



Review of the Standards for Assessment and Accreditation of Primary Medical Programs by the Australian Medical Council

1 Stakeholder Consultation

The Australian Medical Council (AMC) is beginning a review of the approved accreditation standards for primary medical programs. The AMC has established a working party, led by Professor Geoff McColl, Chair of the AMC Medical School Accreditation Committee, to undertake the review of the standards.

The AMC is now seeking stakeholder comment on the scope of the review. This consultation will run for six weeks until **8 September 2017**.

The AMC will consult stakeholders again when it has specific proposals for change to the standards.

Please provide your comments on the proposed scope of the review either by email to standardsreview@amc.org.au or by mail to:

AMC Accreditation Section (Standards Review)
PO Box 4810
Kingston ACT 2604

2 Background

The AMC is a national standards and assessment body for medicine. Its purpose is to ensure that standards of education, training and assessment of the medical profession promote and protect the health of the Australian community. It is the designated accreditation authority for the medical profession under the Health Practitioner Regulation National Law (the National Law), which established Australia's National Registration and Accreditation Scheme.

The AMC accredits primary and specialist medical programs and their providers, primary medical education (offered by university-based medical schools), and specialist medical programs and continuing professional development programs (offered by specialist medical colleges). By agreement with the Medical Council of New Zealand, AMC developed accreditation standards also apply to the assessment of medical programs in New Zealand. Any AMC review of the standards includes input from the Medical Council of New Zealand.

The AMC also uses accreditation as a quality assurance tool for other medicine-specific processes. It accredits the state-based authorities that set standards for medical internship, Workplace Based Assessment programs for international medical graduates and Pre-employment Structured Clinical Interviews undertaken by international medical graduates.

The AMC reviews the accreditation standards in full approximately every five years. It considers relevant national and international reports and policies relating to education and training in medicine, and takes account of the developments in countries with comparable medical education and practice standards. It also reviews AMC accreditation and committee

reports. The AMC recognises other comparable standards in Australia, including the Higher Education Threshold Standards. It considers these standards when it reviews the accreditation standards for medical programs.

In proposing new or amended accreditation standards, the AMC also considers the objectives of the National Registration and Accreditation Scheme, namely:

- a) to provide for the protection of the public by ensuring that only health practitioners who are suitably trained and qualified to practise in a competent and ethical manner are registered; and
- b) to facilitate workforce mobility across Australia by reducing the administrative burden for health practitioners wishing to move between participating jurisdictions or to practise in more than one participating jurisdiction; and
- c) to facilitate the provision of high quality education and training of health practitioners; and
- d) to facilitate the rigorous and responsive assessment of overseas-trained health practitioners; and
- e) to facilitate access to services provided by health practitioners in accordance with the public interest; and
- f) to enable the continuous development of a flexible, responsive and sustainable Australian health workforce and to enable innovation in the education of, and service delivery by, health practitioners.

Structure of the approved accreditation standards

The approved accreditation standards for primary medical programs can be found [here](#):

The AMC sets a common structure for the accreditation standards for all the accreditation processes, but customises each set of standards to reflect the education and health context for the particular stage of education and training. For primary medical education the standards are grouped as follows:

- Standard 1 The Context
- Standard 2 Program Outcomes
- Standard 3 The Curriculum
- Standard 4 Learning and Teaching
- Standard 5 Assessment of Learning
- Standard 6 Monitoring and Reviewing
- Standard 7 Students
- Standard 8 The Learning Environment

3 Proposed scope of the review

This section sets out the AMC's initial thinking concerning the scope of the review. The AMC welcomes feedback on these plans.

The AMC is proposing to make minor changes to the standards, to bring specific areas up to date and to increase clarity. As a medium term task, the AMC sees an opportunity to consider how the standards can best support and encourage innovation as medical programs respond to ongoing changes in medical education and higher education, as well as

changes in models of care and health service delivery. As these changes are likely to relate to other stages of medical education and training as well, the AMC considers that a wider discussion about the future direction is a larger task.

For this reason, the AMC is proposing to move forward with the review of the Standards for Assessment and Accreditation of Primary Medical Programs in two phases.

Phase 1: Revisions to standards and notes to make minor changes, and build on other completed AMC and health workforce policy work. AMC policy work includes:

- Medical student professionalism and fitness to practise
- Accreditation of Australian and New Zealand medical programs offered offshore

Phase 2: The AMC proposes, in the medium term, to consider and consult on changes in medical education and higher education, the context/environment in which medical education is delivered and the implications of these changes for accreditation. This might link to proposals for broader reshaping of the accreditation standards for medical programs across the continuum.

Staging the work will allow the AMC to make minor changes quickly in consultation with the education providers and, separate from this, engage in a discussion about broader change and reorientation of the standards. It is expected that the second phase will also include the AMC's response to any relevant recommendations from the current national Accreditation Systems Review.

4 Phase 1 proposals for change to the standards

In this stage, the AMC is consulting specifically on the plans for the Phase 1 review.

Structure of the accreditation standards

The AMC's initial thinking is that major change to the standards is not required or desirable, since standards for all phases of medical education are now aligned.

Purpose of the accreditation process

The overall purpose of the accreditation process is to recognise primary medical programs that produce graduates competent to practise safely and effectively under supervision as interns in Australia and New Zealand, with an appropriate foundation for lifelong learning and further training in any branch of medicine.

The AMC is not proposing any specific changes to this purpose statement, although elsewhere in the standards it plans to emphasise that the medical program must prepare medical graduates ready for internship.

Graduate outcome statements

The graduate outcome statements are a list of overarching statements reflecting the desired abilities of medical graduates at exit from the program and as work ready interns.

For primary medical programs and intern training, AMC graduate outcome statements are listed in four domains which align with the themes and domains commonly used in Australian and New Zealand medical schools:

1. Science and Scholarship
2. Clinical Practice
3. Health and Society
4. Professionalism and Leadership

The AMC has conducted a high level comparison of AMC graduate outcome statements to current international graduate outcome statements. The AMC is proposing to strengthen a number of areas in the graduate outcomes statements in the review:

Domain 2 Clinical Practice: the medical graduate as practitioner

The statement at 2.11 concerns prescribing medications safely, effectively and economically. The AMC is considering whether the graduate outcome statements need to be clearer about the foundation expectations of medical graduates around safe use of medicines.

The AMC is considering revising the statement 2.14, which includes both patient centred care and patient safety, to have separate statements on both of these topics.

Domain 3 Health and Society: the medical graduate as a health advocate

The AMC is considering further explanation of statement 3.1 concerning graduates' responsibilities for the health and wellbeing of individuals, communities and populations, to specifically include current social concerns.

The statement at 3.4 addresses specific outcomes concerning Aboriginal and Torres Strait Islander and Māori people. The AMC is proposing separately addressing graduate outcomes relating to cultural competence and cultural safety.

Domain 4 Professionalism and Leadership: the medical graduate as a professional and leader

The AMC is undertaking work on medical student professionalism which will be incorporated in the standards review. The work includes the development of a definition of professionalism, which is likely to be included under the graduate outcomes statement as well as specific changes to standards.

Content of the accreditation standards for primary medical programs

The AMC's initial thinking is that the standards remain appropriate, and that a minor review is required. It proposes to update standards, delete standards no longer deemed necessary, address national policy developments and changes in the medical education and training environment, and align these standards with recent revisions to the approved accreditation standards for specialist medical programs and where appropriate the revised Higher Education Standards Framework.

The AMC proposes to retain the division of standards into eight major areas, but is considering the changes set out below.

The AMC is also considering whether there should be a high level statement at the beginning of each standard, which integrates the requirements of the standard overall. This is consistent with the accreditation authorities the AMC compares with internationally. It reduces the likelihood of the quality of a program of study being judged solely at the level of meeting specific sub-standards, and gives greater flexibility for providers to demonstrate the quality of new and innovative proposals.

The AMC proposes to reintroduce notes to the standards. Notes provide further explanation of the standards and/or guidance on contemporary good practice relevant to the standard. The notes are not standards. Not all standards will be accompanied by notes. A sample note is provided as an attachment (**ATTACHMENT 1**).

Proposed Revisions by standard

The AMC's initial thinking about proposed changes is as follows:

Standard 1: Context in which the education and training program is delivered. Areas covered by this standard include: structure and governance of the provider; program management; educational expertise; interaction with the health sector; and staff resources.

Proposals for change:

- an additional standard requiring medical schools to have processes for identifying and managing conflicts of interest in the management and delivery of their medical program. This is consistent with recent changes to other AMC-developed standards.
- a new statement that draws together the key information that the education provider should ensure is publicly available and accurate, including that the education provider represents itself, its academic programs, fees and accreditation status accurately. Some other standards or parts of standards will be removed (e.g. 7.2.4).
- a new standard concerning sharing information with clinical placement providers when the education provider determines that a student will need additional support, arising from the AMC's medical student professionalism work.
- standards dealing with staff resources, appointment, performance review and development will be moved to Standard 8.

Standard 2: The outcomes of the medical program. Areas covered by this standard include: purpose of the education provider and program outcomes. Any changes to the graduate outcome statements will be reflected in this standard.

The AMC is proposing some standards be relocated:

- current Standard 2.2.3 relating to comparable outcomes across all instructional sites to Standard 5, Assessment.
- current Standard 6.2.2 relating to outcome evaluation to Standard 2, Outcomes.

Standard 3: The curriculum. Areas covered by this standard include: curriculum content; curriculum design, composition and duration.

The AMC proposes:

- to reorder Standard 3 to remove overlap (especially between curriculum

structure and curriculum content)

- to add to the standard concerning curriculum content in Indigenous health with an additional standard concerning cultural and health more broadly.

Standard 4: Learning and teaching. Areas covered: learning and teaching methods; self-directed and lifelong learning; clinical skill development; role modelling; patient centred care and collaboration; and interprofessional learning.

The AMC proposes to move the clinical learning environment standards (8.3) to Standard 4. It is also proposing to change the first standard in this set of standards to emphasise that the program must prepare students for clinical practice in Australia and New Zealand.

Standard 5: Assessment of student learning. Areas covered by this standard include: assessment approach; methods; feedback; and quality. In this section, the AMC proposes to move the standard addressing a balance of formative and summative assessment and integrate this requirement into an overall standard concerning assessment methods.

The AMC proposes to delete the standard regarding the review and evaluation of assessment (5.4.1) as this is addressed in Standard 6, monitoring and reviewing (see 6.1.2, and 6.2.3).

Standard 6: Monitoring and reviewing. Areas covered by this standard include monitoring of the program; outcome evaluation; and feedback and reporting. In this section, there are no major changes proposed.

The AMC proposes to move the standard related to outcome evaluation (6.2.2) to Standard 2.

Standard 7: Students. Areas covered by this standard include: admission policy and selection; student support; professionalism and fitness to practise; and student representation.

The AMC proposes:

- to add to Standard 7.1 a requirement that selection processes be “fit for purpose”, meaning that the processes are able to select students who have the necessary academic preparation and proficiency in English to participate in the medical program and no known limitations that would be expected to impede their study and completion. This aligns with the Medical Deans Australia and New Zealand’s work on a statement of inherent requirements for studying medicine in Australia and New Zealand. http://www.medicaldeans.org.au/wp-content/uploads/20160421-InherentRequirements_Consultation_doc.pdf
- to revise the language used to describe selection pathways for specific student cohorts (Standard 7.1.2) to more general “entry pathways” rather than targets.
- to make the standards concerning student impairment consistent with the requirements of the Health Practitioner Regulation National Law, and the legislation will be referenced in the notes to the standards.
- to strengthen standards addressing student wellbeing and wellness.
- to add a standard concerning processes for students to address problems arising with their direct supervisors.

Standard 8: The learning environment. Areas covered: physical facilities; information resources and library services; clinical learning environment and clinical supervision.

The AMC proposes:

- to move staffing from Standard 1 to Standard 8.
- to clarify the expectation that the education provider has formal processes and structures that facilitate and support faculty staff representation in key academic decision making processes (including the governance of the medical program).
- to move 8.3 clinical learning environment to Standard 4.

5 Feedback questions

The AMC is seeking feedback on these plans.

1. Do you agree that the proposed scope of the review of the standards for primary medical programs is appropriate?
2. Should the AMC strengthen any area of the standards to meet the objectives of the National Law (page 2)?
3. Is there anything missing that needs to be added to the scope of the review of the accreditation standards?
4. Do the standards for primary medical programs include any irrelevant standards?
5. What sorts of notes to the standards would be helpful?
6. The AMC gives education providers six months' notice of changes to the accreditation standards. Given the scope proposed, does this seem sufficient?
7. Do you have any other comments on the AMC's plans?

The AMC will publish a summary of the major themes from the responses to the consultation document when it consults on the plans for specific changes to the standards, and its response to the stakeholder feedback. It does not publish feedback received in full.

6 Next steps

Proposals to change the approved accreditation standards and stakeholder feedback on those changes are considered through a number of AMC groups. The standards review working group will consider the feedback on the scope of the review in August, and begin the detailed review of the standards.

The AMC expects to consult on specific proposals for revisions to the standards in September/October 2017.

The AMC expects the review of the standards will finish by early 2018, with revised accreditation standards implemented in 2018. The AMC gives notice of the introduction of revisions to standards in the year before the changes take effect so that medical education providers have adequate time to consider the new standards in their accreditation submissions and progress reports.

The AMC looks forward to receiving comments on the scope of the standards review by **8 September 2017**.

Sample accreditation standard and notes

5.4 Assessment quality

Accreditation standards

5.4.1 The education provider regularly reviews the quality, consistency and fairness of assessment methods, their educational impact and their feasibility. The provider introduces new methods where required.

Notes

Assessment should actively promote learning that will assist in achieving the educational outcomes, provide a fair assessment of the student's achievement, and ensure patient safety by allowing only competent students to progress to become medical practitioners.

When the graduate outcomes of the medical program or a component of the program change, the assessment process and methods should reflect these changes; assessment should address and be developed in conjunction with the new outcomes. Similarly, new or revised assessments should be introduced where evaluation of specific curriculum components and associated assessment reveals a need.

Reviews of assessment methods should also regularly consider the overall burden of assessment, and result in removal of ineffective assessment methods and individual assessment items that duplicate rather than add to previous assessments.