

POLICY DOCUMENT

NATIONAL BARRIER EXAM

Background

The Australian Medical Students' Association (AMSA) is the peak representative body of Australia's medical students. Medical education in Australia continues to be rated exceptionally well by international standards(1). There are currently eighteen medical schools in Australia, all of which are accredited by the Australian Medical Council (AMC) to deliver the appropriate training for students to graduate with a primary medical degree. AMSA trusts and respects the AMC as the most appropriate and competent body to independently accredit Australia's medical programmes, and believes it should remain the gold-standard for accreditation. There is much diversity amongst these universities with regards to course delivery, including:

- Undergraduate vs. graduate entry
- Length of the programme (4-6 years)
- The timing of final (barrier) exams
- The structure of preclinical and clinical teaching components
- The inclusion of a compulsory research period
- University-specific specialist focuses (e.g. GP, surgical, pathology)
- Style of assessment

There has been discussion regarding the adoption of a national barrier exam for all final year students. Proponents argue that this would ensure all graduates are at the same standard upon commencement of their careers.

Position Statement

AMSA opposes the implementation of a national barrier exam.

Policy

AMSA believes that:

1. The AMC is well-equipped and competent to accredit Australia's medical programmes to world-class standards.
2. The variation in teaching methods and course structure at different universities is desirable, and results in a pool of medical graduates with similar core competencies, but a diversity of extended skills and knowledge.
3. The implementation of a national barrier exam would place undue pressure on universities to develop curricula focused on priming students for the exam. This undervalues the diversity of existing curricula.
4. To conduct a national barrier exam without risk of academic misconduct an 'exam common week' and timetable would have to be instituted across all medical schools. Not only does this present a difficult logistical exercise, such a move disregards individual universities' prerogatives to schedule assessments at times they feel are appropriate.
5. The writing and implementation of a national barrier exam would be excessively costly and

unnecessary.

References

1. Australian Government Department of Education, Employment and Workplace Relations. What makes for success in medical education? Synthesis report, 2008

Policy adopted February 2010

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