

C THE ACCREDITATION FRAMEWORK

1 Management of the Accreditation Process

1.1 COUNCIL

The Council is the governing body of the AMC. The Council's role in relation to the assessment of specialist medical training programs as defined by the Constitution is 'the accreditation of Australian and Australasian providers of specialist medical training and of their specialist medical training and professional development programs'. The Council makes the decision to grant or refuse accreditation.

The Executive Committee acts on behalf of the Council between meetings of the Council in all matters pertaining to Council affairs. In relation to the management of the process for assessing specialist training programs, the Executive Committee may consider matters such as the accreditation workload, progress of individual assessments and appointment of assessment teams.

1.2 AMC SPECIALIST EDUCATION ACCREDITATION COMMITTEE

The Specialist Education Accreditation Committee oversees the accreditation process. The Committee's functions and responsibilities are:

- (i) to develop guidelines, policy and procedures relating to the accreditation of specialist medical training and professional development programs, including:
 - (a) make recommendations on policies and procedures relating to accreditation;
 - (b) periodically review the accreditation guidelines, and information and reporting requirements and advise the Council on any changes it considers appropriate;
- (ii) to oversee the Council's program of accreditation of specialist medical training and professional development programs including:
 - (a) implement Council policies and procedures relating to accreditation;
 - (b) determine an annual program of accreditation activities;
 - (c) make recommendations on the appointment of teams to assess specialist medical training and professional development programs for accreditation purposes;
 - (d) make recommendations on the accreditation of specialist medical training and professional development programs;
 - (e) present a report to each general meeting of the Council on its accreditation activities and other matters referred from the Council;
- (iii) to seek to encourage improvements in postgraduate medical education in Australia that respond to evolving health needs and practices, and educational and scientific developments, including:
 - (a) contribute to and advise the Council on national and international developments and discussions concerning postgraduate medical education;

- (b) sponsor and undertake activities that promote quality improvement in postgraduate medical education.

The Committee includes members nominated by: the Australian Health Ministers' Advisory Council; the Australian Medical Association; the Committee of Presidents of Medical Colleges; the Medical Council of New Zealand; and Medical Deans of Australia and New Zealand. The Committee also includes members of the Council, a doctor in training, and members with background in and knowledge of health consumer issues.

1.3 ASSESSMENT TEAMS

On the recommendation of the Specialist Education Accreditation Committee, the Council constitutes an assessment team to assess each training program or related group of programs. Teams report to the Specialist Education Accreditation Committee. They work within the accreditation policy and guidelines of the AMC.

Teams are responsible for:

- assessing the specialist medical program(s) against AMC accreditation standards, and the training organisation's own goals and objectives;
- developing, with the training organisation being assessed, a program of meetings and site visits appropriate to the training organisation's structure, size, range of activities, and education and training programs;
- validating the information provided by the training organisation and other stakeholders through a program of meetings and site visits;
- preparing a report that assesses the specialist medical program(s) against the accreditation standards and identifies strengths and areas for improvement.

Observers are permitted on AMC assessments, subject to the approval of the Chief Executive of the training organisation being assessed and of the Chair of the AMC team. The AMC's expectations of observers are described in the separate statement, *Arrangements for Observers*.

1.4 AMC SECRETARIAT

The AMC conducts the assessment of specialist medical training programs using the process and standards described in these Guidelines.

The AMC Secretariat implements the accreditation process on Council's behalf. Its roles include managing the accreditation work program; implementing AMC policy and procedures; supporting the Specialist Education Accreditation Committee, accreditation working parties and teams; and advising stakeholder groups on accreditation policy and procedures.

The AMC asks training organisations undergoing accreditation to correspond with the Secretariat *not* directly with AMC committees and team members.

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

Questions of interpretation of AMC policy and processes are the responsibility of the Specialist Education Accreditation Committee.

1.5 AMC ADVISORY GROUPS

There are circumstances where training organisations that provide specialist medical training require additional advice on AMC accreditation requirements. In these circumstances, with the agreement of the training organisation, the Specialist Education Accreditation Committee may recommend to Council that it establish an advisory group.

The advisory group works with the training organisation to clarify the requirements that must be satisfied. The advisory group's process generally entails discussion and questioning, and review of the statements and evidence provided in the training organisation's submission, curriculum documents or program management plans. This may entail giving guidance on how to present evidence to the AMC, suggesting options for consideration based on the members' expertise, indicating where plans and policies are unlikely to satisfy the AMC's requirements, and/or clarifying recommendations made by the AMC.

The advisory group does not:

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

The advisory group determines the frequency and means of contact with the training organisation.

The advisory group is required to keep the Specialist Education Accreditation Committee informed of its activities.

2 AMC policies relating to the conduct of the accreditation process

2.1 AMC CONDUCT

The AMC will:

- (i) in making decisions, gather and analyse information and ideas from multiple sources and viewpoints;
- (ii) use clear guidelines and procedures, and implement its accreditation process in an open and objective manner;
- (iii) adopt mechanisms to ensure that members of assessment teams, committees and staff apply standards and procedures in a consistent and appropriate fashion; and
- (iv) review its processes and guidelines on a regular basis.

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

In its accreditation function, the AMC:

- focuses on the achievement of objectives, maintenance of academic standards, public safety requirements, and expected outputs and outcomes rather than on detailed specification of curriculum content;
- as far as possible, meshes its requirements with internal academic priorities;
- following accreditation of a program, 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.

2.2 SCOPE OF AMC ACCREDITATIONS

The AMC accredits Australian and Australasian providers of specialist medical training and their specialist training programs which lead to qualifications for practice in *recognised* medical specialties. Recognition means that the Commonwealth Minister for Health and Ageing has made a decision to recognise a new specialty and, if necessary, approved an amendment to the *Health Insurance Regulations, 1975*.

There are two lists of recognised medical specialties and relevant qualifications:

- Schedule 4 of the *Health Insurance Regulations, 1975*. This lists specialties, qualifications and organisations recognised for the purposes of the *Health Insurance Act*.

Such recognition enables doctors with specific qualifications to attract a relevant Medicare benefit for services rendered.

- The AMC *List of Australian Recognised Medical Specialties*. This list includes those specialties recognised for the purposes of Schedule 4 and the other medical specialties.

The AMC administers the process for recognising medical specialties on behalf of the Commonwealth Minister for Health and Ageing. The process for seeking recognition of a medical specialty is described in the document *The Recognition of Medical Specialties: Policies and Process*, November 2007.

The AMC awards accreditation to training organisations for specific training and continuing professional developments programs. In the case of a program offered jointly by two or more training organisations that results in the award of more than one qualification, the AMC regards the training program as one program, but lists as accredited all training organisations which grant the qualification.

All AMC accreditations are based on the training organisation demonstrating that it satisfies or that it will satisfy the AMC standards for specialist medical training which make up Part B of this book.

2.3 TIMING OF ACCREDITATIONS

AMC accreditation entails a cyclical program of review of specialist medical training programs, 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. The AMC Secretariat negotiates dates for these assessments first. The AMC fits assessments of new developments, such as new programs or major changes to established programs, into this work program.

The Council approves the accreditation work program each year based on advice from the Specialist Education Accreditation Committee.

2.4 ROLE OF DOCTORS IN TRAINING IN THE AMC ACCREDITATION PROCESS

The AMC considers it important that doctors in training (trainees) are given opportunities to contribute to its processes.

Opportunities for doctors in training to contribute to the accreditation process include:

- input into the development and review of the accreditation standards, policy and procedures;
- membership of the Specialist Education Accreditation Committee;
- membership of AMC assessment teams.

Opportunities for doctors in training to contribute to the assessment of their training program include:

- contribution to their training organisation's accreditation submission;

- response to AMC surveys of doctors in training;
- during site visits, discussion with members of the AMC assessment team;
- contribution as appropriate to the training organisation's annual reports to the AMC.

2.5 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 in a number of programs. The AMC does not regard this, of itself, to be a conflict.

The AMC requires members of the Council and 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 may decide that a member's interest in a particular item requires the member to be excluded from the committee's usual duties with respect to that item, including discussion of that item at committee meetings; or it may decide that the member should continue to participate. 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 Specialist Education 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. Following receipt of any such comments, the Specialist Education Accreditation Committee, in consultation with the training organisation, makes recommendations to the AMC on the composition of the assessment team. In doing so, it will disclose all declared interests of the persons recommended and any comments made by the training organisation in relation to the proposed composition of the team. The AMC has full regard to such interests and comments in appointing assessors.

If a conflict of interest emerges for an assessor during an assessment, the team chair and secretary 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 Specialist Education Accreditation Committee.

Where a member of the Specialist Education Accreditation Committee or an assessment team has given recent informal advice to a training organisation outside the AMC accreditation process, that member must declare their interest.

2.6 CONFIDENTIALITY

In order to discharge its accreditation function, the AMC requires considerable information from training organisations, in accreditation submissions and in subsequent annual reports. This may include sensitive information, such as strategic plans, honest appraisal of strengths and weaknesses and commercial in confidence material.

Training organisations are advised to prepare their accreditation submission as a public document. To facilitate stakeholder consultation process (see section 3.3.5) the AMC asks training organisations to post their accreditation submission to their website.

The AMC requires the members of its committees and assessment teams to keep as confidential the material provided by training organisations 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 its committees and teams on its confidentiality requirements and their responsibilities for secure destruction of information once an assessment is complete.

The AMC may conduct research based on confidential information contained in accreditation submissions, periodic 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 training organisations it will seek the training organisations' permission.

The AMC provides opportunities for training organisations to review drafts of the AMC accreditation report at two stages in the assessment process. At such points, these assessments are confidential to the AMC and the training organisation. The training organisation 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 training organisation of these plans.

2.7 PUBLIC MATERIAL

The AMC places the following material concerning the accreditation status of individual training organisations and their training programs in the public domain:

- The current accreditation status of all specialist medical training 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 periodic/progress reports submitted by accredited training organisations on the AMC website.
- The Council issues a press statement after each meeting announcing accreditation decisions together with the executive summary of the accreditation report.

The AMC expects that any public statement made by training organisations about their accreditation status will be complete and accurate, and that organisations will provide the contact

details of the AMC Secretariat in any such public statement. The AMC will correct publicly any incorrect or misleading statements about accreditation actions or accreditation status.

2.8 COMPLAINTS

The functions of the AMC do not include a role in investigating the complaints of individual students, staff or trainees. Training organisations accredited by the AMC are expected to have processes for addressing grievances, complaints and appeals.

In the course of assessing a training program for accreditation purposes, the AMC seeks stakeholder comment on the program. It has standard procedures for seeking such comments, which are explained later in this document.

From time to time, the AMC does receive questions and/or complaints about the educational processes of training organisations it has accredited. It addresses them in the following manner:

- The AMC accreditation process is outlined, with reference to accreditation standards that would apply to the matter raised in the complaint.
- The complainant is advised of the current accreditation status of the training organisation, and is provided with the most recent accreditation report on the training organisation.
- The AMC outlines the available options for the complainant to contribute to the AMC's assessment of the specialist medical training program.
- The complainant is given the name of other organisations which may be able to assist.
- If the complaint suggests that the training organisation is not complying with AMC accreditation standards or with conditions on the training organisation's accreditation, AMC staff will refer the matter to the Chair of the Specialist Education Accreditation Committee. If the Chair considers the training organisation should be advised of the concern, the AMC will normally ask the training organisation to address the matter in its next periodic report to the AMC. The option exists for the AMC to ask trainee society to provide a supplementary submission when the training organisation next submits a progress report to the AMC.

2.9 FEES AND CHARGES

The AMC undertakes assessments on a cost-recovery basis. Training organisations seeking accreditation pay the direct cost of the assessment. Costs are generally related to the work of the assessment team and, if relevant, any advisory group.

The AMC provides more detailed advice on the costs at the commencement of the assessment.

The AMC Secretariat will issue an invoice for the total cost when it completes the assessment. Payment is requested prior to the Council making a decision on the accreditation.

3 The administration of the assessment process

The AMC has developed standard procedures for the assessment and accreditation of specialist medical training programs. These procedures make clear the nature of the information required and the processes for assessing the training organisation against the accreditation standards contained in Part B of this document.

3.1 TYPES OF ASSESSMENTS

The AMC undertakes assessments in the following circumstances:

- assessment of new developments including:
 - assessment of specialist training programs to complete the two-stage process for recognition of new medical specialties;
 - assessment of a new specialist training organisation in an already recognised medical specialty;
 - assessment of proposals for **major change** in established training programs.
- assessment for the purposes of **re-accreditation** of established specialist medical training programs.

In cases where conditions on accreditation or reaccreditation require it, the AMC also conducts **follow-up** assessments of specialist medical training programs. The circumstances in which follow-up assessments are made include where a training organisations has been granted a limited period of accreditation or where the AMC wishes to review plans for later stages of a new development.

An AMC assessment entails appointment of an AMC team which completes a review of documentation and a program of site visits and meetings, and prepares a report.

For a new development, the training organisation 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 training program by an AMC team. These steps are outlined in section 3.2.

Section 3.3 provides a description of 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 is likely to comply with the AMC Accreditation Standards and if the training organisation has demonstrated that it is able to implement the program. The way in which this assessment is completed depends on the type of new development being considered.

At the end of this assessment, the Specialist Education Accreditation Committee may recommend one of the following to the Council:

- (i) that the training organisation proceed to assessment by an AMC team;

- (ii) that further development is required and the training organisation be invited to submit additional information for further consideration;
- (iii) that the training organisation not proceed to assessment since it has not demonstrated the capacity to implement the proposed program and/or the proposal is not likely to satisfy AMC accreditation standards.

If it decides further development is required, the Specialist Education Accreditation Committee may recommend that Council establish an advisory group (see section 1.5).

Should the Council invite the training organisation to proceed to assessment, the AMC Secretariat will advise the applicant of an appropriate submission date.

In preparation for this assessment, the training organisation is required to present: the outline of the full program and at least the first two years in detail; the financial, physical and staff resources available to design and implement all years, and to support the program when fully established; and an organisational assessment of strengths and weaknesses. The training organisation may choose to present the detailed curriculum and implementation plans either on the entire new program or in progressive stages. Should the training organisation present its plans in stages, these plans will require separate follow-up assessments. Information presented in preceding stages need not be re-presented, only updated where necessary.

The specific requirements of the following assessments are described below:

- assessment of a specialist training program to complete the two-stage process for recognition of new medical specialties
- assessment of a new program of specialist training in an already recognised medical specialty; and
- assessment of proposals for **major change** in established medical programs.

3.2.1 Assessment of a specialist training program to complete the two-stage process for recognition of new medical specialties

In its application for recognition of a new medical specialty, the applicant body must provide information concerning its standards setting roles, the program of education, training and assessment and the program of continuing professional development available for the proposed specialty. The AMC Recognition of Medical Specialties Advisory Committee considers this material in Stage 1 of the recognition process.

More than one professional body may consider that it fulfils the education and training roles in a specialty. Once the Minister has decided that a case for a new specialty exists, all such bodies may apply for assessment and accreditation of their specialist medical training and professional development programs by the AMC.

The AMC invites accreditation applications through an announcement posted on its website. Applicant bodies are advised to contact the AMC Secretariat for detailed information on the documentation required and to negotiate the timing of the assessment.

Applicant bodies new to the AMC assessment process will be requested to first lodge a preliminary submission, and their readiness for assessment will be judged on the basis of this submission. A guide for completion of the submission is available from the AMC Secretariat. The submission must outline the curriculum for the specialist medical training program, the resources including clinical training resources available to deliver the program, and the continuing professional development program.

The Specialist Education Accreditation Committee reviews the submission and makes a recommendation to the Council on the readiness of the organisation and the program to undergo assessment, in accord with the list of possible recommendations provided in section 3.2.

3.2.2 Assessment of a new training organisation in a recognised medical specialty

In its accreditation role, the AMC assures the quality of medical training programs. The Council does not comment on the desirability or otherwise of new training programs in established medical specialties.

The AMC asks that an organisation seeking accreditation of a new training program in an established and recognised medical specialty first lodge a preliminary submission. The AMC judges the training organisation's readiness for assessment on the basis of this submission. A guide for completion of the preliminary submission is available from the AMC Secretariat. The submission must outline the curriculum for the specialist medical training program and the continuing professional development program, the resources including clinical training resources available to deliver the training program and the continuing professional development program.

Training organisations contemplating the establishment of a new training program in a recognised medical specialty should conduct independent negotiations with the appropriate state and national authorities concerning training places. If a decision is made by the relevant authorities to support the establishment of a new program, the AMC undertakes the assessment against the standards in Part B of this book.

Training organisations require considerable time to design and plan a new specialist medical training program and to organise the necessary resources. By advising the AMC early of their intentions, training organisations 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 organisation's intention when planning begins. It would expect this to be at least 24 months in advance of intended program commencement.

The Specialist Education Accreditation Committee reviews the submission and makes a recommendation to the Council on the readiness of the training organisation and the program to undergo assessment, in accord with the list of possible recommendations provided in section 3.2.

3.2.3 Assessment of a major structural change in an established training program

Major changes to a program may affect accreditation status and require a series of procedures to be instituted. The AMC expects to be informed prospectively of such developments. The regular reports required of accredited training organisations provide one avenue for such advice (see section 4). While plans for major change are evolving, the Specialist Education Accreditation Committee will be available to give general advice as to whether the proposed changes are likely to comply with AMC 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.

A major change in a training organisation's specialist medical education and training programs could comprise the introduction of a new sub-specialist program, or a significant change in the objectives, educational approach, or emphasis of an existing program. Significant changes forced by reduced resources leading to an inability to achieve the objectives of the program should also be reported. The normal evolution of a program in response to initiatives and review would not be considered a major change.

When it considers the initial advice from an accredited training organisation about planned changes, either through a specific notice of intent or through periodic reports, the Specialist Education Accreditation Committee will decide if it is a major change. If it is, the Committee will also decide whether the major change can be approved for introduction within the current accreditation of the program or is of comprehensive impact that would require re-accreditation of the whole program.

The Committee will advise the training organisation of its decision, including whether the assessment will be carried out by correspondence or by visit.

In the event that the Committee decides that the change will be considered within the current period of accreditation, the training organisation will be asked to submit a broad outline of the new program, transitional arrangements for existing trainees if appropriate, the resources including clinical teaching resources available to deliver the training program, the resource implication of the change for healthcare facilities, and evidence of engagement of stakeholders. The Committee will consider this submission and make a recommendation to the Council on accreditation of the program including any specific reporting requirements.

In the event that the AMC decides that the changed program must have a separate accreditation, the AMC will ask the training organisation to complete a customised accreditation submission providing the outline of the full program with details for at least the first two years; details of the resources (including clinical training resources, supervisors, and educational activities) 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. An assessment of the impact of the change on existing trainees, proposed transitional arrangements, the resource implication of the change for healthcare facilities, and evidence of engagement of stakeholders are also required. If the change entails a new sub-specialty training program, information on the likely effects on service provision is also required.

The training organisation may choose to present the detailed curriculum and implementation plans either on the entire new program or in progressive stages. Should the training organisation present its plans in stages, these plans will require separate follow-up assessments. Information presented in preceding stages need not be re-presented, only updated where necessary.

The submission should be lodged at least 10 months in advance of program commencement. The AMC Secretariat is able to advise on the date the submission should be lodged, and the number of copies of the submission required.

3.3 AMC STANDARD ASSESSMENT PROCESS

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.

The stages of an assessment are explained below.

3.3.1 Initial contact

The AMC Secretariat writes to the training organisation concerning the timing of the assessment, the process of assessment, and the documentation required. The Secretariat writes to training organisations which need re-accreditation approximately two years before their accreditation is due to expire. For follow-up assessment, the Secretariat contacts the training organisation 12 months in advance. For training organisations seeking accreditation of a new development, the AMC Secretariat provides customised advice on AMC timings and requirements.

The timing of the assessment is planned in consultation with the senior office bearers and chief executive of the training organisation.

The AMC assessment team works through the office of the chief executive of the training organisation: all requests for information are made to the chief executive, and the plans for assessment visits and meeting are finalised in consultation with the chief executive or nominee.

3.3.2 Documentation

The AMC provides each training organisation with a guide to assist in preparing the accreditation submission, which is the basis for the assessment of the training program(s). The guide outlines the requirement for self-assessment and critical analysis against the AMC standards. The submission should describe plans for future development, and provide detailed information on the education and training program; the resources that underpin delivery of the program, such as staff, material and health service facilities; the professional development programs and the processes for assessing overseas-trained specialists. The training organisation may nominate particular areas for review.

For follow-up assessments, the AMC asks the training organisation to develop a limited 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 supplements this limited submission by providing copies of the training organisation's periodic reports (see section 4) to the assessment team.

The AMC normally asks the training organisation to submit its documentation six months ahead of the assessment. For follow-up assessments, a shorter timeframe may apply.

3.3.3 Selection of the assessment team

For each assessment, the AMC appoints an assessment team.

Whilst the expertise of individual members is of prime importance, the composition of the team provides for a balance of educational knowledge and experience with particular, but not exclusive, emphasis on postgraduate medical specialist training and professional development, health service and community interests. In the case of training programs which are offered in

Australia and New Zealand, the assessment team will include at least one assessor from New Zealand appointed after consultation with the Medical Council of New Zealand.

The size of the team depends on the complexity of the task and the range of skills required.

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.

An experienced AMC assessor is appointed as chair of the team. One member of the team is a staff member of the AMC Secretariat, who is the secretary. The chair has overall responsibility for the conduct of the assessment. The secretary provides policy advice; organises the assessment with the training organisation being assessed to ensure that the standard process is followed; supports and contribute to the team's assessment; collates and edits the team's report; and ensure the assessment is evaluated.

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

All communication with the AMC about the assessment should be through the team secretary.

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 provides periodic 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 five months before the on-site assessment visits. At this meeting, the team identifies key issues and develops an outline of the program for the assessment. The members of the team are given responsibility for scrutinising particular components of the accreditation submission, depending on their expertise and interests. The training organisation is informed of these responsibilities, which are directly linked to the contents of the final accreditation report.

The AMC invites representatives of the training organisation to the final session of the team's preliminary meeting. This allows discussion of the team's preliminary assessment. Strengths are identified, and any inadequacies or omissions in the documentation are discussed, and the outline of the program for the site visits is determined. The team may request further information and set a date with the training organisation for receipt of the information.

Following the meeting, the AMC Secretariat confirms the team's assessment plan in writing.

3.3.5 Stakeholder consultation

For each assessment of a specialist medical training program, the AMC invites stakeholders to comment on the training programs being reviewed.

The AMC routinely invites comment from other organisations that provide specialist medical training; the professional bodies for relevant health professions; organisations responsible for training in other phases of medical education; Australian state and territory and the New Zealand

health departments; and health consumer groups. The AMC asks the training organisation being assessed to identify other key stakeholder groups.

The AMC has standard questions for each stakeholder group. These are reviewed and customised by each assessment team.

With the assistance of the training organisation, the AMC may also survey trainees, training supervisors, and overseas-trained specialists whose qualifications and experience are being assessed by the training organisation. The AMC has standard survey instruments. These are reviewed and customised by each assessment team. The AMC Secretariat prepares surveys, copies them for distribution, and manages the survey returns. For privacy purposes, the AMC requests that the training organisation mail the surveys to its trainees and supervisors.

For follow-up assessments, the assessment team decides on the extent of the stakeholder consultation required, having considered the issues to be addressed in the assessment.

The AMC provides a copy of the stakeholder feedback and, if relevant, a de-identified survey report once the team has completed its assessment.

3.3.6 *The team's assessment visits*

An assessment generally occurs over two weeks. In the first week the team generally completes visits to a sample of the sites at which training occurs. The second week generally entails meetings between the team and the training organisation's senior officers and committees.

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

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.

Team members visit a number of the states or regions in which the training organisation has approved training posts, sites or program. The aim of these site visits is to allow the assessment team:

- to judge the robustness of the training organisation's own processes of accreditation of training sites, posts and/or programs;
- to consider if the training organisation's educational goals are achievable in the training environment;
- to assess the implementation of training organisation's policies and processes in a distributed training system.

Before the team's preliminary meeting, the AMC Secretariat asks the training organisation to tabulate information on the location of its trainees and to provide information on the features of a range of health care facilities and training institutions. This information is discussed at the team's preliminary meeting, and a draft outline of the site visit program is developed. The final program is then negotiated between the Secretariat and the training organisation.

In addition to meeting trainees and supervisors of training, the team's site visits to states/regions normally include meetings with other groups concerned with the delivery of the training program, such as senior staff of the local health departments, members of the local training and continuing education committees, and overseas-trained specialists whose qualifications and experience have been assessed by the training organisation.

For a follow-up assessment, the decision to include site visits is made after discussion by the AMC team having considered the issues to be addressed in the assessment. If site visits are required, the program is likely to be more limited in scope.

The AMC provides a *Guide to Arranging Site Visits* to assist the training organisation to structure the agreed program of activities. Organisation of the site visits is primarily a responsibility of the training organisation with assistance from the AMC Secretariat.

Following the preliminary team meeting, the AMC Secretariat sends the training organisation a guide to assist in planning the final program of meetings. Normally, the program includes committees and individuals with responsibility for: the management of the curriculum; program evaluation; training site/department accreditation; assessment of overseas-trained specialists; assessment and examination; trainee selection; and continuing professional development. Maximum opportunities for interactive discussion are provided.

3.3.7 Preliminary findings

At the end of the program of meetings, 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 what it perceives to be the achievements and weaknesses, problem areas requiring attention, and distinctive activities to be encouraged.

These findings are encapsulated in a written statement which is discussed with key staff and office bearers of the training organisation. The organisation has an opportunity to correct errors of fact and discuss any draft recommendations and action that would need a response. The AMC Secretariat circulates the final statement (revised to correct errors) to the training organisation and the team members. This statement is confidential to the training organisation and the team. The AMC Secretariat advises the organisation on the limitations on the use of this statement.

The team makes no announcement concerning accreditation. This is a decision of the Council.

3.3.8 Accreditation report

At the conclusion of the assessment, the team prepares an accreditation report, providing opportunities for the training organisation to comment on the draft. The Specialist Education Accreditation Committee uses this report to recommend an accreditation outcome to the Council. The report also provides feedback to the training organisation.

The aim is to provide a first draft of the report to the training organisation, usually within six weeks of the conclusion of the assessment. The training organisation 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 report. The AMC Secretariat submits the report to the Specialist Education Accreditation Committee, together with comments by the training organisation. It also provides

the report to the Medical Council of New Zealand for consideration through its committee processes.

The Specialist Education Accreditation Committee considers the team's report and develops its accreditation recommendations. In finalising the report, the Committee may seek additional information from the training organisation or the team. The AMC Secretariat then provides a copy of the final report including the accreditation recommendation to the training organisation.

The training organisation may ask:

- (i) that the Committee's report and recommendations be submitted to the Council and the Medical Council of New Zealand; or
- (ii) that the Committee's report and recommendations *and* further comment by the training organisation be submitted to the Council and the Medical Council of New Zealand; or
- (iii) that a review panel be constituted.

3.3.9 Review of the accreditation report

Where the training organisation requests a review, it should specify its reasons and those aspects of the Committee's recommendations with which it is dissatisfied. The Council then selects an appropriately qualified person, who is not a member of the Council or any of its committees, to chair the review panel. The Chair, in consultation with the AMC President, will decide whether any additional members should be appointed to the panel, having regard to the nature and substance of the issues raised by the organisation and, if so, the Chair and the President will select suitable persons of appropriate expertise.

The review panel considers the Specialist Education Accreditation Committee's report and recommendations, and the comments and responses of the training organisation. The panel may seek further information from the team, the Committee, the training organisation, or the AMC Secretariat. The panel then prepares its report and provides a copy to the training organisation and the Council. In reaching its decision on an appropriate accreditation outcome, the Council will consider fully the report of a review panel.

3.3.10 Final decision on accreditation

After considering all the material received by them, the AMC and the Medical Council of New Zealand make their accreditation decisions. The AMC will determine an accreditation outcome generally in accordance with the possible accreditation outcomes in section 5.1. Where appropriate, 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.

The Chair of the Specialist Education Accreditation Committee or any review panel is available to either Council to discuss issues in their respective reports.

The AMC notifies the training organisation, the medical boards, the Medical Council of New Zealand, and national and state/territory health departments of its decision.

The report is then available as a public document.

4 Periodic progress reports to the AMC

4.1 PURPOSE OF PERIODIC REPORTS

Between formal accreditations, the AMC monitors developments in education and training and professional development programs through annual reports from the accredited training organisations. This requirement ensures that the AMC remains informed of responses to issues raised in the accreditation report, new developments, and issues that may affect the training organisation's accreditation. The requirement for periodic reporting is in no way intended to inhibit new initiatives or the gradual evolution of education and training programs in response to ongoing review by the training organisation.

The AMC Secretariat provides a standard outline of the progress report to training organisations each year, about three months before the report is due.

4.2 FREQUENCY OF REPORTS

Reports are normally required annually. The AMC does not normally request a report in the year in which a training organisation is preparing for assessment by an AMC team.

The AMC may require additional reports of a training organisation granted a shorter period of accreditation or which has specific conditions on its accreditation. The AMC may also require additional reports where information otherwise available to it indicates that there are or may be matters of concern in relation to the continued accreditation of a program. If such reports are required, the AMC will advise the training organisation of the nature of those concerns.

A training organisation may report to the Specialist Education Accreditation Committee at any time on matters it judges to be of relevance to its accreditation.

4.3 REQUIREMENT FOR COMPREHENSIVE REPORT

Each AMC accreditation report indicates the year in which the training organisation's accreditation will expire. In the year before the accreditation expires, the AMC asks the training organisation to submit a comprehensive report.

The training organisation is expected to provide assurance and, where possible, evidence that it has maintained its standard of education and of resources, an appraisal of the developments since accreditation, and information on plans leading up to the next AMC accreditation.

If, on the basis of the report, the Specialist Education Accreditation Committee decides that the training organisation is likely to continue to satisfy AMC requirements, it may recommend that the Council extend the training organisation's accreditation. The period of extension possible is usually a period of three to four years, taking training organisations to the full period of accreditation which the AMC will grant between assessments, which is 10 years.

4.4 DECISION ON PROGRESS REPORTS

Reports are considered by the Specialist Education Accreditation Committee, which gives feedback to the training organisation on the report.

The Specialist Education Accreditation Committee may ask a training organisation to clarify or amplify the information in a report or may decide that a meeting with officers of the organisation is warranted.

5. OUTCOMES OF ACCREDITATION

5.1 OPTIONS AVAILABLE TO THE COUNCIL IN ACCREDITING SPECIALIST MEDICAL TRAINING PROGRAMS

The maximum period of accreditation available between AMC assessment visits is ten years.

The range of options available to the Council in granting accreditation is set out below. These options depend on the type of assessment, with different options available for the re-accreditation of established training programs, accreditation of new training programs in recognised medical specialties, assessments undertaken to complete the process for recognising a new medical specialty, and major changes in established training programs.

The AMC may grant accreditation with or without conditions. Continuing accreditation is subject to achievement against any conditions. Conditions placed on an accreditation do not infer that further accreditation will not be granted.

After it has made a decision on accreditation of a specialist medical training program, the AMC keeps itself apprised of developments in the accredited program through annual progress reports. This process is explained in section 4.

The AMC has a separate series of procedures that relate to circumstances where the Specialist Education Accreditation Committee considers, on the basis of annual reports or other material available to it, that a training organisation's progress against AMC accreditation standards and accreditation conditions, are unsatisfactory. These procedures are outlined in section 5.2.

5.1.1 Re-accreditation of established training program

The accreditation options are:

- (i) Accreditation for a period of ten years subject to satisfactory periodic reports (see 4: Periodic reports to the AMC). Accreditation will be for six years in the first instance. In the year before the accreditation ends, the training organisation will be required to submit a comprehensive progress report. 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 ten years subject to certain conditions being addressed within a specified period and to satisfactory periodic reports (see 4: Periodic reports to the AMC). Accreditation will be for six years in the first instance. In the year before the accreditation ends, the training organisation will be required to submit a comprehensive progress report. 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 if plans presented by the training organisation will result in a program that satisfies AMC Accreditation Standards, the AMC may award accreditation with conditions and for a period of less than six years. At the conclusion of this period, or sooner if the training organisation requests, the AMC will conduct a

follow-up review concentrating on the recommendations made in the previous AMC accreditation to consider extending the accreditation.

Should the accreditation be extended to six years, in the year before the accreditation ends, the training organisation will be required to submit a comprehensive progress report. 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 refused where the training organisation has not satisfied the AMC that the complete program is or can be implemented and delivered at a level consistent with AMC Accreditation Standards. The AMC would take such action only after detailed consideration and on the basis of overwhelming evidence that the identified deficiencies could be not corrected within a reasonable timeframe. The impact on the health care system and on individuals of withdrawal of accreditation would be such that it should occur only when every other avenue for correcting deficiencies has been exhausted. Almost certainly, review by overseas experts acceptable both to the AMC and the training organisation would be one element of this detailed consideration.

5.1.2 Assessment of new training programs in established medical specialties

The accreditation options are:

- (i) Accreditation for a period up to two years after the full program has been implemented, subject to conditions being addressed within a specific period and depending on satisfactory annual reports. The conditions may include a requirement for follow-up assessments to review progress in implementing the program. In the year before the accreditation ends, the training organisation will be required to submit a comprehensive progress report. 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 of the new program may be refused where the training organisation has not satisfied the AMC that the complete program can be implemented and delivered at a level consistent with AMC Accreditation Standards. The AMC will advise the applying training organisation on the deficiencies to be addressed before it will reconsider accreditation.

5.1.3 Assessment to complete the process for recognising a new medical specialty

The accreditation options are:

- (i) Accreditation for ten years subject to satisfactory periodic reports (see 4: Periodic reports to the AMC). Accreditation will be for six years in the first instance. In the year before the accreditation ends, the training organisation will be required to submit a comprehensive progress report. 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.

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

- (ii) Accreditation may be refused where the training organisation has not satisfied the AMC that the complete program can be implemented and delivered at a level consistent with AMC Accreditation Standards. The AMC will advise the applying training organisation on the deficiencies to be addressed before it will reconsider accreditation.

5.1.4 Assessment of major changes to established programs

The accreditation options are:

- (i) Accreditation for a period up to two years after the full new program has been implemented depending on satisfactory annual reports. In the year before the accreditation ends, the training organisation will be required to submit a comprehensive progress report to the AMC. 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 certain conditions being addressed 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 may be refused where the AMC considers that training organisation has not satisfied the AMC that the complete specialist medical training program can be implemented and delivered at a level consistent with AMC Accreditation Standards. The AMC will advise the applying training organisation on the deficiencies to be addressed before it will reconsider accreditation.

5.2 UNSATISFACTORY PROGRESS PROCEDURES

A goal of the accreditation process is to encourage further improvements and developments in the education and training program being accredited. It is expected that during an assessment, in addition to identifying the relevant achievements and strengths of the training organisation, the training organisation and the assessment team will identify areas for improvement. The periodic reporting process, described in 4 above, is the mechanism by which training organisations keep the AMC informed of their actions since the formal accreditation.

The procedures described below are separate from this continuous improvement process. These relate to circumstances where the AMC, on the basis of reports from a training organisation or other material, that there may be cause to consider:

- (i) the revocation of accreditation;
- (ii) the imposition of new or additional conditions on an existing accreditation; or
- (iii) a reduction in the current period of accreditation.

The AMC will inform the training organisation of its concerns and the grounds on which they are based. The training organisation will be given an opportunity to respond to the statement of concerns. The AMC will inform the Medical Council of New Zealand, national and state and territory 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 Specialist Education Accreditation Committee or nominee, one member of the original assessment team and the Secretary of the Committee will normally investigate the concerns. Additional members with specific expertise may be appointed depending on the conditions set.

The team's discussions with the training organisation should focus on improvements rather than sanctions. The team reports to the Specialist Education Accreditation Committee, which may recommend to the Council either:

- (i) that the concerns are being met or are likely to be met in the near future. In this case, the Council may affirm the accreditation for a specified period subject to satisfactory periodic reports, or
- (ii) that the conditions on the accreditation are not being met and are unlikely to be met in the near future. In this case the Council may:
 - (a) Place additional conditions on the accreditation, for example specify actions to be taken or issues to be addressed and/or further restrict the period of accreditation. A training organisation in this position may apply for re-instatement of its full period of accreditation at any time subject to the normal procedures for review of accreditation.
 - (b) Withdraw accreditation from the organisation, if it considers that it is unable to deliver the education and training program at a standard or in a manner compatible with the accreditation standards. Such an action would be taken only after detailed consideration and on the basis of overwhelming evidence that the identified deficiencies could not be corrected within a reasonable timeframe.

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

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