

Special Consideration for Assessment Policy Application Guide and Form

This document should be read in conjunction with the Special Consideration for Assessment policy and appendices, which are available on the [Education Policy webpage](#).

Overview

This policy outlines the process for addressing exceptional circumstances affecting a trainee and the special provisions or arrangements available to mitigate associated impacts. Special consideration does not exempt a trainee from meeting established requirements or performance standards for examinations or work-based assessments.

Applications for special consideration should be made prospectively, where possible, and by the published deadline in the Outcome Summary Table (Policy Appendix A) in all cases. Deadlines will vary depending on the category of exceptional circumstances (Policy Appendix B) applied for. Special consideration applications must be made using the application form provided below.

Outcomes of an application for special consideration

As per the policy, the relevant Committee or delegate will review the application for special consideration and decide on the outcomes.

| Type of request | Outcomes |
|--|---|
| <p>Pre-examination requests (Relating to permanent or long-term disability and temporary disability due to medical or other relevant conditions; pregnancy, lactation and infant feeding needs; compassionate grounds or serious disruptions; essential commitments such as religious, cultural, societal or legal obligations; and other seriously disruptive events that occurred pre-exam)</p> | <p>Outcomes will specify particular:</p> <ul style="list-style-type: none"> • Provisions, including advice to examiners, permission to bring food/medication, physical aids/equipment, modification of assessment procedures • Allocation within a designated exam period • Additional time for examinations excluding the Divisional Clinical Examinations (DCE). Due to the nature of the DCE, additional time during or between cases cannot be provided. • Permission to withdraw from the exam without financial penalty <p>Provisions in exams if lactating:</p> <ul style="list-style-type: none"> • Access to private spaces for breastfeeding or expressing milk • Refrigerated storage for expressed milk during assessments • Additional breaks for examinations excluding the DCE • Examiners informed of provisions <p>Provisions in exams if pregnant:</p> <ul style="list-style-type: none"> • Food/medication permitted • Additional breaks for examinations excluding the DCE • Modification of exam technique • Examiners informed of provisions <p>Types of assistance to be provided during an assessment will be limited to what might be reasonably expected to be available within the normal workplace of a RACP trainee.</p> |

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| Technical or procedural issues encountered during an examination | When feasible, compensation or resolution may be provided during the assessment if a candidate faces technical or procedural issues during an examination. |
| Post-examination requests | <p>If a candidate encounters technical or procedural issues during an examination that cannot be addressed or resolved, they must immediately inform the examiner and/or invigilators of the issue and document the incident.</p> <ul style="list-style-type: none"> • Written examination: the attempt will be designated as a withdrawal rather than a fail. The candidate may re-sit the exam at the next available opportunity, and a refund will be issued. • Clinical or Practical Examination: The College may organise a supplementary exam for affected trainees, or the attempt may be designated as a withdrawal, determined on a case-by-case basis. <p>If a candidate experiences a temporary disability during the exam and chooses to complete it, the completed exam will be counted as an attempt, and no refund will be issued.</p> <p>If a candidate experiences a temporary disability during the exam and is unable or chooses not to complete it, the committee will review the situation on a case-by-case basis. Possible outcomes may include designating the exam as an attempt, marking it as no attempt, or allowing for withdrawal with a refund if applicable.</p> |
| Work-based assessment request | Outcomes will specify a time extension or other appropriate special arrangement to enable completion and/or submission of the requirement. |

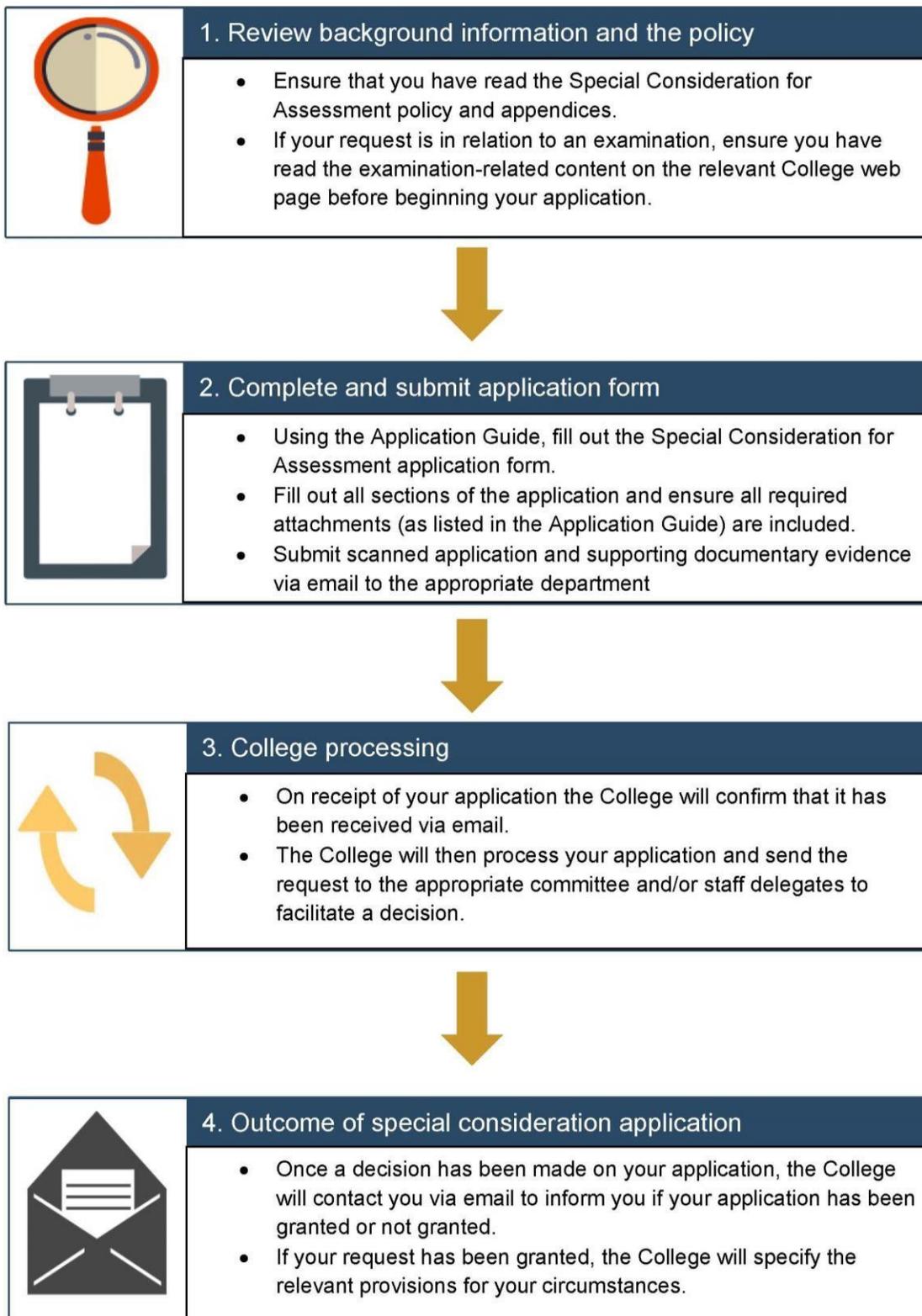
Documentary evidence for applications

The applicant is responsible for providing all required documentation to support the application, as detailed in the published applicant guidelines. The evidence required will depend on the category of exceptional circumstance.

| Category of Exceptional Circumstance | Documentary evidence required |
|---|--|
| Permanent or long-term disability and temporary disability due to medical or other relevant conditions | <p>A certificate* from an appropriate licensed health practitioner that includes:</p> <ul style="list-style-type: none"> • A description of the condition or disability • Duration or expected timeframe of the condition or disability • The health practitioner’s professional opinion on how the condition or disability impacts the trainee’s ability to perform in the assessment. • Any recommended accommodations or adjustments to support the trainee during the assessment. • Details of any ongoing treatment, medication, or therapy that may affect performance. • Confirmation of the health practitioner’s credentials, including their name, contact information, and professional registration details. • The date of the consultation and issuance of the certificate. <p>*The health practitioner providing a certificate must have a professional practitioner-patient relationship with the applicant and cannot be a family member, relative, supervisor, employer, or colleague.</p> |
| Pregnancy, lactation and infant feeding needs | <p>A certificate* from an appropriate licensed health practitioner confirming:</p> <ul style="list-style-type: none"> • The pregnancy or postpartum status. |

| | |
|--|--|
| | <ul style="list-style-type: none"> • Any medical conditions or complications (if applicable) that may impact exam performance. • Expected delivery date or postpartum recovery period. • The lactation status. <p>*The health practitioner providing a certificate must have a professional practitioner-patient relationship with the applicant and cannot be a family member, relative, supervisor, employer, or colleague.</p> |
| <p>Compassionate grounds or serious disruption</p> | <p>Appropriate supporting documentary evidence as per the circumstances, which may include:</p> <ul style="list-style-type: none"> • Documentary evidence of serious issues relating to a family member or significant other person (including a medical certificate as per the requirements above*) • Signed acknowledgment that the family member has consented to share this information with the College. • Other relevant documentary evidence per the circumstance (e.g., bereavement notice, police certificate, etc.) |
| <p>Essential commitments such as religious, cultural, societal or legal obligations</p> | <p>Appropriate supporting documentary evidence as per the circumstances, which may include:</p> <ul style="list-style-type: none"> • Religious obligations - a letter or official document from a religious leader or organisation confirming the nature and timing of the obligation (e.g., religious holidays, rituals, or observances). • Cultural commitments - documentation from a community leader or cultural organisation detailing the cultural obligation (e.g., ceremonies, rites of passage) and timing. • Societal obligations - evidence of civic responsibilities such as jury duty or community service (e.g., jury summons or official notifications) • Legal commitments - official court or legal documentation, such as a court summons, subpoena, or letter from a legal representative. • Personal Statement - a written explanation of the commitment, its significance, and how it impacts your ability to attend or perform in the examination. |
| <p>Technical issues encountered during an examination</p> | <p>The RACP will request a detailed report prepared by the examiner or invigilator during the incident, outlining the nature of the technical issue, its impact on the examination, and the steps taken to resolve it. The examiner or invigilator should submit this report directly to the committee.</p> |

Special Consideration Application Process diagram



Special Consideration for Assessment Policy Application Form

This form should be read and completed in conjunction with the Special Consideration for Assessment Policy and Appendices are available on the [RACP Education Policy webpage](#).

1. Applicant details

| | | | |
|--------------------------------|--|----------------------|--|
| Family name (surname) | | Given name(s) | |
| Full Address: | | | |
| Date of birth: | | | |
| Member ID Number (MIN): | | | |
| Contact email address: | | | |
| Phone contact: | | | |

2. Application details

| | | | |
|---|--------------------------|--|--------------------------|
| Current Training Program | | | |
| I am applying for special consideration for: | | | |
| <input type="checkbox"/> | An examination | Please specify: | |
| <input type="checkbox"/> | A work-based assessment | Please specify: | |
| I am applying for special consideration under the following exceptional circumstance category: | | | |
| Permanent or long-term disability due to medical or other relevant condition/s | <input type="checkbox"/> | Pregnancy and/or lactation and/or infant feeding needs | <input type="checkbox"/> |
| Temporary disability due to medical or other relevant condition/s | <input type="checkbox"/> | Compassionate grounds or serious disruptions | <input type="checkbox"/> |
| | | Essential commitments such as religious, cultural, societal or legal obligations | <input type="checkbox"/> |
| | | Technical issues encountered during an examination | <input type="checkbox"/> |

3. Statement of grounds of the exceptional circumstance

Please provide a detailed explanation of the circumstances and the specific assistance or provision being requested. Additional pages may be attached.

4. Applicant declaration

Before applying, applicants must review and confirm that they have addressed all the necessary criteria and must sign and date the form.

| | | | | | | | |
|---|--|---------------------|--------------------------|-------------|--|--|--|
| <input type="checkbox"/> | I declare the information provided on this form is accurate and correct. | | | | | | |
| <input type="checkbox"/> | I have familiarised myself with my obligations as documented in the <i>Special Consideration for Assessment policy, appendices, and website content related to the examination (for applications relating to examination candidates)</i> . | | | | | | |
| <input type="checkbox"/> | My application meets the specified time frames set out in the Outcome Summary Table (Appendix A of the Special Consideration for Assessment policy), and I am aware of the potential outcomes of an application for special consideration. | | | | | | |
| <input type="checkbox"/> | I have included all relevant documentary evidence required to support my request for special consideration in this application. | | | | | | |
| <input type="checkbox"/> | I have received and provided signed third-party consent for my application (if applicable). | | | | | | |
| <input type="checkbox"/> | I understand that an approved application for special consideration will not excuse me from meeting a requirement, standard for performance, or qualification objectively set by the RACP. | | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">Trainee Name</td> <td style="width: 40%;">Trainee Signature</td> <td style="width: 20%;">Date</td> </tr> <tr> <td style="height: 40px;"></td> <td></td> <td></td> </tr> </table> | | Trainee Name | Trainee Signature | Date | | | |
| Trainee Name | Trainee Signature | Date | | | | | |
| | | | | | | | |

5. Third-party consent authorisation

Where third-party information is relevant to an application, the applicant must provide signed and dated consent from the third party to share personal information with the College.

| | | | | | | | |
|--|---|------------------------------|------------------------------|-------------|--|--|--|
| <input type="checkbox"/> | I consent to the Royal Australasian College of Physicians sharing my information for a Special Consideration application. I understand that my information will only be used for this application and kept confidential, in line with the College's privacy policy. | | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">Third-Party Signature</td> <td style="width: 40%;">Third-Party Signature</td> <td style="width: 20%;">Date</td> </tr> <tr> <td style="height: 40px;"></td> <td></td> <td></td> </tr> </table> | | Third-Party Signature | Third-Party Signature | Date | | | |
| Third-Party Signature | Third-Party Signature | Date | | | | | |
| | | | | | | | |

6. Documentary evidence

When submitting your application, please include documentary evidence. This may consist of but is not limited to, the following items: a certified medical certificate, a formal letter from a medical practitioner, bereavement notices, statutory declarations, police incident reports, and a letter from your supervisor.

Please list all attachments in your application and ensure that your name is included in the file name of each document.

| No. | Description (e.g., Special Consideration Application Form) | File Name (e.g., Last name_First name_Description_YYYYMMDD) |
|-----|---|--|
| 1 | | |
| 2 | | |
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Please send completed application forms, including all documentary evidence to:

| For trainees in Australia | For trainees in Aotearoa New Zealand |
|--|--|
| Examination requests <ul style="list-style-type: none"> Divisional Written Examinations (DWE) examinations@racp.edu.au Divisional Clinical Examinations (DCE) DCE@racp.edu.au Faculty and Chapter Examinations faculty.examinations@racp.edu.au | Examination requests <ul style="list-style-type: none"> Divisional Written Examinations (DWE) examinations@racp.edu.au Divisional Clinical Examinations (DCE) examinations@racp.org.nz Faculty and Chapter Examinations faculty.examinations@racp.edu.au |
| Work-based assessment requests <ul style="list-style-type: none"> Basic Training BasicTraining@racp.edu.au Advanced Training AdvancedTraining@racp.edu.au | Work-based assessment requests <ul style="list-style-type: none"> Basic Training basic.training@racp.org.nz Advanced Training advanced.training@racp.org.nz |