

AMC Workplace Based Assessment

Centre for Medical Professional Development

Candidate Resource Kit 2023



Health
Hunter New England
Local Health District

AMC WBA Program Team 2022

Professor Balakrishnan (Kichu) Nair AM – Director, Centre for Medical Professional Development

Dr Aditee Parab – Clinical Lead

Dr Timothy Walker - Clinical Dean, Calvary Mater Hospital

Dr Mulavana (Usha) Parvathy OAM – Director, Hospital Non-Specialist Program and International Medical Graduate Program

Brooke Murphy – Program Consultant

Amy Neylan – Program Coordinator

WBA Office Contact Details

AMC Workplace Based Assessment Program

Centre for Medical Professional Development

Hunter New England Local Health District

PO Box 21

WARATAH NSW 2298

Telephone - +61 2 49853313

Fax - 49853477

Email – HNELHD-WBA@health.nsw.gov.au

This document is true and correct at the time of printing on February 2023. The AMC WBA Program Team reserves the right to make changes to terms and conditions of the WBA described in this document as necessary during the WBA period. Candidates will be informed in writing of any such changes.

1 Contents

1	Background	1
2	Program Requirements	2
2.1	To be eligible for selection onto the WBA, candidates must:	2
2.2	To successfully complete HNELHD's WBA program, the WBA Program candidates must:	2
3	Program Committees.....	3
4	Review and Appeals Process.....	3
4.1	Review	3
4.2	Appeals	3
4.3	Special Consideration	4
5	Complaints.....	4
5.1	Personal Complaints.....	5
5.2	Systemic Complaints.....	5
6	Instructions for candidates.....	5
6.1	General:	5
6.2	Assessments	5
6.2.1	Mini-CEX and CBD Assessments	6
6.2.2	360° Assessments	6
7	Mandatory Assessments	7
7.1	Mini Clinical Evaluation Exercise (Mini-CEX)	7
7.1.1	How to book in your Mini- CEX Assessment	8
7.2	Case Based Discussions (CBDs).....	10
7.2.1	How to book in your CBD Assessment.....	11
7.3	360° Assessments – also known as Multi-Source Feedback	11
7.3.1	Description of 360° Assessment.....	11
7.3.2	Nominees for 360° Assessment.....	11
7.3.3	360° Assessments by medical colleagues and co-workers.....	12
7.3.4	360° Panel Review.....	13
8	Assessment Tool Samples Attached.....	14
8.1	Electronic Assessment Tools	14

1 Background

In 2010, Hunter New England Health (HNELHD) was the first location in Australia where IMGs seeking general registration through the AMC Standard Pathway could be assessed using an alternative Standard Pathway offering Workplace Based Assessment in place of the Standard Pathway with clinical examination (AMC Examination)^{1,2}

The Centre for Medical Professional Development (CMPD), in collaboration with the University of Newcastle's School of Medicine and Public Health, was granted accreditation by the Australian Medical Council (AMC) to conduct Workplace Based Assessment (WBA) for International Medical Graduates (IMGs) on the Standard Pathway (Workplace Based Assessment) (“WBA Program”).

The strength of Workplace Based Assessment is in the direct observation of IMGs in their workplace. It involves having different assessment tools, used by multiple calibrated assessors in various clinical settings over an extended period of time. The process assesses the candidate’s clinical skills and performance as well as their communication and teamwork skills.

An essential part of the WBA is that at the conclusion of each Mini-CEX (mini-clinical evaluation exercise) and Case Based Discussion (“CBD”) assessment, candidates are provided with constructive feedback by the assessor. They also get feedback about their professional behaviour after the multisource feedback.

Regardless of the level at which an IMG is employed, all candidates in the AMC WBA Program are assessed against the standard expected of a graduate of an AMC-accredited medical program at the end of PGY1 level. (Internship).^{1,2}

Candidates on the WBA Program who successfully complete the Program’s requirements are awarded the AMC Certificate, which provides a qualification required for registration.

The WBA program run by HNELHD is conducted over a six month period in hospitals within the Greater Newcastle Area, Armidale, Manning and Tamworth Rural Referral Hospitals.

In order to deliver the WBA Program and provide a high quality skills assessment program, HNELHD has a number of operational requirements regarding employees, including a requirement for candidates to complete an agreed number of hours as an employee of HNE prior to commencing on the WBA program and rostering/attendance obligations while undertaking the WBA program.

¹ [Workplace Based Assessment: Resource Guide. Australian Medical Council, 2009.](#)

² [RG 02: Principles of Assessment | Production-WBAonline \(amc.org.au\)](#)

2 Program Requirements

2.1 To be eligible for selection onto the WBA, candidates must:

Apply to the WBA Program Office at Hunter New England Local Health District.

Have passed the AMC Computer Adaptive Test Multiple Choice Question (CAT MCQ) examination (i.e. the normal AMC criteria for the clinical exam).

Provide evidence (confirmed by their manager) that they have completed 26 weeks of paid employment (minimum 0.6 FTE worked) within HNELHD immediate preceding commencement of the WBA program.

Provide evidence of a completed WRIG 30 or similar assessment forms, signed by their supervisor stating they have satisfactorily completed a three/six month of the completion of 6 months of employment during the pre WBA period if requested.

Have a contract of employment to work primarily at one of the locations within HNELHD where WBA is offered (i.e. Newcastle, Armidale, Tamworth and Manning).

Be able to commit to remaining employed and working at no less than 0.6 FTE for the duration of the WBA program (26 weeks) and must anticipate taking no more than 2 weeks absence from duties for any reason.

Agree to notify the WBA Program Director of any significant change in their employment arrangements, or if there is a reasonable change that they will be unable to comply with the required timeframes outlined above, this includes advising the WBA Program Coordinator prior to applying for annual leave.

Understand that AMC rules and processes mean that a candidate who accepts a place on the WBA Program cannot apply to sit the AMC Clinical Examination during the six month assessment period of the WBA.

2.2 To successfully complete HNELHD's WBA program, the WBA Program candidates must:

- 1 Provide evidence (confirmed by their manager(s)) that they have fulfilled the employment/attendance requirement of being employed at no less than 0.6 FTE by HNELHD for the duration of the WBA program (26 weeks). During this time the candidate's work must be distributed more or less evenly over the period.
- 2 Provide evidence (confirmed by their manager) that they have not been absent from duties for a period exceeding two (2) weeks during the 26 week assessment period. This requirement is based on the premise that the WBA Program assesses candidate performance over time in everyday clinical practice, across a variety of situations (night, weekend and business hours) and with a variety of clinical teams. This allows assessment of the candidate's progress in integrating clinical knowledge and skills as a basis for safe, effective clinical judgments and decision making. It also assesses how well candidates deliver the best possible care to patients and participate productively in a team of healthcare professionals.

- 3 Successfully complete the assessments stipulated by the AMC and described in Section 7 Mandatory Assessments.

3 Program Committees

There are a number of committees responsible for the governance of the WBA Program:

- Program Team, which is responsible for the day-to-day running of the Program;
- Governance Committee, which provides overall advice and direction for the program on behalf of HNELHD (this is HNE program);
- The 360° Review Panel, which reviews results from the 360° assessments;
- Appeals Committee; and
- Special Consideration Review Committee.

4 Review and Appeals Process

4.1 Review

Candidates seeking to have the result of an assessment reviewed should email the WBA Program Office no later than three (3) working days after the result has been made available. The candidate must clearly specify the error they believe has been made in the determination of their result and how they reached this conclusion, providing evidence and specific examples if possible. The WBA Program Director may, in a timely manner, elect to seek a recommendation from the original assessor and may determine to:

- a) Leave the original result unchanged;
- b) Amend the result; or
- c) Ask an independent assessor to reassess.

The WBA Program Director will email the candidate and assessor once a determination has been made.

4.2 Appeals

Should a WBA Program candidate be deemed “Not Competent” overall, the candidate may lodge an appeal. To lodge an appeal, the candidate must submit a written application with the WBA Program Office within 10 working days. Only appeals submitted to the WBA Program email account HNELHD-WBA@health.nsw.gov.au will be assessed, i.e. candidates are not to make appeals directly to individual assessors.)

In response to an appeal application, the WBA Program Appeals Committee, which is independent of the Program Team and the WBA Governance Committee, is convened.

The Appeals Committee operates according to its Terms of Reference and will consider the following in relation to the AMC required assessments:

- Candidate personal circumstances (e.g. illness during the assessment);

- Circumstances relating to the patient or the ward during the assessment (e.g. patient becoming unwell or a major disruption on the ward); and
- Allegations that the assessor did not administer the assessment properly.

The WBA Program Appeals Committee may determine to:

- Leave the original result unchanged;
- Amend the result
- Approve the candidate to sit a supplementary assessment.

The Appeals Committee will not consider operational requirements/employment related matters (e.g. pre-WBA 26 weeks requirement, accommodations for unplanned absence from work during the WBA etc.)

If the appeal process is exhausted at the level of HNELHD and the candidate has grounds for appeal, an appeal application can be lodged with the AMC through the WBA Guideline for Appeal process (refer to clause 5.2 Systematic Complaints).

4.3 *Special Consideration*

Candidates wishing to appeal the outcome of AMC mandated assessments must apply via the Appeals Process to the Appeals Committee.

Should a WBA candidate's circumstances require special consideration in relation to the operational requirements/employment related matters (e.g. pre-WBA working requirement, accommodations for unplanned absence from work during the WBA etc.) the candidate must make a written submission to the WBA Program Director, who will consider the request according to HNELHD's WBA special consideration guideline and provide a response with written reasons.

If the candidate disagrees with the decision of the WBA Program Director, the candidate may seek a review of the decision by the Special Consideration Committee, which is comprised of the Executive Medical Director, Executive Director Workforce and the Operational Executive. All requests for special consideration must be emailed to the WBA Program Director via the WBA Program office email at HNELHD-WBA@health.nsw.gov.au.

5 Complaints

Candidate complaints broadly may be either personal complaints or systemic complaints.

Personal complaints are those where the complainant seeks to bring about a change in their personal situation and include, for example, matters such as selection, recognition of prior learning/experience, training post allocation, assessment outcomes or dismissal from training.

Systemic complaints are those which evidence a potential failure by HNELHD to meet its accreditation standards.

5.1 Personal Complaints

Personal complaints regarding:

- Assessment matters are to be addressed as described in Section 4_Review and Appeals Process of this document.
- Special consideration is to be addressed as described in Section 4 Review and Appeals Process of this document.
- employment matters are to be raised with the IMG's line manager
- any other matter is to be raised with the WBA Program Office

5.2 Systemic Complaints

Candidates wishing to make a systemic complaint, should first raise their concerns, in writing, with the WBA Program Office. Should the complaint be unresolved, they should refer to the AMC's [Complaints about programs of study, education providers and organisations accredited or being accredited by the Australian Medical Council](#).

6 Instructions for candidates

6.1 General:

- While on the WBA Program, candidates will continue to meet HNELHD's employment expectations.
- Candidates are responsible for their own learning and, where required, their own remediation.
- Candidates must notify the WBA program director of any significant change in their employment arrangements, or if there is a reasonable change that they will be unable to comply with the required timeframes outlined above, this includes advising the WBA Program Coordinator prior to applying for annual leave.

6.2 Assessments

- The candidate is to ensure that preparing for or attending WBA assessments does not interfere with their rostered duties. If required, cover should be arranged with colleagues.
- Candidates are to wear their HNELHD WBA photo ID to assessments and present it to the assessor for verification.
- The candidate is responsible for ensuring they take the HNELHD WBA iPad issued to them to every assessment. Assessment must now only be completed electronically through the HPrime2 platform on the allocated iPads or using the newly released HPrime App.

- Since every assessment is carried out independently of the results of all previous assessments, candidates are not to discuss their WBA progress with the assessor (i.e. the candidate cannot let the assessor know the results of previous assessments).
- If an assessor feels they are being pressured by a candidate to pass them, the assessor is instructed to terminate the assessment and contact the WBA Program Office immediately.
- If an assessment involving a patient has to be terminated because of patient related issues, the assessment will be rescheduled as soon as possible by the WBA Program Team.

Candidates are not to discuss their current level of employment with the assessor as all candidates, regardless of their position, all candidates in the AMC WBA Program are assessed to the standard of a graduate of an AMC-accredited medical program at the end of PGY1 (Internship).^{3,4}

- Candidates will not be assessed by an assessor who is a relative or friend. An assessor must be 'at arm's length' and independent of the candidate.
- A candidate should not attend an assessment if they are ill. In the case of illness the candidate should immediately contact the assessor and call the WBA Program Office. A medical certificate will be required to be submitted to the WBA Program Office if a candidate misses a WBA assessment because of illness.
- Candidates should familiarise themselves with the sample assessment forms at the back of this Resource Kit so they know what is expected of them.
- Candidates must turn off their mobile phones during all WBA Program assessments. Please note if you take a call whilst you are undertaking your WBA assessments, the assessor will cease the assessment immediately and contact the WBA Office. Please ensure that you do not book your WBA assessments whilst you are on call.
- Candidates hand the iPad to the assessor prior to commencing the assessment.

6.2.1 Mini-CEX and CBD Assessments

At the completion of all Mini-CEX and CBD assessments the candidate will ask the assessor to electronically sign on the iPad or HPrime App or if the form is being completed on a personal computer, the assessor signs the signature field with the mouse.

6.2.2 360° Assessments

The candidate is responsible for completing and returning by email to the WBA Program Coordinator, the 360 Nominee form with all details of medical colleagues and co-workers the candidate is nominating to complete the 360 form at month one and month six. Once the WBA Program Coordinator reviews the list provided, the

³[\(Ref Workplace Based Assessment: Resource Guide. Australian Medical Council. 2009.](#)

⁴ [RG 02: Principles of Assessment | Production-WBAonline \(amc.org.au\)](#)

candidate then must upload the nominee details into the HPrime system when notified.

7 Mandatory Assessments

There are three (3) mandatory assessment tools being used in the AMC WBA. They are:

1. Mini Clinical Evaluation Exercise (Mini-CEX)
2. Case Based Discussion (CBD)
3. 360° Assessment

For the AMC Workplace Based Assessment, to be competent overall a candidate must be competent in all four (4) forms of assessment.

Each mandatory assessment will now be described in detail.

7.1 Mini Clinical Evaluation Exercise (Mini-CEX)

The Mini-CEX is a standardised and validated assessment tool. It involves the direct observation of a candidate in a clinical encounter with a patient for 15 - 20 minutes followed by immediate feedback by the assessor on their performance for a further 10 – 15 minutes. The candidate's performance in the Mini-CEX is rated by the assessor using a standardised, structured rating form.

Each candidate is required to undertake a total of twelve (12) Mini-CEX assessments, specifically, two (2) Mini-CEX assessments in each of the six (6) clinical areas.

The six clinical areas are:

- Adult Medicine
- Adult Surgery
- Emergency Medicine
- Mental Health
- Child Health
- Women's Health

Not all aspects of the clinical encounter are covered with all patients in the Mini-CEX assessments. The assessments are blueprinted to ensure coverage of the six (6) clinical areas. See Table 1.

Clinical Areas	Blueprint Areas
Adult Medicine	Physical Examination
	Management & Prescribing
Adult Surgery	Physical Examination
	Management
Emergency Medicine	History & Investigation
	Management
Mental Health	History
	Management & Counselling
Child Health	History
	Counselling & Patient Education
Women's Health	Investigation & Diagnosis
	Management & Prescribing /Counselling

Table 1: Blueprint for Mini-CEX assessments

7.1.1 How to book in your Mini- CEX Assessment

With the introduction of the HPrime2 electronic system, candidates and the assessors will be notified electronically of the completion date for each Mini-CEX assessment and the specific clinical area being assessed, e.g. Surgery – Physical Examination, Mental Health – Management & Counselling etc. Candidates must contact the assessor to set up an assessment time.

1. The **assessor** will find a suitable patient and arrange with the candidate to meet at an appropriate time and venue (e.g. ward, outpatient clinic) to conduct the assessment.
2. The candidate will take their iPad to the assessment and give to the assessor. The candidate is to ensure that the correct assessment is open and ready at the time of the assessment.
3. The assessor will brief the candidate on any information they need prior to undertaking the assessment. For example, if the subject of the Mini-CEX is 'Management' then the assessor will verbally summarise the relevant history, physical examination and diagnosis for the patient. The candidate will be given a few minutes to think about how they will approach the patient interaction.
4. After both the candidate and the assessor have introduced themselves to the patient the assessor will 'step back' and observe. The assessor will not be involved in the encounter between candidate and patient.
5. When the encounter is complete the assessor may ask the candidate one or two brief questions to clarify the candidate's reasoning. The assessor may need a moment to think about and complete the form, sign it electronically and tap the "Submit" button. The assessor will find a quiet place nearby, away from the patient, to give the candidate their result and feedback.

It is anticipated that a candidate will complete a minimum of one Mini-CEX assessment every two weeks over the assessment period. The WBA Program Co-coordinator will schedule these assessments, however the candidate negotiates the assessment details with the assessor. Each Mini-CEX, including immediate feedback by the assessor, will take approximately thirty (30) minutes.

For the Mini-CEX – to be Competent overall a candidate must:

- pass a minimum of nine (9) out of twelve (12) Mini-CEX assessments, and
- complete all twelve (12) Mini-CEX assessments in the WBA period, and
- pass at least one (1) Mini-CEX in each of the six (6) clinical areas.

To be judged competent overall on a Mini-CEX, the candidate must receive a Global rating of 'Competent'. In keeping with AMC practice in clinical exams, a candidate who passes only eight (8) out of twelve (12) Mini-CEX assessments may be offered a supplementary exam with two (2) assessors in one of the clinical areas in which the candidate is not competent.

7.2 Case Based Discussions (CBDs)

The goal of CBDs is to assess the candidate's ability to discuss with the assessor the clinical reasoning involved in the clinical assessment, investigation, treatment, follow-up and overall clinical care of a particular patient. The CBDs also assess the candidate's record keeping abilities.

CBDs will take approximately twenty (20) minutes, followed by immediate feedback by the assessor on their performance for a further 10–15 minutes. The candidate's performance in the CBD is rated by the assessor using a standardised, structured rating form.

Candidates must undertake six (6) CBDs selected from their own patient cohort. The CBDs must be completed over the course of the 26 week WBA period.

- Four CBDs will be conducted from the candidate's patient cohort in the candidate's allocated discipline;
- Two CBDs will be conducted using patients that the candidate had been directly involved in managing and who had active co-morbid conditions in other disciplines e.g. a surgical patient with a co-morbidity in mental health.

For the four CBDs the candidate will undertake in the discipline that they work, the candidate will choose three (3) patients which they have seen in the previous two (2) weeks and provide the assessor with the MRN of each patient, age, gender and a brief description of their problem.

To qualify as a suitable patient for the assessment, the candidate must have made entries into the patient's clinical notes. A particular patient's case can only be used for one (1) CBD assessment (i.e. a new set of three (3) different patients must be provided for each CBD assessment).

The assessor will choose one patient to be subject of the assessment. The candidate will not be informed which of the patient cases the assessor has selected until the case based discussion assessment meeting.

For the remaining two CBDs the candidate will receive an email from the WBA Program Co-ordinator requesting the candidate to identify patients the candidate has been directly involved in managing that have a co-morbidity outside of the clinical discipline the candidate is working in.

The patients identified by the candidate will be reviewed by the WBA Director and the Director will select which patient will be the subject of the assessment. The Program Coordinator will then notify the candidate and the assessor which patient case has been selected.

7.2.1 How to book in your CBD Assessment

1. The candidate and the assessor will be informed by the WBA Program Coordinator via a HPrime2 generated email of the date each CBD should be completed.
2. As soon as possible the candidate must contact the assessor to arrange to meet at an appropriate time and venue to conduct the assessment.
3. The candidate will take their iPad to the assessment and hand to the assessor. The candidate is to ensure that the iPad is opened at the correct assessment and ready at the time of the assessment. The assessor and candidate will undertake the assessment based on the chosen patient. The assessor may need a moment to think and complete the form, sign it electronically and tap the “Submit” button. The assessor will find a quiet place nearby, away from the patient, to give the candidate their result and feedback.

For the CBD – to be Competent overall a candidate must:

- pass a minimum of five (5) out of six (6) CBDs, and
- complete all six (6) CBDs in the WBA period.

To be judged competent overall on a CBD the candidate must receive a ‘Global Rating’ of ‘Competent’.

7.3 360° Assessments – also known as Multi-Source Feedback

7.3.1 Description of 360° Assessment

A 360° Assessment is multi-source feedback. It provides evidence of a candidate’s performance over time from a number of medical colleagues and co-workers and does not relate to any one specific patient encounter. It has been used in the workplace in Australia for a number of years with the aim of improving performance.

A 360° Assessment enables appraisal of a group of proficiencies that are the basis of safe and effective clinical practice, including interpersonal and communication skills, team work, professionalism and clinical management.^{5,6}

7.3.2 Nominees for 360° Assessment

On commencement, candidates are asked to complete the nomination form, stating the names and contact details of six (6) medical colleagues and co-workers as described on the nomination form, and return it to the Program Office. The 360° Assessment **cannot** be completed by a fellow WBA candidate.

⁵ [Workplace Based Assessment: Resource Guide. Australian Medical Council, 2009](#)

⁶ [RG 04: Decide on assessment methods | Production-WBAonline \(amc.org.au\)](#)

Candidates are asked to approach colleagues they wish to nominate and get their agreement to complete a 360° Assessment. Nominees may need to know that the form will take approximately 5 - 10 minutes to complete. Their responses will be kept confidential.

For the first 360° Assessment, those candidates who are just about to or who have recently started a new term can nominate medical colleagues and co-workers with whom they have worked with the previous six months.

For the second 360° Assessment at month six, candidates will be asked to nominate a different cohort of medical colleagues and co-workers to those nominated at the first assessment at month one. **These must be staff with whom the candidate is currently working.**

A medical colleague or co-worker may, if they wish, complete 360° Assessments for more than one AMC WBA candidate.

7.3.3 360° Assessments by medical colleagues and co-workers

All six (6) nominees must respond for the assessment task to be completed.

The data from the returned medical colleagues and co-workers will be de-identified and a report will be provided to each candidate concerning their overall performance.

The first 360° Assessment by medical colleagues and co-workers at month one is formative. The second 360° assessment by medical colleagues and co-workers at month six is summative and critical to the satisfaction completion of your AMC WBA results.

A Global Rating of Competent by all 6 respondents is deemed to be a satisfactory result overall.

PLEASE NOTE – In 2021 all 360° / Multi-Source Feedback Forms will be distributed electronically and recipients must complete electronically on any device i.e. iPad, Laptops or Desktop Computer.

7.3.4 360° Panel Review

The 360° Review Panel will review your performance from the month one (formative) and month six (summative) 360° assessments by medical colleagues and co-worker assessments.

For 360° Assessments – to be competent overall a candidate must:

- have two (2) sets of 360° assessments completed by medical colleagues and co-workers in the WBA period; and
- either:
 - score a global rating of COMPETENT by ALL SIX (6) RESPONDENTS i.e. medical colleague and co-worker 360o assessment forms at Month six, or
 - be recommended as competent after review by the WBA 360° Review Panel.

The month one 360° assessment by medical colleagues and co-workers is formative. A candidate who is not competent in the month one 360° assessment (i.e. does not receive a 'Competent' Global rating from all six 360 respondents) will receive advice from the 360° Review Panel about where the candidate might obtain support and remediation.

The month six 360° assessment by medical colleagues and co-workers is summative. A candidate who does not receive a 'Competent' Global rating from all six 360 respondents will be deemed to be not competent in the 360° assessment and NOT COMPETENT overall in the AMC WBA Program.

8 Assessment Tool Samples Attached

8.1 *Electronic Assessment Tools*

- Sample of Australian Medical Council National Assessment Forms:
- Mini-Clinical Evaluation Exercise – Mini-CEX
- Case-Based Discussion Forms
- 360° Assessment Forms also known as Multi-Source Feedback
 - Nomination Form for Month One - Sample
 - Nomination Form for Month Six – Sample
 - 360° Assessment – Medical Colleague Questionnaire – Sample
 - 360° Assessment – Co-Worker Questionnaire - Sample