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 that may affect a trainee's ability to undertake or perform in an assessment. Special consideration ensures equitable access but 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 each application for special consideration and determine the appropriate outcome on a case-by-case basis, noting that not all outcomes apply to all examinations.

| Type of request | Outcomes | |
|---|---|--|
| 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 preexam) | Outcomes will specify particular: Provisions, including advice to examiners, permission to bring food/medication, physical aids/equipment, and modification of assessment procedures Allocation within a designated exam period Additional time for examinations Permission to withdraw from the exam without financial penalty Provisions in exams if lactating: Access to private spaces for breastfeeding or expressing milk Refrigerated storage for expressed milk during assessments Additional breaks for examinations Examiners informed of provisions Provisions in exams if pregnant: Food/medication permitted Additional breaks for examinations Modification of exam technique Examiners informed of provisions 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. | |

| 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 | If a candidate experiences a temporary disability during the exam and chooses to complete it, the completed examination will be counted as an attempt, and a refund will not be issued. | | | |
| | If a candidate experiences a temporary disability during the examination and is unable or chooses not to complete it, the relevant committee will review the situation on a case-by-case basis. Possible outcomes may include designation of the attempt, withdrawal with a refund if appropriate, or other outcomes in line with the policy. | | | |
| | 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 invigilator of the issue and document the incident. | | | |
| | Written examination: Designation as a withdrawal rather than 'fail–no attempt', with entitlement to re-sit at the next available opportunity and a refund in accordance with the College Fees Terms and Conditions | | | |
| | Clinical or Practical Examination: Designation of the attempt, withdrawal with refund where appropriate, or a supplementary examination (Divisional Clinical Examinations only), determined on a case-by-case basis. | | | |
| | If a candidate experiences racism, discrimination, and/or bias during the examination, the relevant committee or delegate will review the application on a case-by-case basis. Outcomes may include designation as an attempt (applicable in circumstances where assessment was passed so result can be upheld), no attempt, or withdrawal with refund where appropriate, or a supplementary examination (Divisional Clinical Examinations only), determined on a case-by-case basis where warranted. | | | |
| 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 | A certificate* from an appropriate licensed health practitioner that includes: 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. *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. |
|--|---|
| Pregnancy, lactation and infant feeding needs | A certificate* from an appropriate licensed health practitioner confirming: The pregnancy or postpartum status. Any medical conditions or complications (if applicable) that may impact exam performance. Expected delivery date or postpartum recovery period. The lactation status. *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. |
| Compassionate grounds or serious disruption | Appropriate supporting documentary evidence as per the circumstances, which may include: 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.). |
| Essential commitments such as religious, cultural, societal or legal obligations | Appropriate supporting documentary evidence as per the circumstances, which may include: 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. |
| Technical issues encountered during an examination | 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. |
| Racism, discrimination, and/or bias experienced during the examination | The RACP will request a detailed account from the candidate describing the incident, including any available supporting evidence such as written statements, witness reports, or relevant communications. Where applicable, the examiner or invigilator may also be asked to provide an incident report outlining their observations and any actions taken at the time. |

Special Consideration Application Process Diagram

1. Review background information and the policy

Read the *Special Consideration for Assessment Policy* and appendices before submitting your application.

If your request relates to an examination, ensure you have read the examination-specific information on the relevant College webpage before beginning your application.



2. Complete and submit your application

Using the *Application Guide*, complete the *Special Consideration for Assessment Application Form.*

Ensure all sections are completed and all required documentation (as listed in the *Application Guide*) is attached.

Submit the completed application and supporting evidence by email to the appropriate committee via the email addresses provided below.



3. College processing

Upon receipt, the College will acknowledge your application by email.

The College will review your submission and refer it to the relevant committee or authorised delegate for consideration and decision.



4. Outcome of your application

Once a decision has been made, the College will advise you of the outcome by email.

If approved, the notification will outline the provisions or adjustments granted in relation to your circumstances.

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 <u>RACP Education Policy webpage</u>.

1. Applicant details

| Family name (surname) | | | Given name(s) | | | | | |
|--|--------------------|---------------------------|------------------|---------|--|--|--|--|
| Full Address: | | | | | | | | |
| Date o | of birth: | | | | | | | |
| Memb (MIN): | per ID Number : | | | | | | | |
| Conta addre | act email ess: | | | | | | | |
| Phone | e contact: | | | | | | | |
| 2. A pp | olication details | | | | | | | |
| Current Training Program | | | | | | | | |
| I am a | applying for spec | cial c | onsideratio | on for: | | | | |
| An examination | | Please s | pecify: | | | | | |
| A work-based assessment | | Please sp | oecify: | | | | | |
| I am applying for special consideration under the following exceptional circumstance category: | | | | | | | | |
| | | y and/or la ant feedin | | | Essential commitments such as religious, cultural, societal or legal obligations | | | |
| Temporary disability due to medical or other relevant condition/s | | ionate gro isruptions | unds or | | Technical or procedural issues, or racism, discrimination, and/or bias encountered during an examination | | | |

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. | | |
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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.

| | I declare that the information I have provided in this application is true and correct to the best of my knowledge. | | | | |
|--|---|-----------------------|------|--|--|
| | I understand that submission of this form does not guarantee a particular outcome or change to my assessment result. | | | | |
| | I acknowledge that any special consideration granted will apply only to the specific assessment instance for which this application was submitted. | | | | |
| | I consent to the RACP collecting, using, and storing my personal and sensitive information for the purpose of assessing my application for special consideration. I understand that: My information will be handled in accordance with the College's Privacy Policy and applicable privacy laws. Access to my application will be limited to authorised College staff and committee members involved in administering and reviewing special consideration applications. My information will be retained only as long as legally or administratively required and then securely destroyed or de-identified. | | | | |
| | I have read and understood the <i>Special Consideration for Assessment Policy</i> and the information provided in this form. | | | | |
| Trainee Name | | Trainee Signature | Date | | |
| 5. Third-party consent authorisation Where third-party personal information (e.g. medical or professional documentation) is included in support of an application, the applicant must provide signed and dated consent from the third-party authorising the College to receive and use that information. | | | | | |
| I consent to the Royal Australasian College of Physicians receiving and using my personal information as part of the Special Consideration application process. I understand this information will only be used for the purposes of assessment and will be handled confidentially in accordance with the College's Privacy Policy. | | | | | |
| Third-F | 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 | | |
| 3 | | |
| 4 | | |
| 5 | | |
| 6 | | |
| 7 | | |
| 8 | | |
| 9 | | |
| 10 | | |

Please submit the completed application form along with all required supporting documents to:

| For trainees in Australia | For trainees in Aotearoa New Zealand | | |
|--|--|--|--|
| Examination requests | Examination requests | | |
| Divisional Written Examinations (DWE) | Divisional Written Examinations (DWE) | | |
| examinations@racp.edu.au | examinations@racp.edu.au | | |
| Divisional Clinical Examinations (DCE) | Divisional Clinical Examinations (DCE) | | |
| DCE@racp.edu.au | examinations@racp.org.nz | | |
| Faculty and Chapter Examinations | Faculty and Chapter Examinations | | |
| faculty.examinations@racp.edu.au | faculty.examinations@racp.edu.au | | |
| Work-based assessment requests | Work-based assessment requests | | |
| Basic Training | Basic Training <u>basic.training@racp.org.nz</u> | | |
| BasicTraining@racp.edu.au | Advanced Training | | |
| Advanced Training | advanced.training@racp.org.nz | | |
| AdvancedTraining@racp.edu.au | | | |