

Australian Medical Council Limited

Procedures for Assessment and Accreditation of
Medical Schools by the Australian Medical Council
2015

AMC

Medical School Accreditation Committee

Approval

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1. Management of the accreditation process

1.1 The Australian Medical Council (AMC)

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.

The AMC is a company limited by guarantee. Its objects and membership are defined in its Constitution. The AMC Directors manage the business of the Australian Medical Council.

1.2 AMC Medical School Accreditation Committee

The Medical School Accreditation Committee oversees the process for assessment and accreditation of primary medical education programs and their providers¹.

The Medical School Accreditation Committee:

- (i) advises the AMC on guidelines, policy and procedures relating to the assessment and accreditation of medical programs and their education providers. It:
 - considers feedback from assessment teams and education providers following each AMC accreditation assessment;
 - recommends review of the approved accreditation standards and the terms of reference and scope of such reviews;
 - periodically reviews AMC accreditation procedures and the guidelines for education providers.
- (ii) oversees the AMC's accreditation activities for primary medical education programs. It:
 - sets an annual program of accreditation activities and reports to each general meeting of the Council on its activities;
 - appoints AMC assessment teams;
 - makes recommendations to the Directors on the accreditation of individual medical programs and their education providers;
 - monitors the continuing compliance of medical programs with the approved accreditation standards;
 - makes recommendations to the Directors concerning unsatisfactory progress by accredited providers and programs.
- (iii) supports improvement in medical education in Australia and New Zealand that respond to evolving health needs and practices, and educational and scientific developments. It:
 - contributes to and advises the AMC on national and international developments and discussions concerning medical education;

¹ The *National Health Practitioner Regulation Law Act 2009* uses the term **education provider** to cover organisations that may be accredited to provide education and training for a health profession. The term encompasses universities; tertiary education institutions, or other institutions or organisations that provide vocational training; or specialist medical colleges or other health profession colleges. For consistency, the AMC uses the terminology of the National Law in its standards and guidelines.

- sponsors and undertakes activities that promote improvement in medical education.

The Committee includes members nominated by: the Australian Medical Students' Association; the Confederation of Postgraduate Medical Education Councils; the Committee of Presidents of Medical Colleges; the Medical Council of New Zealand; the Medical Board of Australia, and the Medical Deans Australia and New Zealand. The Committee also includes members of the Council, and a member with background in and knowledge of health consumer issues.

1.3 AMC assessment teams

The Medical School Accreditation Committee constitutes an assessment team to assess each education provider and its medical program. Teams report to the Medical School Accreditation Committee. They work within the policy and guidelines of the AMC.

Teams are responsible for:

- assessing the program of study and the education provider against the approved accreditation standards, and the education provider's own goals and objectives;
- with the education provider, developing a program of meetings and site visits appropriate to the provider's structure, size, range of activities, and medical program;
- preparing a report that assesses the program and the provider against the accreditation standards.

Observers are permitted on AMC assessments, subject to the approval of the academic head of the medical education provider and of the chair of the AMC team. The AMC's expectations of observers are described in separate statements.

1.4 AMC secretariat

The AMC conducts the assessment of medical programs using these procedures and the approved accreditation standards.

AMC staff implement the accreditation process. Their roles include managing the accreditation work program; implementing AMC policy and procedures; supporting AMC accreditation committees, working parties and teams; and consulting and advising stakeholder groups on accreditation policy and procedures and the assessment of individual programs.

The AMC asks institutions undergoing accreditation to correspond with the staff and *not* directly with AMC committees and team members.

AMC staff will provide as much assistance and advice as possible on the assessment process but institutions are solely responsible for their preparation for accreditation.

Interpretation of AMC policy and processes is the responsibility of the relevant accreditation committee.

1.5 AMC advisory groups

There are circumstances where education providers require additional advice on AMC accreditation requirements. In these circumstances, with the agreement of the education

provider, the accreditation committee may recommend to the AMC Directors the establishment of an advisory group.

The advisory group works with the education provider to clarify the requirements that must be satisfied.

The advisory group does not:

- give detailed advice on curriculum development, planning or delivery; it is expected that the education provider will engage appropriate staff or consultants if such expertise is required;
- contribute to writing the provider's curriculum documentation or submissions to the AMC;
- make a recommendation on accreditation to the AMC.

The advisory group determines the frequency and means of contact with the education provider.

The advisory group is required to keep the relevant AMC accreditation committee informed of any plans for meetings or site visits.

The education provider pays the direct cost of the work of the advisory group.

2. The conduct of the accreditation process

2.1 Legislative framework

The AMC has been appointed to conduct accreditation functions under the *Health Practitioner Regulation National Law* (the National Law).

This set of procedures relates to the following AMC accreditation functions:

- acting as an external accreditation entity for the purposes of the *Health Practitioner Regulation National Law*;
- developing accreditation standards, policies and procedures for primary medical education programs based predominantly in Australia and New Zealand;
- assessing education providers and programs of study based predominantly in Australia and New Zealand leading to general medical registration of the graduates of those programs in Australia to determine whether they meet the approved accreditation standards.

The approved accreditation standards for the accreditation assessments covered by these procedures are at <http://www.amc.org.au/index.php/ar/bme/standards>.

When the AMC assesses a program of study and the education provider against the approved accreditation standards and decides to grant accreditation, the AMC provides its accreditation report to the Medical Board of Australia. The Board makes a decision to approve or refuse the accredited program of study as providing a qualification for the purposes of registration to practise medicine.

2.2 Purpose of AMC accreditation

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

In Australia, accreditation based on a process of regular review by an independent accreditation authority has been chosen as the means of quality assurance of the phases of medical education.

A system of accreditation of medical programs and their education providers is perceived to have the following advantages:

- (i) Periodic external assessment provides a stimulus for the organisation being accredited to review and to assess its own programs. The collegiate nature of accreditation should facilitate discussion and interaction with colleagues from other disciplines to benefit from their experience.
- (ii) The accreditation process respects the autonomy of the education provider, and acknowledges the expertise in and achievements of the education provider and its programs.
- (iii) Accreditation provides external validation of the high standards of Australian medical programs.
- (iv) The accreditation process supports and fosters educational initiatives.

- (v) The accreditation report assists the education provider by drawing attention both to weaknesses of the education program and their strengths.
- (vi) Accreditation, as a quality assurance mechanism, benefits prospective students, employers of the graduates of programs and, ultimately, healthcare consumers.

Diversity of approach is one of the strengths of medical training and education in Australia. The AMC accreditation process supports diversity, innovation and evolution in approaches to medical education. It follows that the AMC does not prescribe the detailed curricula, core subjects or topics, or educational methods required to deliver the curriculum.

2.3 Scope of AMC accreditations

The AMC accredits medical programs in Australia as a function of the *Health Practitioner Regulation National Law*. It accredits programs offered in Australia and New Zealand in collaboration with the Medical Council of New Zealand.

The AMC accredits only complete medical programs that result in the award of an academic qualification of an education provider located predominantly in Australia or New Zealand. Accreditation is awarded to the provider for the specific medical program, identified by its degree title. By complete medical program, the AMC means that the education provider awarding the qualification is responsible for delivery of the entire program to the accreditation standards.

The AMC assesses programs offered jointly by two or more education providers which result in the award of a qualification by more than one provider as one program, but it accredits all the institutions which award a qualification for the program.

The AMC does not grant separate accreditation to branch campuses or clinical schools unless the programs at the campuses or schools result in distinct qualifications, and the delivery and management of the programs differs from campus to campus or school to school.

The AMC does not separately accredit distinct streams (e.g. a graduate-entry stream) within an educational program. The AMC regards the introduction of such streams as a major change to the accredited medical program (see section 3.2.2), and it will assess the plans for such programs before they are implemented. The accreditation awarded following a successful assessment will relate to the whole medical program, not just to the separate stream.

All AMC accreditations are based on the education provider demonstrating that the provider and its medical program(s) meet or substantially meet the approved accreditation standards.

2.4 Timing of accreditations

AMC accreditation entails a cyclical program of review of programs of study, and the AMC work program for any year is determined in part by the requirement to assess those programs whose accreditation expires in that year. AMC staff negotiate dates for these assessments first. The AMC fits assessment of new developments, such as new programs or major changes to established programs, into this work program.

The AMC sets an accreditation work program each year.

2.5 AMC conduct

The AMC will:

- (i) respect each education provider's autonomy to set its educational policies and processes;
- (ii) in making decisions, gather and analyse information and ideas from multiple sources and viewpoints;
- (iii) follow its documented procedures, and implement its accreditation process in an open and objective manner;
- (iv) adopt mechanisms to ensure that members of assessment teams, committees and staff apply standards and procedures in a consistent and appropriate fashion;
- (v) review its processes and the accreditation standards on a regular basis;
- (vi) gather feedback on and evaluate its performance; and
- (vii) work cooperatively with other accreditation authorities to avoid conflicting standards, and to minimise duplication of effort.

The AMC process entails both accreditation (validating that standards are met) and peer review to promote high standards of medical education, stimulate self-analysis and assist the education provider to achieve its objectives. Accreditation is conducted in a collegial manner that includes consultation, advice and feedback to the education provider under review.

In its accreditation function, the AMC:

- focuses on the achievement of objectives, maintenance of educational standards, public safety requirements, and expected outputs and outcomes rather than on detailed specification of curriculum content or educational method;
- as far as possible, meshes its requirements with internal academic priorities;
- following accreditation of a program of study, monitors the implementation of recommendations and other developments in the program; and
- undertakes a cycle of assessments, with a full assessment of each program at least every ten years.

2.6 Contribution of medical students to AMC accreditation processes

The AMC considers it important that those completing programs of study, the medical students, have opportunities to contribute to its assessment processes.

Opportunities for students to contribute to the accreditation process include:

- input into the AMC's development and review of the accreditation standards, policy and procedures;
- membership of the AMC accreditation committees; and
- membership of AMC assessment teams.

Opportunities for students to contribute to the assessment of their own program of study include:

- development of a student submission;

- during site visits, discussion with members of the AMC assessment team;
- contribution to a student submission to the education provider's progress reports to the AMC.

2.7 Conflict of interest

Members of AMC committees are expected to make decisions responsibly, and to apply standards in a consistent and an impartial fashion.

The AMC recognises that there is extensive interaction between the organisations that provide medical education and training in Australia and New Zealand so that individuals are frequently involved with a number of programs. The AMC does not regard this, of itself, to be a conflict. Where a member of an AMC accreditation committee or an assessment team has given recent informal advice to an education provider on its program of study outside the AMC accreditation process, that member must declare this as an interest.

The AMC requires its Directors and members of its committees to complete standing notices of interest and to update these regularly. These declarations are available at each meeting of the committee. The agendas for AMC committee meetings begin with a 'declaration of interests', in which members are requested to declare any personal or professional interests which might, or might be perceived to, influence their capacity to undertake impartially their roles as members of the committee.

The committee will decide how the member's interest in a particular item will be managed, for example by exclusion from the meeting or from discussion of the relevant item. Members will not vote on matters on which they have a declared personal or professional interest. All declared interests will be recorded in the committee minutes, as will the committee's decision in relation to the interest.

The AMC requires proposed members of assessment teams to declare to the Medical School Accreditation Committee any relevant personal or professional interest that may be perceived to conflict with their ability to undertake impartially their duties as an assessor. The AMC will disclose all declared interests of the persons recommended to the education provider and seek the education provider's comments on the team membership. Having considered the interests declared and the provider's comments, the accreditation committee makes a decision on the appointment of the team.

Where the education provider's view on the suitability of an appointment conflicts with the view of the accreditation committee, the committee will refer the appointment of the team to the AMC Directors for decision.

If a conflict of interest emerges for an assessor during an assessment, the team chair and executive officer will determine an appropriate course of action. This may entail changing the report writing responsibilities of the assessor, requiring the assessor to abstain during relevant discussion, or altering the assessment program. Any such conflicts, and the course of action taken, will be reported to the Medical School Accreditation Committee.

2.8 Confidentiality

In order to discharge its accreditation function, the AMC requires education providers to provide considerable information in accreditation submissions and in subsequent

progress reports. This may include sensitive information, such as staff plans, budgets, honest appraisal of strengths and weaknesses and commercial in confidence material.

The AMC requires the members of its committees and assessment teams to keep as confidential the material provided by education providers and, subject to the statements below on research, to use such information only for the purpose for which it was obtained in conjunction with the AMC assessment process.

The AMC provides detailed guidance to committee and team members on its confidentiality requirements and their responsibilities for secure destruction of information once an assessment is complete.

The AMC may conduct research based on information contained in accreditation submissions, progress reports, surveys and stakeholder submissions. The results of this research may be published in AMC policy and discussion papers. Normally, this material will be de-identified. If the AMC wishes to publish material which identifies individual programs it will seek the education providers' permission.

The AMC provides opportunities for education providers to review drafts of the AMC accreditation report at two stages in the assessment process. At these points, the drafts are confidential to the AMC and the education provider. The education provider should not discuss the draft report with third parties without the AMC's consent. If the AMC needs to confirm material in a draft report with a third party, it will advise the education provider of these plans.

2.9 Public material

The AMC places the following material concerning the accreditation status of individual programs of study and their education providers in the public domain:

- The current status and accreditation history of accredited programs and the date of the next accreditation assessment are posted on the AMC website.
- AMC accreditation reports are public documents.
- The AMC posts an annual summary of its response to progress reports submitted by accredited education providers on the AMC website.
- The AMC issues a press statement after it has made an accreditation decision and publishes the executive summary of the accreditation report.

The AMC expects that any public statement made by education providers about their accreditation status will be complete and accurate, and that AMC office contact details will be included in any such public statement. The AMC will correct publicly any incorrect or misleading statements about accreditation actions or accreditation status.

2.10 Complaints

The AMC does not have a role in investigating the complaints of individual students, staff or trainees. It will not intervene on behalf of an individual complainant to address grievances relating to matters such as selection, recognition of prior learning/experience, assessment outcomes, or dismissal from the program. The accreditation standards require education providers accredited by the AMC to have processes for addressing grievances, complaints and appeals, and the AMC reviews these processes when conducting an accreditation assessment.

From time to time, the AMC receives questions and/or complaints about the educational processes of programs and providers it has accredited or is assessing for accreditation.

The AMC distinguishes between:

- Comments or complaints received during the process of conducting an assessment for accreditation. During an assessment the AMC seeks comment and feedback from a range of people or organisations associated with the program or provider being assessed. Matters which might be characterised as complaints received during an assessment process will be treated as a part of the assessment process itself.

and

- Complaints received outside a formal assessment process, which are dealt with under the AMC complaints process, *Complaints about programs of study, education providers and organisations accredited by the Australian Medical Council* available on the AMC website.

In broad terms, complaints will fall into one or two categories:

- a. A personal complaint which the complainant seeks to have investigated and rectified so as to bring about a change to their personal situation. This would include, for example, matters such as selection, recognition of prior learning/experience, training post allocation, assessment outcomes, or dismissal from training.
- b. A systemic complaint which may evidence some systemic matter that could signify a failure of a program or provider to meet accreditation standards.

It is not the role of the AMC to investigate and manage personal complaints. The AMC complaints process relates to systemic complaints.

2.11 Fees and charges

The AMC undertakes accreditation assessments on a cost-recovery basis.

AMC policy is to charge individual providers the direct costs of the assessment of their program(s) including the monitoring of accredited programs. A charge applies to any AMC process which may result in a new decision on a program's accreditation. Costs are related to the work of any assessment team or advisory group (including AMC direct staff support for that work), and the work of the AMC accreditation committee.

Fees for medical programs and provider accreditation assessments undertaken from January 2016 are as follows:

Stage 1 submission (applies to new programs and providers and major changes to programs and providers): \$10,000

The fee covers all work associated with the review of the Stage 1 submission. Once the education provider is invited to proceed to assessment by an AMC team, the AMC undertakes work on a cost-recovery basis as described below.

Comprehensive report for extension of accreditation: \$7,500

The fee covers the review and consideration of a comprehensive report and subsequent accreditation decision.

Accreditation assessment visit costs: AMC to advise case-by-case

The AMC provides a cost estimate to the education provider at the commencement of the assessment.

The education provider seeking accreditation pays the direct cost of the assessment. Most costs are related to the work of any expert AMC group such as an accreditation team including AMC staff. The cost includes a fee of 15% of the total assessment visit cost to contribute to the costs incurred by the AMC in making the accreditation decision and ongoing monitoring and review of progress reports and reports on accreditation conditions.

Deposit: \$20,000

The education provider is required to pay part of the fee as a deposit when lodging its accreditation submission.

The AMC issues an invoice for the remaining fee when it completes the assessment. Payment is due before the AMC makes the decision on the accreditation.

All fees are GST exclusive.

3. The administration of the assessment process

The AMC has developed standard procedures for assessing and accrediting education providers and their medical programs against the approved accreditation standards.

The AMC and the Medical Council of New Zealand work collaboratively to assess Australian and New Zealand medical education providers and their programs. The accreditation standards apply to assessments of Australian and New Zealand primary medical education programs. These procedures are used for these assessments.

3.1 Types of assessments

The AMC undertakes assessments in the following circumstances:

- assessment of new developments including:
 - assessment of proposed **new** medical programs;
 - assessment of proposals for **major change** in established providers and programs of study
- assessment for the purposes of **reaccreditation** of established medical programs and their education providers; and
- where the accreditation committee considers it necessary, as part of the review of a comprehensive report for extension of accreditation (see section 4.3).

In cases where conditions on accreditation or reaccreditation require it, the AMC also conducts **follow-up** accreditation assessments. It may conduct a follow-up assessment when an education provider and its programs are found to only substantially meet the accreditation standards, when it has granted an education provider a limited period of accreditation, placed conditions on accreditation, or when it wishes to review plans for later stages of a new program development.

An AMC assessment entails appointment of an AMC team which reviews the provider's documentation, undertakes a program of meetings and prepares a report.

For a new development, the education provider seeking AMC accreditation must first demonstrate that it is ready for this intensive assessment. This entails additional steps *before* the AMC begins its standard process for assessment of the program by an AMC team. These steps are outlined in section 3.2.

Section 3.3 describes the standard process for assessment by an AMC team.

3.2 Assessment of new developments

For new developments, the AMC will first assess if the planned program of study is likely to comply with the approved accreditation standards and if the education provider has demonstrated that it is able to implement the program.

The procedures for this first stage assessment of each type of new development listed in section 3.1 are described below.

3.2.1 First stage assessment of a new medical program

Institutions contemplating the establishment of a primary medical program should conduct independent negotiations with the appropriate state/territory and national authorities concerning student places and clinical facilities. If a decision is made by the

relevant authorities to support the establishment of a new medical program, the AMC undertakes the assessment against the approved accreditation standards.

Institutions require considerable time to design and plan a new medical program and to organise the necessary resources. By advising the AMC early of their intentions, institutions have access to general advice on the accreditation standards, and flexibility in negotiating the timing of the AMC assessment. The AMC expects to receive notification of an institution's intention when planning begins. It would expect this to be at least 24 months in advance of intended program commencement.

Once the institution has notified the AMC of its intention, the AMC will provide a guide for completion of the initial (Stage 1) submission. The AMC judges the institution's readiness for assessment on the basis of this submission. The submission must address the standards and outline the curriculum for the medical program and the resources including clinical teaching resources available to deliver the program. Evidence of support for the program from the relevant state and national authorities must also be provided.

The Medical School Accreditation Committee reviews the submission following the process described in section 3.2.3.

3.2.2 First stage assessment of a major structural change in an established medical program

Major changes to a program may affect accreditation status. The AMC expects to be informed prospectively of such developments. The regular progress reports required of accredited education providers is one avenue for such advice (see section 4). While plans for major change are evolving, the Medical School Accreditation Committee is able to give general advice as to whether the proposed changes are likely to comply with the accreditation standards. As many of the changes described below will need to be assessed by an AMC team before they are introduced, the AMC requests at least 18 months' notice of the intended introduction of the change and longer for a proposed offshore program.

Definition of a major change:

The AMC defines a major change in an accredited program or education provider as a change in the length or format of the program, including the introduction of new distinct streams; a significant change in educational outcomes; a substantial change in educational philosophy, emphasis or institutional setting; and/or a substantial change in student numbers relative to resources. Significant changes resulting from a major reduction in resources leading to an inability to achieve the purpose and/or outcomes of the program are also major changes. While the gradual evolution of a medical program in response to initiatives and review would not be considered a major change, the AMC may regard a number of minor changes in the areas listed as collectively constituting a major change.

Note: In deciding to grant accreditation, the AMC makes a judgment about the adequacy and appropriateness of the total resources available to support the program. For this reason, whilst it does not accredit programs for a specific student intake, the AMC would regard a substantial change in student numbers relative to resources as a major course change. The AMC expects accredited education providers will report on any planned or proposed increase in student intake in progress reports.

Note: Offshore provision of an AMC accredited medical program is a major change, as is the disestablishment of an AMC accredited medical program provided offshore.

When it considers the initial advice from an accredited education provider about planned changes, either through a specific notice of intent or through progress reports, the Medical School Accreditation Committee will decide if it is a major change. If it is, the Committee will also decide whether the major change can be assessed for approval within the current accreditation of the program or is of comprehensive impact that would require reaccreditation of the whole program.

The Committee will advise the education provider of its decision.

If the Committee decides to assess the change within the program's current period of accreditation, normally it will conduct a paper-based assessment. The education provider will be required to provide a submission outlining the new program, transitional arrangements for existing students if appropriate, the resources including clinical teaching resources available to deliver the program, and evidence of engagement of stakeholders. The Committee will consider this submission and make a recommendation to the AMC Directors on accreditation of the program including any specific monitoring requirements.

In the event that the AMC decides that the changed program of study must have a separate accreditation, the education provider must first demonstrate, through a Stage 1 assessment, that the planned program of study is likely to comply with the approved accreditation standards and that the education provider is able to implement the program. The Medical School Accreditation Committee reviews the Stage 1 submission following the process described in section 3.2.4. Successful completion of Stage 1 results in an accreditation assessment by an AMC team.

3.2.3 Plans to provide a medical program offshore

The AMC recognises that there are many possible options for offering Australian/New Zealand higher education programs overseas.

It will assess only proposals to deliver Australian/New Zealand medical programs overseas that are in accord with the purpose of AMC accreditation. The AMC defines these as programs:

- offered by AMC accredited medical schools located in an Australian or New Zealand university, where the Australian/New Zealand university has developed the program and has a responsibility for overseeing the academic standards, and
- that result in the award of a recognised higher education qualification of the Australian or New Zealand university, and
- that are essentially the same as the program accredited by the AMC for delivery in Australia or New Zealand, in terms of educational objectives, curriculum framework, educational process and assessment outcomes, and
- that include adequate experience within the Australian/New Zealand health care system.

A separate AMC policy statement² describes the additional requirements in relation to the assessment of such proposals. It outlines the AMC's process for deciding whether or

² N.B. The AMC's policy on the delivery of medical programs offshore is under review in 2016

not to assess a proposal to provide a medical program offshore, and the factors taken into account in making this decision.

Should the AMC decide to assess a proposal to provide a medical program offshore, it assesses the proposal against the AMC accreditation standards. The AMC has prepared specific guidance on the documentation required for an assessment of a proposed offshore program.

3.2.4 AMC decision on first stage assessments of new developments

The Medical School Accreditation Committee completes Stage 1 assessments of new developments based on a review of the applicant's submission.

The AMC will generally assess Stage 1 submissions within four months of their submission. This is subject to the meeting schedule of the Medical School Accreditation Committee. The dates of the meetings of the Committee are available from the AMC.

The Committee may recommend one of the following to the AMC Directors:

- (i) that the AMC invite the education provider to submit its program for assessment by an AMC team (see section 3.3);
- (ii) that further development is required and the education provider be invited to submit additional information for consideration;
- (iii) that the AMC not assess the program for accreditation. Where it has rejected a Stage 1 submission, the AMC may specify a period of time to elapse before it will consider a new submission.

Should the AMC invite the education provider to proceed to assessment (Stage 2), the AMC and the education provider will set a date for the assessment. The AMC aims to complete the team's assessment six months before the program begins, so that the education provider can demonstrate it has satisfied any conditions that must be met before commencement.

The AMC will ask the education provider to complete an accreditation submission addressing the accreditation standards and providing the outline of the full program of study with details for at least the first two years; details of the resources (including clinical training resources and supervisors) to implement all years of the program and to support the program when fully implemented; and an institutional assessment of strengths and weaknesses in relation to this development.

The education provider may choose to present the detailed curriculum and implementation plans either on the entire new program or in progressive stages. Should the education provider present its plans in stages, these plans will require separate follow-up assessments.

AMC staff are able to advise on the date the submission should be lodged, and the number of copies of the submission required.

3.3 Assessment by an AMC team

The AMC has developed standard procedures which apply to all assessments conducted by an AMC assessment team. The types of AMC assessment are detailed in section 3.1.

3.3.1 Initial contact

AMC staff write to the education provider concerning the timing of the assessment, the process of assessment, and the documentation required. The staff write to education providers which need reaccreditation approximately 24 months before their accreditation is due to expire. For a follow-up assessment, the staff contact the education provider 12 months in advance of when a visit is required. For institutions seeking accreditation of a new development, the AMC provides customised advice on AMC timings and requirements.

The timing of the assessment is planned in consultation with the academic head of the medical program. Assessments occur during the teaching semester.

The AMC assessment team works through the AMC staff and the office of the academic head of the program provider. All requests for information are made to the academic head of the program and the plans for the assessment visits and meetings are finalised in consultation with the academic head or nominee.

3.3.2 Documentation

The AMC provides a guide to assist the education provider in preparing the accreditation submission. This submission is the basis for the assessment of the program of study. The guide outlines the requirement for self-assessment and critical analysis against the accreditation standards. The submission should also describe plans for future development and challenges identified by the provider. It should also provide detailed information on the structure, process and outcomes of the medical education program. The education provider may nominate particular areas for review.

For a follow-up assessment, the AMC asks the education provider to develop an accreditation submission, outlining developments since the most recent assessment, and responding specifically to recommendations and issues identified as requiring attention in the most recent accreditation report. The AMC also provides copies of the education provider's progress reports (see section 4) and relevant correspondence between the AMC and the education provider to the assessment team.

The AMC also invites the medical students' association to make a submission to the AMC assessment team and provides guidance on the submission content. The AMC asks for the student submission after the education provider has lodged its accreditation submission.

The AMC asks the education provider to submit its documentation six months before the on-site assessment. For a follow-up assessment, a shorter timeframe may apply.

3.3.3 Selection of the assessment team

For each assessment, the AMC appoints an assessment team. Assessment teams are appointed by the relevant accreditation committee following a review of the declared interests of proposed team members and an opportunity for the education provider being accredited to comment on the proposed membership.

The size of the team depends on the complexity of the task and the range of skills required. Whilst the expertise of individual team members is of prime importance, the composition of the team provides for a balance of educational knowledge and experience, including assessors from different regions and providers, the medical science and the clinical disciplines, hospital and community-based teachers, experienced academic managers, health service managers, and community interests. In the case of

education providers offering programs of study in New Zealand, the assessment team will include at least one assessor from New Zealand and desirably two appointed after consultation with the Medical Council of New Zealand.

An experienced AMC assessor is appointed as chair of the team. One member of the team is a staff member of the AMC, who is the executive officer. The chair has overall responsibility for the conduct of the assessment. The executive officer provides policy advice, organises the assessment with the education provider, supports and contributes to the team's assessment, collates and edits the team's report, and ensures the assessment process is evaluated.

The AMC maintains a database of potential team members, based on nominations from stakeholder organisations. The AMC includes a mix of new and experienced members on each team.

Teams for follow-up assessments comprise some members of the previous team and some new members.

The AMC produces a detailed guide on the work of the team, *The AMC Accreditation Handbook*, which is given to each team member when their appointment is confirmed. The AMC also provides professional development opportunities for team chairs and assessors.

3.3.4 *The team's preliminary meeting*

The assessment team holds a preliminary team meeting normally three to four months before the on-site assessment visit. At this meeting, the team identifies key issues and develops an outline of the assessment plan. The members of the team divide the assessment task into specific responsibilities, depending on their expertise and interests. These responsibilities are directly linked to the contents of the final accreditation report.

The AMC invites representatives of the education provider to the final session of the team's preliminary meeting. This allows discussion of the team's preliminary assessment of the accreditation submission. Strengths are identified, and any inadequacies or omissions in the documentation are discussed, and the outline of the program for the site visit is determined. The team sets a date for receipt of any further information requested from the education provider.

As appropriate, the team chair and secretary conduct a one-day preliminary visit to the education provider following the preliminary team meeting to discuss the AMC process.

Following the meeting, AMC staff confirm the team's assessment plan in writing.

3.3.5 *The AMC team's assessment visit*

An assessment normally occurs over one working week. More time may be required to visit dispersed training sites.

Well in advance of the visit, AMC staff provide a guide to assist planning. The draft program is discussed during the preliminary team meeting, and the final program is then negotiated. In order to maximise the time available during the assessment and to contain costs, the AMC divides the team into sub-teams for components of the assessment visits.

All interviews are conducted with the knowledge of the academic head of the medical program although not necessarily in their presence. This ensures that dissenting views can be expressed freely without being attributed to individuals.

The team inspects the physical resources, including teaching resources available in research laboratories, libraries, community clinics, general practice settings and hospitals.

Maximum opportunities are provided for interactive discussion with the medical education providers' senior staff and students during the visit.

The assessment team cannot consult all staff who contribute to the medical program during the visit. Members of the team meet heads of departments or disciplines that contribute to the program; clinicians who act as student supervisors and assessors; the curriculum committee; interest groups or committees in medical education and research; representative staff members (with a mix of full-time and part-time staff, and academic staff and staff with clinical academic titles); and recent graduates and students. The team also consults other medical education stakeholders.

3.3.6 Preliminary findings

At the end of the visit, the assessment team prepares a preliminary statement of its findings that, if sustained, would form the main points and conclusions of its report. It identifies achievements and weaknesses, problem areas requiring attention, and distinctive activities to be encouraged.

The team presents its findings in a written statement which is discussed with key staff of the education provider. The education provider has an opportunity to correct errors of fact and discuss any draft recommendations and action that would need a response. The AMC provides the final statement (revised to correct errors) to the education provider and the team members. This statement is confidential to the education provider and the AMC.

The team makes no announcement concerning accreditation. This is a decision taken by the AMC Directors after considering recommendations from the Medical School Accreditation Committee.

3.3.7 Preparation of team's draft report

At the conclusion of the visit, the team prepares a draft report presenting its findings. This task is coordinated by the team executive officer. The report also provides feedback to the education provider to improve program quality.

The aim is to provide the team's draft document to the education provider, usually within five weeks of the conclusion of the visit. More time may be required depending on the complexity of the assessment. The education provider is invited to comment, within a reasonable timeframe, on the factual accuracy of the draft and on any recommendations, conclusions or judgments in the draft.

The team finalises its draft report having considered the education provider's comments. AMC staff submit the report to the Medical School Accreditation Committee. They also submit comments by the education provider if these raise any significant concerns regarding the recommendations, conclusions or judgements in the draft report. It also provides the report to the Medical Council of New Zealand for consideration through its committee processes.

The Medical School Accreditation Committee considers the team's draft report. It may seek additional information from the education provider or the team. The Committee decides on the final wording of the report to be presented to the AMC Directors and develops its accreditation recommendations.

3.3.8 Presentation of the Committee's report to the education provider

AMC staff provide a copy of the final report and the accreditation recommendations endorsed by the Committee to the education provider.

The education provider may:

- (i) ask that the Committee's report and recommendations be submitted to the AMC Directors and the Medical Council of New Zealand for an accreditation decision; or
- (ii) ask the Committee to consider minor changes, such as editorial and wording changes before submitting the report and recommendations to the AMC Directors and the Medical Council of New Zealand for an accreditation decision; or
- (iii) ask the Committee to consider significant change to the report and/or recommendations through the AMC's formal reconsideration process. (See 3.3.9)

3.3.9 Formal reconsideration of the Committee's report

An education provider may seek formal reconsideration of the Committee's report and/or accreditation recommendations.

Reconsideration is undertaken by the Medical School Accreditation Committee. The education provider must lodge a request for reconsideration in writing with the secretary of the Committee within 14 days of receiving the Committee's report.

Within 30 days of receiving the Committee's report and accreditation recommendations, the education provider must identify the areas of concern, and provide a full explanation of the grounds for reconsideration and any additional material considered relevant to the reconsideration.

The Medical School Accreditation Committee will discuss the request for reconsideration either at its next scheduled meeting or by special arrangement. The Committee will determine any process considered necessary to undertake the reconsideration.

The Committee considers the accreditation report and recommendations, the material supplied by the education provider, and any additional material and documentation agreed by the Committee. The Committee finalises its report and accreditation recommendations. The Committee will advise the education provider of its response to the request for reconsideration in writing following its meeting and provide a copy of its final report and recommendations.

3.3.10 Decision on accreditation

Having considered the Committee's report and recommendations, the AMC and the Medical Council of New Zealand make their individual accreditation decisions. The AMC will determine an accreditation outcome generally in accordance with the possible accreditation outcomes listed in section 5. The AMC and the Medical Council of New Zealand may consult informally with one another before their final decisions on

accreditation are made. However, each makes its final decision in the independent exercise of its own discretion.

As well reporting to the AMC Directors, the Chair of the Medical School Accreditation Committee is available to the Medical Council of New Zealand to discuss any issues concerning the accreditation decision.

The AMC notifies the education provider. If the decision is to refuse accreditation the education provider is advised of the reasons for the decision and that it may seek internal review in accordance with section 48(4) of the National Law. (See 3.3.11)

The AMC notifies the Medical Board of Australia and the Medical Council of New Zealand of its decision and provides the accreditation report to them.

The Committee's report is a public document. If the decision is to refuse accreditation, the decision and report will not be made public until after the time has passed for seeking internal review, or if internal review is sought, until it is completed.

3.3.11 Internal review of a decision to refuse accreditation

An education provider must make any request for an internal review of a decision to refuse accreditation in writing to the AMC Chief Executive Officer within 30 days of receiving notice of this decision. A fee applies to the internal review process.

The request for internal review must provide a detailed explanation of each reason which the education provider claims justifies a different decision, together with all supporting material that the education provider relies on.

The reasons for seeking review would include (but are not limited to) matters such as:

- (i) that relevant and significant information, whether available at the time of the original decision or which became available subsequently, was not considered or not properly considered in the making of the decision to refuse accreditation;
- (ii) that irrelevant information was considered in the making of the decision to refuse accreditation;
- (iii) that AMC procedures that relate to the making of the decision, as described in this document, were not observed;
- (iv) that the original decision was clearly inconsistent with the evidence and arguments put before the body making the original decision; or
- (v) that an error in law or in due process occurred in the formulation of the original decision.

The AMC will establish a review committee comprising members with appropriate qualifications and experience which will meet as required to consider any request for a review of a decision to refuse accreditation. The review committee will not include any person on the original assessment team.

The review committee will determine the process to be undertaken for the review and will inform the education provider of that process and the timeframe.

The review committee considers the Medical School Accreditation Committee's final report and recommendations, all submissions by the education provider during the original process and the materials and submissions made by the education provider as

part of the request for internal review. The review committee may seek further information from the assessment team, the Medical School Accreditation Committee, the education provider or AMC staff.

The review committee may recommend that Directors:

- (i) confirm the decision which is the subject of the review, or
- (ii) revoke the decision and refer it the Medical School Accreditation Committee for further consideration (either in whole or in part), or
- (iii) revoke the decision and replace it with another decision.

The review committee may also recommend that the Directors waive part or all of the costs associated with the review.

The Directors consider the review committee's recommendation and make its decision on the accreditation. The Directors notify the education provider, the Medical Board of Australia, and the Medical Council of New Zealand of the decision.

4. AMC monitoring of accredited programs

4.1 Purpose of AMC monitoring

Once it has accredited an education provider and its program of study, the AMC monitors them to ensure that they continue to meet the accreditation standards.

The principal monitoring mechanisms are structured progress reports, comprehensive reports and the full accreditation assessment every ten years. In addition, the AMC expects that accredited education providers will report at any time on matters that may affect the accreditation status of their program, such as a change to its capacity to meet the accreditation standards, or any change that may meet the definition of a major change to the program (See section 3.2.2).

If at any time the AMC has reason to believe that changes are occurring or planned in the program or provider that may affect the accreditation status of the program or provider, it may seek information from the provider in writing.

4.2 Progress reports

The aim of the progress reports is to enable the AMC to monitor accredited education providers and their programs between formal accreditation assessments as required by the National Law. The reporting requirement is in no way intended to inhibit new initiatives or the gradual evolution of programs of study in response to ongoing review and evaluation by the education provider.

The frequency of reporting relates to the AMC accreditation decision, as recorded in the education provider's most recent AMC accreditation report.

- Education providers granted the full period of accreditation submit progress reports in the first year following their accreditation assessment, then three, five, seven and nine years after the accreditation assessment.
- Education providers granted accreditation of a major structural change, and new providers and programs submit annual reports.

The AMC may require additional reports of an education provider granted a shorter period of accreditation or which has specific conditions on its accreditation.

In their reports, accredited education providers:

- inform the AMC of significant developments, completed or planned, in any area covered by the accreditation standards, and respond to any AMC recommendations for improvement or monitoring items;
- inform the AMC of their response to AMC conditions on their accreditation;
- provide program enrolment, progression and completion data.

AMC staff provide each education provider with a standard outline for the progress report at least four months before the report is due.

4.2.1 Consideration of progress reports

When the progress report is submitted, AMC staff seek a commentary on the report from a reviewer who is an experienced AMC assessor . The AMC provides guidance to report reviewers on the commentary required.

The progress report and the commentary, together with a summary of the AMC's response to the provider's previous progress reports are then considered through AMC committee processes.

4.2.2 Decision on progress reports

The Medical School Accreditation Committee will determine whether:

- (i) the report indicates that the program and provider continue to meet the accreditation standards including if accreditation conditions have been satisfied in the time period set by the AMC , or
- (ii) further information is necessary to make a decision, or
- (iii) the provider and program may be at risk of not satisfying the accreditation standards.

If the report is considered satisfactory, the education provider is advised. The AMC provides details of any matter to be addressed in the next progress report or in supplementary information, and any conditions or recommendations which have been satisfied and do not need to be addressed again.

If the Committee needs more information to make a decision, it advises the education provider of the relevant accreditation standards, the information required and a date for submission. The Committee may decide that a meeting with representatives of the education provider is necessary to discuss the AMC's requirements.

If the Committee considers that the education provider may be at risk of not satisfying the accreditation standards, then it invokes the *AMC Unsatisfactory Progress Procedures* (see section 4.4).

If the Committee's consideration of a progress report results in a recommendation to change the accreditation status of a program and its provider, or identifies major changes to the accredited program or provider, the Committee will advise the provider and outline the procedures the AMC will follow. All such actions will be reported to the AMC Directors.

The AMC Directors will report any changes to the accreditation status of programs and providers to the Medical Board of Australia.

4.3 Comprehensive report for extension of accreditation

Each AMC accreditation report indicates the year in which the accreditation of the education provider and its programs of study will expire. The accreditation report will also indicate if the education provider is able to seek extension of the accreditation before the next reaccreditation assessment by an AMC team. The AMC considers requests for extension via a comprehensive report.

In the comprehensive report for extension of accreditation, the education provider is expected to provide evidence that it continues to meet the accreditation standards, and that it has maintained its standards of education and of resources. The report also

provides an appraisal of the developments since accreditation, and information on plans leading up to the next AMC reaccreditation.

The Medical School Accreditation Committee may decide that review of the comprehensive report should entail discussions with the education provider or an assessment by an AMC team.

If, on the basis of the report, the Medical School Accreditation Committee decides that the education provider and the medical program is continuing to satisfy the accreditation standards, it may recommend that the AMC Directors extend the accreditation of the education provider and the program. The period of extension possible is usually a period of three to four years, taking the accreditation to the full period which the AMC will grant between assessments, which is ten years. At the end of this extension, the education provider and its programs undergo a reaccreditation assessment.

4.4 Unsatisfactory process procedures

A goal of the accreditation process is to encourage further improvements and developments in the programs being accredited. It is expected that during an assessment, in addition to identifying the relevant achievements and strengths of the provider and its programs, the education provider and the assessment team will identify areas for improvement.

The progress reporting process, described above, is the principal mechanism by which education providers keep the AMC informed of their actions between formal accreditation assessments.

The procedures described below relate to circumstances where the AMC, on the basis of progress reports or other material, considers the education provider and its program may no longer meet the accreditation standards or may have difficulty meeting the standards in the future.

The AMC will investigate the concerns following the process outlined below. If this investigation leads the AMC reasonably to believe the program and the education provider no longer meet the accreditation standards, the AMC will either impose conditions on the accreditation or revoke the accreditation.

The AMC will inform the education provider of its concerns and the grounds on which they are based. The education provider will be given an opportunity to respond to the statement of concerns. The AMC will inform the Medical Council of New Zealand, the Medical Board of Australia, and the relevant health authorities of its concerns and the grounds on which they are based, and the process to be implemented.

A team comprising the chair of the Medical School Accreditation Committee or nominee, one member of the original assessment team and an AMC staff member will normally investigate the concerns. Additional members with specific expertise may be appointed depending on the conditions set.

The team's discussions with the education provider will focus on actions necessary to meet the accreditation standards in a defined period of time. The team may ask the education provider to arrange meetings with other relevant bodies as part of their discussions.

The team reports to the Medical School Accreditation Committee, which may recommend to the AMC Directors:

- (i) that the concerns are being addressed. In this case, the AMC will grant ongoing accreditation for a defined period subject to satisfactory progress reports, or
- (ii) that the concerns can be addressed by imposing conditions on the accreditation. In this case, the AMC will grant ongoing accreditation for a defined period subject to satisfactory progress reports, and to the conditions being met within this period, or
- (iii) that the concerns are not being addressed and/or are unlikely to be addressed within a reasonable timeframe and the education provider and its program do not satisfy the accreditation standards. In this case the AMC will revoke the accreditation.

The same processes as are outlined above for consultation with the education provider, formal reporting and review of reports will apply in relation to these unsatisfactory progress procedures.

The AMC advises the education provider, the Medical Board of Australia and the Medical Council of New Zealand of its decision.

5. Accreditation outcomes

The range of options available to the AMC in granting accreditation is set out below. There are different options available for the reaccreditation of established programs, accreditation of new programs and providers, and major changes in established programs.

The AMC may grant accreditation with or without conditions. Where it imposes conditions, the provider's continuing accreditation is subject to it satisfying the conditions.

The AMC may accredit a program if it is reasonably satisfied that the program of study and the education provider meet the accreditation standards. The AMC may also grant accreditation if the program of study and the education provider *substantially* meet the accreditation standards, and imposing accreditation conditions will lead to the program meeting the standards within a reasonable time.

Each education provider and programs undergo an accreditation assessment by an AMC team at least every ten years. Following an assessment by an AMC team, the AMC grants accreditation for a maximum period of six years. This period can be extended up to ten years on the basis of a written comprehensive report in the year the accreditation expires. At the end of the ten-year period, the education provider and its programs undergo a reaccreditation assessment.

5.1 Reaccreditation of education providers and programs of study

The accreditation options are:

- (i) Accreditation for a period of six years subject to satisfactory progress reports (see section 4). In the year the accreditation ends, the education provider will submit a comprehensive report for extension of accreditation. Subject to a satisfactory report, the AMC may grant a further period of accreditation, up to a maximum of four years, before a new accreditation review.
- (ii) Accreditation for six years subject to certain conditions being addressed within a specified period and to satisfactory progress reports (see section 4). In the year the accreditation ends, the education provider will submit a comprehensive report for extension of accreditation. Subject to a satisfactory report, the AMC may grant a further period of accreditation, up to a maximum of four years, before a new accreditation review.
- (iii) Accreditation for shorter periods of time. If significant deficiencies are identified or there is insufficient information to determine that the program satisfies the accreditation standards, the AMC may grant accreditation with conditions and for a period of less than six years. At the conclusion of this period, or sooner if the education provider requests, the AMC will conduct a follow-up review. The provider may request either:
 - o a full accreditation assessment, with a view to granting accreditation for a further period of six years; or
 - o a more limited review, concentrating on the areas where deficiencies were identified, with a view to extending the current accreditation to the maximum period (six years since the original accreditation assessment). Should the accreditation be extended to six years, in the year before the

accreditation ends, the education provider will be required to submit a comprehensive report for extension of the accreditation. Subject to a satisfactory report, the AMC may grant a further period of accreditation, up to the maximum possible period, before a new accreditation assessment.

- (iv) Accreditation may be withdrawn where the education provider has not satisfied the AMC that the complete program is or can be implemented and delivered at a level consistent with the accreditation standards. The AMC would take such action after detailed consideration of the impact on the healthcare system and on individuals of withdrawal of accreditation and of other avenues for correcting deficiencies.

If the AMC withdraws accreditation, it will give the education provider written notice of the decision, and its reasons; and the procedures available for review of the decision within the AMC. (See 3.3.11)

An organisation that has its accreditation revoked may re-apply for accreditation. It must first satisfy the AMC that it has the capacity to deliver a program of study that meets the accreditation standards by completing a Stage 1 accreditation submission.

5.2 Accreditation of new education providers and/or programs

The accreditation options are:

- (i) Accreditation for a period up to one year after the full program has been implemented, subject to conditions being addressed within a specific period and depending on satisfactory annual progress reports. The conditions may include a requirement for follow-up assessments to review progress in implementing the program. In the year the accreditation ends, the education provider will submit a comprehensive report for extension of accreditation. Subject to a satisfactory report, the AMC may grant a further period of accreditation, up to the maximum possible period, before a new accreditation assessment.
- (ii) Accreditation will be refused where the education provider has not satisfied the AMC that it can implement and deliver the program of study at a level consistent with accreditation standards. The AMC will give the education provider written notice of the decision and its reasons, and the procedures available for review of the decision within the AMC (See 3.3.11).

Where the AMC refuses accreditation, the institution may re-apply for accreditation. It must first satisfy the AMC that it has the capacity to address the AMC's concerns by completing a Stage 1 accreditation submission.

5.3 Accreditation of major changes to established programs of study

The accreditation options are:

- (i) Accreditation for a period up to one year after the full new program has been implemented depending on satisfactory annual progress reports. In the year the accreditation ends, the education provider will submit a comprehensive report for extension of accreditation. Subject to a satisfactory report, the AMC may grant a further period of accreditation, up to the maximum possible period, before a new accreditation assessment.

Accreditation may be subject to the education provider addressing certain conditions within a specified period. The conditions may include a requirement for follow-up assessments to review progress in implementing the program.

- (ii) Accreditation of the new program will be refused where the education provider has not satisfied the AMC that it can implement and deliver the complete medical program at a level consistent with the accreditation standards. The AMC will give the education provider written notice of the decision and its reasons, and the procedures available for review of the decision within the AMC (See 3.3.11).

Where the AMC refuses accreditation of a major change, the education provider may re-apply for accreditation of the change. It must first satisfy the AMC that it has the capacity to address the AMC's concerns about the proposed change by completing a Stage 1 accreditation submission.

5.4 Procedures following the accreditation decision

After it has made its accreditation decision, the AMC provides a report to the Medical Board of Australia. Under the National Law the Board may approve, or refuse to approve, the accredited program of study as providing a qualification for the purposes of registration in the medical profession.

Having made a decision on accreditation of an education provider and its programs, the AMC keeps itself apprised of developments in the accredited program through regular progress reports. This process is explained in section 4.2 to 4.3.

The AMC has a separate series of procedures that relate to circumstances where the Medical School Accreditation Committee considers, on the basis of progress reports or other material available to it, that the education provider's progress against its accreditation conditions is unsatisfactory and/or that the education provider may not satisfy one or more accreditation standards. These procedures are outlined in section 4.4.

6. Review of AMC accreditation standards and procedures

The process for reviewing AMC accreditation standards and procedures provides opportunities both for contribution by stakeholders and for the AMC to build on the experience of its accreditation committees. The role of the assessment teams which apply the accreditation standards and procedures in particular assessments is separate to this development role.

The AMC gathers feedback after each accreditation assessment. AMC staff collate feedback from the AMC team and from the education provider on the application of the accreditation standards. It also seeks feedback on the assessment process. The staff submit matters concerning the interpretation of accreditation standards to the relevant accreditation committee. The assessment team chair submits feedback on the process to the committee.

The relevant accreditation committee reviews the accreditation standards and procedures after each assessment by an AMC team. AMC staff collate feedback from the team and from the education provider on the application of the accreditation standards and on the assessment process.

- Following each assessment, the relevant accreditation committee receives a report from AMC staff on any questions concerning the interpretation of accreditation standards and the team chair presents the feedback on the assessment process. The staff keep a log of minor procedural changes agreed and report to the accreditation committee on their implementation.
- The committee may recommend to Directors changes to the explanatory notes accompanying the standards.
- Should the committee decide that a standard or standards requires clarification or new standards are required, it may recommend a review by an AMC working party, following the process described below.
- Should the committee identify the need for a change to the process described in these Guidelines, it may recommend a review by an AMC working party, following the process described below.

The AMC reviews the full set of accreditation standards at least every five years. It reviews the Accreditation Procedures in full at least every five years. In reviewing its accreditation standards, the AMC takes account of the Australian Health Practitioner Regulation Agency *Procedures for Development of Accreditation Standards*. The AMC reviews the procedures in full at least every five years.

The review of accreditation standards and/or procedures are completed by AMC working parties established for the purpose. The review process is as follows:

- The accreditation committee discusses the standards and/or procedures, and presents to the AMC Directors the plan for the review, outlining the proposed scope and timeframe.
- If the AMC is planning to review the standards, it advises the Medical Board of Australia. It places information on the review and consultation processes on its website.
- A working party is established, with an experienced AMC assessor as chair. The working party includes nominees of key stakeholder bodies. Among other things,

the working party consults stakeholders; reviews relevant national and international reports and policies; reviews AMC accreditation reports and committee reports; and drafts proposals for change to the standards and procedures, and prepares a summary of stakeholder responses to them.

- The relevant accreditation committee considers the changes, and submits them to the AMC Directors.
- As required under the National Law, the AMC Directors submit changes to the accreditation standards and new standards to the Medical Board of Australia for approval.