliver a WBA program that meets AMC Accreditation Standards
- report the assessment outcomes to the AMC and award provisional results
- to select, appoint and employ eligible candidates
- the selection, training and calibration of assessors
- the selection of patients and case records for assessment
- undertake the assessment blueprinting process
- management of relevant records including candidate records and records of relevant committee meetings.
13. Management of the WBA program
The Department of Health is the accredited Program Provider for the WBA program in WA. The Medical Workforce Branch liaises across the AMC and the three hospital sites to oversee implementation and delivery of the WBA program in WA.

Do you think this management model is the best fit? Why?
Could you suggest an alternate model for delivery of the WBA program in WA?
  • Do you think the WA Country Health Service should manage the WBA program? Why?
About the Supervisor/Assessor

1. Information about Supervisors and Assessors
What is your role in the WBA program?
Apart from WBA Candidates, are you involved in the assessment of other JMOs?
At what level of training are these doctors?
Are you involved in training/assessment for any vocational training programs (GP, medical, surgical, etc.)
Have you completed supervisor/assessor training in WBA assessment principles for these training programs?

Supervisor/Assessor Orientation to the WBA program (aware of program requirements)

2. Supervisor and Assessor Orientation to WBA
Can you describe the Orientation you received for the WBA program?
Did this orientation give you a clear understanding of the assessment requirements for the WBA?
- Who gave it and where was it held?
- What worked well? Why?
- What could be done better?

Are you aware of the online resources available to support WBA Supervisors and Assessors?
Which of these have you completed?
- Assessor and Supervisor training package?
- AMC learning programs on WBAOnline? (to obtain a certificate of completion)
- Other? (e.g. specialty college training in WBA’s) [ACFJD http://curriculum.cpmec.org.au/]

3. Calibration among WBA Assessors
Was the level of assessment for WBA candidates (end PGY1) made clear to you?
Was the need for calibration among assessors discussed?
In the time that you have been a WBA Assessor, have you attended a re-calibration workshop?
- Review assessment standards among WBA Assessors and ensure assessment of candidates is consistent.
- Undertake assessment exercises to compare assessment standards.

What worked well during the calibration workshop?
What calibration tools or methods were used?
What could be done better?

Are there any barriers to you attending WBA workshops?
Anny barriers to you accessing Assessor training workshops in general?
- If you are currently an Assessor for a Specialty College, how does this College ensure that the level of assessment is appropriate across all Assessors? i.e. How does this College assess their assessors? Peer review? Other?
  o Note: The AMC is interested in applying Supervisor/Assessor standardisation methods used by Specialist Colleges to the WBA program.

Supervising WBA Candidates (Supervisors only)

4. Support for WBA Supervisors
What do you see as the role and responsibilities of a Supervisor for the WBA program?
Do you feel adequately supported by WBA program administration to achieve these?
What level of support, if any is provided to you by each of the following:

- Program Director?
- Administration Officer?
- Department of Health MWB?

Learning plans and Blueprinting WBA activities are tools to assist WBA candidates successfully complete program requirements. The AMC is keen to ensure these are used by Candidates.

Blueprinting is used to map Candidate activity against program requirements – clinical areas, variety of assessment methods, multiple observations across the clinical settings, multiple assessors.

5. Self-Assessment and Learning Plans and Blueprinting

Have you been involved with WBA Candidates using Self-Assessment and Learning plans?
Do you have the opportunity to review WBA Candidates Assessment Plan/Blueprint?
Was the use of these tools discussed during WBA orientation?

- Have you reviewed Self-assessment/Learning Plans and Assessment Plans/Blueprints with the Candidates you supervise?
- If not, what would encourage you to use these tools?
- Are there other methods you would like to see WBA candidates use to track their progress in the WBA program? (e.g. log book)

Assessing WBA Candidates (Supervisors & Assessors)

6. Assessment of WBA Candidates

Which assessment techniques have you been involved with for WBA Candidates?

- Mini-CEX (Mini Clinical Exam)
- DOPS (direct observation of procedural skills)
- Case-Based Discussion (CBD)
- 360/Multisource feedback

What has been your experience of the WBA assessment process?
Do you consider that these techniques accurately assess the candidates knowledge and skills at PGY1 level?
How did you ensure Candidates were aware when an assessment was formative or summative?

How were assessments scheduled?
What was good about this process? Why?
How could it be improved?

7. Supervisor and Assessor workload

Are you able to accommodate your WBA Supervisor/Assessor tasks into your overall clinical role and responsibilities with no impact on the quality of patient care delivered by you?
If not, what could be done to assist you with this?

AMC would like to know whether “The provider has processes to ensure that the duties, working hours and supervision of Candidates, balanced with the requirements of WBA are consistent with the delivery of high quality, safe patient care.”

8. Support from program administrators: Administration Officer, Program Director, Department of Health

Did you feel well supported by program administrators?

- Who do you go to if you have problems with any of the assessment requirements for the program?
- What support have you received from the Administration Officer? describe
- What support have you received from the Program Director? describe
- What support have you received from the Department of Health WBA SPO? describe
- What support have you received from the Department of Health Medical Advisor? describe
9. **Overall WBA administration**

Have you found the WBA program to be well managed?
- Arranging Candidate assessments
- Candidate rotation through/access to clinical areas
- Access to learning modules and assessment training opportunities

10. **Assessment and Supervisor role for other JMOs**

Has involvement in WBA impacted on / increased your interest in becoming involved as an Assessor/Supervisor for other JMOs in the hospital (e.g. Australian-trained JMOs? Trainees in specialty programs)
- Developed assessment skills that you can apply more broadly
- Created a culture of supervision and training among clinical workforce
- Developed awareness that supervision and assessment not onerous and can be accommodated into overall clinical responsibilities

**Management of WBA Program in WA**

The AMC requires the WBA Program Provider be an organisation with appropriate governance structures, expertise and resources to conduct WBA and manage a WBA program. The roles of the Program Provider include:
- deliver a WBA program that meets AMC Accreditation Standards
- report the assessment outcomes to the AMC and award provisional results
- to select, appoint and employ eligible candidates
- the selection, training and calibration of assessors
- the selection of patients and case records for assessment
- undertake the assessment blueprinting process
- management of relevant records including candidate records and records of relevant committee meetings.

11. **Management of the WBA program**

The Department of Health is the accredited Program Provider for the WBA program in WA. The Medical Workforce Branch liaises across the AMC and the three hospital sites to oversee implementation and delivery of the WBA program in WA.

Do you have any views on how the current management model works?
Do you think it is an effective model?
If not, what model do you think would work better?
About the responding organisation

1. Information about the organisation
How is your organisation involved with/aware of the AMC WBA program?
Is the organisation involved with other medical assessment/training programs?
Any other information about the organisation in relation to this WBA evaluation that I should be aware of?

Personal awareness / involvement with WBA program

2. Awareness of AMC WBA program
What do you know about the AMC WBA program?
What is your involvement with the AMC WBA program?
Are you aware of the AMC WBA program objectives?
Are you aware of the assessment requirements for AMC WBA?
Are you aware of the online resources available to support WBA Supervisors and Assessors?
  • Department of Health WBA website?
  • Assessor and Supervisor training package?
  • AMC learning programs on WBAOnline? (to obtain a certificate of completion)

Anything else?

WBA Application and Selection process

Candidates must be employees of the participating WACHS hospitals before being eligible for the WBA program. Candidates must have an employment contract for the entire period of the program. The provider has selection processes that are appropriate for selection into WBA programs, and are fair and transparent.

3. Application and selection process for WBA program
Are you involved in medical recruitment?
If yes, how has WBA impacted on medical recruitment in WA?
Has the presence of WBA impacted on recruitment to these WBA hospitals?
  • How has this been observed?
  • Is this viewed positively by your organisation?
  • Have there been any negative impacts in relation to hospital recruitment and WBA?

The AMC recommends that there be a formal application and selection process for WBA.
Do you have any comment on areas to be included in such an application and selection process?
  • What information should be provided to prospective candidates and how could this be made accessible?

Administration of WBA

WBA programs at the hospital are administered by a Program Director and the Administration Officer. Often the role is taken by WACHS staff already involved in medical education and supervision (MEOs and Director Clinical Training).

The Department of Health is the AMC accredited Program Provider for WBA in WA. WBA Hospitals are supported by staff in the Medical Workforce Branch: the Medical Advisor and the WBA Program Manager.
4. **WBA administration**

Has the presence of WBA impacted on hospital programs you may be involved in?

- Has this been positive or negative?

At the hospital level administration of the WBA program includes:

- Supporting WBA Candidates
- Develop Candidate learning plans to schedule rotation through/access to clinical areas
- Developing Candidate Assessment Plans/Blueprint
- Supporting Candidate development of Self-Assessment/Learning Plans
- Coordinating Candidate assessments
- Review Candidate assessment results
- Maintaining Candidate records for the AMC
- Candidate and Supervisor/Assessor training

Do these responsibilities impact on your involvement with hospital staff?

Does it impact on programs you deliver at these hospitals?

How could your organisation benefit from WBA activities conducted at these hospitals?

How could your organisation support WACHS staff to meet the WBA program responsibilities?

5. **WBA – budget and cost-effectiveness**

The cost of implementing WBA is partially met by the Administration fee paid by WBA Candidates at that hospital. Do you have any comments regarding the cost of delivering the WBA program?

Would you consider the WBA to be a cost-effective program?

- If not, what could make it more cost-effective?

Do you consider the WBA program to be sustainable at these hospitals?

Can you foresee any budgetary obstacles to continuing WBA at these hospitals?

- How could these be addressed?

The Department of Health is the AMC accredited Program Provider for WBA in WA. Program oversight and medical and administrative support for the WBA program is provided by the Medical Workforce Branch.

6. **Department of Health: monitoring and administration**

Do you have any comment on how WBA is monitored and administered in WA?

Would you like to see alternative administration and monitoring arrangements?

- Why would these be preferred?

**Assessment of WBA Candidates**

The AMC requires WBA Candidates to be assessed across six clinical areas using multiple assessment techniques and from multiple assessors. Effort is made to calibrate assessment standards across all WBA Assessors to ensure Candidates are assessed to the same level of proficiency – end of PGY1. Standardising assessment in this way more accurately assesses the Candidate’s proficiency.

7. **Assessment process – multiple assessors, multiple assessment techniques across six clinical areas**

Do you have any views on the assessment process and how this is implemented at the WBA hospitals?

What has been your experience of medical student/JMO assessment in hospital settings?

- What works well? Why?
- What can be done better?

8. **Supervisor and Assessor workload**

Are you able to comment on the workload for WBA Supervisors and Assessors? Do you feel they are able to accommodate the tasks associated with supervision and assessment for WBA Candidates into their overall clinical role with no impact on the quality of patient care they deliver?
If not, what could be done to address this? How is this addressed for supervisors of other JMOs?

AMC would like to know whether “The provider has processes to ensure that the duties, working hours and supervision of Candidates, balanced with the requirements of WBA are consistent with the delivery of high quality, safe patient care.”

9. Calibration among WBA Assessors
Are you familiar with the need to calibrate assessment to ensure consistency?
Have you had any experience re-calibrating medical assessors? How was this managed?
Do you have any tools or resources you could recommend or share?
- Review assessment standards among WBA Assessors and ensure assessment of candidates is consistent.
- Undertake assessment exercises to compare assessment standards.

Have you conducted or attended a re-calibration workshop?
- What worked well during the re-calibration workshop?
- What could be done better?

What do you see as the main barriers to clinical staff attending training workshops?
How can these be addressed?
- The AMC is interested in applying Supervisor/Assessor standardisation methods used by Colleges to the WBA program. If you are currently an Assessor for a Specialty College, how does this College ensure the level of assessment is appropriate across all Assessors? i.e. How does this College assess their assessors? Peer review?

WBA Enhances a Culture of Professional Development in the Clinical Setting
It is hoped that the presence of the WBA program will support the development of medical supervision and assessment expertise among clinicians and enhance a professional development culture in the clinical setting which would benefit JMOs not in a vocational training pathway.

10. Is there any evidence that the WBA program has enhanced interest in and commitment to medical supervision and assessment among clinical staff at the WBA hospital?
If yes, what evidence are you aware of?
- Have clinicians involved in JMO training and supervision become involved with WBA Candidates?
- Have WBA assessors shown interest in becoming involved with other JMO training and assessment roles?
- Have clinicians engaged in other specialist training programs participated as assessors for WBA?

Are you aware of any barriers to engaging clinical staff into these roles?
- How can these be addressed?

What has been your experience recruiting clinical assessors and supervisors for medical training in a clinical setting?
What were the obstacles to clinical staff taking on clinical training obligations?
- How can these be addressed?
- How can clinicians be supported to engage with clinical teaching and assessment roles?

Have there been any other benefits?
Any negative impacts?

Management of WBA Program in WA
The AMC requires the WBA Program Provider be an organisation with appropriate governance structures, expertise and resources to conduct WBA and manage a WBA program. The roles of the Program Provider include:
- deliver a WBA program that meets AMC Accreditation Standards
- report the assessment outcomes to the AMC and award provisional results
• to select, appoint and employ eligible candidates
• the selection, training and calibration of assessors
• the selection of patients and case records for assessment
• undertake the assessment blueprinting process
• management of relevant records including candidate records and records of relevant committee meetings.

11. Management of the WBA program
As mentioned, the Department of Health is the accredited Program Provider for the WBA program in WA. The Medical Workforce Branch liaises across the AMC and the three hospital sites to oversee implementation and delivery of the WBA program in WA.

Do you have any views on how the current management model works?
Do you think it is an effective model?
If not, what model do you think would work better?
The Western Australian Department of Health (the Department) is undertaking a formal evaluation of the Workplace-based Assessment (WBA) program. As a current or past Candidate of the WBA program we invite you to participate in the following survey. Your experiences will greatly assist us to identify opportunities to improve the WBA program in Western Australia (WA).

The survey is divided into four sections:
1. Application and selection process
2. Orientation to the WBA program
3. WBA program experience
4. Your post-WBA medical experience

All responses will remain confidential and individuals will not be identifiable from the data collected.

The aggregate findings from this survey will be provided to the Australian Medical Council (AMC) as part of the 2018 re-accreditation process for the WBA Program in WA.

Application for employment with WA Country Health Service (WACHS) and a place in the WBA program

1. Where did you source information about the WBA program? (can choose more than one option)
   a. Australian Medical Council (AMC)
   b. Medical Board of Australia (AHPRA)
   c. WA Department of Health
   d. WACHS
   e. Personal communication (other IMGs, hospital staff, etc.)
   f. Other

The following questions relate to employment with WACHS hospitals and selection to the WBA program.

<table>
<thead>
<tr>
<th>Question</th>
<th>Strongly disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Information on employment opportunities was easily accessible.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>3. The employment application process was fair and transparent.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>4. My decision to apply for employment was influenced by access to the WBA Program.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>5. The hospital had a formal application process for the WBA program.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>6. Information provided to me about the WBA program during the application process met my needs.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>7. The selection process for places in the WBA program was fair and transparent.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

Comments on the WBA application and selection process

________________________________________________________

________________________________________________________
Orientation to the WBA program

The following questions relate to the orientation you received on joining WBA and your preparation to undertake the program.

<table>
<thead>
<tr>
<th>Question</th>
<th>Strongly disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>8. The WBA orientation workshop gave me a good understanding of the expected level of assessment (end of PGY1).</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>9. The WBA orientation helped me to understand the process and assessment requirements over the 12 months.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>10. The Self-Assessment and Learning Plan helped me to identify my learning requirements.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>11. The Program Blueprint/Assessment Plan helped me to schedule assessments over the 12 months.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>12. The WBA Supervisor/Program Director was available to support me in the preparation of the Self-Assessment and Learning Plan.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>13. The WBA Administrative Officer was available to assist me during my orientation.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

Comments on the WBA Orientation process

________________________________________________________________________

________________________________________________________________________

Progressing through the WBA Program

The following questions examine your progress through the WBA and the assessment process.

<table>
<thead>
<tr>
<th>Question</th>
<th>Strongly disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>14. I was able to access the minimum 10 hours in each clinical area before the first assessment.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>15.</td>
<td>I was assessed by a number of different assessors using a range of assessment techniques in each clinical area.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>16.</td>
<td>WBA Assessors understood the level of performance expected of me (end of PGY1).</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>17.</td>
<td>Assessment levels were applied consistently by WBA Assessors in each clinical area.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>18.</td>
<td>The process of arranging assessment opportunities was well managed.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>19.</td>
<td>I felt well supported by the WBA program administration (Program Director, Administration Officer, Supervisor).</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>20.</td>
<td>Overall, the WBA program was well managed.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>21.</td>
<td>Participating in the WBA program helped prepare me for the next steps in my medical career.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

**Comments on progressing through the WBA program**

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

**Post-WBA Program**

*Please tell us what you’ve been doing since completing WBA or if you are still completing the program, what you intend to do.*

22. When were you, or will you be, awarded the AMC Certificate?  
   <drop down menu if possible>  
   2011  
   2012  
   2013  
   2014  
   2015  
   2016  
   2017  
   2018

23. Did you, or will you, continue working at the employing hospital once you completed the WBA program?  
   Yes  
   No

If not, why not?

__________________________________________________________________________
24. Did you, or will you, continue working in rural Western Australia once you completed the WBA program?
   Yes  go to question 26
   No

If not, why not?

25. If you have not, or do not intend to, continue working in rural Western Australia, where are you working
now/where do you intend to work once you have completed the WBA program?

26. Are you currently undertaking, or do you intend to apply for, a vocational training program following
completion of the WBA program?
   Yes
   No

If yes, which vocational training program?

Comments on your career experiences since completing the WBA program
The Western Australian Department of Health (the Department) is undertaking a formal evaluation of the Workplace-based Assessment (WBA) program. As a current Supervisor or Assessor of the WBA program we invite you to participate in the following survey. Your experiences will greatly assist us to identify opportunities to improve the WBA program in Western Australia (WA).

The survey is divided into four sections:
5. Information about you, the respondent
6. The orientation you received for the WBA program
7. Your experience supervising and/or assessing WBA Candidates
8. Comments you have on management of the WBA program in WA

All responses will remain confidential and individuals will not be identifiable from the data collected.

The aggregate findings from this survey will be provided to the Australian Medical Council (AMC) as part of the 2018 re-accreditation process for the WBA Program in WA.

About you

Please tell us a bit about your role in the WBA program and clinical supervision/assessment experience.

27. Which role(s) do you undertake in the WBA program?
   - Supervisor
   - Assessor
   - Both Supervisor and Assessor

28. Apart from WBA Candidates, are you involved in other clinical supervision or assessment?
   - Yes
   - No
   
   If yes, please specify. (can select multiple categories)
   - Medical students
   - Interns
   - RMOs
   - Registrars
   - Other

29. Are you involved in training and/or assessment for a vocational training program?
   - Yes
   - No
   
   If yes, please specify.

30. Have you completed supervisor/assessor training in WBA principles for any vocational training programs?
   - Yes
   - No
Orientation to the WBA program

The following questions relate to your orientation to WBA principles and assessment standards.

31. Did you receive an orientation to the WBA program?
   Yes
   No please progress to question 10

<table>
<thead>
<tr>
<th>Question</th>
<th>Strongly disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>32. The WBA orientation program helped me to understand the assessment processes used for WBA Candidates.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>33. The WBA orientation program identified the assessment level for WBA candidates as end of PGY1.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>34. After completing the WBA orientation program I felt well prepared to apply these assessment criteria and processes in a clinical setting with WBA Candidates.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>35. The orientation program made me aware of the online resources available for WBA Supervisors and Assessors.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

36. Which online resources for WBA Supervisors and Assessors have you accessed?
   Assessor and Supervisor training package?
   AMC learning programs on WBAOnline?
   Other? Please describe

37. Did you attend a calibration workshop?
   Yes
   No

   If No, what barriers prevented your attendance at the WBA workshops? How could these be addressed?

Assessing WBA Candidates

The following questions relate to your assessment of WBA Candidates.

38. Which assessment techniques have you used with WBA Candidates?
   Mini-CLEX (Mini Clinical Exam)
   DOPS (direct observation of procedural skills)
   Case-Based Discussion (CBD)
   360/Multisource feedback
   External assessment
39. WBA assessment procedures accurately assess the knowledge and skills of WBA Candidates at end of PGY1.  

<table>
<thead>
<tr>
<th>Strongly disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

40. Scheduling assessment times with Candidates was managed efficiently.  

<table>
<thead>
<tr>
<th>Strongly disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

41. I have been well supported in my role by those responsible for administration of the WBA program (Program Director, Administration Officer, other).  

<table>
<thead>
<tr>
<th>Strongly disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

42. I have been able to maintain high standards of patient care whilst fulfilling my responsibilities as a WBA Supervisor/Assessor.  

<table>
<thead>
<tr>
<th>Strongly disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

43. Overall the WBA program was well managed.  

<table>
<thead>
<tr>
<th>Strongly disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

44. Because of my experience with the WBA program, I am more likely to be more involved in clinical assessment or supervision.  

<table>
<thead>
<tr>
<th>Strongly disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

45. The WBA program has helped develop a culture of supervision and assessment among the clinical workforce of this hospital.  

<table>
<thead>
<tr>
<th>Strongly disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

Comments on the assessment of WBA Candidates

____________________________________________________________________________________________________________________

____________________________________________________________________________________________________________________

____________________________________________________________________________________________________________________

Management of the WBA Program in WA

The Department is the accredited Program Provider for the WBA program in WA. The Medical Workforce Branch liaises across the AMC and the three hospital sites to oversee implementation and delivery of the WBA program in WA.

46. Do you have any views on how the current management model works?  
   Do you think it is an effective model?  
   If not, what model do you think would work better?

Please comment.

____________________________________________________________________________________________________________________

____________________________________________________________________________________________________________________

____________________________________________________________________________________________________________________
## Appendix 5: Schedule of assessments

<table>
<thead>
<tr>
<th>Week</th>
<th>Jan</th>
<th>Feb</th>
<th>Mar</th>
<th>Apr</th>
<th>May</th>
<th>Jun</th>
<th>Jul</th>
<th>Aug</th>
<th>Sep</th>
<th>Oct</th>
<th>Nov</th>
<th>Dec</th>
<th>Jan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Task 1</td>
<td>Mental Health</td>
<td>Adult Health (Medicine)</td>
<td>Child Health</td>
<td>Adult Health (Surgery)</td>
<td>Emergency Medicine</td>
<td>OBG</td>
<td>Final rotations, supervision continues</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Task 2</td>
<td></td>
<td>1st Formative</td>
<td>1st Summative</td>
<td>2nd Formative</td>
<td>2nd Summative</td>
<td>Final Report</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Assessments which are part of WMC assessment*

*Formative assessments not submitted to WMC*
### Appendix 6: Interview participants

<table>
<thead>
<tr>
<th>Name</th>
<th>Organisation</th>
<th>WBA role</th>
<th>Position/Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr James Perry Travers</td>
<td>Bunbury</td>
<td>Program Director</td>
<td>Director Clinical Training</td>
</tr>
<tr>
<td>Dr Geoff Williamson</td>
<td>Bunbury</td>
<td>Medical Director</td>
<td>Director Clinical Services</td>
</tr>
<tr>
<td>Ms Judi Gibbs</td>
<td>Bunbury</td>
<td>Administration Officer</td>
<td>Medical Education Officer</td>
</tr>
<tr>
<td>Dr Sufjan Ibrahim</td>
<td>Bunbury</td>
<td>Candidate</td>
<td>RMO</td>
</tr>
<tr>
<td>Dr Priyanka Kumar</td>
<td>Bunbury</td>
<td>Candidate</td>
<td>RMO</td>
</tr>
<tr>
<td>Dr Rahul Kumar</td>
<td>Bunbury</td>
<td>Candidate</td>
<td>ICU Registrar</td>
</tr>
<tr>
<td>Dr Rex Prabhu</td>
<td>Bunbury</td>
<td>Candidate</td>
<td>Medical Registrar</td>
</tr>
<tr>
<td>Dr Dhana Thummaguntha</td>
<td>Bunbury</td>
<td>Candidate</td>
<td>RMO/now ICU Registrar</td>
</tr>
<tr>
<td>Dr Holim Won</td>
<td>Bunbury</td>
<td>Assessor</td>
<td>SMO Psychiatry</td>
</tr>
<tr>
<td>Dr Anupam Chauhan</td>
<td>Bunbury</td>
<td>Supervisor</td>
<td>Head of Department ICU</td>
</tr>
<tr>
<td>Dr Paddy Cox</td>
<td>Bunbury</td>
<td>Supervisor</td>
<td>Consultant Physician</td>
</tr>
<tr>
<td>Dr Altaf Khoja</td>
<td>Bunbury</td>
<td>Supervisor</td>
<td>Consultant Psychiatrist</td>
</tr>
<tr>
<td>Dr Ravi Krishnamurthy</td>
<td>Bunbury</td>
<td>Supervisor</td>
<td>ICU Consultant</td>
</tr>
<tr>
<td>Dr Katy Templeman</td>
<td>Geraldton</td>
<td>Program Director</td>
<td>Medical Administrator</td>
</tr>
<tr>
<td>Ms Christine Golding</td>
<td>Geraldton</td>
<td>Administration Officer</td>
<td>Medical Admin. Coordinator</td>
</tr>
<tr>
<td>Dr Binu Elizabeth Eappen</td>
<td>Geraldton</td>
<td>Candidate</td>
<td>RMO</td>
</tr>
<tr>
<td>Dr Jini Mary Eappen</td>
<td>Geraldton</td>
<td>Candidate</td>
<td>RMO</td>
</tr>
<tr>
<td>Dr Sameir Farah</td>
<td>Geraldton</td>
<td>Candidate</td>
<td>Registrar</td>
</tr>
<tr>
<td>Dr Mercy Jegan</td>
<td>Geraldton</td>
<td>Candidate</td>
<td>RMO</td>
</tr>
<tr>
<td>Dr Navin Mathew</td>
<td>Geraldton</td>
<td>Candidate</td>
<td>Registrar</td>
</tr>
<tr>
<td>Mr Anthony Dunk</td>
<td>Geraldton</td>
<td>Assessor</td>
<td>Nurse Practitioner, ED</td>
</tr>
<tr>
<td>Dr Terry Murray</td>
<td>Geraldton</td>
<td>Assessor</td>
<td>Senior Medical Practitioner, ED</td>
</tr>
<tr>
<td>Dr Sara Armitage</td>
<td>Geraldton</td>
<td>Supervisor</td>
<td>Consultant O&amp;G</td>
</tr>
<tr>
<td>Dr Bahati Moseti</td>
<td>Geraldton</td>
<td>Supervisor</td>
<td>FACEM</td>
</tr>
<tr>
<td>Dr Enasio Morris</td>
<td>Kalgoorlie</td>
<td>Program Director</td>
<td>Head of Department ED</td>
</tr>
<tr>
<td>Ms Leanne Blazely</td>
<td>Kalgoorlie</td>
<td>Administration Officer</td>
<td>A/Medical Education Officer</td>
</tr>
<tr>
<td>Dr Antony Kurishingal Aloysius</td>
<td>Kalgoorlie</td>
<td>Candidate</td>
<td>RMO</td>
</tr>
<tr>
<td>Dr Imad Hamid</td>
<td>Kalgoorlie</td>
<td>Candidate</td>
<td>RMO</td>
</tr>
<tr>
<td>Dr Rosanna Ramos</td>
<td>Kalgoorlie</td>
<td>Candidate</td>
<td>HSMP, General Medicine</td>
</tr>
<tr>
<td>Dr Joshua Thomas</td>
<td>Kalgoorlie</td>
<td>Candidate</td>
<td>RMO</td>
</tr>
<tr>
<td>Dr Kamal Esa</td>
<td>Kalgoorlie</td>
<td>Assessor</td>
<td>Registrar, General Medicine</td>
</tr>
<tr>
<td>Mr Scott Jones</td>
<td>Kalgoorlie</td>
<td>Assessor</td>
<td>Nurse Practitioner, ED</td>
</tr>
<tr>
<td>Dr Sean George</td>
<td>Kalgoorlie</td>
<td>Supervisor</td>
<td>Head of Dept. General Medicine</td>
</tr>
<tr>
<td>Dr Rafiq Hemani</td>
<td>Kalgoorlie</td>
<td>Supervisor</td>
<td>Head of Dept. Paediatrics</td>
</tr>
<tr>
<td>Dr John Kemp</td>
<td>Kalgoorlie</td>
<td>Supervisor</td>
<td>Consultant Psychiatrist</td>
</tr>
<tr>
<td>Dr Frances Werner</td>
<td>Kalgoorlie</td>
<td>Supervisor</td>
<td>Director Clinical Training</td>
</tr>
<tr>
<td>Dr John Keenan</td>
<td>WA DoH</td>
<td>Medical Adviser</td>
<td>Medical Advisor, Office of the Chief Medical Officer</td>
</tr>
<tr>
<td>Ms Katrina Lynn</td>
<td>WA DoH</td>
<td>Senior Project Officer</td>
<td>Senior Development Officer, WBA Program Manager</td>
</tr>
<tr>
<td>Dr Meredith Arcus</td>
<td>SCGH</td>
<td>Stakeholder</td>
<td>A/Deputy Director Clinical Services</td>
</tr>
<tr>
<td>Name</td>
<td>Organisation</td>
<td>WBA role</td>
<td>Position/Title</td>
</tr>
<tr>
<td>----------------------</td>
<td>--------------</td>
<td>----------------</td>
<td>-------------------------------------------------------------------</td>
</tr>
<tr>
<td>Prof. David Atkinson</td>
<td>RCSWA</td>
<td>Stakeholder</td>
<td>Head of School</td>
</tr>
<tr>
<td>Dr Colleen Bradford</td>
<td>WAGPET</td>
<td>Stakeholder</td>
<td>Medical Educator</td>
</tr>
<tr>
<td>Ms Isabel Broderick</td>
<td>WAGPET</td>
<td>Stakeholder</td>
<td>Program Strategy &amp; Innovations Manager</td>
</tr>
<tr>
<td>Ms Tina Donovan</td>
<td>RHW</td>
<td>Stakeholder</td>
<td>Manager – Recruitment</td>
</tr>
<tr>
<td>Dr Monica Gope</td>
<td>WACHS</td>
<td>Stakeholder</td>
<td>Director Postgraduate Medical Education</td>
</tr>
<tr>
<td>Prof. Lou Landau</td>
<td>DOHWA</td>
<td>Stakeholder</td>
<td>Medical Advisor, Medical Workforce Branch (Retired)</td>
</tr>
<tr>
<td>Ms Renae Poot</td>
<td>WACHS</td>
<td>Stakeholder</td>
<td>Workforce Consultant</td>
</tr>
<tr>
<td>Ms Keli Porter</td>
<td>RHW</td>
<td>Stakeholder</td>
<td>General Manager - Workforce</td>
</tr>
<tr>
<td>Dr Tony Robins</td>
<td>WACHS</td>
<td>Stakeholder</td>
<td>Director Clinical Services</td>
</tr>
<tr>
<td>Prof. Bryant Stokes</td>
<td>MBA</td>
<td>Stakeholder</td>
<td>Chair, WA Registration Committee of the Medical Board of Australia</td>
</tr>
<tr>
<td>Prof. Richard Tarala</td>
<td>PMCWA</td>
<td>Stakeholder</td>
<td>Chair, Postgraduate Medical Council of WA</td>
</tr>
</tbody>
</table>
Appendix 7: Survey results

WBA candidate survey results

Access to the WBA program

Information sources and motivation to apply for the WBA program were similar among candidates responding to the evaluation survey as those who were interviewed.

Table 1: WBA Evaluation Survey: Information sources accessed by prospective candidates

<table>
<thead>
<tr>
<th>Where did candidates source information on the WBA?</th>
<th>n=</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personal communication from IMGs, hospital staff, etc.</td>
<td>72% 36</td>
</tr>
<tr>
<td>Australian Medical Council</td>
<td>66% 33</td>
</tr>
<tr>
<td>WACHS</td>
<td>32% 16</td>
</tr>
<tr>
<td>WA Department of Health</td>
<td>28% 14</td>
</tr>
<tr>
<td>Medical Board of Australia</td>
<td>18% 9</td>
</tr>
<tr>
<td>other</td>
<td>2% 1</td>
</tr>
</tbody>
</table>

Figure 1. WBA Evaluation Survey: responses to statement relating to employment with WACHS hospitals and selection to WBA program

Of 13 comments received from candidates regarding the centralised application process for positions at WACHS through MedJobsWA, and subsequent selection to the WBA program, four were positive about the program, the application process and/or the support received. One respondent stated that they found MedJobsWA complex and difficult to access.

An objective of the WBA program is to support WACHS recruitment strategies and help to attract skilled IMGs to rural hospitals. The success of this strategy is confirmed by the 80% of respondents (n=40) who agreed that their decision to apply for a position at these WACHS hospitals was primarily driven by the potential access to the WBA program.
Program orientation

Results from the candidate survey reinforced responses received during interviews.

Most candidates agreed or strongly agreed that the orientation to the WBA program provided by the hospital gave them a good understanding of the level at which they would be assessed (92%, n=46) and the process of assessment (90%, n=43).

For most statements in this section of the survey just one candidate disagreed, except where three respondents disagreed with the statement that the Self-Assessment and Learning Plan helped them identify their learning needs.

There was strong acknowledgement of the support provided by program administration staff with 98% (n=48) agreeing with the statement that the program director and their supervisor were available to assist them with their learning plan and 94% (n=47) agreeing that the administration officer was available to assist during their orientation.

![Bar chart showing responses to WBA orientation and preparation to undertake the program]

Figure 2. WBA Evaluation Survey: responses to statements relating to WBA orientation and preparation to undertake the program

Comments from candidates regarding hospital orientation to WBA were predominantly positive, focusing on the quality of the orientation and the support provided by program directors and administration officers. One candidate requested greater focus on outcomes and learning objectives rather than how assessments can be completed. Other comments included:

- WBA program in Bunbury is great, and the administration officer of the program is the kindest
- Very good orientation
- The support and encouragement from administrative officer was tremendous, especially during period of work stress
Progress through the WBA program

Results from the candidate survey reinforced data collected during candidate interviews. Candidates agreed or agreed strongly that they could access all clinical areas (90%, n=45), were assessed by different assessors using a range of assessment techniques (98%, n=49), that they were well supported by WBA administration staff (94%, n=47), and that participating in WBA had helped prepare them for the next stage of their medical career (96%, n=48).

![Figure 3. WBA Evaluation Survey: responses to statements relating to progress through the WBA program and the assessment process](image)

Of the comments received in this section of the survey, the majority (54%, n=6) were positive about program organisation and the benefits to candidates completing the program. One candidate commented that assessment by some assessors was higher than the end-PGY1 level, while another stated that their overseas qualifications and experience was often ignored.

- WBA was an important step to proceed in my medical career.
- Good communications and excellent feedback from assessors.
- Initially the requirements can be overwhelming but once everything has been planned and the candidate starts to do the cases, then things work as scheduled.
- This is a great hospital and the medical culture is excellent. If there had not been a WBA program at this hospital I would be unlikely to have applied for a position here. It has been a great experience.
Candidate careers following WBA

Of survey respondents 52% (n=26) continued, or intend to continue, working in the employing WBA hospital following completion of the program. The survey did not interrogate how long these candidates continued to work at the employing WBA hospital.

For the 48% (n=24) of candidates who left or will leave the employing WBA hospital following completion of the program:

- 39% (n=9) moved to general practice or joined a GP vocational training program
- 21.7% (n=5) had to move from a rural location to access opportunities to meet vocational training requirements
- 17.4% (n=4) could not remain as there were no service positions available at the employing WBA hospital
- 8.7% (n=2) had to move to another location for family reasons.

General comments from candidates

Analysis of general comments received in this section of the survey showed that:

- 26% (n=7) mentioned that it had set them up on their career path in Australia and had prepared them for general practice
- 22% (n=6) stated that they felt WBA is fairer form of assessment than the AMC clinical exam
- 15% (n=4) suggested that more WBA placements should be made available.

WBA program was the gateway to my medical career in Australia. Without doing WBA, I wouldn't be in the same position as where I am today. … After WBA, I completed another year of RMO … and got accepted into the GP training program in the same year. At the moment, I am working as a GP registrar in rural NSW. I am thrilled about my medical career in Australia.

The year I spent at the WBA hospital was one of the best since I started working in Australia. It was a great opportunity to get experience in a regional area and at the same time enjoy the family-like environment of the workplace and yet have time to do many activities. Overall it was a great experience and highly recommended.

It was a wonderful experience with an excellent WBA Team. I had good support and enough resources for study and improvement of clinical skills.

Despite its shortcomings, WBA is a fairer system of assessment than a one-off examination day. I would welcome this system to be more available.

I think that the WBA is a great initiative which certainly felt less punitive than the AMC exam and I was so grateful to have had an opportunity to do it but I strongly feel that the WBA will only work if IMGs are seen as valued members of the medical workforce. Not all examiners feel this way and sadly many candidates suffer hugely psychologically when made to feel like they are: “simply filling jobs proper Australian doctors can’t fill” or that they “owe it to the country of their origin to give back and return home”. These are comments which I endured during these years. Please be mindful that no person leaves their country of origin without great sacrifice and deep thought. Many of us have left our country of origin because of violence and threat - this does not make us less committed to our work in Australia. We would not be here if we were not driven to be competent practitioners working in a medical system that is well resourced and efficient.

IMGs work very hard to fill areas of need and should be highly valued given that most are not PGY1 and have experience and skills to offer the workplace. I urge WBA assessors to please be gentle, encouraging and positive. IMGs are already discriminated against in every specialist area, have many hurdles and obstacles in their path and often spend 5 or more years as service registrars and RMOs before even trying to find an option for their future all while settling in a new country.
WBA supervisors and assessor survey results

The profile of those responding to the survey was similar to that of supervisors and assessors interviewed across the three hospital sites.

Figure 4. WBA Evaluation Survey: JMO supervision by WBA supervisors and assessors

Similar to those interviewed, 60% of survey respondents are also involved in training and/or assessment for vocational training programs (n=15). Of these 53% (n=8) assessed for the Australasian College of Emergency Medicine (ACEM), 26.7% (n=4) for the College of Intensive Care Medicine, and 13.3% (n=2) for the Royal Australian and New Zealand College of Obstetrics and Gynaecology (RANZCOG).

Orientation to WBA program, training and calibration

Among survey respondents, 60% (n=15) had attended orientation for the WBA program, 40% (n=10) had completed the Department’s online Supervisor and Assessor Training Package, and 32% (n=4) had completed the AMC learning resource: WBAOnline. Among respondents who confirmed their involvement in vocational training, 66.7% (n=10) had completed training in WBA principles for their college.

Figure 5. WBA Evaluation Survey: responses to statements relating to orientation for the WBA program

The WBA orientation program helped me to understand the assessment processes used for WBA Candidates.

The WBA orientation program identified the assessment level for WBA candidates as end of PGY1.

After completing the WBA orientation program I felt well prepared to apply these assessment criteria and processes in a clinical setting with WBA Candidates.

The orientation program made me aware of the online resources available for WBA Supervisors and Assessors.
Assessing and supervising WBA candidates

Survey results show that most assessors, 80-84% (n=20-21), had used all three assessments techniques when assessing WBA candidates. A smaller number, 36% (n=9), had been nominated by candidates to be involved in the multisource feedback.

Assessors and supervisors were asked to rate their agreement or disagreement with a range of statements regarding the assessment processes for WBA.

Most respondents (60%, n=15) agreed that WBA methods accurately assess the knowledge and skills of candidates at the end of PGY1 level and 52% (n=13) agreed that they maintained their high standard of patient care whilst fulfilling responsibilities as a WBA supervisor or assessor.

Although 60% of respondents were currently involved in supervision and training of JMOs at their hospital, 46% (n=11) indicated they were more likely to be involved with clinical assessment in the future due to participation with WBA. Moreover, 64% (n=16) felt that the WBA program had helped develop a culture of supervision and assessment among the clinical workforce and 48% (n=12) of supervisors and assessors agree that the WBA program is well managed.

In contrast, 29% (n=7) disagreed that their experience of WBA would increase the likelihood of their involvement with clinical assessment or supervision in the future.

Figure 6. WBA Evaluation Survey: supervisor and assessor use of assessment techniques
Comments from supervisors and assessors

Should continue WBA, well managed program, helps recruit good doctors to the health service. Is a better assessment than an exam, RANZCOG has elements of WBA.

WBA is good means to assess, done after working with candidate. One case is not sufficient for assessment, should be based on how they work generally. Quarterly external assessments could help validity. This can be achieved through locum rotations.

Need calibration and training for all assessors. Workshop should include all WBA assessors to ensure same standards for all sites, all departments.

Great program, prefer assessment by team of individuals, workplace competency assessment is better than AMC Clinical exam, brings foreign talent that could be missed by Australian health system.

WBA should be the standard and only method of assessment. Knowing is not enough, working alongside IMG doctors is the best way to find out if they are safe. AMC Clinical exam is a key-based assessment, if the doctor says the right word then they pass. Assessment should be based on whether they are safe or unsafe.

I have experience from the UK of using these assessments with trainees. … This is a very good and effective method of assessing trainees in most areas in medicine.
I have found the experience stimulating and it makes the work environment interesting and a place to look forward to. The candidates have shown consistent interests in learning with readiness to participate in clinically team work. Candidates have often ask clinically reflective and focused questions that showed that keen interest to engage in the Australian work force.

Have thought about why WBA has such high pass rate compared with AMC Clinical. Are WBA assessors more lenient? AMC Clinical has a specific checklist of items to be covered. If candidate misses any key areas, results in an immediate fail. The WBA assessment is based on real world clinical setting, focus on intern level and is this doctor safe to practice. There is also the opportunity to use the first assessment as a learning assessment. Candidate receives feedback on areas to address for the future. Can then repeat assessment. No opportunity to learn or repeat with AMC clinical exam.

Supervision is a societal responsibility, have found WBA to be a positive experience. Formalised education and training is good for your own clinical practice.

Main impediment to sustainability of WBA is management requirement that WBA doctors should stay at the hospital but without a training/employment pathway this is not possible. If region can’t provide for growth, need to develop longitudinal pathways for WACHS staffing.

WBA helps integrate IMGs to workforce, some are really good but there is variation. … Avoid candidates staying at RMO level as this blocks other IMGs into those posts.

WBA should not replace the AMC clinical exam. AMC exam is the benchmark and WBA lowers this, dilutes the AMC certificate and is a short-cut to the certificate and general registration.

AMC Clinical has rigorous approach, examiners have clear key to assessment. WBA is intern level assessment but there is no key. Only fail WBA if not safe or miss key assessment areas.

Many candidates do not come prepared with necessary documentation. I am a little concerned that the WBA process is a nearly guaranteed path to securing an AMC certificate.

… it was extremely difficult to provide an assessment relevant to a local PGY1 doctor. If those standards were rigorously applied then I would have passed very few assessments. In reality I felt it fairer to try to incorporate a doctor's evidence of attempting to up-skill themselves appropriately to work in the Australian health care system in a safe manner. I found the whole process very stressful…
Appendix 8: Definitions and acronyms

**Administrative officer:** The dedicated workplace-based assessment (WBA) administrative officer employed at each WBA accredited hospital.

**Assessor:** A clinician (senior medical practitioner, registrar, senior clinical nurse) approved by the Australian Medical Council (AMC) and trained to undertake assessments for WBA

**Australian Medical Council (AMC)**

**Australian Health Practitioner Regulation Agency (AHPRA)**

**Case-based Discussion (CBD):** WBA assessment that is a structured, non-judgmental review of decision-making and clinical reasoning.

**Competent Authority Pathway:** for International Medical Graduates who are non-specialist or specialists (including general practitioners) who are seeking general registration with the Medical Board of Australia (MBA) from AMC-approved authorities.

**Direct Observation of Procedural Skills (DOPS):** WBA assessment where candidates are observed by an assessor as they perform a procedure.

**Director Clinical Training (DCT)**

**Director Postgraduate Medical Education (DPGME)**

**Health Service Providers (HSPs)**

**International Medical Graduate (IMG):** refers to doctors who obtained their primary medical qualification outside Australia. An alternate term which may be used elsewhere is overseas trained doctor.

**International Medical Graduate Advisory Group (IMGAG):** a forum for expert stakeholder consideration of IMG recruitment (including orientation), retention (including education), and supervision policies and processes in Western Australia.

**MBA:** Medical Board of Australia

**Medical Education Unit (MEU):** Postgraduate Medical Education Units (MEUs) were established to support supervisors and junior doctors in training.

**Mini-Clinical Evaluation Exercise (Mini-CEX):** WBA assessment used to assess a range of core competencies that a candidate uses during day-to-day encounters with patients.

**Postgraduate Medical Council of WA (PMCWA):** provides leadership for early postgraduate medical education and training in Western Australia.

**Postgraduate year one (PGY1):** doctors in the first year of clinical practice following graduation from medical school. This is also known as the intern year during which time doctors in Australia have provisional registration with the MBA and undertake an internship.

**Primary supervisor:** the supervisor of a WBA candidate located in the candidate’s primary area of clinical practice to assist them to develop an assessment plan and complete the summative reports required by the AMC.
Program director: senior consultant appointed part-time at each WBA accredited hospital to act as an ambassador for WBA and to oversee WBA program delivery at that hospital.

RACGP: Royal Australasian College of General Practitioners

Registrar: a registered medical practitioner employed as a registrar. A registrar may be employed with or without the Part 1 Examination of an appropriate specialist qualification recognised by the AMC.

 Resident medical officer (RMO): means a registered medical practitioner who is employed as a resident medical officer in the second or subsequent years of relevant experience following graduation and who is not performing the duties of a registrar

Secondary supervisor: Allocated to a WBA candidate if they undertake an extended placement/rotation in a clinical area away from their primary supervisor.

Senior Project Officer (SPO): The project officer employed by, and located within, the WA Department of Health to manage the WBA program in Western Australia.

Specialist Pathway: pathway for IMGs applying for assessment of comparability to the standard of a specialist trained in that specialty in Australia (specialist recognition); applying for an area of need specialist level position in Australia (area of need) or overseas-trained specialists or specialists-in-training wishing to undertake a short period of specialist or advanced training in Australia (short-term training).

Standard Pathway: generally for non-specialist IMGs seeking general registration in Australia and who do not qualify for the Competent Authority or specialist pathways.

Supervisor: A primary or secondary supervisor.

WBA accredited hospitals: Those hospitals accredited by the AMC to offer Workplace-based Assessment (WBA) in Western Australia. Western Australia (WA): the State of Western Australia.

Workplace-based assessment (WBA): An alternative pathway to sitting the AMC clinical examination for IMGs on the standard pathway.

WA Department of Health (the Department): The Western Australian State Government Department of Health.

WA Health: a phrase used to represent the Western Australian public health system, including all health systems and hospitals.
This document can be made available in alternative formats on request for a person with a disability.

© Department of Health 2016

Copyright to this material is vested in the State of Western Australia unless otherwise indicated. Apart from any fair dealing for the purposes of private study, research, criticism or review, as permitted under the provisions of the Copyright Act 1968, no part may be reproduced or re-used for any purposes whatsoever without written permission of the State of Western Australia.