



Governance Models for Collaborations involving Assessment

Developed by the Australian Medical Assessment Collaboration

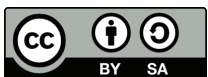
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I A NEW ERA OF ASSESSMENT IN HIGHER EDUCATION

The 'sharing economy' is reshaping many facets of economic and social life, and higher education is no exception. Rather than goods and services being created and used by individuals in isolation, teachers and learners are collaborating via advanced online systems to generate new ways of doing education. Teachers and institutions are collaborating on curriculum production, learners are collaborating on assignments, and open admissions, provision and credit recognition are changing basic notions of the qualification.

The assessment component of student learning has been one of the most resistant areas to adapt to the changing environment. In many areas assessment is closely tied via content and implementation to local educational settings. It has obvious security, confidentiality and privacy aspects. As the tool for evaluating individual performance, it also helps measure the quality of programs and institutions, and through this carries reputational and commercial implications. For these and other reasons, assessment would appear to be one of the final frontiers in the contemporary unbundling of higher education. As we review below, however, work is proceeding apace on various initiatives to leverage new approaches that increase quality and efficiency.

While assessment is experienced mostly as a practical educational matter, it touches many facets of higher education leadership and management. Indeed, assessment goes right to the heart of important aspects of governance such as ownership, authority and power. Hence new ways of designing and managing academic work, including assessment, will almost certainly require forms of governing academic activity, power and performance. The risks of poorly designed or conducted governance, and the need to get governance right, show up in sectoral or organisational failures. After taking stock of recent developments in assessment, this paper advances a better approach to governing the collaborative assessment of higher-order outcomes.

Collaboration in the area of assessment carries with it substantial risks to individual organisations as well as overarching collectives. These include fears of competition, reputational damage and security, as well as control, power and autonomy. For these reasons, the governance of a collaborative structure for assessment sharing is both a critical and problematic area.

2 COUNTING QUALITY ASSESSMENT

This paper is driven by a desire to improve assessment in higher education to yield better outcomes for communities, professions and individuals. The analysis unfolds within the field of medicine but is conceptualised to be of much broader relevance to other professional fields and academic disciplines. The focus is on assessment during the course as opposed to assessment for admissions or licensing purposes. The interest in assessment is not simply to produce practitioners, but to develop better practitioners. As well, the remarks are bounded by the context of universities in Australia and hence the complex but important assumption of academic autonomy. As the above remarks convey, we consider that while much current assessment practice is not broken, on quality and efficiency grounds it is certainly in need of somewhat radical improvement.

There is scope to produce better assessment materials and processes and to increase the assessment literacy of faculty at various institutes. Current assessment materials are produced in many instances by academics working alone, and then delivered via paper with little or no technical validation. The materials often lack any detailed conceptual framework and are pitched at the level of knowledge recall rather than higher-order forms of reasoning. The quality of processes too can be improved to take advantage of more reliable and secure forms of online provision, new forms of cross-marking and moderation, and other forms of statistical control.

There is also scope to conduct assessment more efficiently and more productively, achieving better outcomes for the same or decreased investment. This would derive from planning a more consistent approach to the production of quality materials. More collaborative approaches would deliver new production functions. Re-engineered development processes should yield new, more-productive delivery and better and economies of scale. Of course, cost-effectiveness is not the major determinant of change – improving quality is the necessary and essential driver. But in constrained funding contexts new approaches must deliver better financial returns. More broadly, the concept of productivity goes beyond finance to broader deliberations about the value returned from more robust and accurate information about learners' achievement and capability. On this, growing firm-level and broader policy analysis affirms the value to higher education, and hence to communities, of better information on learning outcomes.

3 PUBLIC VERSUS INSTITUTIONAL RESPONSIBILITY

An important feature of the Australian higher education sector is the self-accrediting status of institutions. The Tertiary Education Quality and Standards Agency (TEQSA) is responsible for accrediting higher education institutions; but, once accredited, institutions, via endorsed governance arrangements, are responsible for the quality and standards of individual programs. This continues a tradition that stems from the origins of the university system in mediaeval Italy and England. It does, however, create a natural tension inasmuch that universities are funded by the public purse, and produce graduates for the community's benefit, but the community may not have a direct involvement in assessing the relevance and standards of education. When considering the outcomes of professional courses, where graduates are provided significant opportunities to serve the community (and accrue personal advantage), this tension may be accentuated as the public contributes significantly, both in terms of finances and additional non-monetary contributions (as patients and clients and so on). Over the last decade or so, there has been a heightened debate in Australia about the appropriate mechanisms to manage this balance between the public and institutional responsibility.

4 A SPECTRUM OF ARRANGEMENTS

Starting with a big picture reveals various options for positioning assessment either within, between or outside of universities. It is helpful to recap the functional characteristics of these to provide an overview of the field and to frame our subsequent remarks on governance.

The assessment of student learning is done in myriad ways within universities. Obviously, quite a lot of assessment is done by individual academics working alone within single institutions. Alternatively, assessment can be done by groups of academics within a single institution. In each of these cases, accreditation by a government or industry authority vests power in an institution's academic board, which devolves power to academics. The situation in practice is far more complex than suggested by this straightforward chain of command, with academics drawing on all kinds of more or less indirect and informal networks. In key respects the quality and economics of this collegial fabric are hard to beat, but at the same time, the informal and elite nature of the system is a drawback. Deconstructing or moving away from this proven model raises serious, unexpected and tacit considerations around important matters, such as academic capacity development.

Assessment is done by groups of academics across institutions, almost invariably within the same discipline or professional field. Academics collaborate in this way routinely in their research work – forming collaborations and networks to design, execute and publish work. It is reasonably common for academics across institutions to share teaching, perhaps to service particular knowledge needs or to diversify teacher perspectives and student experiences. It remains far less common, however, for such collaborations to spill over into assessment. A few reasons for this are sketched above – such as security, confidentiality and privacy – and there are doubtless others that go to individual and institutional commercial and reputational factors. Operating between institutions also carries governance implications, inasmuch as the collaboration space lies strictly beyond the jurisdiction of any single institution's reach. These implications are addressed below via our new model of academic governance.

Alternatively, assessment is often done from outside institutions. This may involve academics working with third-party organisations, or third-party organisations working alone. This work may take place on university campuses, or it can be outsourced to collaborative academies or statutory bodies empowered to perform specific functions for community benefit such as licensing and credentialing. Such external assessment is reasonably common with admissions or licensing examinations, but quite rare for in-course assessment even in highly regulated fields. The delegation of assessment in this way raises even more substantial governance considerations. Given the departure from conventional practice, it sets a more demanding test for the governance architecture explored below.

5 ASSESSMENT IN MEDICAL EDUCATION

Assessment in Australian higher education is currently governed in a range of ways. Academic staff (teachers, course coordinators, curriculum developers and so on) play an important role not just as operators but also as governors of the process. Students, as well, play into the governing process in this formative sense. In many respects the day-to-day governance is devolved by the system to various educational and institutional contracts between these two parties. More formally, university executive committees and academic boards play a long-established role in setting and regulating the governance of assessment in Australian higher education. The contribution of these committees and boards is obviously vital and well proven. In a new era of assessment, however, such groups have limitations because they are located within a single institution and typically (and in large-part by definition) lack external input beyond collegial networks. Of course, such groups typically devolve governance of a routine nature to departments and schools. Sometimes, governments or discipline communities establish external committees to oversee assessment – either on a short-term basis as part of a review or as part of longer-term oversight arrangements. Governance of this kind can inject greater transparency into the process, but may lack the authenticity of local alternatives. It is difficult to see a current institutional structure that is appropriate for governing assessment in the new era. In summary, current options within institutions lack transparency while extra-institutional arrangements lack authenticity.

Medicine is a profession, and one description of the features of a profession suggests that members are a 'self-disciplined group of individuals' (Wright, 1951). This concept accords with notions we have of other professions, and indeed of the self-accrediting concept of higher education. To contend, however, that that a professional group has no responsibilities to a vast range of community stakeholders would be naïve. It is clear that societal stakeholders, ranging from governments to individuals, have very legitimate interests in the outcomes of training of professionals. These interests emanate from a variety of perspectives, including the public funding of the training and the subsequent earning and livelihood of professionals, and the special privileges that are afforded professionals during and on completion of their training. Society has a clear right to know that standards of training are appropriate, and that those who are afforded professional status have met minimum standards. Furthermore, it arguably has a right to know that institutions that are conferred the responsibility of the training of professionals are using the public funds so assigned in an appropriate and efficient manner.

In Australia, the Australian Medical Council (AMC) is responsible for the accreditation of education programs that lead to the registration of, firstly, medical students during their training, and, secondly, the provisional registration of graduates of those programs for a period of supervised practice (internship). Following an accreditation assessment of a program, the AMC makes a recommendation to the Medical Board of Australia (which operates under the national law which establishes the Australian Health Practitioner Regulatory Agency (AHPRA)) as to whether a particular program should be accredited, with the subsequent registration privileges afforded to individuals. The AMC is comprised of a broad range of stakeholders, including jurisdictions, higher education institutions, professional colleges and members of the public. Accreditation teams appointed by the AMC generally consist of experts in the profession or education who are familiar with best practice in modern medical education.

A critical feature of the AMC process is that its accreditation is of the program, rather than of individuals. The system then relies on the assessment regimes of individual programs to decide whether or not an individual student is worthy of graduation. These assessment regimes are examined as part of the accreditation process, though it is reasonable to assert this examination does not delve deeply into the particular standards or criteria that are employed to decide the passing score for an individual assessment task. Hence, it could be argued that the AMC process, while providing robust information about the quality of education programs, is likely less reliable in providing information about the competence of individual students. Further, it does not provide a system to enable comparisons between individual programs, which is necessary if the community is to be reassured that all programs produce high-quality graduates. Comparison between programs also allows for the identification of areas of strength and weakness, with the subsequent opportunities to drive improvements and enhancements.

6 ASSESSMENT GOVERNANCE ARRANGEMENTS

A national benchmarking exercise does have the potential to meet the needs of both the self-accreditation principles that underpin concepts of professionalism and other regulation of higher education in Australia, the involvement of relevant stakeholders in overseeing the process and appropriate interaction with bodies with statutory responsibility, such as the AMC. To achieve this, governance needs to be considered at several different levels. These levels can be considered by reflecting on several critical questions, including:

1. Who should be responsible for the 'local' management of the assessment process?
2. How should that 'local' management be responsible to a broader range of stakeholders?
3. What is the role of the AMC and regulatory agencies?
4. Who 'owns' the assessment process?

By 'local' management we mean the organisation of test administration, engagement of individual institutions, the appropriate setting of standards, and the analysis and dissemination of outcomes. We feel that these responsibilities rightly sit with the individual higher education institutions responsible for conduct of the medical education programs, and indeed, could not easily be assumed elsewhere. These institutions are best placed to arrive at feasible arrangements to ensure engagement with the broadest range of institutions. The processes that could be developed should ensure that individual institutions contribute in a relatively equal manner to the generation of assessment items, and should ensure the establishment of appropriate standards to identify satisfactory performance. Further, a collaborative approach, possibly under the aegis of the Medical Deans of Australia and New Zealand (MDANZ), will garner the necessary confidence among individual schools to ensure involvement. It will also provide confidence that data are appropriately analysed and protected during the process of dissemination. This local control has worked well during the establishment of the Australian Medical Schools Assessment Collaboration.

Local control is not a trivial exercise. To work effectively, it requires organisations to agree on a range of rules that will form the basis of the collaboration. These matters would include: the format of an assessment; an explicit description of what elements of assessment would be in or out of scope (such as knowledge, skills, attitudes or behaviours); and calculation and dissemination of outcomes. Considerable effort would need to be expended between and within partner organisations to ensure that agreements are understood and collaborative effort is enhanced. Local control is probably best achieved by the formation of an executive that draws on representation from the higher education institutions that teach medicine, with working parties addressing issues of assessment management, quality and dissemination.

There is a considerable tension between openness and transparency, and the individual institutions maintaining appropriate control over their academic programs. In the latter case, keeping the process restricted to just the institutions involved in delivery of the education program runs the very real risk of being a 'closed shop' that is not open to external scrutiny. The medical profession has been subject to such criticism in the past, and it should vigorously and assiduously design future arrangements to prevent such criticism. One model proposed would include that there be a governing body that oversees an appropriate benchmarking process. This might best be under the guidance of a federal government agency or department though other potential sponsors could be identified. The stakeholders should include the jurisdictions, professional groups from both within and outside medicine (such as other health professions) and the higher education institutions. The stakeholders' role will be to develop, in collaboration with the higher education institutes, rules to govern the administration of the benchmarking exercise, and to monitor the performance of the exercise against these rules. This model would mean that the institutions would divest many of their responsibilities to external parties, and vigorous debate would need to be held to ensure that all parties were comfortable with these arrangements.

An alternate model would see the formation of a steering committee, membership of which should be drawn from the contributing universities. Responsibilities would be defined for members, which could include input into decision making regarding assessments, contribution to assessment items, oversight of decisions of working parties, implementation, quality and dissemination, and, if necessary, financial contribution to sustain the collaboration. A chair would be elected from among the members, who would

have voting rights. The steering committee could also invite non-voting members to join to provide specific technical expertise and engage other stakeholders. Thought could be given to higher education institutions providing members to a steering committee who have the necessary expertise to govern the collaboration, but do not represent the arguably parochial interests of the faculties teaching medicine (like a Vice Chancellor's or Provost's nominee). In this way, governance could be exercised somewhat at arm's length, but with there being appropriate technical expertise at the operations committee.

The AMC and other regulatory agencies should continue to function much as they do at present. They could become part of the overarching governance group (be it 'owned' by the higher education institutions or a government agency). In addition, it would appear reasonable to ensure that an accreditation standard was established around appropriate participation in benchmarking exercises. Furthermore, and perhaps most critically, comparison of performance in benchmarking exercises could continue to be, and possibly a strengthened aspect of the AMC accreditation exercise.

7 MEDICAL ASSESSMENT COLLABORATION GOVERNANCE

Figure 1 outlines the broad architecture of a proposed governance arrangement. The components of this proposed model are detailed below.

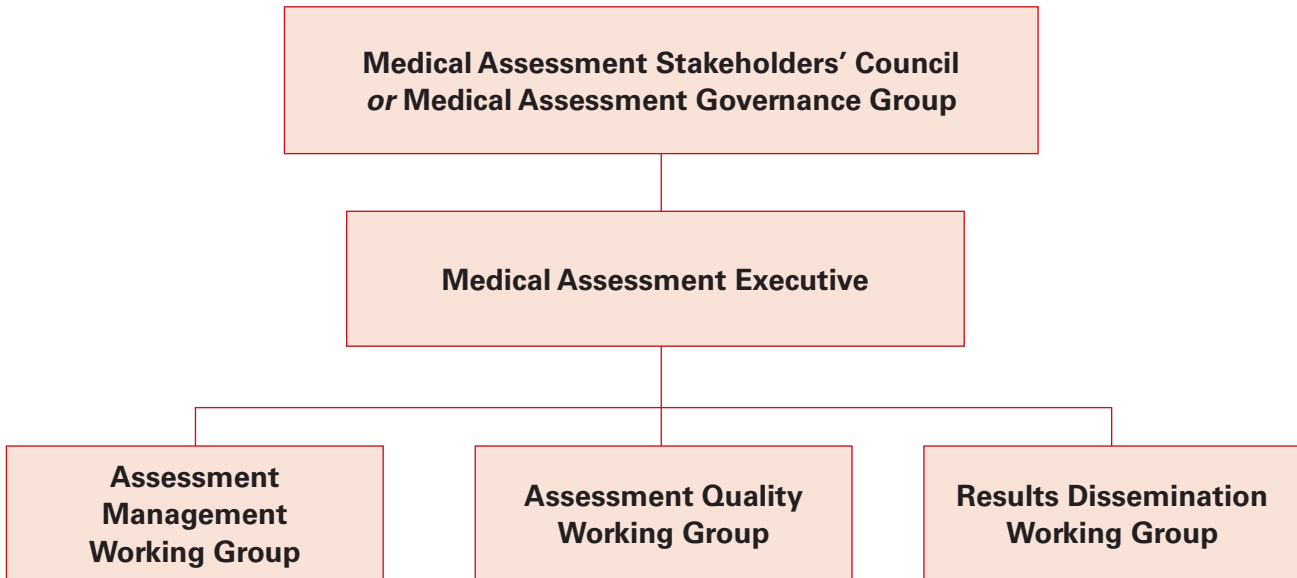


Figure 1 Proposed governance arrangements for medical assessment collaborations in Australia and New Zealand

The peak body would be either the Australia and New Zealand (ANZ) Medical Assessment Stakeholders' Council, or the ANZ Medical Assessment Governance Council. The distinction between these two bodies would be the degree of external engagement. The former would involve greater external engagement and be led by a body external to the higher education institutions, as detailed above. The latter would involve representatives from higher education institutions, with some expert external advice.

The ANZ Medical Assessment Stakeholders' Council would be drawn from the relevant stakeholders to the outcomes of pre-registration medical assessment in Australia. The group would be formed under the auspices of an overarching body, be it the Medical Board of Australia or a body like the Australian Health Ministers' Advisory Council (AHMAC). The group would include expert representatives of:

- various government departments of health
- Medical Deans Australia and New Zealand
- Confederation of Postgraduate Medical Education Councils
- Committee of Presidents of Medical Colleges
- Australian Medical Council/Medical Board of Australia
- other health professional bodies (for example, Nursing and Midwifery Council of Australia).

The ANZ Medical Assessment Governance Council would be drawn from relevant higher education institutions and would be formed under the auspices of Medical Deans of Australia and New Zealand, or some other relevant group, such as Universities Australia. The group would include expert representatives of:

- higher education institutions
- various government departments of health
- Medical Deans Australia and New Zealand
- Confederation of Postgraduate Medical Education Councils
- Committee of Presidents of Medical Colleges.

The function of either group would be to provide overall governance of the combined assessment effort. It would have the ultimate responsibility to make recommendations to an overarching body (be it governmental or Medical Deans Australia and New Zealand) regarding the success or failure of the collaboration. It will receive reports from the executive (described above) regarding the conduct of the assessment, and generalised reports regarding outcomes. It will also collate opinions from stakeholder groups about the needs and developments required in assessment.

The ANZ Medical Assessment Executive would be drawn from the medical schools participating in the combined assessment. It would organise and oversee all aspects of the administration of the assessment, from the decisions regarding blueprinting through to reporting of results. It will provide advice to and be represented on the Stakeholders' Council. Three working groups would support the activities of the executive:

- Assessment Management Working Group
- Assessment Quality Working Group
- Result Dissemination Working Group.

At the next level of functioning, the Test Management Working Group would be responsible for the administration and logistics regarding tests administration. The Test Quality Working Group would be responsible for the blueprint, generation of test items and analysis of the test outcomes. The Result Dissemination Working Group would be responsible for the generation of the various reports that will go to individual students, medical schools, and other stakeholder groups.

8 PROSPECTS FOR DEVELOPMENT

The forgoing arguments provide a framework for the management of an assessment collaboration in a rapidly changing higher education environment where there are calls for greater accountability and relevance. From the higher education perspective, the most significant concern is that a failure to demonstrate an appropriate response and exercise transparent governance puts at risk the self-accrediting and self-determining privileges institutions have traditionally enjoyed. With that may come a homogenisation of academic offerings from institutions, which may impact on the specific cultures and initiatives that individual institutions generate and value. Conversely, and almost paradoxically, if institutions, via collaboration and sharing of assessment items and practice, improve this part of their operations, they may, in fact, have more time to develop the uniqueness of their own curricula.

In contrast, an effective response does allow a collective representing a specific profession the opportunity to demonstrate to the public that they recognise and take seriously their responsibilities. It can provide formalised opportunities for resources to be shared and for examples of best practice to be recognised and celebrated. In the most collaborative models, institutions with specific needs in curriculum and development could learn from partner institutions with best practice in those areas. Such a model would drive a cycle of continuous improvement and aspiration for best practice.

The above proposition leaves unanswered key questions including who is going to take responsibility for the overarching assessment collaboration, and what are the sanctions or consequences of a failure of any system that is developed? The answers to such questions will depend very much on the source of the political drive, and most probably funding, to support such a process. A collaboration could be managed and supported by subscription from individual medical schools, but this may perpetuate the criticism of the medical, or any, profession of operating a closed shop, thereby somewhat defeating the purpose of the enterprise. As the AMC already has standards which focus upon the collaboration that occurs between individual schools, it is conceivable that that body could adopt a supervisory role. The challenge this proposition may hold is reconciling the AMC's current regulatory responsibilities, which focus on the accreditation of programs, with this additional role in overseeing collaborative assessment among differing institutions. The Medical Board of Australia may be a body that could also assume the governance role over the collaboration, as it tends to focus more on individual outcomes and behaviours, rather than on programs. Whatever the final outcome, resourcing and funding the collaboration will provide guidance as to who is responsible for the collaboration and for the consequences in any event of it not functioning well.

In this paper we have attempted to place the issue of governance of an assessment collaboration within the context of modern higher education governance. While significant technical issues require further elucidation, we believe we have established clear principles for the fundamentals of such an arrangement. These feature the facts that overarching governance must include appropriate community and statutory stakeholders and participating institutions must be allowed to maintain jurisdiction of the operations of the system, albeit with appropriate reporting to a governing council.

9 DISSEMINATION

The dissemination of data and results requires very careful management. Assessment data and results are potentially extremely sensitive and, without careful consideration of privacy and security issues, the confidence and engagement of member organisations will be lost. It is therefore critical that tight protocols are developed around the security of data, and these should be under the control of the governing council and executive committee.

It is also critical to recognise that there are a variety of 'audiences' for the data dissemination, each of whom will have different needs and requirements. These include:

- students, who may use the data to identify areas of specific and general strength and weakness
- institutions, who may use the data to identify areas of strength and weakness between cohorts of students, different clinical schools, and also to report to management at a faculty and/or university level
- external regulators, who may require data for accreditation purposes or communication with governmental bodies
- scholarship purposes, such as the generation of scholarly works and use for program improvement, including collaboration between individual schools
- engagement with communities, including professions, networks, special interest groups and the general public.

Depending on the particular target group, there may be a need for sharing of data between partners in the collaboration, such as for national reporting or benchmarking. In other circumstances the data will be specific for an institution. As a general principle, however, it should be agreed that each collaborator owns its own data, with collaborative requirements to share data, though with some room for opting in or out as appropriate. It is proposed that a representative working group develop detailed policies and protocols for ratification by the governing council.

10 MATTERS FOR CONSIDERATION IN ESTABLISHING A COLLABORATION

The following matters may require consideration by parties in the process of establishing a collaboration. These will need careful and critical reflection, along with robust debate. Issues include:

- who holds ownership of the items, of the assessments and of the results
- what to do in case of disagreement about quality of items
- how to deal with third parties wanting to enter the collaborative
- how to set up quality control procedures
- how to decide and use item banking
- where the central administration resides and the partner contribution to this is structured (every partner pays part of the central administration staff and operational costs)
- how decisions on future developments are made
- where and how the leadership of the collaborative resides (one party all the time or rotational; both have advantages and disadvantages)
- where revenues of the collaboration flow (for example, third parties that want to buy the assessment)
- what criteria are used to help decide whether or not to sell the assessments to someone (if it is, for example, a progress test and the buyer wants to use it for a one-off licensing)
- how research collaboration on joint assessment is structured
- what are the organisational requirements for participating organisations (do they need to have an activity-based funding model in total, or only for the assessment, or only for the assessment that is in the collaborative, or none at all)
- levels of responsibility (what happens if one of the partners does not deliver its share of the collaboration)
- security and liability (what happens if there is a breach of security at one institution and this affects the whole collaboration assessment administration)
- levels of concordance (is one party allowed to use the assessment formatively when the others are using it summatively)
- how to establish the collaboration (are contracts required)
- how to ensure longevity of the collaboration.

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