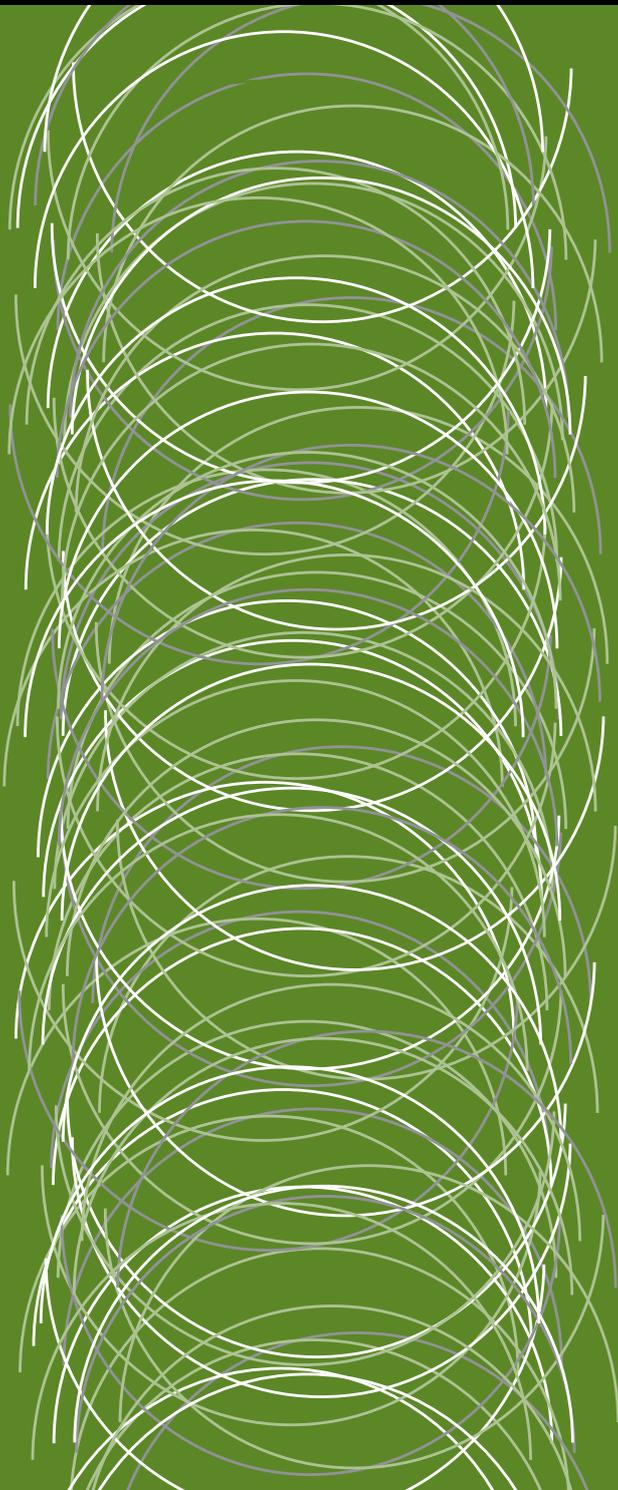


Australian Medical Council Limited

Standards for Assessment and Accreditation of  
Specialist Medical Programs and  
Professional Development Programs by the  
Australian Medical Council 2015

AMC



Specialist Education Accreditation Committee

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## Approval

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## Glossary

<b>Assessment</b>	The systematic process for measuring and providing feedback on the candidate's progress, level of achievement or competence, against defined criteria.
<b>Collaboration</b>	Implies a cooperative arrangement in which two or more parties work jointly towards a common goal.
<b>Continuing professional development</b>	<p>Continuing professional development (CPD) is the range of learning activities through which medical practitioners maintain, develop, update and enhance the knowledge, skills and performance required for safe and appropriate practice in the relevant specialty.</p> <p>A CPD program is the range of resources and activities to support CPD; a mechanism for participants to plan, document and self-evaluate activity; processes for assessing and crediting activities, and procedures for monitoring program participation and, where applicable, activity, quality and auditing compliance.</p>
<b>Cultural competence and cultural safety</b>	<p>The AMC draws on the Medical Council of New Zealand's definition of cultural competence.<sup>1</sup></p> <p>Cultural competence requires an awareness of cultural diversity and the ability to function effectively, and respectfully, when working with and treating people of different cultural backgrounds. Being culturally competent means a medical practitioner has the professional qualities, skills and knowledge needed to achieve this.</p> <p>A culturally competent medical practitioner will acknowledge that:</p> <ul style="list-style-type: none"><li>• Australia and New Zealand both have culturally diverse populations</li><li>• a medical practitioner's culture and belief systems influence his or her interactions with patients, and accepts this may impact on the doctor-patient relationship</li><li>• a positive patient outcome is achieved when a medical practitioner and patient have mutual respect and understanding.</li></ul> <p>The AMC draws on the Royal Australian College of General Practitioners' explanation of cultural safety:</p> <p>Cultural safety is 'an outcome of health practice and education that enables safe service to be defined by those who receive the service'. Strategies aim to create an environment that is 'safe for people: where there is no assault, challenge or denial of their identity, of who they are and what they need', where there is 'shared respect, shared meaning, shared knowledge and experience, of learning, living and working together with dignity and truly listening'.<sup>2</sup></p>

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<sup>1</sup> Medical Council of New Zealand, *Statement on cultural competence*, August 2006, <https://www.mcnz.org.nz/assets/News-and-Publications/Statements/Statement-on-cultural-competence.pdf>

<b>Curriculum</b>	A statement of the intended aims and objectives, content, assessment, experiences, outcomes and processes of a program, including a description of the structure and expected methods of learning, teaching, feedback and supervision. The curriculum should set out the knowledge, skills and professional qualities the trainee is to achieve. This is distinguished from a syllabus which is a statement of content to be taught and learnt.
<b>Education provider</b>	The National Health Practitioner Regulation Law Act 2009 uses the term <i>education provider</i> 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 accreditation standards and guidelines.
<b>Employer</b>	Specialist medical trainees complete work-based training and formal education while employed to practise as a medical practitioner. Where the standards use the term employer it means the person or persons who have a formal line management responsibility for the trainee’s work role and performance.
<b>Evaluation</b>	The set of policies and processes by which an education provider determines the extent to which its training and education functions are achieving their outcomes.
<b>Fellow/specialist in the discipline</b>	Traditionally, in Australia and New Zealand specialist medical programs have been provided by specialist medical colleges. Their fellows are the members who hold the award which signifies they are specialist medical practitioners in the discipline or disciplines covered by the specialist medical college and contribute to the college for example as supervisors, assessors and committee members. In this document the AMC has used “specialists in the discipline/specialty” rather than fellows.
<b>Field of specialty practice</b>	This term is used in the Medical Board of Australia’s <i>List of specialties, fields of specialty practice and related specialist titles</i> . Fields of specialty practice are part of a specialty. These standards also use the term subspecialty.

<sup>2</sup> Royal Australian College of General Practitioners, *Cultural awareness education and cultural safety training*, April 2011, <http://www.racgp.org.au/yourracgp/faculties/aboriginal/education/resources-for-gps-and-practice-staff/cultural-awareness/>

<b>Generalism and generalist</b>	<p>The AMC accepts the definitions of the Royal College of Physicians and Surgeons of Canada:</p> <p>‘Generalism is a philosophy of care that is distinguished by a commitment to the breadth of practice within each discipline and collaboration with the larger health care team in order to respond to patient and community needs.’</p> <p>‘Generalists are a specific set of medical practitioners with core abilities characterised by a broad based practice. Generalists diagnose and manage clinical problems that are diverse, undifferentiated, and often complex. Generalists also have an essential role in coordinating patient care and advocating for patients.’<sup>3</sup></p>
<b>Health consumer</b>	<p>The AMC has adopted the definition of the Australian Commission on Safety and Quality in Health Care which is ‘Consumers and/or carers are members of the public who use, or are potential users, of health care services.’<sup>4</sup> When referring to consumers, the AMC is referring to patients, consumers, families, carers, and other support people. In Australia and New Zealand, health consumers include Aboriginal and Torres Strait Islander peoples of Australia and Māori of New Zealand and consumers from culturally and linguistically diverse backgrounds.</p>
<b>Jurisdiction</b>	<p>An Australian state or territory health department or ministry, the Australian government department of health or the New Zealand Ministry of Health, as well as government in general.</p>
<b>Indigenous health</b>	<p>The term Indigenous health is used to refer to the health of Aboriginal and Torres Strait Islander peoples of Australia and Māori of New Zealand.</p>
<b>Interdisciplinary learning</b>	<p>Interdisciplinary learning occurs when medical practitioners from two or more medical disciplines learn about, from and with each other to enable effective collaboration and improve health outcomes.</p>

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<sup>3</sup> Royal College of Physicians and Surgeons Canada: Education Strategy, Innovations and Development Unit, *Report of the Generalism and Generalist Task Force*, July 2013, [http://www.royalcollege.ca/portal/page/portal/rc/resources/publications/dialogue/vol13\\_9/generalism](http://www.royalcollege.ca/portal/page/portal/rc/resources/publications/dialogue/vol13_9/generalism)

<sup>4</sup> Australian Commission on Safety and Quality in Health Care, *Safety and Quality Improvement Guide Standard 2: Partnering with Consumers*, October 2012, Sydney. ACSQHC, 2012.

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**Interprofessional learning** The AMC uses the World Health Organization definition of interprofessional education:

**‘Interprofessional education** occurs when two or more professions learn about, from and with each other to enable effective collaboration and improve health outcomes.

- Professional is an all-encompassing term that includes individuals with the knowledge and/or skills to contribute to the physical, mental and social well-being of a community.

**Collaborative practice** in health-care occurs when multiple health workers from different professional backgrounds provide comprehensive services by working with patients, their families, carers and communities to deliver the highest quality of care across settings.

- Practice includes both clinical and non-clinical health-related work, such as diagnosis, treatment, surveillance, health communications, management and sanitation engineering.<sup>5</sup>

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**Outcomes** **Graduate outcomes** are the minimum learning outcomes in terms of discipline-specific knowledge, discipline-specific skills including generic skills as applied in the specialty discipline, and discipline-specific capabilities that the graduate of any given specialist medical program must achieve.

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**Program outcomes** describe what gives a discipline its coherence and identity, and define threshold and typical expectations of a graduate in terms of the abilities and skills needed to develop understanding or competence in the discipline. Education providers are expected to define the broad roles of practitioners in their specialty as the outcomes of the specialist medical program.

Program outcomes are specific to the discipline but should reflect the overall goal of specialist medical training and education, as well as the role of clinical or medical expert in the specialty.

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**Specialist medical program** Is the curriculum, the content/syllabus, and assessment and training that leads to independent practice in a recognised medical specialty or field of specialty practice, or in New Zealand a vocational scope of practice. It leads to a formal award certifying completion of the program.

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<sup>5</sup> World Health Organisation: Health Professions Networks Nursing and Midwifery Human Resources for Health, *Framework for Action on Interprofessional Education and Collaborative Practice*, 2010, [http://www.who.int/hrh/nursing\\_midwifery/en/](http://www.who.int/hrh/nursing_midwifery/en/)

<b>Stakeholders</b>	<p>The term encompasses:</p> <ul style="list-style-type: none"> <li>• stakeholders internal to the education provider such as trainees and those contributing to the design and delivery of training and education functions including but not limited to program directors, supervisors, members and fellows and committees</li> <li>• external stakeholders that contribute directly to training and education such as training sites, and specialty societies in some specialties</li> <li>• other external stakeholders with an interest in the process and outcomes of specialist medical training and education such as health workforce bodies, health jurisdictions, regulatory authorities, professional associations, other health professions, health consumers, Aboriginal and Torres Strait Islander peoples of Australia and Māori of New Zealand.</li> </ul>
<b>Supervision</b>	<p>Doctors in training completing a specialist medical program experience various types of supervision: clinical or practice-based supervision, educational supervision and supervision for employment purposes by a line manager. These may overlap.</p>
<b>Supervisor</b>	<p>In these standards, supervisor refers to an appropriately qualified and trained medical practitioner, senior to the trainee, who guides the trainee's education and/or on the job training on behalf of the education provider. The supervisor's training and education role will be defined by the education provider, and may encompass educational, support and organisational functions. Education providers frequently define a number of supervisory roles (see standard 8.1.)</p>
<b>Trainee</b>	<p>A doctor in training completing a specialist medical program.</p>
<b>Training and education functions</b>	<p>Specialist medical education providers provide a variety of education and training services and functions, including a specialist medical program, and specific courses for trainees, other health professionals and/or specialists in the specialty. In these standards, the term 'training and education functions' includes the activities covered by these standards, namely providing a specialist medical program leading to a specialist qualification, education and training of qualified specialists and assessment of specialist international medical graduates – as well as additional variable training and education services.</p>
<b>Training sites</b>	<p>The organisation in which the trainee works and undertakes supervised workplace-based training and education. Training sites are generally health services and facilities such as public and private hospitals, general practices, community-based health facilities, and private practices, but may also be other sites such as laboratories.</p>

## Standard 1. The context of training and education

### 1.1 Governance

#### Accreditation standards

- 1.1.1 The education provider's corporate governance structures are appropriate for the delivery of specialist medical programs, assessment of specialist international medical graduates and continuing professional development programs.
- 1.1.2 The education provider has structures and procedures for oversight of training and education functions which are understood by those delivering these functions. The governance structures should encompass the provider's relationships with internal units and external training providers where relevant.
- 1.1.3 The education provider's governance structures set out the composition, terms of reference, delegations and reporting relationships of each entity that contributes to governance, and allow all relevant groups to be represented in decision-making.
- 1.1.4 The education provider's governance structures give appropriate priority to its educational role relative to other activities, and this role is defined in relation to its corporate governance.
- 1.1.5 The education provider collaborates with relevant groups on key issues relating to its purpose, training and education functions, and educational governance.
- 1.1.6 The education provider has developed and follows procedures for identifying, managing and recording conflicts of interest in its training and education functions, governance and decision-making.

#### Notes

Education providers have governance structures that relate to organisational or corporate governance, as well as operational governance structures for training and education functions. The corporate governance structures should be such that the education provider has adequate resources and autonomy to manage and deliver training and education functions.

Governance structures typically include decision-making committees, advisory groups and staff. The AMC recognises that the governance structures and the range of functions vary from education provider to education provider. The AMC does not consider any particular structure is preferable, and supports diversity where the structure can be demonstrated to function effectively over time. The internal units encompassed in the governance structures might include branches or regions, as well as chapters, faculties and societies. External training providers might include higher education providers and/or specialty societies.

The governance structures should be such that the education provider's governing body is informed of, and accepts ultimate responsibility for, new specialist medical programs or significant program changes.

The education provider should represent itself, its educational activities and fees accurately.

Relevant groups include internal stakeholders, and external stakeholders who contribute to the design and delivery of training and education. Depending on the role of the decision-making group, relevant external stakeholders might include health consumers, jurisdictions, Aboriginal and Torres Strait Islander peoples of Australia and/or Māori of New Zealand.

## 1.2 Program management

### Accreditation standards

1.2.1 The education provider has structures with the responsibility, authority and capacity to direct the following key functions:

- planning, implementing and evaluating the specialist medical program(s) and curriculum, and setting relevant policy and procedures
- setting and implementing policy on continuing professional development and evaluating the effectiveness of continuing professional development activities
- setting, implementing and evaluating policy and procedures relating to the assessment of specialist international medical graduates
- certifying successful completion of the training and education programs.

#### Notes

The structures responsible for designing the specialist medical program and curriculum, and overseeing delivery should include those with knowledge and expertise in medical education.

The structures responsible for program and curriculum design should be informed by knowledge of local and national needs in health care and service delivery, national health priorities, and regulatory requirements.

## 1.3 Reconsideration, review and appeals processes

### Accreditation standards

1.3.1 The education provider has reconsideration, review and appeals processes that provide for impartial review of decisions related to training and education functions. It makes information about these processes publicly available.

1.3.2 The education provider has a process for evaluating de-identified appeals and complaints to determine if there is a systems problem.

#### Notes

An appeals process that provides a fair and reasonable opportunity to challenge the decision is likely to result in decisions that are ultimately correct. Elements of a strong process include an appeals committee with some members who are external to the education provider, as well as impartial internal members. The process should also provide grounds for appeal against decisions that are similar to the grounds for appealing administrative decisions in Australia and/or New Zealand.

In relation to decision-making conduct, the grounds for appeal would include matters such as:

- an error in law or in due process in the formulation of the original decision
- 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 original decision
- irrelevant information was considered in the making of the original decision
- procedures that were required by the organisation's policies to be observed in connection with the making of the decision were not observed
- the original decision was made for a purpose other than a purpose for which the power was conferred

- the original decision was made in accordance with a rule or policy without regard to the merits of the particular case; and
- the original decision was clearly inconsistent with the evidence and arguments put before the body making the original decision.

Procedural fairness, timeliness, transparency and credibility, including requiring written reasons for decisions to be issued, are also elements of a strong and effective appeals process.

## **1.4 Educational expertise and exchange**

### **Accreditation standards**

- 1.4.1 The education provider uses educational expertise in the development, management and continuous improvement of its training and education functions.
- 1.4.2 The education provider collaborates with other educational institutions and compares its curriculum, specialist medical program and assessment with that of other relevant programs.

### *Notes*

Educational expertise includes clinicians with experience in medical education and educationalists.

## **1.5 Educational resources**

### **Accreditation standards**

- 1.5.1 The education provider has the resources and management capacity to sustain and, where appropriate, deliver its training and education functions.
- 1.5.2 The education provider's training and education functions are supported by sufficient administrative and technical staff.

### *Notes*

The resources required in the delivery of training and education functions comprise financial resources, human resources, learning resources, information and records systems, and physical facilities. Information systems should be maintained securely and confidentially.

Since, training sites provide many of the resources required to deliver specialist medical programs and, in some cases, that training is delivered by external providers, education providers may not have direct control over these resources. This reinforces the importance of the development and maintenance of effective external relationships in the delivery of specialist medical training and education.

## **1.6 Interaction with the health sector**

### **Accreditation standards**

- 1.6.1 The education provider seeks to maintain effective relationships with health-related sectors of society and government, and relevant organisations and communities to promote the training, education and continuing professional development of medical specialists.
- 1.6.2 The education provider works with training sites to enable clinicians to contribute to high-quality teaching and supervision, and to foster professional development.
- 1.6.3 The education provider works with training sites and jurisdictions on matters of mutual interest.

- 1.6.4 The education provider has effective partnerships with relevant local communities, organisations and individuals in the Indigenous health sector to support specialist training and education.

### *Notes*

While the education provider sets the educational requirements for completion of the specialist medical program, trainees are also part of the training and service delivery system of the health service that employs them. Effective management of specialist medical programs requires education providers to understand the intersection of their policies and the requirements of the employer and the implications for specialist medical training and education, for example in supervision and trainee welfare including discrimination, bullying and sexual harassment.

The duties, working hours and supervision of trainees should be consistent with the delivery of high-quality, safe, culturally safe, patient care. Ensuring trainees can meet their educational goals and service delivery requirements within safe hours of work is the responsibility of all parties.

The education provider's relationships with local communities, organisations and individuals in the Indigenous health sector should recognise and address the unique challenges faced by this sector. An example of such a relationship is the Collaboration Agreement between the Australian Indigenous Doctors' Association and the Committee of Presidents of Medical Colleges.<sup>6</sup>

Matters of mutual interest to specialist medical education providers, training sites and jurisdictions include: teaching, research, patient safety, clinical service and trainee welfare. In relation to specialist medical programs, capacity to train, and the implications of substantial proposed changes to specialist medical programs and trainee requirements need to be covered in discussions between education providers, training sites and jurisdictions, as well as changes in community need, and medical and health practice.

Specialist medical training and education depends on strong and supportive publicly funded and private health care institutions and services.

Many benefits accrue to health care services through involvement in medical training and education. Teaching and training, appraising and assessing medical practitioners and students are important functions for the care of patients now and the development of a highly skilled workforce to care for patients in the future.

The AMC considers it essential that the institutions and health services involved in medical training and education are appropriately resourced to support training, educational experience and supervision. It recognises this is not a matter over which individual education providers have control.

Equally, many education providers do not have control over trainee intake, but in working with jurisdictions and training sites should contribute to explaining relationships and drawing attention to problems such as imbalances between intake and education capacity.

Effective consultation should include a formal mechanism for establishing high-level agreements concerning the expectations of the respective parties, and should extend to regular communication with the jurisdictions.

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<sup>6</sup> Australian Indigenous Doctors' Association and the Committee of Presidents of Medical Colleges, Collaboration Agreement 2013 – 2015, July 2013, <http://www.aida.org.au/our-work/partnerships/>.

## 1.7 Continuous renewal

### Accreditation standard

- 1.7.1 The education provider regularly reviews its structures and functions for and resource allocation to training and education functions to meet changing needs and evolving best practice.

#### *Notes*

The AMC expects each education provider to engage in a process of educational strategic planning, with appropriate input, so that its training and education programs, curriculum, assessment of specialist international medical graduates and continuing professional development programs reflect changing models of care, developments in health care delivery, medical education, medical and scientific progress, cultural safety and changing community needs.

It is appropriate that review of the overall program leading to major restructuring occurs from time to time, but there also needs to be mechanisms to evaluate, review and make more gradual changes to the curriculum and its components.

When an education provider plans new training requirements or a new program, trainees in transition should be included in the strategic planning.

## Standard 2. The outcomes of specialist training and education

### 2.1 Educational purpose

#### Accreditation standards

- 2.1.1 The education provider has defined its educational purpose which includes setting and promoting high standards of training, education, assessment, professional and medical practice, and continuing professional development, within the context of its community responsibilities.
- 2.1.2 The education provider's purpose addresses Aboriginal and Torres Strait Islander peoples of Australia and/or Māori of New Zealand and their health.
- 2.1.3 In defining its educational purpose, the education provider has consulted internal and external stakeholders.

#### Notes

Education providers will have both an organisational purpose and an educational or program purpose. While these may be similar, this standard addresses the educational purpose of the education provider.

The community responsibilities embedded in the purpose of the education provider should address the health care needs of the communities it serves and reducing health disparities in the community, most particularly improving health outcomes for Aboriginal and Torres Strait Islander peoples of Australia and Māori of New Zealand, through improving the education of practitioners in Indigenous health.

Education providers are encouraged to engage health consumers when developing specialist medical programs to ensure the programs meet societal needs.

Similarly, education providers should engage the diverse range of employers of medical specialist trainees in developing programs that have due regard to workplace requirements.

The AMC has an expectation that medical specialists will demonstrate cultural competence in their practice of medicine. Both the Medical Board of Australia, in its document, *Good Medical Practice*<sup>7</sup>, and the Medical Council of New Zealand, in its *Statement on cultural competence*<sup>8</sup>, have described their expectation of medical practitioners regarding cultural awareness, safety and competence.

### 2.2 Program outcomes

#### Accreditation standards

- 2.2.1 The education provider develops and maintains a set of program outcomes for each of its specialist medical programs, including any subspecialty programs that take account of community needs, and medical and health practice. The provider relates its training and education functions to the health care needs of the communities it serves.
- 2.2.2 The program outcomes are based on the role of the specialty and/or field of specialty practice and the role of the specialist in the delivery of health care.

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<sup>7</sup> Medical Board of Australia, *Good Medical Practice: A Code of Conduct for Doctors in Australia*, March 2014, <http://www.medicalboard.gov.au/Codes-Guidelines-Policies/Code-of-conduct.aspx>

<sup>8</sup> Medical Council of New Zealand, *Statement on cultural competence*. August 2006, <https://www.mcnz.org.nz/assets/News-and-Publications/Statements/Statement-on-cultural-competence.pdf>

## Notes

There are a number of documents that describe the general and common attributes and roles of medical specialists.<sup>9</sup>

Program outcomes describe what gives a discipline its coherence and identity, and define threshold and typical expectations of a graduate in terms of the abilities and skills needed to develop understanding or competence in the discipline. Education providers are expected to define the broad roles of practitioners in their specialty as the outcomes of the specialist medical program.

Program outcomes are specific to the discipline but should reflect the overall goal of specialist medical training and education which is to produce medical specialists capable of independent practice, able to fill the general roles and multifaceted competencies that are inherent in medical practice, as well as the role of clinical or medical expert in the specialty.

The specialist medical program should provide trainees with the training and education to achieve these outcomes, and the continuing professional development programs should facilitate the maintenance and enhancement of these outcomes throughout the practice lifetime of the specialist. In this way, consideration should be given to ensuring the relationship/connection between specialist medical programs and continuing professional development programs i.e. the continuum of training for skill development and retention.

In considering program outcomes, education providers should consider whether graduates are 'fit for purpose', both in order to attain the award and from the perspective of the patient, stakeholders and the community. This should include reflecting on whether the program is equipping graduates with the necessary and changing knowledge, skills and professional qualities that are not only expected as a practitioner within the specialty but also by consumers and the community.

Consumers and the community expect that changing models of care do not lead to unnecessary fragmentation and/or costs of care. In this respect, education providers' reflection on whether their graduates are fit for purpose should include consideration of the balance between generalism and specialisation in the discipline and its fields of specialty practice in the program outcomes.

## 2.3 Graduate outcomes

### Accreditation standards

2.3.1 The education provider has defined graduate outcomes for each of its specialist medical programs including any subspecialty programs. These outcomes are based on the field of specialty practice and the specialists' role in the delivery of health care and describe the attributes and competencies required by the specialist in this role. The education provider makes information on graduate outcomes publicly available.

## Notes

Graduate outcomes are the minimum learning outcomes in terms of discipline-specific knowledge, discipline-specific skills including generic skills as applied in the specialty discipline,

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<sup>9</sup> Frank, JR., Snell, LS., Sherbino, J., editors. *Draft CanMEDS 2015, Physician Competency Framework – Series III*, Ottawa: The Royal College of Physicians and Surgeons of Canada, 2014 September.

<sup>9</sup> Accreditation Council for Graduate Medical Education (ACGME), *Outcome Project*, ACGME 2003. Note: ACGME revised this information in 2007 when it revised its Common Program Requirements. Refer to the Outcome Project or "The Next Accreditation System (NAS)" <http://www.acgme.org/>

<sup>9</sup> Medical Council of New Zealand, *Good Medical Practice A Guide for Doctors*, April 2013, <https://www.mcnz.org.nz/assets/News-and-Publications/good-medical-practice.pdf>

and discipline-specific capabilities that the graduate of any given specialist medical program must achieve.

The outcomes should include commitment to professional responsibilities, caring for personal health and wellbeing and the health and wellbeing of colleagues, and adherence to the principles of medical ethics.

## **Standard 3. The specialist medical training and education framework**

### **3.1 Curriculum framework**

#### **Accreditation standards**

- 3.1.1 For each of its specialist medical programs, the education provider has a framework for the curriculum organised according to the defined program and graduate outcomes. The framework is publicly available.

#### **Notes**

Given the population distribution, health care needs and health service configuration in Australia and New Zealand, specialists need to be trained initially in the broad scope of their specialty. It is recognised that their scope of practice will change depending on the context and location in which they practise, as well as their interests and career stage.

The term 'subspecialisation' is frequently used to describe narrow specialisation within a broad specialty. Many specialist medical programs allow trainees to focus their training in a subspecialist area or field of specialty practice. The AMC believes that such training should take account of the broader educational outcomes for the discipline/specialty as a whole. The Australian and New Zealand communities and health systems are better served by avoiding unnecessary fragmentation of medical knowledge, skills and medical care.

### **3.2 The content of the curriculum**

#### **Accreditation standards**

- 3.2.1 The curriculum content aligns with all of the specialist medical program and graduate outcomes.
- 3.2.2 The curriculum includes the scientific foundations of the specialty to develop skills in evidence-based practice and the scholarly development and maintenance of specialist knowledge.
- 3.2.3 The curriculum builds on communication, clinical, diagnostic, management and procedural skills to enable safe patient care.
- 3.2.4 The curriculum prepares specialists to protect and advance the health and wellbeing of individuals through patient-centred and goal-orientated care. This practice advances the wellbeing of communities and populations, and demonstrates recognition of the shared role of the patient/carer in clinical decision-making.
- 3.2.5 The curriculum prepares specialists for their ongoing roles as professionals and leaders.
- 3.2.6 The curriculum prepares specialists to contribute to the effectiveness and efficiency of the health care system, through knowledge and understanding of the issues associated with the delivery of safe, high-quality and cost-effective health care across a range of health settings within the Australian and/or New Zealand health systems.
- 3.2.7 The curriculum prepares specialists for the role of teacher and supervisor of students, junior medical staff, trainees, and other health professionals.
- 3.2.8 The curriculum includes formal learning about research methodology, critical appraisal of literature, scientific data and evidence-based practice, so that all trainees are research literate. The program encourages trainees to participate in research. Appropriate candidates can enter research training during specialist medical training and receive appropriate credit towards completion of specialist training.
- 3.2.9 The curriculum develops a substantive understanding of Aboriginal and Torres Strait Islander health, history and cultures in Australia and Māori health, history and cultures in New Zealand as relevant to the specialty(s).

- 3.2.10 The curriculum develops an understanding of the relationship between culture and health. Specialists are expected to be aware of their own cultural values and beliefs, and to be able to interact with people in a manner appropriate to that person's culture.

### **Notes**

The curriculum must advance trainees' knowledge of the basic principles of research, including how research is conducted, evaluated, explained to patients, and applied to patient care. Trainees should participate in an induction to research that includes codes of conduct, ethics, occupational health and safety, intellectual property and any additional matters that are necessary for the type of research to be undertaken.

The academic development and leadership of individual disciplines depends on some trainees following an academic pathway. Academic advancement in Australia and New Zealand requires demonstration of merit in research as well as clinical activity and teaching. The specialist medical program can facilitate an early start to research, through intercalated research degrees, with appropriate credit towards completion of the program. Trainee presentation of research projects at discipline scientific meetings is highly desirable.

Acquiring knowledge and understanding of the issues associated with the delivery of safe care includes participating in quality and safety systems within health care organisations.

## **3.3 Continuum of training, education and practice**

### **Accreditation standards**

- 3.3.1 There is evidence of purposeful curriculum design which demonstrates horizontal and vertical integration, and articulation with prior and subsequent phases of training and practice, including continuing professional development.
- 3.3.2 The specialist medical program allows for recognition of prior learning and appropriate credit towards completion of the program.

### **Notes**

Specialist training is one step in the education of medical practitioners. Other phases, under separate jurisdictions in Australia and New Zealand, include primary medical education, prevocational training, research training, and continuing professional development.

Specialist training and education builds on the knowledge, skills and professional qualities developed in other phases and cannot be considered in isolation from those earlier phases, particularly the education, experience and training obtained during the intern year and other prevocational training. A complementary relationship is essential.

The AMC supports activities to develop the linkage between primary medical education, prevocational training and vocational training. It also considers that collaboration between the various bodies concerned with medical education is essential to achieve appropriate quality assurance and efficiency across the continuum of medical education.

Recognition of prior learning policies should support trainees to transition between specialist medical programs with appropriate credit.

## **3.4 Structure of the curriculum**

### **Accreditation standards**

- 3.4.1 The curriculum articulates what is expected of trainees at each stage of the specialist medical program.
- 3.4.2 The duration of the specialist medical program relates to the optimal time required to achieve the program and graduate outcomes. The duration is able to be altered in a flexible manner according to the trainee's ability to achieve those outcomes.

- 3.4.3 The specialist medical program allows for part-time, interrupted and other flexible forms of training.
- 3.4.4 The specialist medical program provides flexibility for trainees to pursue studies of choice that promote breadth and diversity of experience, consistent with the defined outcomes.

### *Notes*

In determining the duration of the program, education providers should consider:

- the outcomes of the primary and prevocational medical education stages related to the specialty discipline
- the program and graduate outcomes for the specialist medical program, and the role of the specialist in the health sector
- possible alternatives to time-based educational requirements such as outcomes-defined program elements, measurements of competencies, logbooks of clinical skills and workplace experiences. Such alternatives depend highly on agreed valid and reliable methods for measuring individual achievements.

Policies about flexible training options should be readily available to supervisors and trainees. Education providers should provide guidance and support to supervisors and trainees on the implementation and review of flexible training arrangements.

Education providers are encouraged to monitor the take up of flexible training options, and to measure their success by incorporating appropriate questions in surveys and by analysing the pattern of applications by trainees. They are also encouraged to work with the training sites and employers to create appropriate opportunities for flexible training.

## Standard 4. Teaching and learning

### 4.1 Teaching and learning approach

#### Accreditation standards

- 4.1.1 The specialist medical program employs a range of teaching and learning approaches, mapped to the curriculum content to meet the program and graduate outcomes.

### 4.2 Teaching and learning methods

#### Accreditation standards

- 4.2.1 The training is practice-based, involving the trainees' personal participation in appropriate aspects of health service, including supervised direct patient care, where relevant.
- 4.2.2 The specialist medical program includes appropriate adjuncts to learning in a clinical setting.
- 4.2.3 The specialist medical program encourages trainee learning through a range of teaching and learning methods including, but not limited to: self-directed learning; peer-to-peer learning; role modelling; and working with interdisciplinary and interprofessional teams.
- 4.2.4 The training and education process facilitates trainees' development of an increasing degree of independent responsibility as skills, knowledge and experience grow.

#### Notes

It is expected that, predominantly, training and education will be a balance of work-based experiential learning, independent self-directed learning and appropriate supplementary learning experiences. While much of the learning will be self-directed learning related to program and graduate outcomes, the trainee's supervisors will play key roles in the trainee's education.

Learning resources that are specified or recommended for the specialist medical program should relate directly to the graduate outcomes, be up to date and be accessible to trainees.

Adjuncts to learning in a clinical setting include clinical skills laboratories, wet labs and simulated patient environments.

In some specialties, trainees must complete education courses offered by other education providers, for example university programs, to meet the requirements of the specialist medical program. In these situations, the AMC expects the education provider for the specialist medical program to review and monitor the quality of the externally provided courses and the courses' continued relevance to the requirements of the specialist medical program.

## Standard 5. Assessment of learning

### 5.1 Assessment approach

#### Accreditation standards

- 5.1.1 The education provider has a program of assessment aligned to the outcomes and curriculum of the specialist medical program which enables progressive judgements to be made about trainees' preparedness for specialist practice.
- 5.1.2 The education provider clearly documents its assessment and completion requirements. All documents explaining these requirements are accessible to all staff, supervisors and trainees.
- 5.1.3 The education provider has policies relating to special consideration in assessment.

#### Notes

Assessment includes both summative assessment, for judgements about progression, and formative assessment, for feedback and guidance. Formative assessment has an integral role in the education of trainees as it enables the trainee to identify perceived deficiencies, and the supervisor to assist in timely and effective remediation. It also provides positive feedback to trainees regarding their attainment of knowledge, skills and professional qualities.

The education provider's documents defining the assessment methods should address and outline the balance between formative and summative elements, the number and purpose of examinations (including a balance between written and practical examinations) and other assessment requirements. It should make explicit the criteria and methods used to make assessment judgments.

Policies on special consideration should be easily accessible. They should outline reasonable adjustments for trainees with short- or long-term conditions and circumstances which may affect assessment performance.

### 5.2 Assessment methods

#### Accreditation standards

- 5.2.1 The assessment program contains a range of methods that are fit for purpose and include assessment of trainee performance in the workplace.
- 5.2.2 The education provider has a blueprint to guide assessment through each stage of the specialist medical program.
- 5.2.3 The education provider uses valid methods of standard setting for determining passing scores.

#### Notes

Methods of assessment should be chosen on the basis of validity, reliability, feasibility, cost effectiveness, opportunities for feedback, and impact on learning.<sup>10</sup> The assessment methodology should be publicly available.

Contemporary approaches to assessment in medical education emphasise a programmatic approach where multiple measures of trainees' knowledge, skills and professional qualities over time are aggregated and synthesised to inform judgements about progress. Assessment programs are constructed through blueprints which match assessment items or instruments

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<sup>10</sup> van der Vleuten, CPM., 'The assessment of professional competence: developments, research and practical implications'. *Advances in Health Science Education*, vol. 1, 1996, pp. 41-67.

with outcomes. The strength of an assessment program is judged at the overall program level rather than on the psychometric properties of individual instruments. In such an approach, highly reliable methods associated with high stakes examinations such as multiple choice questions (MCQ), modified essay questions (MEQ) or objective structured clinical examinations (OSCE) are used alongside instruments which are currently less reliable but assess independent learning, communication with patients, families and colleagues, working in interprofessional teams, professional qualities, problem solving and clinical reasoning.

The AMC encourages the development of assessment programs for their educational impact. A balance of valid, reliable and feasible methods should drive learning to achieve the program and graduate outcomes.

In clinical specialties, direct observation of trainees with real or simulated patients should form a significant component of the assessment.

### 5.3 Performance feedback

#### Accreditation standards

- 5.3.1 The education provider facilitates regular and timely feedback to trainees on performance to guide learning.
- 5.3.2 The education provider informs its supervisors of the assessment performance of the trainees for whom they are responsible.
- 5.3.3 The education provider has processes for early identification of trainees who are not meeting the outcomes of the specialist medical program and implements appropriate measures in response.
- 5.3.4 The education provider has procedures to inform employers and, where appropriate, the regulators, where patient safety concerns arise in assessment.

#### Notes

Trainees encounter difficulties for many reasons including problems with systems, teaching, supervision, learning, assessment performance and personal difficulties. Not all are within the power of the trainee to rectify. It is essential that education providers have systems to monitor their trainees' progress, to identify at an early stage trainees experiencing difficulty and where possible to assist them to complete the specialist medical program successfully using methods such as remedial work and re-assessment, supervision and counselling.

There may be times where it is not appropriate to offer remediation or the remediation and assistance offered is not successful. For these circumstances, education providers must have clear policies on matters such as periods of unsatisfactory training and limits on duration of training time. As specialist medical training is workplace-based, education providers need to have processes for deciding when to inform employers of a trainee's failure to progress.

Trainees should be told the content of any information about them that is given to someone else.

While the employer will often identify patient safety concerns first, it is important that the provider has clear procedures concerning informing employers and, where appropriate, the regulators. The requirement under standard 5.3.4 to inform employers and, where appropriate, the regulator about patient safety concerns will require action beyond remediation.

In Australia, education providers must also be aware of the Health Practitioner Regulation National Law. This requires registered health practitioners and employers to make notifications about registered medical practitioners who have engaged in 'notifiable conduct' as defined in the National Law. Notifiable conduct by trainees must be reported to the Medical Board of Australia immediately. In New Zealand, the Health Practitioners Competence Assurance Act 2003 provides for a medical practitioner who believes another medical practitioner may pose a risk of harm to the public by practising below the required standard of competence to refer the matter to the Medical Council of New Zealand.

## 5.4 Assessment quality

### Accreditation standards

- 5.4.1 The education provider regularly reviews the quality, consistency and fairness of assessment methods, their educational impact and their feasibility. The provider introduces new methods where required.
- 5.4.2 The education provider maintains comparability in the scope and application of the assessment practices and standards across its training sites.

### Notes

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

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

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

Specialist medical trainees undertake their work-based training in a wide variety of training sites. It is essential that education providers have systems to minimise variation in the quality of in-training assessment across training sites in all settings.

## Standard 6. Monitoring and evaluation

### 6.1 Monitoring

#### Accreditation standards

- 6.1.1 The education provider regularly reviews its training and education programs. Its review processes address curriculum content, teaching and learning, supervision, assessment and trainee progress.
- 6.1.2 Supervisors contribute to monitoring and to program development. The education provider systematically seeks, analyses and uses supervisor feedback in the monitoring process.
- 6.1.3 Trainees contribute to monitoring and to program development. The education provider systematically seeks, analyses and uses their confidential feedback on the quality of supervision, training and clinical experience in the monitoring process. Trainee feedback is specifically sought on proposed changes to the specialist medical program to ensure that existing trainees are not unfairly disadvantaged by such changes.

#### Notes

Education providers should develop mechanisms for monitoring the delivery of their program(s) and for using the results to assess achievement of educational outcomes. This requires the collection of data from a broad range of people involved in training and education and from trainees, and the use of appropriate monitoring methods.

The value of monitoring data is enhanced by a plan that articulates the purpose and procedures for conducting the monitoring, such as why the data are being collected, the sources, methods and frequency of data analysis.

Some examples of changes that may unfairly disadvantage existing trainees include those that lengthen the period of training, introduce more assessment, or change the range or kinds of training placements required to satisfy program requirements.

### 6.2 Evaluation

#### Accreditation standards

- 6.2.1 The education provider develops standards against which its program and graduate outcomes are evaluated. These program and graduate outcomes incorporate the needs of both graduates and stakeholders and reflect community needs, and medical and health practice.
- 6.2.2 The education provider collects, maintains and analyses both qualitative and quantitative data on its program and graduate outcomes.
- 6.2.3 Stakeholders contribute to evaluation of program and graduate outcomes.

#### Notes

When formulating and evaluating its program and graduate outcomes, the education provider considers the needs and expectations of both graduates and stakeholders. This occurs from the level of individual graduate attributes through to the level of overall workforce demand. Education providers should consider methods of evaluation that ensure that recently graduated specialists are of a standard commensurate with community expectation, such as specialist self-assessment of preparedness for practice, review of graduate destinations and community requirements, and other multi-source feedback mechanisms. Stakeholders in evaluation processes include supervisors, trainees, health care administrators, health professionals and consumers.

## 6.3 Feedback, reporting and action

### Accreditation standards

- 6.3.1 The education provider reports the results of monitoring and evaluation through its governance and administrative structures.
- 6.3.2 The education provider makes evaluation results available to stakeholders with an interest in program and graduate outcomes, and considers their views in continuous renewal of its program(s).
- 6.3.3 The education provider manages concerns about, or risks to, the quality of any aspect of its training and education programs effectively and in a timely manner.

### Notes

It is important that education providers report their program and graduate outcomes transparently and accountably, which includes how stakeholder feedback is analysed and incorporated into future changes, and how the changes are communicated to stakeholders. Education providers are therefore expected to develop and maintain effective internal reporting mechanisms, and to indicate how and when actions occur in relation to particular findings. In addition, education providers are expected to disseminate its program and graduate outcomes and engage in a dialogue with stakeholders. There should be evidence that stakeholder views are considered in continuous renewal of the education program(s).

## Standard 7. Trainees

### 7.1 Admission policy and selection

#### Accreditation standards

- 7.1.1 The education provider has clear, documented selection policies and principles that can be implemented and sustained in practice. The policies and principles support merit-based selection, can be consistently applied and prevent discrimination and bias.
- 7.1.2 The processes for selection into the specialist medical program:
- use the published criteria and weightings (if relevant) based on the education provider's selection principles
  - are evaluated with respect to validity, reliability and feasibility
  - are transparent, rigorous and fair
  - are capable of standing up to external scrutiny
  - include a process for formal review of decisions in relation to selection which is outlined to candidates prior to the selection process.
- 7.1.3 The education provider supports increased recruitment and selection of Aboriginal and Torres Strait Islander and/or Māori trainees.
- 7.1.4 The education provider publishes the mandatory requirements of the specialist medical program, such as periods of rural training, and/or for rotation through a range of training sites so that trainees are aware of these requirements prior to selection. The criteria and process for seeking exemption from such requirements are made clear.
- 7.1.5 The education provider monitors the consistent application of selection policies across training sites and/or regions.

#### Notes

The AMC does not endorse any one selection process; it recognises that there is no one agreed method of selecting the most appropriate trainees and supports diverse approaches that include both academic and vocational considerations.

In 1998, the Medical Training Review Panel commissioned the report, *Trainee Selection in Australian Medical Colleges*. This report describes good practice in the selection of trainees into specialist medical programs. These standards draw on that report.<sup>11</sup>

The education provider, as the professional body for a particular medical specialty or specialties, should take a leadership role in the development of the criteria for selection of entrants into training for the specialty. Trainees are both postgraduate students in specialist medical programs and employees of the health services. This may cause tension between selection into a specialist medical program and employment. The AMC expects collaboration between the education provider and other stakeholders to determine selection criteria and processes. Training selection panel members on selection processes will add to the rigour of this process.

Due to this tension, selection into a specialist medical program can occur through several different mechanisms, often with the interlinking of processes for selection for employment and

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<sup>11</sup> Brennan P. *Trainee selection in Australian medical colleges*. Canberra: Medical Training Review Panel, Commonwealth Department of Health and Family Services, 1998.

selection for training. In some situations the education provider performs the primary selection with employment assured for those selected into the specialist medical program. In other situations, the reverse may occur with employment into a training 'position' as the primary selection mechanism.

In the latter situation, in which selection is delegated to an employer or training provider, the AMC expects the education provider will work actively to obtain the cooperation of such other stakeholders in implementing its selection principles.

Strategies to increase recruitment and selection of Aboriginal and Torres Strait Islander and/or Māori trainees should be complemented by retention policies.

The education provider should facilitate opportunities to increase recruitment and selection of rural origin trainees and trainees from other under-represented groups.

Despite the wide variety of selection policies and processes, the AMC recognises a number of benefits to regional coordination of selection processes for both trainees and the employing health services, particularly in ensuring the consistent application of selection policies.

## **7.2 Trainee participation in education provider governance**

### **Accreditation standard**

7.2.1 The education provider has formal processes and structures that facilitate and support the involvement of trainees in the governance of their training.

#### **Notes**

There are many reasons for trainee participation in education provider governance. From the trainees' perspective, it will promote their understanding of, and engagement in, the specialist medical program and will encourage them to be active contributors to ongoing training and education in their specialty. From a program perspective, it will enable governance decisions to be informed by the users' view of the program and will enhance the education provider's understanding of how training and assessment policies work in practice. It also facilitates the early recognition of, and response to, potential program problems, allowing the identification and deployment of successful strategies to address these.

Governance structures vary between education providers. The AMC does not endorse any particular structure for engaging trainees in the governance of their training, but believes that these processes and structures must be formal and give appropriate weight to the views of trainees.

Recognising the constraints inherent in the education provider's structure, there should be a position for a trainee on the governing council and on every body making training-related decisions. Such constraints may include the education provider's constitution or articles of association, conflicts of interest, and the privacy of other trainees.

The trainees involved should be appointed through open, fair processes supported by the education provider. Election by the trainee body is the most open process possible and is encouraged.

A trainee organisation or trainee committee can articulate a general overview of trainees' experience and common concerns, as well as promoting communication between trainees on matters of mutual interest, and facilitating trainee representation on committees. There are advantages in establishing this committee or organisation within the education provider, since this facilitates communication and sharing of information and data, and provides a structure for funding.

Where the trainee organisation sits outside the education provider, particular efforts are required to ensure shared understanding of obligations and expectations.

Trainee representatives, and trainee organisations or committees are able to assist the education provider by gathering and disseminating information. For these roles, they require appropriate support. This could include providing administrative support or infrastructure, providing mechanisms for the trainee organisation and the trainee members of education provider committees to communicate with trainees, such as access to contact details or email lists, and designating a staff member to support the trainees in these activities. Consideration should also be given to training trainee representatives for their roles. Support that enables trainee representatives to be freed from clinical service commitments to attend necessary meetings should also be considered.

Education providers should supplement the perspective obtained through the trainee organisation or trainee committee by seeking feedback from individual trainees. The trainee representative structure should be complemented by regular meetings between the education provider's officers and its trainees to explore concerns and ideas at a local level. Because trainees' needs and concerns differ depending on their stage and location of training, and personal circumstances, education providers should arrange for contribution from the full breadth of the trainee cohort.

Local and regional educational activities also provide opportunities for trainees to share problems and experiences with peers, and for trainee representatives to canvas views on training-related issues.

### **7.3 Communication with trainees**

#### **Accreditation standards**

- 7.3.1 The education provider has mechanisms to inform trainees in a timely manner about the activities of its decision-making structures, in addition to communication from the trainee organisation or trainee representatives.
- 7.3.2 The education provider provides clear and easily accessible information about the specialist medical program(s), costs and requirements, and any proposed changes.
- 7.3.3 The education provider provides timely and correct information to trainees about their training status to facilitate their progress through training requirements.

#### **Notes**

Education providers are expected to interact with their trainees in a timely, open and transparent way. To this end, they should have mechanisms to inform prospective and enrolled trainees of training policies and processes, including but not limited to:

- selection into the specialist medical program(s)
- the design, requirements and costs of the specialist medical program(s)
- proposed changes to the design, requirements and costs of the specialist medical program(s)
- the available support systems and career guidance
- recognition of prior learning and flexible training options.

Changes in the content and structure of specialist medical programs have significant consequences for trainees. Trainees should participate formally in the evolution and change of the program. Education providers should communicate in advance with trainees about proposed program changes, be guided by the principle of 'no unfair disadvantage to trainees' specified under standard 6.1.3, and propose special arrangements for those already enrolled when changes are implemented, recognising that sometimes program changes are required due to evolving professional practice and community needs.

In general, the AMC supports the generous application of transitional exemption clauses and retrospective recognition of training completed under previous requirements and regulations.

To assist trainees to make informed choices about a specialist medical program and location, information on career pathways, addressing workforce distribution issues and training opportunities in different regions/states, should be available. Education providers are encouraged to collaborate with stakeholders in workforce planning activities for the specialty, including jurisdictions, to support career guidance systems.

Education providers are encouraged to supplement written material about specialist medical program requirements with electronic communication of up-to-date information on training regulations, and on trainees' individual training status. Mechanisms to support communication on issues of concern such as job sharing and part-time work should also be considered. It is recognised that many of the issues relating to job sharing and part-time work rest with the employer.

## **7.4 Trainee wellbeing**

### **Accreditation standards**

- 7.4.1 The education provider promotes strategies to enable a supportive learning environment.
- 7.4.2 The education provider collaborates with other stakeholders, especially employers, to identify and support trainees who are experiencing personal and/or professional difficulties that may affect their training. It publishes information on the services available.

### **Notes**

Education providers can provide a supportive learning environment by promoting strategies to maintain health and wellbeing, including mental health and cultural safety, providing professional development activities to enhance understanding of wellness and appropriate behaviours, and ensuring availability of confidential support and complaint services. The education provider should facilitate education about, and identification, management and support for trainees who have experienced discrimination, bullying and sexual harassment.

The education provider should consider the needs of groups of trainees that may require additional support to complete training, such as Aboriginal and Torres Strait Islander and/or Māori trainees.

Areas for collaboration between the education provider and other stakeholders include developing processes for identifying, supporting and managing trainees whose progress or performance, health, or conduct is giving rise to concern and those trainees who experience personal and professional difficulties related to others' behaviour towards the trainee.

## **7.5 Resolution of training problems and disputes**

### **Accreditation standards**

- 7.5.1 The education provider supports trainees in addressing problems with training supervision and requirements, and other professional issues. The education provider's processes are transparent and timely, and safe and confidential for trainees.
- 7.5.2 The education provider has clear impartial pathways for timely resolution of professional and/or training-related disputes between trainees and supervisors or trainees and the education provider.

### **Notes**

Supervisors and their trainees have a particularly close relationship, which has special benefits, but which may also lead to unique problems. Trainees need clear advice on what they should do in the event of conflict with their supervisor or any other person intimately involved in their

training. Clear statements concerning the supervisory relationship can avert problems for both trainees and supervisors.

Processes that allow trainees to raise difficulties safely would typically be processes that give trainees confidence that the education provider will act fairly and transparently, that trainees will not be disadvantaged by raising legitimate concerns, and that their complaint will be acted upon in a timely manner.

Trainees may experience difficulties that are relevant to both their employment and their position as a trainee, such as training in an unsafe environment, discrimination, bullying, and sexual harassment. While education providers do not have direct control of the working environment, in setting standards for training and for professional practice, including training site accreditation, they have responsibilities to advocate for an appropriate training environment.

Trainees who experience difficulties often feel vulnerable in raising questions about their training, assessment or supervision, even anonymously, and can be concerned about being identified and potentially disadvantaged as a consequence. Often the same individuals hold positions in the education provider and senior supervisory positions in hospitals and health services, which may lead to conflicts of interest, especially if the trainee has a grievance about either their employment or training. Practical solutions are required to remove the disincentives for trainees to raise concerns about their training or employment.

A separate standard (1.3) addresses processes for reconsideration, review and appeals processes.

## Standard 8. Implementing the program – delivery of education and accreditation of training sites

### 8.1 Supervisory and educational roles

#### Accreditation standards

- 8.1.1 The education provider ensures that there is an effective system of clinical supervision to support trainees to achieve the program and graduate outcomes.
- 8.1.2 The education provider has defined the responsibilities of hospital and community practitioners who contribute to the delivery of the specialist medical program and the responsibilities of the education provider to these practitioners. It communicates its program and graduate outcomes to these practitioners.
- 8.1.3 The education provider selects supervisors who have demonstrated appropriate capability for this role. It facilitates the training, support and professional development of supervisors.
- 8.1.4 The education provider routinely evaluates supervisor effectiveness including feedback from trainees.
- 8.1.5 The education provider selects assessors in written, oral and performance-based assessments who have demonstrated appropriate capabilities for this role. It provides training, support and professional development opportunities relevant to this educational role.
- 8.1.6 The education provider routinely evaluates the effectiveness of its assessors including feedback from trainees.

#### Notes

The AMC recognises that the word ‘supervisor’ is used in the workplace to describe an administrative or managerial function equivalent to a line manager, but in this document it refers to supervision in the educational context.

Education providers will devise and implement their own structures in response to specific goals and challenges, but the following functions are common in the educational supervision of trainees. These functions may be combined in different ways and in large programs performed by a number of individuals:

- An individual with overall responsibility for the specialist medical program in a health service, training site or training network. This director oversees and ensures the quality of training and education rather than being involved on a day-to-day basis with all trainees in the work environment.
- Medical practitioners senior to the trainees who have day-to-day involvement with the trainee.
- An individual who has particular responsibility for the direct supervision and training of the trainee, whose involvement with that trainee during the working week is regular and appropriate for the trainee’s level of training, ability, and experience.

Medical practitioners make significant contributions to medical education as teachers and role models for trainees. The educational roles of supervisor and assessor are critical to the success of the specialist medical program, especially as most specialist training is workplace- based. It is essential that there is adequate training and resources for these roles. Those filling supervisory roles should know the program requirements, and have skills in adult learning, in providing constructive feedback to trainees, and in responding appropriately to concerns. They need clear guidance on their responsibilities to the trainee and to patient safety in the event that the trainee is experiencing difficulty, including in circumstances where the trainee is not

maintaining a satisfactory standard of clinical practice and/or is not meeting the expected fitness to practise standards.

All those who teach, supervise, counsel, employ or work with medical practitioners in training are responsible for patient safety. Patient safety will be protected through explicit and accountable supervision. Education providers should have clear and explicit supervision requirements, including processes for removing supervisors where necessary.

Other members of the health care team may also contribute to supervising, assessing and providing feedback to the trainee.

There are advantages for trainees to an ongoing mentoring relationship with a more senior medical colleague. This person has no formal role in the trainee's assessment or employment but can advise and support the trainee on personal or professional matters.

Education providers should encourage mentorship through a variety of their educational activities. They should also develop processes for supporting the professional development of medical practitioners who demonstrate appropriate capability for the role of mentor.

Because of the critical nature of the supervisory roles outlined above, it is essential that there are clear procedures for trainees and supervisors to follow in the event of conflict. Accreditation standards in relation to the resolution of training-related problems and disputes are provided under standard 7.5.

Assessors engaged in formative or summative assessments must understand the education provider's curriculum and training requirements, be proficient in the issues relating to the level of competence and training of the trainee, and skilled in providing feedback. Those assessing trainees should participate in training and education addressing issues such as constructive feedback, dealing with difficult situations and contemporary assessment methods.

## **8.2 Training sites and posts**

### **Accreditation standards**

8.2.1 The education provider has a clear process and criteria to assess, accredit and monitor facilities and posts as training sites. The education provider:

- applies its published accreditation criteria when assessing, accrediting and monitoring training sites
- makes publicly available the accreditation criteria and the accreditation procedures
- is transparent and consistent in applying the accreditation process.

8.2.2 The education provider's criteria for accreditation of training sites link to the outcomes of the specialist medical program and:

- promote the health, welfare and interests of trainees
- ensure trainees receive the supervision and opportunities to develop the appropriate knowledge and skills to deliver high-quality and safe patient care, in a culturally safe manner
- support training and education opportunities in diverse settings aligned to the curriculum requirements including rural and regional locations, and settings which provide experience of the provisions of health care to Aboriginal and Torres Strait Islander peoples in Australia and/or Māori in New Zealand
- ensure trainees have access to educational resources, including information communication technology applications, required to facilitate their learning in the clinical environment.

- 8.2.3 The education provider works with jurisdictions, as well as the private health system, to effectively use the capacity of the health care system for work-based training, and to give trainees experience of the breadth of the discipline.
- 8.2.4 The education provider actively engages with other education providers to support common accreditation approaches and sharing of relevant information.

### Notes

Since training and education in most specialties takes place in health services, specialist medical training is a shared responsibility between the education providers and these training sites. The quality of the learning experience depends on the support the unit or service provides.

Education providers have formal processes to select and accredit training sites, and the process and requirements for accreditation vary depending on the medical specialty. Many commonalities exist between education providers' processes but so do inconsistencies. The AMC recognises the significant interest of training sites and education providers in ongoing quality improvements in and streamlining of these processes, including where relevant, greater sharing of information or processes between providers. The AMC endorses work to develop tools to support consistent approaches to accreditation, such as the Accreditation of Specialist Medical Training Sites Project.<sup>12</sup> The accreditation standards under 8.2.2 draw on the domains for accreditation in that report and education providers are encouraged to use these standards.

Education providers define the range of experience to be gained during training. Education providers should make as explicit as possible the expectations of training sites seeking accreditation, including clinical and other experience, education activities and resources, and expectations for flexible training options. Education provider accreditation processes must verify that this experience is available in training sites seeking accreditation and once accredited must evaluate the trainees' experience in those sites.

The accreditation process should result in a report to the training site. Where accreditation criteria are not met, the report should give guidance so that the training site may address any unmet requirements.

Trainees are likely to gain experience in multiple locations each providing a varying range of experiences of the specialist discipline. For this reason, education providers are increasingly accrediting networks of training sites rather than expecting a single training site to provide all the required training experience, and while all training sites should satisfy the education provider's accreditation criteria, the AMC encourages flexible rather than restrictive approaches that enable the capacity of the health care system to be used most effectively for training.

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<sup>12</sup> Australian Health Ministers' Advisory Council Health Workforce Principal Committee, *Accreditation of Specialist Medical Training Sites Project Final Report*, 2013

## Standard 9. Continuing professional development, further training and remediation

### 9.1 Continuing professional development

#### Accreditation standards

- 9.1.1 The education provider publishes its requirements for the continuing professional development (CPD) of specialists practising in its specialty(s).
- 9.1.2 The education provider determines its requirements in consultation with stakeholders and designs its requirements to meet Medical Board of Australia and Medical Council of New Zealand requirements.
- 9.1.3 The education provider's CPD requirements define the required participation in activities that maintain, develop, update and enhance the knowledge, skills and performance required for safe and appropriate contemporary practice in the relevant specialty(s), including for cultural competence, professionalism and ethics.
- 9.1.4 The education provider requires participants to select CPD activities relevant to their learning needs, based on their current and intended scope of practice within the specialty(s). The education provider requires specialists to complete a cycle of planning and self-evaluation of learning goals and achievements.
- 9.1.5 The education provider provides a CPD program(s) and a range of educational activities that are available to all specialists in the specialty(s).
- 9.1.6 The education provider's criteria for assessing and crediting educational and scholarly activities for the purposes of its CPD program(s) are based on educational quality. The criteria for assessing and crediting practice-reflective elements are based on the governance, implementation and evaluation of these activities.
- 9.1.7 The education provider provides a system for participants to document their CPD activity. It gives guidance to participants on the records to be retained and the retention period.
- 9.1.8 The education provider monitors participation in its CPD program(s) and regularly audits CPD program participant records. It counsels participants who fail to meet CPD cycle requirements and takes appropriate action.

#### Notes

In Australia and New Zealand the community expects that registered medical practitioners will maintain, develop, update and enhance their knowledge, skills and performance so that they are equipped to deliver safe and appropriate care throughout their working lives.

The Medical Board of Australia sets registration standards that require medical practitioners to participate in CPD in Australia. In New Zealand, the Medical Council of New Zealand sets requirements for recertification and CPD under the *Health Practitioners Competence Assurance Act 2003*. The same requirements apply to specialists practising full- and part-time. In both countries, medical practitioners are asked whether they are complying with registration requirements for CPD/recertification when applying for re-registration or recertification and practitioner responses are subject to audit.

In addition to these accreditation standards, the Medical Council of New Zealand has criteria for education providers supporting medical practitioners in vocational scopes of practice in New Zealand that include the mandatory activities required for recertification.

Education providers play an important role in assisting CPD by setting the requirements for CPD and providing a CPD program(s) that is available to all specialists in their specialty(s), including those who are not fellows.

The CPD phase of medical education is mainly self-directed and involves practice-based learning activities rather than supervised training. The education provider therefore requires regular participation in a range of educational activities to meet self-assessed learning needs based on the intended scopes of practice of specialists and, where possible, on practice data. These activities include: practice-based reflective elements that may include clinical audit, peer-review, multi-source feedback or performance appraisal; continuing medical education activities, such as courses, conferences and online learning; other scholarly activities such as teaching, assessment and research; and activities that contribute to cultural competence, and medical practitioner health and wellbeing.

The AMC encourages education providers to include in their CPD program resources a framework to assist specialists to assess and define their learning needs. Where available and appropriate, participation in external or formal evaluation of personal CPD outcomes is encouraged.

Consultation with potential participants and other stakeholders is important in the development of CPD requirements and programs. Self-evaluation by participants, and monitoring and auditing by the education provider assist participants in achieving their CPD objectives.

Many organisations other than accredited education providers offer CPD opportunities for specialists, including health care facilities, universities, the pharmaceutical and medical technological industries, community and health consumer organisations and for-profit CPD providers. Education providers are expected to have a code of ethics that covers the role of, and their relationship with, other groups that provide CPD activities that may be credited towards the education provider's CPD program(s). In reviewing the educational quality of an activity, the education provider should consider whether the activity has used appropriate methods and resources, and the feedback from participants.

The AMC acknowledges that participation in CPD cannot guarantee competence.

## **9.2 Further training of individual specialists**

### **Accreditation standards**

9.2.1 The education provider has processes to respond to requests for further training of individual specialists in its specialty(s).

#### **Notes**

Regulatory authorities set requirements for recency of practice in a medical practitioner's current scope of practice, and requirements to support proposed changes to a medical practitioner's scope of practice. Specialists, employers and registration authorities may ask an education provider to provide further training to meet recency of practice requirements, or to support a change in scope of practice. Education providers develop processes specific to their specialty(s) for practice re-entry and training in new scopes of practice for their fellows and other specialists, consistent with requirements of the Medical Board of Australia and, if relevant, the Medical Council of New Zealand.

## **9.3 Remediation**

### **Accreditation standards**

9.3.1 The education provider has processes to respond to requests for remediation of specialists in its specialty(s) who have been identified as underperforming in a particular area.

#### **Notes**

Laws, regulations and codes of conduct set expectations for standards of practice of medical practitioners. Requests to an education provider to address under-performance are made by specialists, employers and registration authorities, or may arise within the education provider

itself. Education providers develop processes specific to their specialty(s) for remediation of specialists in the discipline, consistent with relevant laws, regulation and codes of conduct.

## Standard 10. Assessment of specialist international medical graduates

### 10.1 Assessment framework

#### Accreditation standards

- 10.1.1 The education provider's process for assessment of specialist international medical graduates is designed to satisfy the guidelines of the Medical Board of Australia and the Medical Council of New Zealand.
- 10.1.2 The education provider bases its assessment of the comparability of specialist international medical graduates to an Australian- or New Zealand- trained specialist in the same field of practice on the specialist medical program outcomes.
- 10.1.3 The education provider documents and publishes the requirements and procedures for all phases of the assessment process, such as paper-based assessment, interview, supervision, examination and appeals.

#### Notes

In Australia, the Health Practitioner Regulation National Law, as in force in each state and territory, provides for the registration of specialist international medical graduates who have successfully completed any examination or assessment required by an approved registration standard to assess a specialist international medical graduate's ability to practise competently and safely in the specialty.

The Medical Board of Australia has decided that the examination or assessment will be undertaken by the specialist medical colleges that are accredited by the AMC. It relies on these assessments to make decisions about whether to grant registration to a particular specialist international medical graduate. The Medical Board has prepared guidelines to support specialist medical colleges in their role of assessing specialist international medical graduates for comparability to an Australian-trained specialist in the same field of specialty practice.<sup>13</sup> These accreditation standards draw on that guidance.

The requirements for specialist registration in Australia differ from the requirements for registration in New Zealand. The assessment of specialist international medical graduates in New Zealand needs to meet the requirements of the Medical Council of New Zealand which are based on legislative requirements. The Medical Council of New Zealand requires education providers to have a process for the assessment of specialist international medical graduates' training, qualifications and experience so that the Medical Council can determine eligibility for registration within a vocational scope of practice.

The AMC expects that the medical practitioners whose qualifications, training and experience are being assessed through these processes would be able to access the education provider's review and appeals processes (see standard 1.3).

### 10.2 Assessment methods

#### Accreditation standards

- 10.2.1 The methods of assessment of specialist international medical graduates are fit for purpose.

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<sup>13</sup> Medical Board of Australia, *Good practice guidelines for the specialist international medical graduate assessment process*, November 2015, <http://www.medicalboard.gov.au/Registration/International-Medical-Graduates/Specialist-Pathway.aspx>

10.2.2 The education provider has procedures to inform employers, and where appropriate the regulators, where patient safety concerns arise in assessment.

### Notes

Methods of assessment should be chosen on the basis of validity, reliability, feasibility, cost effectiveness, opportunities for feedback, and impact on learning.<sup>14</sup> The assessment methodology should be publically available.

The assessment of specialist international medical graduates should include assessment of their ability to contribute to the effectiveness and efficiency of the health care system (standard 3.2.6) and of their cultural competence for practice in Australia and/or New Zealand (standards 3.2.9 and 3.2.10).

In Australia, the 'specialist pathway' is for international medical graduates with overseas specialist qualifications who wish to qualify for specialist registration in Australia. The assessment determines whether the applicant is comparable to an Australian-trained specialist in the same field of practice.

The 'area of need pathway' is for specialist international medical graduates who wish to work in Australia in a designated area of need. The education provider assesses the applicant's qualifications and relevant experience against the specified requirements of a position in a confirmed area of need to determine the applicant's ability to practise safely and competently in the position.

The requirement under standard 10.2.2 to inform employers and, where appropriate, the regulator about patient safety concerns will require action beyond remediation.

In New Zealand, the *Health Practitioners Competence Assurance Act 2003* provides for a medical practitioner who believes another medical practitioner may pose a risk of harm to the public by practising below the required standard of competence to refer the matter to the Medical Council of New Zealand. In Australia, education providers must also be aware of the Health Practitioner Regulation National Law. This requires registered health practitioners and employers to make notifications about registered medical practitioners who have engaged in 'notifiable conduct' as defined in the National Law.

## 10.3 Assessment decision

### Accreditation standards

10.3.1 The education provider makes an assessment decision in line with the requirements of the assessment pathway.

10.3.2 The education provider grants exemption or credit to specialist international medical graduates towards completion of requirements based on the specialist medical program outcomes.

10.3.3 The education provider clearly documents any additional requirements such as peer review, supervised practice, assessment or formal examination and timelines for completing them.

10.3.4 The education provider communicates the assessment outcomes to the applicant and the registration authority in a timely manner.

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<sup>14</sup> van der Vleuten, CPM., 'The assessment of professional competence: developments, research and practical implications'. *Advances in Health Science Education*, vol. 1, 1996, pp. 41-67.

## **Notes**

In Australia, for specialist pathway applicants, the Medical Board of Australia has provided definitions for assessment of comparability to determine whether an applicant is not comparable, partially comparable or substantially comparable to an Australian-trained specialist in the same field of practice. Education providers are expected to use these definitions in making a recommendation to the Medical Board on whether or not to recommend registration.

In New Zealand, the role of the education provider is to provide comprehensive advice and recommendations on the applicant qualifications, training and experience and whether this is at the level of a New Zealand-trained specialist, and to advise the Medical Council of New Zealand on the suitability of the proposed employment position and supervisor for the assessment period. The term 'equivalent to or as satisfactory as' is the statutory definition of the assessment of comparability to the relevant New Zealand/Australasian postgraduate qualification.

## **10.4 Communication with specialist international medical graduate applicants**

### **Accreditation standards**

10.4.1 The education provider provides clear and easily accessible information about the assessment requirements and fees, and any proposed changes to them.

10.4.2 The education provider provides timely and correct information to specialist international medical graduates about their progress through the assessment process.

## **Notes**

Education providers are expected to interact with specialist international medical graduates applying through their assessment pathways in a timely, open and transparent way. To this end, they should have mechanisms to inform prospective applicants and those undergoing the process of the relevant policies and processes, of any proposed changes to policies and processes, and outcomes at various stages of the process.



