

Nationwide collaborative assessment of Australian medical students

Final Report 2014

From concept towards implementation: **Nationwide collaborative
assessment of Australian medical students**

National Senior Teaching Fellowship

Professor David Wilkinson

The University of Queensland

Fellowship website: <www.som.uq.edu.au/nationwide-collaborative-assessment>



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Towards the end of my Fellowship I moved from The University of Queensland to Macquarie University: I sincerely thank both institutions for the support provided.

List of acronyms used

ALTF	Australian Learning and Teaching Fellows
AMA	Australian Medical Association
AMAC	Australian Medical Assessment Collaboration
AMAC-2	Second Australian Medical Assessment Collaboration
AMEE	Association of Medical Educators in Europe
AMSA	Australian Medical Students' Association
AMSAC	Australian Medical Schools Assessment Collaboration
AMC	Australian Medical Council
ANU	The Australian National University
Go8	Group of Eight
IFOM CS	International Foundations of Medicine, Clinical Sciences
MDANZ	Medical Deans Australia and New Zealand
MSC	Medical School Council
MSC-AA	Medical Schools Council-Assessment Alliance
NBME	National Board of Medical Examiners
UQ	The University of Queensland
WFME	World Federation of Medical Educators

Executive summary

My Fellowship proposal noted that in Australia there is no national assessment of medical students' attributes or learning outcomes. Each medical school designs and delivers its own exams and there is no explicit national standard against which these exams are set nor is there a mechanism for benchmarking performance between schools. This situation is in contrast to, for example, the situation in North America where both the United States of America and Canada have national licensing exams – all doctors working in the United States must take the United States Medical Licensing Exam in order to work there. There has been much debate over many years in Australia about whether we need a national licensing exam or some other process that supports existing mechanisms to ensure the quality of Australia's doctors.

This Fellowship occurred at a time when the debate around whether Australian medical schools should move beyond their current practice to a more collaborative practice had matured and recognised the value for change. The need for change – of some sort – had come from several different perspectives. First, several medical schools have started to work together on (what were) different collaborative assessment projects. Second, the move towards greater collaboration, benchmarking of performance and standards and quality assurance has been expanding across the globe both in medicine and many other aspects of society. Third, increasing concerns have been raised by accreditors and regulators about providers being able to demonstrate attainment of standards and not simply asserting adherence to process.

The Fellowship enabled me to study the range of models of collaborative assessment used around the world. I proposed to make contact with and visit key providers and leaders in the field including in the United States of America and United Kingdom, to write scholarly papers on the topic, develop national and international networks and (following consultation and dissemination) recommend a specific model for implementation in Australia. Fellowship activities proceeded as planned. I undertook the international study program, spending time at the National Board of Medical Examiners in the United States and with the Medical Schools Council Assessment Alliance and the General Medical Council in the United Kingdom. I met and consulted with a wide range of senior academics and practitioners in the field around the world at conferences and associated meetings and completed a literature review. Strong national and international contacts, networks, relationships and increasingly formal partnerships have been established as a result. These will develop and mature over time, increasing the value of the Fellowship to Australia and positioning our sector within a global context.

A close partnership has been established with the National Board of Medical Examiners in the United States of America, and both The University of Queensland (UQ) and the University of Sydney are using the IFOM CS (International Foundations of Medicine, Clinical Sciences) exam in order to test their final year medical students against an emerging "global standard". This partnership has also allowed The University of Queensland and The University of Sydney to explicitly and quantitatively compare the performance of their students using a common test – the first time this has happened in Australia. Other medical schools are planning to follow

suit, and this will allow these schools to compare themselves with the “global standard” and against each other. This activity can only lead to stimulating discussion about curriculum, assessment, quality enhancement and ultimately to better qualified doctors for Australia.

The Fellowship has helped support the creation and delivery of a Group of Eight (Go8) Medical Schools Assessment Collaborative. This group, initially chaired by me and now by Professor Ben Canny (Monash University), has met several times in person and by phone and is committed to collaborating on assessment within and across the Go8. Importantly, in terms of fostering and promoting a nationwide approach, I have advocated for this activity through my role as a member of the Medical Deans Australia and New Zealand (MDANZ) Executive (until May 2013). This has been successful, building on the support provided by MDANZ for the Fellowship application, and has helped to lead to the development of the MDANZ Medical Education Collaboration Committee chaired by Professor Nick Glasgow (The Australian National University). This committee will become a critically important governance mechanism for shared assessment across Australia.

I commissioned, and present here, a report on business case and governance options for medical schools to consider. It is clear that success will not be driven by “an exam”, not by “an item bank” or by “a piece of software”. What is critical for success is a formal collaboration between medical schools; a collaboration that each wants to be part of and can contribute to and benefit from. Thus, getting a governance structure and a business case right is an essential first step. The Fellowship culminated by hosting two major national meetings. The first was held in Brisbane in early May 2013 and was an invitation-only meeting of close to 100 people from across a range of professions that explored “who is doing what” with regard to shared assessment. Then, in late June 2013, a national consensus meeting of all medical schools was held in Melbourne, and at the end of this a formal commitment to a nationwide collaboration governed by MDANZ was collectively made.

There is now a process and a mechanism to develop and deliver a program of collaborative assessment for medical students across Australia. Work done by many people for several years has laid the foundation for this, and the environment is now demanding action. Deans support this move. Most Deans do not want a national licensing exam in Australia: the case for such an exam is not made. A formal collaboration between all medical schools in Australia has been formed, and that collaboration builds on existing work by many groups to provide mechanisms to build assessment together. Some schools will want to share exam questions and others will want to share complete exams, while some will need to tread this path more slowly. As the collaboration is owned by MDANZ, funded by schools and with an overriding goal of supporting the graduation of world-class doctors, success will follow. The end point is not “an exam”; the end point is assurance of all concerned with the noble purpose of graduating doctors (students, teachers, universities, health services, government and society) that we have a standard, it is being met, we can demonstrate and not assert that, and we are continually improving.

This Fellowship has made a significant contribution to this end point and will continue to act as a resource within medicine, but also should be used by other health and non-health professions, who face similar challenges.

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Chapter 1: Activities / Meetings / Consultations

Close, formal professional partnerships have been developed with three key groups and individuals around the world, in addition to numerous looser contacts.

The first such partnership is with the National Board of Medical Examiners (NBME) in the USA. This is the pre-eminent group in the world in terms of developing high quality, standardised examinations. In the USA they produce the US Medical Licensing Exam, in addition to a range of other exams used by US medical schools, professional organisations and states. I visited the NBME, and senior members of the NBME visited UQ and other Australian medical schools, and spoke at the June 2013 workshop. Through the Group of Eight Assessment Collaborative (that was created from Fellowship activity) the NBME is now a formal partner in assessment innovation within Australia. Several schools (including UQ and The Sydney University, with others to follow) now make use of NBME exams within their own programs of assessment. This relationship is deep, powerful and likely to be highly influential in both directions, and I see this as a major outcome from, and major success of, the Fellowship. Australia is now active and recognised on a global level with regard to driving collaborative assessment.

The second partnership is with the Medical Schools Council-Assessment Alliance (MSC-AA) in the United Kingdom (UK). This alliance comprises all medical schools in the UK and operates under the aegis of the Medical Schools Council (equivalent to our MDANZ). The work done by MSC-AA is closest to that recommended for Australia; an alliance / collaboration of (all) medical schools, working formally together to create an assessment process across schools that fosters benchmarking and quality enhancement. Good links and close contact have been made with the leaders of the MSC-AA, and the opportunity to develop a specific UK-Australia partnership to share assessment material and to benchmark performance exists. This opportunity will continue to be pursued, post-Fellowship.

The third close partnership, built upon an existing professional relationship in place prior to the Fellowship is with Professor Cees van der Vleuten, Maastricht University, Netherlands, without doubt the world's most high-profile academic in assessment in medical education (recipient of the 2012 Karolinska Institutet Prize for Research in Medical Education). Very close professional ties have been deepened with Professor van der Vleuten through the Fellowship. This close working partnership augurs well for the future.

As mentioned, numerous other useful contacts have been made, inevitably, across the sector in Australia, New Zealand and globally. No doubt some will develop further over time, while others will not. Without doubt the Fellowship has established a high visibility for Australia, Australian medical education and Australian commitment to quality assurance.

Key Australian stakeholders engaged with the fellowship

Medical Deans of Australia and New Zealand (MDANZ): I attended regular meetings of the MDANZ Executive and tabled the proposal for the National Meeting on Assessment of Medical Student Learning Outcomes at the MDANZ Executive meeting on 20 September 2012. The National Meeting on Assessment was then held under the MDANZ banner on 24 and 25 June 2013.

MDANZ Medical Education Committee: I attended and contributed to this new Committee, created to ensure a coordinated and strategic approach to collaborative assessment across the medical schools in Australia.

Australian Medical Council (AMC): On the 7 November 2012 I held a teleconference with representatives from the Australian Medical Council to brief them on the Fellowship, to seek their broad views on the topic being studied and to explore in some detail the Australian regulator's perspective. AMC representatives were then invited to share their perspectives at the Testing Together Conference and the National Meeting on Assessment of Medical Student Learning Outcomes. Professor Richard Doherty, Chairman Australian Medical Council Board of Examiners, and Mr Ian Frank, Chief Executive Officer of the Australian Medical Council, attended both the Testing Together Conference and the National Meeting on Assessment of Medical Student Learning Outcomes. Professor Doherty spoke about the AMC Calibration Process at the National Meeting.

Australian Medical Students' Association (AMSA): Representatives from AMSA were invited to attend both of the Fellowship events outlined above. Ms Georgia Carroll represented AMSA at the Testing Together Conference and Mr Steven Hurwitz represented AMSA at the National Meeting on Assessment of Student Learning Outcomes. I also met with the President of AMSA, Mr Ben Veness, via teleconference on 28 February 2013 and submitted an editorial titled "A new paradigm for assessment of learning outcomes" to the *Australian Medical Student Journal*.

Australian Medical Association (AMA): Dr Steve Hambleton was invited to attend the National Meeting on Assessment of Medical Student Learning Outcomes. He was unable to attend, however I submitted an opinion piece about the Fellowship to the AMA's journal *Australian Medicine*, which was published.

IDEAL (Idea, Development, Exploration, Assessment, Long-term follow-up) collaboration: Professor Richard Hays spoke on behalf of the IDEAL collaboration at the National Meeting on Assessment of Medical Student Learning Outcomes.

Australian Medical Schools Assessment Collaboration (AMSAC): Associate Professor Leo Davies spoke on behalf of the AMSAC collaboration at the National Meeting on Assessment of Medical Student Learning Outcomes.

AMAC collaboration: Professor Ben Canny spoke on behalf of the AMSAC collaboration at the National Meeting on Assessment of Medical Student Learning Outcomes.

Australian Collaboration for Clinical Assessment in Medicine (ACCLAiM) collaboration: Met with Dr Ian Kerr, Griffith University, on 22 January 2013 regarding an ACCLAiM collaboration submission to OLT for funding. Dr Peta-Ann Teague spoke on behalf of the ACCLAiM collaboration at the National Meeting on Assessment of Medical Student Learning Outcomes.

Office for Learning and Teaching (OLT): Mr David de Carvalho, Ms Suzi Hewlett and Ms Siobhan Lenihan were invited to attend the Testing Together Conference. Ms Lenihan was also a member of the conference Steering Committee. Ms Hewlett and Ms Lenihan were also

invited to attend the National Meeting on Assessment of Medical Student Learning Outcomes. Ms Hewlett attended the Conference and Ms Lenihan attended the National Meeting.

Opinions with regard to the value of, and need for, any form of shared and nationwide assessment varied over time and different opinions were held by various groups. As the Fellowship progressed, less-positive views and opinions tended to shift over time towards a more positive disposition. Those individuals and groups who were fundamentally supportive at the start tended to deepen that support over time. Consensus gradually developed and deepened, as discussions continued and issues of concern were explored. Persistence was key here, as was developing an alliance of like-minded individuals, building momentum and creating a movement. As discussions took place, the model of shared and nationwide assessment itself developed and took on a form that became more acceptable to more people; hence the change process was less about convincing more people to agree to a model and was more about getting people together to get them to work on a model that they could agree upon.

The wide range of meetings, discussions and presentations provided value opportunity to build the alliance and develop an effective model. Some meetings and interactions followed a planned and almost predictable pathway, while others led to unanticipated and usually positive developments and opportunity.

Table 1: Meetings/Events

Event date	Event title	Location: city and country	Brief description of participation
24/8/12 – 28/8/12	AMEE (International Association for Medical Education) Conference	Lyon, France	Attended and met with colleagues from the United Kingdom (including MSC-AA), Sweden and The Netherlands to discuss the Fellowship.
5/9/12	Annual Universitas 21 Health Sciences meeting	Auckland, New Zealand	Gave presentation on the Fellowship and the broad topic of nationwide, shared assessment.
20/9/12	Medical Deans (MDANZ) Annual Conference	Melbourne, Australia	The proposal for the National Meeting on Assessment of Medical Student Learning Outcomes (detailed above) was tabled at this meeting.
1/11/12 – 2/11/12	3rd ALTF National Forum – Impact and Sustainability of the Fellows' and Discipline Scholars' Networks	Melbourne, Australia	Attended and outlined the Fellowship as well as networked with other Fellows.
13/6/13	ALTF Fellows Forum	Sydney	Presented updated, near-final report on Fellowship activities and outcomes.
24/8/13 – 28/8/13	AMEE (International Association for Medical Education) Conference	Prague, Czech Republic	Attended and discussed Fellowship outcomes with colleagues.

Multiple	MDANZ Executive meetings	Various	General discussion and advocacy.
Multiple	MDANZ Medical Education Committee meetings	Various	General discussion and advocacy.
Multiple	Group of Eight Assessment Collaborative meetings	Face-to-face and teleconference	General discussion and advocacy.

Other Discussions

2012

27 August: Met with Professor Ged Byrne, who initiated the UK model of shared assessment, at the AMEE Conference in Lyon.

Extensively briefed by Professor Byrne who also provided extensive electronic material that details the progress of the UK program over the last decade. Professor Byrne has also agreed to come to Australia next year as a keynote speaker at my Fellowship meeting.

27 August: Met with Professor Val Wass, who now runs the UK model (the Medical Schools Council-Assessment Alliance; MSC-AA) at the AMEE conference in Lyon.

Extensively briefed by Professor Wass on the political challenges and implications of the developments of shared assessment in the UK. Interacting with Professor Wass in this way was vitally important, due to his position as a UK medical dean.

28 August: Met with Dr Martin Wohlin (Sweden), Professor Stefan Lindgren, President of the WFME, and also Philip Chalkiadakis MD, at the AMEE conference in Lyon to discuss planned changes to assessment in Sweden.

28 August: Met with Dame Lesley Southgate (past President of the Royal College of General Practitioners, UK and inaugural Chairman of the Academy of Medical Educators) at the AMEE conference in Lyon to discuss the emerging work around a 'European Board of Medical Assessors'.

28 August: Met with Professor Cees van der Vleuten (Maastricht University, Netherlands) at the AMEE conference in Lyon, to discuss the broad issue of shared models of national assessment.

18 October: Met with staff running the UK MSC-AA in Manchester, UK (Gareth Booth, Quality Assurance Officer, and Veronica Davids, Project Manager).

22 October: Met with Professor Sir Peter Rubin (Chair, General Medical Council UK) regarding the regulator's view on shared assessment in the UK

22 October: Met with senior leadership of MSC and MSC-AA (Katie Petty-Saphon & Veronica Davids) in London, UK regarding the political, academic and organisational activities of the MSC-AA and to explore possible collaboration in the future.

12 & 13 November: Visit to National Board of Medical Examiners, Philadelphia, USA. Extensive meetings held with a wide range of senior staff at the NBME including the President, over two days.

2013

26 March: Met with Mr Dave Swanson from the National Board of Medical Examiners, USA, during his visit to Brisbane.

Chapter 2: Testing Together Conference

In the early stages of the Fellowship, an opportunity emerged to hold a national meeting to explore the concept of shared assessment across professional disciplines other than medicine, and for that meeting to occur within the context of a quality improvement agenda for university education. The idea emerged as it became clear that some other disciplines had started down a similar path, and the opportunity to learn from each other was paramount.

A small steering group was formed, a conference program was developed and a successful national meeting was held. To our knowledge no such meeting of this type had ever been held before, and key outcomes included raised awareness around the quality enhancement agenda, how shared assessment might contribute to that agenda, what other disciplines are doing, and what each discipline can learn from the other.

Details of the conference program and proceedings are provided in the Fellowship Report Attachments and via the Fellowship web site.

Testing Together Conference Invitation – Attachment 1

Testing Together Conference Program – Attachment 2

Testing Together Conference Event Survey Report – Attachment 3

Video footage was taken of the Conference proceedings and is available via the Conference's web page as are copies of various speaker presentations: <www.som.uq.edu.au/nationwide-collaborative-assessment/conference.aspx>.

Chapter 3: National Medical Meeting

A key strategy within the Fellowship was to build momentum towards a national consensus meeting at the end of the Fellowship itself. The intent was to use the Fellowship to build evidence, consensus and momentum towards the concept of shared and nationwide assessment, and to use a national meeting to (ideally) agree on a model and agree on a set of next steps.

Planning for this national meeting developed during the Fellowship and included key international speakers, from within networks developed during the Fellowship. Using key international speakers was a vital strategy to attract delegates to the meeting – and this was successful. The meeting – National Meeting on Assessment of Medical Student Learning Outcomes – was developed to be a mix of information, debate and discussion, and finally decision. Details are provided in the appendices.

The following National Meeting documents are supplied in Fellowship Report Attachments document:

National Meeting Invitation – Attachment 4

National Meeting Program – Attachment 5

National Meeting Report – Attachment 6

National Meeting Event Survey Report – Attachment 7

The program and report are also available on the National Meeting's web page along with various speaker presentations: <www.som.uq.edu.au/nationwide-collaborative-assessment/national-seminar.aspx>.

Chapter 4: Governance, Organisation and Business Model

An explicit part of the Fellowship proposal was to engage a consultant to develop a governance and business model for the adopted model of shared and nationwide assessment. Massaro Consulting Pty Ltd was awarded the tender to produce a governance, organisational and business model for the management of a nationwide collaborative assessment of medical students. The model was considered at the National Meeting.

The key aspects of the recommended model include ensuring ownership by all involved medical schools, equity and access to the collaboration, funding associated with activity and participation, with ownership and responsibility being shared widely across members.

Attachment 8: Nationwide Collaborative Assessment of Australian Medical Students: Governance, Organisation and Business Model

Chapter 5: Recommendation – a model for Australia

Towards the conclusion of the National Medical Meeting a model emerged that might be considered a 'collaboration of collaborations'. Under the broad auspice of MDANZ, the opportunity exists to bring the three major existing collaborations together (AMAC, AMSAC and ACCLAiM), underpinned by IDEAL (and other sources of material), to provide a single, integrated model of nationwide collaborative assessment.

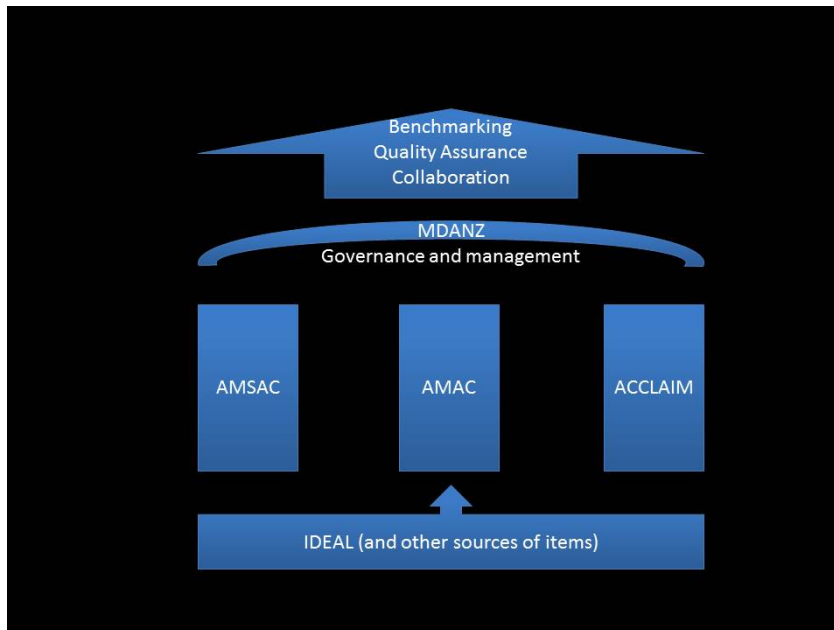


Figure 1: A model for Australia: collaboration of collaborations

Founded upon the key principle of collaboration the model would enable benchmarking and quality assurance.

Chapter 6: Grant (AMAC-2)

The Fellowship itself developed through the activity of AMAC-1, and as AMAC-1 gained traction and the Fellowship explored global models, so the potential for AMAC-2 was explored.

The second Australian Medical Assessment Collaboration (AMAC-2) further advances the previously completed ALTC program of research known as the Australian Medical Assessment Collaboration (AMAC). This new project ('AMAC-2') takes the proof of concept achieved through the initial AMAC project and aims to build an ongoing, sustainable and successful collaboration between medical schools. AMAC-2 will deliver a series of resources that inform the design and establishment of a multi-institutional assessment collaboration. This collaboration will focus on shared assessment for the purpose of comparative evaluation and quality improvement. It brings together the expertise and insight of ten medical schools and a not-for-profit educational research organisation, all working together to develop the collaboration in the interests of improving medical education in Australia.

Attachment 11: AMAC-2 Funding Agreement (including application report).

Chapter 7: Dissemination

Fellowship website:

The Fellowship website is a key dissemination resource, which seeks to make available all resources used and developed during the Fellowship:

[<www.som.uq.edu.au/nationwide-collaborative-assessment>](http://www.som.uq.edu.au/nationwide-collaborative-assessment)

The following outputs are available on the Fellowship website:

- Fellowship flyer
- Testing Together Conference: program
- Testing Together Conference: speaker presentations
- Testing Together Conference: audio-visual recording of each keynote speaker
- MDANZ National Meeting on Assessment of Medical Student Learning Outcomes: program
- MDANZ National Meeting on Assessment of Medical Student Learning Outcomes: report of proceedings
- MDANZ National Meeting on Assessment of Medical Student Learning Outcomes: speaker presentations
- Governance, organisation and business case for nationwide collaborative assessment of medical students' attributes.
- *Australian Medicine* Article: opinion piece titled "Working together to ensure Australian doctors are world class."
- Resources list
- Examples of medical licensing exams

Publications

Scientific Papers

Medical Journal of Australia: submitted article titled "Collaborative assessment of medical student learning outcomes: the Australian Medical Assessment" Collaboration

Medical Teacher: submitted article titled "Global benchmarking of medical student learning outcomes?: Implementation and pilot results of the International Foundations of Medicine Clinical Sciences Exam at The University of Queensland, Australia"

Other papers and outputs

Australian Medicine: opinion piece titled "Working together to ensure Australian doctors are world class."

Australian Medicine Article – Attachment 9

Australian Medical Student Journal: Editorial titled "A new paradigm for assessment of learning outcomes."

Australian Medical Student Journal Editorial (Submitted) – Attachment 10

Chapter 8: Personal Evaluation

My view is that the Fellowship has been successful and it certainly has been an enormous privilege for me in a personal / professional capacity. The Fellowship gave me time, funds and support to pursue my passion and a topic that is of significant importance to Australia. Without doubt the Fellowship opened doors for me, provided a level of credibility and opportunity that is surely unique, and has positioned me nationally and internationally as a significant academic in this important field. I am very grateful for the opportunity.

I believe that the profile of this work and the enhanced knowledge and skills that I have gained as a result of the Fellowship will grow further in coming months. This will occur once the scholarly outputs of the Fellowship and its associated projects through AMAC are published, and as medical schools ramp up their collaborative assessment efforts. I do hope that my view that the sector has gone beyond a tipping point is shown to be correct and that the momentum behind shared assessment, benchmarking and hence quality enhancement is now unstoppable.

My reflection is that overall, the challenges and successes were much as anticipated. Without doubt some of the objectives (such as creating national and international networks) have developed in a way that was not expected. This, upon reflection is probably inevitable, to be expected and indeed welcomed. So, for example, whereas an initial proposal was to develop a reasonably formal network of academics and professionals interested in assessment in Australia, what has actually happened is:

1. the creation of the Group of Eight Assessment Collaborative (a formal network),
2. the development of the MDANZ Medical Education Committee (that includes representatives of all medical schools) and
3. a range of (still developing) new relationships between existing assessment collaboratives (for example AMAC is partnering with IDEAL as a primary source of exam questions).

Effecting change in higher education is always a challenge, unless mandated by government, and associated with large sums of money. Promoting change from within, such as has occurred with this Fellowship requires patience, care, and attention. Making the case, developing evidence, providing ideas from elsewhere, stimulating debate and discussion, all are critical strategies that I have used throughout. Resistance to change is natural and inevitable and is best overcome when the change can be presented as minimal threat, indeed even as an opportunity. Building partnerships, building momentum (even one partner at a time) and doing this quietly is important.

References

A list of resources utilised in the project is available at the Fellowship website:

<www.som.uq.edu.au/nationwide-collaborative-assessment/resources.aspx>

Appendix 1: External Evaluation

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August, 2013

Background to the Fellowship – aims and strategies

Professor David Wilkinson's National Teaching Fellowship '*From Concept towards Implementation: Nationwide Collaborative Assessment of Australian Medical Students*' was conducted during 2012/2013. The need for this Fellowship grew out of Professor Wilkinson's role as principal investigator on a previous OLT funded project, *Developing the foundation for a national assessment of medical student learning outcome (ALTC Project SP10-1869)*. This initial project established the Australian Medical Assessment Collaboration (AMAC and at the end of this first project, it was clear that there was considerable willingness among the seven medical schools participating to further collaborate in assessment, with the overall goal of providing evidence of comparable standards and outcomes for students across medical programs. This Fellowship has provided the essential leadership and scholarly foundation to progress this work and has the potential to significantly influence the training of medical students and thus the quality of health care.

The original aims of the Fellowship were to:

- Produce a theoretical, evidence-based framework and rationale for a program of collaborative assessment of medical students' learning outcomes, with a governance framework and business plan
- A model for adapting and adopting AMAC nationally, potentially under the auspices of Medical Deans Australia and New Zealand (MDANZ), and
- Build collaborative networks.

The original proposal for the Fellowship outlined 5 key activities:

1. Scholarly papers
2. A model for nationwide implementation
3. Building national and global networks
4. International study program
5. Profile building and dissemination (e.g. national seminars, direct involvement with stakeholders, publications).

This report will consider these aims and activities, and draw on responses from attendees at national meetings and conferences, and end of fellowship stakeholder interviews, to evaluate the Fellowship outcomes and impact.

Evaluation

Role of the External Evaluator

The role of the external evaluator in this project was twofold: firstly, to act as a ‘critical friend’ throughout the Fellowship and secondly, to draw on the various data sources to evaluate the outcomes and impact of the Fellowship. To meet the first role, regular meetings were held throughout the Fellowship between the fellow and the evaluator. For the second role, the evaluator attended all major events conducted through the fellowship, had access to the responses to evaluation surveys and interviewed stakeholders at the end of the project.

Evaluation questions

The evaluation framework for this project followed OLT guidelines and utilised a multi-stage and multi-stakeholder approach to assess process, progress, and outcomes. The evaluation plan is shown in table 1.

Table 1: Evaluation Plan

Evaluation criteria	Key questions addressed by evaluator	Possible evaluation methods
Project aims	• What are the aims and scope of the Fellowship? Did they change during the Fellowship? • To what extent has the Fellowship been embraced by MDANZ and MDANZ Medical Education Committee? • Does the model reflect the views and expectations of stakeholders? • Is the model perceived as appropriate by medical schools? • Has a governance framework and business plan been presented to MDANZ Executive for consideration? • Have the position paper/s been published?	• Meetings with Fellow and review documents / reports • Interview MDANZ President, MDANZ Executive Officer, MDANZ Medical Education Committee Chair • Feedback from workshops (2012); End of project interviews with stakeholders • End of project interviews with stakeholders • End of project interviews with stakeholders • Papers identified

Impact on stakeholder engagement	• Has the Fellowship involved all relevant stakeholders? • Has the Fellowship gained involvement and input from medical school staff? • What evidence is there that national and global networks of scholars have been established? • Was the international study program effective?	• Forum attendance and range of stakeholders represented; End of project interviews with stakeholders • Participation of school staff in forums • Meetings with fellow and end of project interviews with stakeholders • Meetings with Fellow and end of project interviews with stakeholders
Effectiveness of dissemination strategies	• How effective was the Profile Building and Dissemination Plan? • What has been the impact of the Fellowship outcomes, deliverables and dissemination strategy? • Have non-medical groups become engaged?	• End of project interviews with Stakeholders • Evidence for non-medical group interest
Ongoing effectiveness of Fellowship	• What changes / amendments needed to be made to ensure the Fellowship meets its intended aims? Were there variations and why? • What unintended benefits accrued from the Fellowship? • What factors helped/hindered in the achievement of the outcomes?	• Record of major changes made during the Fellowship • End of project interviews with stakeholders
Model of governance and business plan	• Has a model been set in place for the effective and financially viable continuation of nationwide assessment?	• End of project interviews with stakeholders
Timeliness	• Were timelines managed appropriately? • What strategies were in place for risk management?	• Meetings with Fellow

Methodology

The data that has been synthesised in this evaluation report have been drawn from a number of sources:

1. The original Fellowship proposal
2. Observations and notes from regular meetings between the fellow and the evaluator
3. Evaluation survey responses from the Testing Together Conference (May 2013)
4. Evaluation survey responses from the National Collaborative Assessment of Australian Medical Students meeting (June 2013)
5. End of fellowship structured interviews with stakeholders.

Findings

1. Observations and meetings

Professor David Wilkinson had already achieved good progress by the time of our first meeting at 3 months, focussing on a literature review and mapping what was occurring globally, establishing contacts with key overseas personnel, establishing a series of overseas meetings, establishing early engagement with MDANZ, beginning planning for major events, with having regular meetings with the project officer. Engagement with stakeholders formed the bulk of the work in the latter half of the fellowship. The fellow and the evaluator met on a regular basis and discussed:

- Overall progress and any impediments to progress
- Stakeholder engagement
- Relationship with the new regulatory body, TEQSA
- The relationship of this fellowship to the previous AMAC 1 OLT funded project and the concurrent AMAC 2 project
- Dissemination plans.

Professor Wilkinson managed the Fellowship very efficiently and met all planned timelines, despite having had a change in his University appointment during the Fellowship. He has been diligent in engaging with all stakeholders.

The evaluator was present at both national meetings and assisted in the design of the evaluation surveys for both.

2. Testing Together Conference, 2nd & 3rd May 2013

The Testing Together Conference was an invitation only meeting held in Brisbane on the 2nd and 3rd May, designed to '*advance the agenda of collaborative assessment of graduate outcomes in the professions*'.

An evaluation survey was designed by the External Evaluator and Fellow and distributed electronically after the conference. The survey contained Likert scale questions (using a 5-point scale, 5 being strongly agree) and free text questions. The total number of respondents

was 26 and a full evaluation report is available at the Fellowship Report Attachment 3. There was an overall strong agreement with the initial question 'This meeting achieved its goal of "advancing the agenda of collaborative assessment of graduate outcomes in the professions"', with a mean response of 4.23 (Standard Deviation 0.51). Key reasons for this strong agreement included: the range and quality of the speakers (16); the access to a range of disciplines (8); the networks developed (7); and that it provided a platform for ongoing dialogue and reflection (5). Sample comments included:

'High level speakers and participants fostered informed discussion and planning activities which have since been further developed within my institution.'

'As these seminars were across disciplines it gave participants a unique opportunity to discuss our shared concerns and to seek examples from different areas of the University on the solutions being generated. Often times we are caught within our own discipline silos - moving outside of them helps us to provide new insights and approaches.'

'I have been able to engage and network with academics that are pro-active in progressing this issue. This has informed my own learning and teaching scholarship as well as helped provide a focus for course development, which I am sharing with other academics at my institute.'

'It started an important sector wide conversation.'

Individual sessions were mostly highly rated, particularly those of Professor Royce Sadler and Dr Carol Nicoll. When asked about the most valuable aspects of the conference, the key themes evident in the responses were the valuable input from the speakers (15) and the opportunity to network and discuss with a range of colleagues (10). Sample comments were: *'Exposure to leaders in regulatory bodies, ideas of others, time to think, discuss and plan actions.'*

'Hearing about the various projects and approaches being used in various universities. Getting a sense of what was happening internationally. Opportunities to talk with others focussed on similar issues.'

'The collection of people at this event was phenomenally good. I'm not talking the presenters particularly, but rather the participants (including the presenters). To have the opportunity to get round so many people working in this space, and to do so in such a way, was utterly invaluable.'

'Hearing from TEQSA was very useful to me and clarified what I have heard in more informal settings. It was also reassuring to hear the challenges and concerns of others as this situates one's own practice to realise others have similar issues.'

The respondents suggested a wide range of other future topics for such workshops, including analytics, use of technology, practical examples and hands on experience, accreditation bodies and the use of threshold learning outcomes, debate about standardised testing, provider perspectives, the culture change required to move to greater transparency, assessment and moderation. When asked about what they had learned from the meeting, there was a range of responses, including: the value in a collaborative approach, meeting other professionals and continuing the dialogue post conference, the importance of the sector having a say, TEQSA plans and activities, reflections on how attendees' own universities are placed in this area, and the work ahead.

It was clear from the comments that the format and structure of the workshop were very well received and that attendees found the interdisciplinary nature of the conference very useful. There seems to be quite a strong need for further meetings and practical training.

3. MDANZ National Meeting, June 2013

The National Meeting on Assessment of Medical Student Learning Outcomes was held under the auspices of Medical Deans Australia and New Zealand (MDANZ). The full evaluation report on this meeting is shown at the Fellowship Report Attachment 7. Similarly to the Testing Together Conference, an evaluation survey was designed and distributed after the meeting. 18 attendees returned the electronic survey which contained Likert scale questions (using a 5-point scale, 5 being strongly agree) and free text questions.

There was overall strong support for future collaboration, and strong agreement with the initial question 'This meeting achieved its goal of "a consensus position from medical schools about a framework and a mechanism that is inclusive, open and collaborative and enables schools to work together on assessment. Schools should retain autonomy and responsibility for assessment, but could share assessment materials in a way that provides anonymous, quantitative benchmarking data"' with a mean response of 4 (standard deviation 0.91).

Many comments indicated that attendees felt that more work would be needed to take the collaboration further forward, and to establish full consensus on a model and business plan. A small number of comments indicated that some attendees felt that further discussion was still required about the rationale for the collaboration.

Collaboration is seen as potentially having many benefits to schools and to assisting with the costs of assessment in a constrained higher education sector, for example:

'There was a real sense at the meeting that collaboration between the Medical Schools on assessment would be very productive in terms of bench-marking, internal quality control (know where your school's strengths and weaknesses were), as well as improving the quality of assessments being offered to the students. Collaboration would also help with the cost and resource implications that good assessments demand. Also there seemed to be less of a concern about "league tables", when it became more obvious that complex assessments, used in the ways discussed, are not conducive to simple league tables.'

The attendees appreciated the opportunity to learn from international experts, particularly the usefulness of the presentation by Professor Ged Byrne (mean 4.61 (0.70)). Sample comments are:

'The opportunity to listen to different perspectives from abroad, from the idea of a national faculty of medicine in the US and compare it with the notion of defending the autonomy of medical schools to allow innovation in curriculum delivery from home.'

'The collaborative nature and the interactive discussions were very positive. Having international experts present who can share their experience, but who have a neutral stance in terms of Australian Medical Schools was important. Having the AMC present was also important.'

'I was not aware of the UK collaboration and Ged's talk and subsequent interactions with him were very useful.'

The opportunity to hear from existing national collaborations was also positively rated (mean 4.59 (0.62)). Sample comments are:

'Networking and getting more information about the existing collaborations.'

'This was a good opportunity to catch up with colleagues and hear about the many wonderful collaborations amongst the different schools.'

'Hearing the UK experience, with which I was unfamiliar, and hearing more of the ACCLAIM collaboration.'

'The UK + AMC perspectives and the presentations from the different collaborations.'

When asked what they had learned from the meeting, comments were varied but were generally supportive of a collaborative approach, for example:

'ANZ benchmarking is desirable and inevitable.'

'1. For social accountability medical schools need to be able to justify the quality of the outcomes of medical education with comparable assessment data of sufficient quality, validity and reliability. 2. The value of close engagement and true collaboration between assessment experts and content experts.'

However there was also the recognition from a small number of attendees that there was more to be done: *'There is still some way to go for collaboration to achieve its intended purpose.'*

When asked about the next steps, there were two key messages from the attendees. One was that there is very strong support for MDANZ *'to take ownership of the governance of collaborations'*. The second was the need to have buy-in and representation from all medical schools. One comment indicated that the fear of a national exam still exists *'Explicit reassurance that we are not moving towards a National Licensing Exam'* but support for the collaborative approach far outweighs this.

There was a clear message at the end of the meeting that there was overall agreement on moving forward with collaboration and the work now needs to move to determining how to make this work. While a very small number of comments throughout the evaluation suggested that the presentation of a governance plan and business model may have been premature, observation of the meeting, and the comments provided by participants, indicates that it was important to show a possible model and demonstrate feasibility and sustainability, accepting that further refinement of that model and business plan would be needed.

End of Fellowship Stakeholder Interviews

At the end of the Fellowship, and after the evaluation report on the June National Meeting had been distributed, short, structured interviews were undertaken with representatives of the key stakeholder organisations and a small sample of academic staff from medical schools. In total 13 interviews were conducted and the questions are shown in Appendix 1 of this report. Respondents were assured that their responses would be de-identified. The interviews were all recorded and thematically analysed by the evaluator.

Aims

The stakeholders were asked to what extent the Fellowship had met its original aims of:

- Producing a theoretical, evidence-based framework and rationale for a program of collaborative assessment of medical students' learning outcomes, with a governance framework and business plan
- Providing a model for adapting and adopting AMAC nationally, potentially under the auspices of MDANZ
- Building collaborative networks.

Overall, all but one of the 13 stakeholders felt that the Fellowship had mostly met its aims, or had made significant progress towards them. The significant success in building collaborative networks was commented on by all of the 13 stakeholders. There was a sense from the majority of stakeholders' comments that the Fellowship had achieved a broad philosophical agreement to the collaborative process and model, with the more detailed aspects yet to be resolved. They indicated that further work will be needed to fully develop the business plan. To have moved the issue along this far within a single year Fellowship is a great achievement.

In terms of building collaborative networks, the Fellowship was unanimously seen as having been very successful. It was noted that getting medical schools to work together in the past has been difficult to achieve, with the previous culture between schools described by one stakeholder as being a culture of distrust. This had changed recently, possibly partly driven by new developments in the national regulatory environment in higher education, among other factors. However, the Fellowship was seen as a very strong driver in forming the collaborative networks. In this sense, the Fellowship was well placed in time. Progress in this area was described as *'very strong'* and *'extraordinary'*. One stakeholder stated that the Fellowship *'...was very positive in building and bringing together necessary networking'*. Some stakeholders noted that there had also been unexpected benefits for them from their involvement with others in this project, for example, one stakeholder commented that collaborative projects in other areas of medical education had arisen directly from their involvement in these fellowship activities.

The governance framework and business case was mostly seen as *'work in progress'*. One stakeholder commented that *'until the governance framework is right and agreed, the business plan is difficult to finalise'*. Most stakeholders responded that agreement in principle had been reached for the model, with variable impressions of how much progress had been made. One stakeholder felt that while the Fellowship had been successful in promoting debate and discussion about the issues, not all existing collaborative groups had yet been brought together.

The Fellowship has successfully achieved its goal of bringing this work under the auspices of MDANZ. Some stakeholders saw this as a very positive step towards being able to finalise the governance framework and business plan.

Fellowship activities

The five Fellowship activities were:

1. Scholarly papers
2. A model for nationwide implementation
3. Building national and global networks
4. International study program
5. Profile building and dissemination.

The **building of national and global networks** was seen by stakeholders to be a very strong aspect of the Fellowship, with stakeholders indicating that this was particularly so for the national networks. Stakeholders commented in reference to the national networks:

'Very strong. Incredible value. Has been a highlight.'

'National networks being set up with the involvement of all schools has been very impressive.'

Stakeholders commented that the success of the **international study program** was evidenced by the number of international speakers attending the national workshops over the time of the Fellowship and the benefit drawn from their involvement. One stakeholder commented that they found meeting those speakers useful, and had continued those communications after the workshops. Many stakeholders saw particular benefit in having Professor Ged Byrne attend the MDANZ National Meeting in June, given the potential similarities between the UK and Australian approaches. Two stakeholders reflected that there were other international groups that could also have been included in the consultation. However, to include all international groups may have been outside of the scope of a one year Fellowship. Many stakeholders commented on Professor David Wilkinson's outstanding personal skills in the initial engagement with stakeholders and his ability to sustain that engagement.

Referring to the **Profile Building and Dissemination**, stakeholders commented positively overall about the national workshops held throughout the Fellowship.

'Very positive. Very effective.'

'Drew together broad groups.'

'Workshops were very successful... there was good communication before and after the workshops.'

'Sense of a Community of Practice from this.'

'Content good, speakers good, 'buzz in the room'.'

A suggestion of one stakeholder and an impression gained from others' comments was that further workshops on *how to use collaboratively developed assessment items* in a school's summative assessment would be useful to the schools.

The access to approaches used in different disciplines, provided through the Testing Together Conference, was also positively commented on, with stakeholders saying:

'... an opportunity to get different perspectives on how to go about it.'

Involvement with stakeholders

11 of the 13 stakeholders interviewed agreed that the Fellowship had involved all relevant stakeholders, with comments such as:

'...did a good job of trying to engage everybody.'

'having the right players in room.'

The Fellowship was also seen by the majority of stakeholders to have engaged well with medical school staff as well as the Deans. One stakeholder commented that there were other stakeholder groups that may also be relevant to engage with e.g. postgraduate training bodies.

Proposed model

The majority of stakeholders indicated that the *principles* underpinning the governance model presented at the June 2013 MDANZ meeting reflected the opinions of the stakeholders in that all attending accepted a collaborative approach and that the governance model would bring together a range of existing collaborations. It was accepted that the governance model is still in its early stages and needs further testing with medical school staff, and further development of the details of location, funding and lines of responsibility. The business plan requires further work and cannot be resolved until the governance plan is finalised.

Impact of Fellowship

The impact of the Fellowship was multi-dimensional, as reflected in the following comments:

'The biggest impact is that collaborations assessment in assessment in medical schools is now real.'

'People came to a consensus about where to go to next.'

'There is a concrete proposal to Medical Deans.'

'Good impact is fostering collaboration – more broadly than just this project.'

'Has created a momentum of its own – has a trajectory that is ongoing.'

'Would have got there eventually but got there years quicker by David Wilkinson having the Fellowship.'

One respondent indicated that the impact may depend on the stage at which the medical school is currently (some newer schools still in a development phase may not have felt the full impact yet).

Conclusion – achievements and impact

This Fellowship was well placed in time, and capitalised on initial momentum achieved in the AMAC projects but progressed this work considerably further and achieved a commitment from MDANZ to continue to develop the collaborative model.

The key achievements of the Fellowship are:

- Achieving consensus among medical schools and other stakeholders to move forward with collaborative assessment
- Ensuring that further work in this area will be carried out under the auspices of MDANZ
- The engagement of all medical schools in this process
- Achieving agreement on the principles of a collaborative model
- Meeting all Fellowship aims (to varying degrees), and
- Showing particular strength in building collaborative networks.

Professor Wilkinson has personally contributed significantly to the success of this Fellowship through his diligence and skill in engaging stakeholders and his excellent project management skills. He has adopted a very innovative approach to many aspects of the work, for example, the cross disciplinary approach in the Testing Together Conference was particularly successful. The quality of the speakers he recruited for the national meeting and conference contributed greatly to the meetings' success. The structure of the programs allowed for flexibility, discussion and networking and this also contributed to the meetings' success but also to the Fellowship achieving its goals.

Looking to the future, some stakeholders commented that the collaborative approach to assessment needs to include other assessment formats apart from Multiple Choice Questions. MCQs were seen as supporting the initial progress of the project but developing equivalent sharing of assessment for clinical examinations was also seen as critical. One stakeholder commented that further engagement with assessment staff within medical schools would be necessary to ensure that they will work together.

The lessons learned from this Fellowship would be valuable for any profession considering a collaborative approach to assessment and the Fellowship has the potential to expand to sharing across disciplines.