Standard 4 – A program of assessment promotes, records and informs registrar performance

Rationale

A program of assessment refers to a series of progress assessment activities across the registrar's journey. This program of assessment has three purposes, namely:

- to judge readiness for key training progress points
- for the early identification of progress issues, and hence the need for educational interventions
- to support learning.

The key progress points are readiness to:

- enter general practice
- train under indirect supervision in the general practice setting
- sit the RACGP Fellowship examinations
- practise independently as a Fellow.

The early identification of progress issues is important, and front-ending of assessments helps achieve this. Early intervention is known to be much more effective than late intervention.[1] Assessment supports learning in three ways: it provides feedback on performance, it provides direction for future learning and it provides the means for reflection.

The objectives of the program of assessment are to:[2]

- ensure that the registrar has the competencies required for the milestones of training
- monitor progress through the program from commencement to completion
- ensure that supervision is appropriately matched to the competency of the registrar
- provide guidance for learning and teaching
- identify performance concerns as early as possible to enable early interventions, as needed
- promote the registrar's ability to reflect on their performance and self-direct their learning.

No single assessment can adequately assess the multiple components of being a GP. Multiple assessments using multiple methods are required to credibly assess the range of knowledge, skills and attitudes required of registrars as they work towards becoming an independent GP. The Progressive capability profile of the general practitioner details the range of capabilities and competencies required of registrars as they progress through training. Context can influence the assessment, as can the characteristics of the assessor. Therefore, for the program of assessment to achieve the objectives of being valid, fair and reliable, assessments must:

- occur routinely, start early and involve a range of different tools suitable to the context – the frequency of assessment may depend on the stage of training and the competency and learning needs of the registrar

- support learning through the inclusion of quality feedback as a two-way conversation that includes the registrar's own assessment of their performance and results in reflection and planning for further learning

- be delivered by a range of different assessors who are competent in performing the assessment and in delivering feedback. External visitors to the practices, for example medical educators as well as supervisors within the practice, will be involved in assessments. It is important to provide training and tools such as assessment rubrics and feedback to assessors about their assessments to achieve validity and reliability. Training also increases engagement in the assessments and quality of the feedback. Benchmarking data helps assessors in their judgements and helps registrars to interpret feedback provided[3]

- be part of a well-documented program that is clearly communicated to registrars and assessors, including details of:

  - the types of assessments, their purpose and requirements

  - the timing of assessments within the program, and adequate notification of assessment dates

  - the criteria of the assessment and the competencies to be achieved at the different stages of training – these are outlined in the RACGP curriculum and the Progressive capability profile of the general practitioner.

This progressive program of assessment involves multiple measures over time to gauge a registrar's knowledge, skills and attitudes. This requires efficient planning, clear processes and strong governance to ensure fairness in the making of higher stakes decisions. Those making high-stakes progress decisions should not be those performing the assessments.

The primary method of assessment should be work-based assessment because this assesses the ability to perform in the workplace. Workplace-based assessment methods include consultation observation, multisource feedback, clinical case analysis, clinical audit and supervisor reports.[4] Workplace-based assessment is an opportunity to assess professional attributes, as well as knowledge and skills. Issues of professionalism are a common cause of patient dissatisfaction, adverse outcomes, progression difficulties, involuntary withdrawal from training and Ahpra notifications, so should form part of a program of assessment.

To achieve the objective of providing guidance for individual learning, assessment needs to be combined with effective feedback conversations.[5] Effective feedback is timely, regular, specific and constructive.[5] It needs to engage the learner by addressing their perspective and identified needs. The credibility of the educator delivering the feedback is important. Supervisors who are judged to be credible as clinicians and educators and have a supportive relationship with their registrar are more able to engage in effective feedback interactions.[6]

Feedback helps reinforce quality performance and address underperformance. It is essential for supporting registrars who require extra support to reach the expected standard. It is also important for high performers to receive quality feedback on a regular basis to achieve their full potential and to reinforce their performance. In addition, there are times when even those assessed as high performers will need assistance with their learning.[7]

The RACGP summative Fellowship assessments are not delivered by the training program. However, the program has a role in supporting registrars to complete these assessments by providing exam preparation support, including before the examinations or afterwards in the event of unsuccessful attempts. Registrars who face challenges with summative assessments may require additional support (see Standard 7).

There may be many reasons for an inability to reach the expected level of performance. These reasons may relate to the individual, the learning and clinical environments or the program. In managing underperformance, patient, registrar and practice safety needs to be considered.[8]

When there is an issue of unsatisfactorily progress, early identification and intervention are key to effectively addressing this and for reducing the risk of adverse outcomes.[1] Learning intervention and remediation opportunities should be offered. There also needs to be accurate documentation of all issues identified, the interventions planned to address them and any communication involved. Privacy needs to be protected in the way the documentation is stored and accessed. Throughout any remediation process, the wellbeing and health of the registrar must be supported. The program must have resources to support registrar wellbeing. These are discussed in Standard 7.

Outcome	Criteria
4.1 The approach to assessment is clearly defined	4.1.1 Assessment policies and procedures are readily available
	4.1.2 Registrars are informed of the assessment and progression requirements of the program
	4.1.3 Assessors are competent in assessment
	4.1.4 Assessors identify and manage conflicts of interest

Guidance

The assessment program must be clearly defined and available to registrars and assessors.
Details of the program include:

- the types of assessments that are required and who will be involved in each assessment

- how, and by whom, results and progress decisions are made

- what opportunities for feedback are provided

- how the outcomes of progress decisions are communicated to registrars, medical educators and supervisors involved in the registrar's training program

- opportunities for additional support or activities, if required.

Registrars must have access to assessment policies and procedures that are fair, equitable, accessible and transparent. This includes policies for special consideration, reconsiderations and appeals.

Assessors also must be informed about how their assessment fits within the overall program and be trained in assessments relevant to their role. They must be able to identify, mitigate and manage power imbalances and conflicts of interest that are present when assessing, as well as being aware of potential biases that occur in assessment.

Outcome	Criteria
4.2 Assessment methods are fit for purpose	4.2.1 The program of assessment is blueprinted to the RACGP curriculum and syllabus for Australian general practice and the Progressive capability profile of the general practitioner
	4.2.2 The assessment methods are appropriate to the stage and context of the training
	4.2.3 Assessment must focus on performance in practice
	4.2.4 Criteria against which the registrar is assessed are clear, measurable, equitable and transparent
	4.2.5 The program is regularly reviewed

Guidance

The assessment program needs to be robust and must demonstrate how:

- assessments are mapped to the competencies expected of a GP registrar in a training program at various milestones as defined in the Progressive capability profile of the general practitioner

- assessments are mapped relevant to the scope of general practice by blueprinting to the RACGP curriculum and syllabus for Australian general practice

- the choice of methods used, and the criteria expected, are developed and matched to the stage of training, the training context and the characteristics of the assessment. Where relevant, appropriate methods should be used for the setting of criteria and expectations. Observation must be included as part of the assessment of performance[9]

- the developed criteria and expectations of assessment are communicated to all involved, including registrars

- ongoing evaluation and quality improvement are implemented across the entire program of assessment.

Outcome	Criteria
4.3 The program of assessment is used to improve performance	4.3.1 The registrar's progress is documented, monitored, regularly assessed and readily available to the registrar and the training program
	4.3.2 Self-reflection is promoted, and assessment of progress is used to plan the registrar's ongoing training
	4.3.3 Registrars receive timely, constructive feedback which is used to improve performance
	4.3.4 The registrar has access to exam support

Guidance

For registrars to improve, they need to know how their performance and progress match the expectations at their stage of training. The program must provide evidence of how assessment is being used to improve performance. This could be by demonstrating:

- how progress is monitored, benchmarked and used in registrar development

- assessment methods that include a focus on performance in practice (see Criterion 4.2.3)

- regular opportunities to provide feedback to registrars

- training for assessors in delivering feedback

- how self-reflection is promoted and assessed

- pre- and post-exam support that is provided, as well as additional support for registrars with various needs.

Outcome	Criteria
4.4 Underperforming registrars are identified, supported and managed	4.4.1 Underperformance or other concerns are identified and managed early
	4.4.2 Processes are in place to support registrars in remediating underperformance
	4.4.3 Educational interventions to improve performance are clear
	4.4.4 The outcomes of educational interventions are reviewed regularly
	4.4.5 Relevant regulators, the RACGP and other relevant organisations and individuals are advised where safety is of concern

Guidance

The program must have a documented approach to the:

- prevention and early identification of underperformance

- management that includes remediation planning if necessary.

A plan for remediation includes documentation of the support and participation required, how progress will be monitored and the potential outcomes and consequences of inadequate progress. In some cases where progress does not occur and further progression in the program is not possible, access to vocational advice should be facilitated.

The plan requires agreement by all parties involved. There must be a process to ensure documentation remains confidential and private. In some cases where registrar performance is a concern, measures to ensure patient safety must be considered. Where there are statutory responsibilities, such as notification to Ahpra of notifiable conduct, these must be met.

Related policies and resources

Policies

- *GP in training diversity, equity and inclusion policy*

- *GP in training safety and wellbeing policy*

- *Assessments special arrangements policy*

- *Dispute, reconsideration and appeals policy*

- *RACGP Fellowship exams policy*

- *Registrar support and remediation policy*

Resources

- *RACGP curriculum and syllabus for Australian general practice*

- *Progressive capability profile of the general practitioner*

- *Assessments and examinations candidate handbook*

- *RACGP Conflicts of interest guidance*

- *Progressive assessment and workplace-based assessment program guide*

Suggested evidence

Supporting documentation

- Competencies/competency framework used to track progression

- Assessment activities, methods and timing

- Details of assessor training

- Processes for progression decision making

- Feedback processes and frequency

- Policies and processes for registrars in difficulty or who are underperforming

- Plans to support identified registrars

- Monitoring processes

- Changes to the program based on assessment results

- Exam preparation support processes and activities

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Glossary

Areas of need	An area of need refers to a community or population group that has particular health needs that may be related to the population itself or to its access to health and other services.
Career advice	This refers to advice and information provided to an individual about their career, including a career in medicine and/or a career in general practice.
Continuing professional development	The RACGP describes continuing professional development as the learning activities that GPs engage in to develop, maintain and enhance their professional skills.
Cultural safety and competence	Cultural safety is determined by Aboriginal and Torres Strait Islander individuals, families and communities. Culturally safe practice is the delivery of safe, accessible and responsive healthcare free of racism through a health practitioner's ongoing critical reflection about knowledge, skills, attitudes, practising behaviours and power differentials.
Direct supervision	The supervisor has oversight of every case. Cases are reviewed by observing consultations, reviewing a consultation before the patient leaves, or reviewing consultation notes with the registrar.
High-stakes decisions	High-stakes decisions are those that have significant consequences in terms of progression towards and attainment of completion of a course.
Indirect supervision	The supervisor does not review every case. Cases are brought for supervisor review by the registrar according to an agreed clinical supervision plan. The adequacy of the supervision plan is monitored by periodically conducting a review of a selection of cases.
In-practice education	This refers to education that takes place in community general practice under supervision.
Medical registration addenda	Medical registration addenda include, but are not limited to, restrictions, conditions, limitations, reprimands, supervision requirements, tribunal outcomes, suspensions, undertakings and/or any other remarks or changes on a Registrar's medical registration. See Ahpra's website for more information.
Mentor/mentoring	A mentor is someone who can answer questions and give advice. They share what it means to be a GP and is someone who listens and stimulates reflection.
Out-of-practice education	Education that occurs outside of regular clinical practice, including workshops, self-directed learning, peer learning and exam preparation.
Pastoral care and support	Care that assists an individual to maintain their intellectual, emotional, physical, social and psychological wellbeing. Such care respects individuality, diversity and dignity.

Priority placements	Placements that prioritise certain cohorts of registrars based on predetermined criteria.
Random case analysis	Random case analysis (RCA) is the term used for the discussion of a recent registrar consultation selected by the supervisor. Importantly, the record is chosen by the supervisor (hence, 'random'), involves a discussion (hence, 'case' rather than 'record') and considers the decisions and outcomes of the consultation (hence, 'analysis'). RCA is a well-established tool for teaching and supervision in general practice training.
Remote supervision	Supervision is primarily provided by a supervisor who is offsite, using a model of supervision that provides comprehensive and robust support and training. Remote supervision may be considered when onsite supervision cannot be provided by an accredited supervisor.
Special training environments	Special training environments (STEs) are sites that offer training opportunities with a limited case mix and different operational arrangements. ADF bases are considered STEs because ADF registrars may train there for some training time, but the site does not offer the full range of patient ages and presentations expected of comprehensive general practice.
Stakeholders	A stakeholder is an individual or organisation that has an interest in the training program and can either affect or be affected by the program.
Training sites	A health service accredited by the RACGP where the registrar may undertake their general practice training.
Underserved populations	Groups within our population who experience disadvantages and higher rates of illness and death than the general population through inadequate access to medical care. Examples include, but are not limited to, people who live in rural and remote areas, the elderly, those with low literacy, people living in lower socioeconomic areas, Aboriginal and Torres Strait Islander peoples and people involved in the justice system.
Workplace-based assessment	Observation and assessment of a registrar's practice to track progression through training.

Acronyms

ADF	Australian Defence Force
AGPT	Australian General Practice Training
Ahpra	Australian Health Practitioner Regulation Agency
ALS/BLS	Advanced life support / basic life support
AMC	Australian Medical Council
AMS	Aboriginal Medical Service
ARST	Advanced rural skills training
CPD	Continuing professional development
FSP	Fellowship Support Program
IMG	International medical graduate
MBA	Medical Board of Australia
PEP	Practice Experience Program
QA	Quality assurance
QI	Quality improvement
RACGP	The Royal Australian College of General Practitioners
RG	Rural generalist
RVTS	Remote Vocational Training Scheme
WBA	Workplace-based assessment