HEALTH
PROFESSIONS
ACCREDITATION
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FORUM

Guidance on Evidence-Informed Selection of Assessment Methodologies

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HEALTH PROFESSIONS ACCREDITATION COLLABORATIVE FORUM

Contents

1. Purpose and scope

This guidance articulates how accreditation authorities ensure that assessment and examination methodologies are fit for purpose, defensible, and aligned with the requirements of the National Law, including sections 53(c) and 58(c).[1] It sets out the established principles, evidence expectations and assurance practices that accreditation authorities apply when selecting, implementing and reviewing assessment methodologies. The development and ongoing review of assessment methodologies, including examination content, are led by subject matter experts from the relevant profession and supported by assessment and quality assurance expertise. This risk-based approach reflects contemporary best practice in health professions assessment and is designed to support robust, fair and proportionate decisions about readiness for practice. The guidance applies to:

- Qualification assessments used to confirm pre-requisites to progress to further assessment, and
- Examinations and other assessment methods used to determine whether an internationally qualified practitioner meets the required skills and knowledge expected for practice in Australia.

The guidance is intentionally principles-based rather than prescriptive. It recognises that professions differ in scope, risk and training pathways, while establishing a consistent framework for how assessment methodologies are selected, justified and assured. It is intended to operate alongside profession-specific public materials (such as candidate handbooks, assessment guides and policies) that explain how these principles are applied within individual professions. A high-level mapping of professions against the guidance principles is provided in Appendix A.

2. Principles underpinning methodology selection

Accreditation authorities select assessment methodologies by applying a coherent set of well-established principles drawn from internationally recognised assessment standards and literature.[2] These principles guide both initial design decisions and ongoing review.

- Validity – Assessment methods are chosen to ensure they measure the knowledge, skills, behaviours and professional capabilities required for safe and effective practice. In regulatory contexts, validity is concerned with the appropriateness of the interpretations and decisions made from assessment results, rather than the properties of any single test.[3]
- Reliability – Methodologies are designed and implemented to produce consistent and dependable outcomes across candidates, assessors and administrations. Expectations regarding reliability are proportionate to the stakes and purpose of the assessment, consistent with international testing standards.[4]
- Proportionality – The nature and intensity of assessment are proportionate to the level of risk associated with entry to practice and the competencies being assessed. This

reflects internationally accepted criteria for good assessment in health profession regulation.[5,6]

- Defensibility and transparency – Authorities are able to clearly articulate the rationale for assessment approaches and the evidence supporting them, while protecting examination integrity and security. This aligns with argument-based approaches to validation and expectations of regulatory decision-making.[7]

These principles are applied consistently across professions, even where the resulting assessment methods differ. Collectively, they support fair and equitable assessment processes by ensuring that decisions are based on relevant evidence, and are proportionate to the purpose and risk of the assessments.

3. Qualification assessment as an initial decision point

Many professions employ a qualification assessment as an initial step in the assessment pathway. Accreditation authorities treat this as a distinct and purposeful eligibility determination, analogous to a prerequisite requirement in formal education.

3.1 Purpose

Qualification assessment is used to determine whether an applicant possesses the foundational knowledge and skills necessary to undertake and complete the examinations that follow. It functions as a gateway or prerequisite, ensuring that candidates entering the examination process have completed an appropriate level of prior education and training needed to proceed to further assessment, or to demonstrate readiness for the next stage of the pathway. In this sense, qualification assessment is comparable to academic prerequisites (for example, requiring completion of accredited study before entry to a clinical examination) and is used to confirm eligibility to undertake further assessment, rather than to assess entry to practice competence or make final determinations about fitness for registration.

3.2 Evidence informed approach

Authorities ensure that qualification assessment processes are designed and applied to confirm readiness to engage with the assessment program. This typically involves:

- Reference to published professional standards, competencies or learning outcomes that describe the foundational knowledge and skills expected prior to examination,
- Consideration of education and training pathways, including curriculum content, level, sequencing and duration, and
- Application of structured and documented criteria to determine whether prerequisite knowledge and skills have been met.

In practice, this may include, for example:

- Use of country education profiles (CEPs) or equivalent authoritative sources to confirm whether an applicant's qualification is recognised within its country of origin and aligns to the expected level and field of study,[8]

- Review of curriculum content and learning outcomes to confirm coverage of core foundational sciences, professional knowledge, clinical or practical skills required to undertake the examinations,
- Consideration of level, sequencing and progression within a program of study (for example, completion of prerequisite or foundational subjects before advanced or applied components and clinical practice), and
- Assessment of whether the applicant has completed sufficient prior study or training to reasonably engage with the format, content and cognitive demands of the examinations.

The focus is on ensuring that examinations are undertaken by candidates who are appropriately prepared, rather than on making determinations about overall equivalence or fitness to practise.

3.3 Managing consistency and professional difference

While qualification assessment models vary across professions, accreditation authorities apply consistent principles in framing qualification assessment as an eligibility and readiness check. Profession-specific requirements are retained where justified by differences in curricula, scopes of practice or examination demands, and are clearly articulated to support transparency and defensibility.

4. Examination and assessment design

Accreditation authorities apply evidence-informed principles to ensure that assessments are appropriately designed and aligned with their purpose.

4.1 Linking assessment to practice requirements

Assessment is structured to measure the knowledge, skills, behaviours and capabilities relevant to safe and effective practice in Australia. This alignment is typically supported by:

- Clear articulation of what is being assessed, with reference to relevant professional competency standards, accreditation standards or other authoritative frameworks that describe readiness for practice.
- Structured mapping (blueprinting) is developed with input from the relevant professions to confirm that assessment content is representative of the scope, breadth and level of knowledge and skills expected for practice.
- Application of recognised frameworks for describing levels of competence and other cognitive and performance frameworks.
- Item development and review, led by subject matter experts from the profession, and supported by empirical performance data.
- Use of marking rubrics and standard setting methodologies to ensure alignment with the expected minimum level of competence for safe practice.

Assessment methods are selected to align with the capabilities being assessed and the purpose of the assessment.

4.2 Use of cognitive and performance frameworks

Accreditation authorities use established cognitive and performance frameworks, including Bloom's taxonomy and the Miller framework, to ensure that assessment methodologies align with the level of performance expected at entry to practice. In practice, the emphasis is typically on assessing candidates at the "knows how" and "shows how" levels, reflecting the applied knowledge, clinical reasoning and professional skills required for safe practice in most regulated professions.[9]

While assessment at the "does" level (performance in real clinical settings) can be informative for some professions, it is not always feasible or appropriate in regulatory contexts. In these circumstances, accreditation authorities ensure that assessment methods provide the strongest possible evidence of readiness for practice within the available regulatory and practice context.

4.3 Matching methods to intended outcomes

Authorities explicitly consider which domains are being assessed, including:

- Knows – foundational and factual knowledge
- Knows how – applied knowledge, clinical reasoning and judgement
- Shows how – performance in structured or simulated settings
- Does – performance in authentic or workplace-based contexts

Different assessment methodologies are selected to align with these domains. For example:

- Written examinations, including multiple-choice questions (MCQs), are commonly used to assess "knows how," focusing on applied knowledge, problem-solving and clinical reasoning rather than recall alone.
- Structured clinical examinations or simulations (such as Objective Structured Clinical Examinations (OSCEs)) are used to assess "shows how," enabling observation of clinical, technical and procedural skills as well as communication and professional skills in controlled and standardised settings.
- Workplace-based assessments or structured supervised practice pathways, where available and appropriate, provide evidence at the "does" level by assessing performance in real practice environments.

Accreditation authorities recognise that not all professions, or all regulatory pathways, can support assessment across every level of the taxonomy and ensure that the combination of the selected assessments provides sufficient and defensible evidence of readiness for practice. Across all professions, authorities focus on the coherent use of multiple methods, rather than reliance on any single assessment type, to ensure that the overall assessment program provides appropriate coverage of required cognitive and performance domains.

5. Psychometric evaluation and monitoring

5.1 Role of psychometric evidence

Psychometric evaluation is a core component of assurance. Accreditation authorities use psychometric evidence to confirm that assessments are valid, reliable and defensible, and that assessment results support fair and appropriate regulatory decisions. Psychometric analysis provides evidence that assessment items and tasks function as intended and contribute meaningful information about a candidate's knowledge, skills and abilities, consistent with internationally accepted testing standards.

Psychometric evidence supports the validity of assessment decisions by demonstrating that scores are based on items that appropriately target the intended constructs and discriminate effectively across levels of candidate ability.

5.2 Psychometric methods

Accreditation authorities apply psychometric methods that are appropriate to the purpose, scale and format of the assessment. Depending on context, this may include:

- Classical test theory (CTT) approaches to examine item difficulty, item discrimination and overall test reliability,[10]
- Item response theory (IRT) models,[11] where appropriate, to provide more detailed information about item functioning across the ability continuum and to support test equating, form comparability and longitudinal monitoring, and
- Analysis of assessor effects or station performance for clinical or performance-based assessments.

The selection of psychometric methods is proportionate to the stakes and complexity of the assessment and reflects available data, expertise and resources.

5.3 Standard setting

Standard setting is the process of determining the minimum score required to demonstrate the level of knowledge or skill necessary for safe and effective practice. Accreditation authorities use recognised and defensible standard-setting methods to establish pass/fail thresholds that reflect the minimum acceptable level of knowledge and skill for the purpose of the assessment. [12]Depending on the assessment format and context, this may include methods such as:

- Angoff-based (including modified Angoff) and bookmarking approaches for written examinations, in which subject matter experts estimate the performance of a borderline candidate on each item
- Regression-based or borderline group methods for performance-based or clinical assessments, such as OSCEs, in which the passing standard is derived from the observed performance of candidates judged to be at the borderline of competence
- Ongoing review of standards to ensure continued appropriateness over time.

Standard-setting decisions are informed by expert judgement, supported by empirical data, and reviewed as part of routine quality assurance processes.

5.4 Ongoing monitoring and integrity

Psychometric analysis is also used to support ongoing monitoring of assessment quality and integrity.[13] This includes the ability to:

- Identify items or stations that do not perform as expected and do not provide useful information about candidate ability, and remove or exclude them from scoring where appropriate
- Detect item drift or changes in item difficulty or discrimination over time
- Monitor item exposure rates to manage risks associated with over-use of assessment material
- Identify patterns that may indicate guessing, item harvesting or other threats to assessment integrity, and
- Inform targeted review, revision or retirement of assessment materials.

These analyses support continuous improvement and ensure that assessment results remain robust, fair and defensible.

5.5 Proportionate expectations

The depth of psychometric analysis is proportionate to the scale, stakes and format of the assessment.[14] At a minimum, accreditation authorities routinely:

- Monitor overall reliability at the examination or assessment level
- Review item, station or assessor performance, as appropriate to the methodology
- Examine pass/fail outcomes for consistency and stability over time
- Use psychometric findings to inform ongoing refinement and improvement

Authorities recognise that no single psychometric model is universally applicable and select approaches that best support the purpose and defensibility of the assessment.

6. Quality assurance and governance

6.1 Governance arrangements

Accreditation authorities maintain clear governance structures to oversee assessment design, delivery and review. This typically includes access to expertise in professional practice, assessment design, psychometrics and quality assurance, supported by clear decision-making and escalation pathways.

6.2 Quality assurance across the lifecycle

Quality assurance is applied across the full assessment lifecycle:

- Design – alignment to standards, blueprinting and clarity of purpose
- Development – structured development, review and calibration of assessment materials
- Delivery – secure, consistent and equitable administration
- Review – systematic analysis of performance data, feedback and operational issues

Authorities use QA activities to support continuous improvement and assurance to stakeholders.

7. Evidence base and international and interprofessional benchmarking

7.1 Use of evidence

Accreditation authorities draw on multiple sources of evidence when selecting and reviewing assessment methodologies, including peer-reviewed research, internal evaluation data and independent expert advice. Expectations regarding the nature and sufficiency of evidence align with internationally recognised approaches to assessment validation.

7.2 International practice

Accreditation authorities also consider how comparable health professions assess internationally qualified practitioners in other well-established regulatory jurisdictions. This includes examining the overall structure of assessment pathways, rather than seeking direct equivalence of individual assessment components.

Across comparable jurisdictions, assessment pathways for internationally qualified practitioners commonly involve a multi-stage process, typically comprising:

- An initial qualification or eligibility assessment to confirm completion of appropriate foundational education and training
- A written or knowledge-based examination to assess applied knowledge and clinical reasoning
- A clinical, practical or performance-based assessment (or, where available, a period of supervised practice) to assess observable professional skills

This staged approach is evident across a range of regulated health professions internationally. For example:

- In the United Kingdom, regulatory pathways commonly involve eligibility checks followed by knowledge-based examinations and structured clinical or practical assessments.
- In New Zealand, assessing authorities similarly employ qualification screening followed by written and clinical assessments for overseas-trained practitioners across multiple professions.

- In Canada, internationally educated health practitioners are typically required to complete credential assessment processes before progressing to written and clinical examinations or approved supervised practice pathways, depending on the profession.
- In the United States, qualifying assessment frameworks commonly involve nationally standardised examinations that assess applied professional knowledge, with examination structures varying by profession and, in some cases, incorporating additional components to assess clinical reasoning or performance.
- In Singapore, qualifying examinations for overseas-trained practitioners typically assess core professional knowledge and its application against local entry-to-practice standards, with examination design and sequencing varying across professions and, in some cases, combining written and practical assessment components.

While specific assessment formats and sequencing vary by profession and jurisdiction, these examples illustrate that a progression from qualification assessment to written examination to clinical or practice-based assessment is a well-established and internationally accepted approach. Accreditation authorities in Australia adopt and adapt these approaches to reflect local regulatory requirements, scopes of practice and available pathways, while remaining aligned with international norms. This international consistency provides assurance that staged assessment pathways are an established and proportionate means of assessing readiness for practice in regulated health professions.

7.3 Interprofessional benchmarking

In addition to international scanning, accreditation authorities also benchmark across professions within Australia to promote consistency of approach and to strengthen continuous improvement. This interprofessional benchmarking is supported through structured forums and communities of practice in which authorities share information, QA findings, governance approaches and lessons learned from assessment delivery. Insights from these exchanges are used to refine common quality assurance controls (for example, blueprinting, item and station review, assessor training and calibration, standard-setting governance, and integrity monitoring), and to identify opportunities for quality improvement. By routinely comparing methodologies, assurance activities and emerging risks across professions, authorities help ensure that assessment programs remain contemporary, defensible and proportionate, while respecting profession-specific requirements and safeguarding examination security.

8. Consistency, transparency and public information

Accreditation authorities recognise that professions differ in scope, risk profile, pathways to registration and modes of practice. These differences are reflected in assessment design where necessary.

At the same time, authorities ensure consistency of principles and assurance processes across professions. This includes consistent consideration of validity, reliability, proportionality, quality assurance and evidence, even where assessment formats differ.

Accreditation authorities also recognise the importance of clear public information to support transparency, confidence and understanding of assessment processes. Public information is intended to explain the purpose, structure and rationale of assessment pathways, rather than disclose assessment content or compromise examination integrity.

In practice, this assurance is provided through a combination of:

- Scheme-level or cross-profession guidance (such as this document), which articulates shared principles and expectations for assessment methodology selection and assurance, and
- Profession-specific public materials, including websites, candidate handbooks, assessment guides and policies, which explain how these principles are applied within a particular profession.

Together, these sources enable candidates, stakeholders and the public to understand:

- The purpose of qualification assessment and examinations
- The broad structure of assessment pathways and stages
- The principles that underpin methodology selection, and
- How assessments are governed, monitored and reviewed

This layered approach to transparency supports consistency across professions while preserving necessary flexibility and safeguarding assessment integrity. Assessment methodologies are not static and are periodically reviewed to ensure continued alignment with professional standards, emerging evidence and regulatory expectations. Where changes are made, accreditation authorities document the rationale and communicate these appropriately.

References

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Appendix A: High level mapping of professions to the guidance principles

The table below provides a high-level mapping of the different professions against the principles and key elements set out in this document, to confirm that each profession's assessment methodologies and assurance processes align with the guidance. For all professions, this work is carried out by the relevant accreditation authorities; with the exception of Occupational Therapy, where this responsibility is shared between the accreditation authority and Ahpra.

	Dentistry	Medicine	Pharmacy	Physiotherapy	Optometry	Occupational Therapy
Qualification assessment	☑	☑	☑	☑	☑	☑
Assessment of competence	☑	☑	☑	☑	☑	☑
• Written	• MCQ	• MCQ	• MCQ • Short answers	• MCQ	• MCQ • Short answers	• Supervised practice implementation plan
• Clinical	• OSCEs • Simulation-based assessments	• OSCEs	• VIVAs • WBAs (within accredited intern program)	• VIVAs • Simulation-based assessments	• OSCEs • Patient examinations	• Supervised practice
Assessment mapped to professional competencies	☑	☑	☑	☑	☑	☑
Blueprints	☑	☑	☑	☑	☑	☑
Standard setting	☑	☑	☑	☑	☑	

	Dentistry	Medicine	Pharmacy	Physiotherapy	Optometry	Occupational Therapy
Use of established cognitive and performance frameworks, e.g. Bloom's taxonomy and Miller framework	☑	☑	☑	☑	☑	☑
Psychometric analysis of assessments	☑	☑	☑	☑	☑	
Quality assurance	☑	☑	☑	☑	☑	☑
Assessment Committee	☑	☑	☑	☑	☑	☑
International and interprofessional benchmarking	☑	☑	☑	☑	☑	☑
Publicly available information on governance, purpose, pathways and selection of assessment methods	☑	☑	☑	☑	☑	☑