

B Accreditation Standards for Specialist Medical Education and Training

Goals and Objectives of Specialist Medical Education

The broad goals of specialist education and training are:

1. To produce medical specialists who:
 - have demonstrated the requisite knowledge, skills and professional attributes necessary for independent practice through a broad range of clinical experience and training in the relevant specialty
 - can practice unsupervised in the relevant medical specialty, providing comprehensive, safe and high quality medical care, including in the general roles and multifaceted competencies inherent in all medical practice and within the ethical standards of the profession and the community they serve.
2. To produce medical specialists with a high level of understanding of the scientific and evidence base of the discipline.
3. To produce medical specialists able to provide leadership in the complex health care environments in which they practice, who work collaboratively with patients and their families, and the range of health professionals and administrators, and who accept responsibility for the education of junior colleagues.
4. To produce medical specialists with knowledge and understanding of the issues associated with the delivery of safe, high quality and cost effective health care within the Australian or New Zealand health system.
5. To prepare specialists able to assess and maintain their competence and performance through continuing professional education, the maintenance of skills and the development of new skills.

Standards for specialist medical education

1 THE CONTEXT OF EDUCATION AND TRAINING

1.1 GOVERNANCE

- 1.1.1 The training organisation's governance structures and its education and training, assessment and continuing professional development functions are defined.
- 1.1.2 The governance structures describe the composition and terms of reference for each committee, and allow all relevant groups to be represented in decision-making.
- 1.1.3 The training organisation's internal structures give priority to its educational role relative to other activities.

Notes

Governance structures would include the training organisation's relationships with branches, regions and specific special societies, chapters and faculties.

Relevant groups would include program directors, supervisors, trainees, scientific societies, health service managers and professional associations. Training organisations are encouraged to include appropriate health consumer representation on decision-making bodies.

The AMC recognises that the governance structures and the range of functions vary from training organisation to training organisation. The AMC does not consider any particular structure is preferable, and supports diversity where the structure can be demonstrated to function effectively over time.

1.2 PROGRAM MANAGEMENT

1.2.1 The training organisation has established a committee or committees with the responsibility, authority and capacity to direct the following key functions:

- planning, implementing and reviewing the training program(s) and setting relevant policy and procedures
- setting and implementing policy and procedures relating to the assessment of overseas-trained specialists
- setting and implementing policy on continuing professional development and reviewing the effectiveness of continuing professional development activities.

1.2.2 The training organisation's education and training activities are supported by appropriate resources including sufficient administrative and technical staff.

Notes

The membership of the committee responsible for designing the curriculum and overseeing its delivery should include those with knowledge and expertise in medical education. The committee's perspective should encompass local and national needs in health care and service delivery, and national health priorities.

1.3 EDUCATIONAL EXPERTISE AND EXCHANGE

1.3.1 The training organisation uses educational expertise in the development, management and continuous improvement of its education, training, assessment and continuing professional development activities.

1.3.2 The training organisation collaborates with other educational institutions and compares its curriculum, training program and assessment with that of other relevant programs.

Notes

Educational expertise would include clinicians with experience in medical education and educationalists.

1.4 INTERACTION WITH THE HEALTH SECTOR

1.4.1 The training organisation seeks to maintain constructive working relationships with relevant health departments and government, non-government and community agencies to promote the education, training and ongoing professional development of medical specialists.

- 1.4.2 The training organisation works with healthcare institutions to enable clinicians employed by them to contribute to high quality teaching and supervision, and to foster peer review and professional development.

Notes

Specialist medical education and training programs depend on strong and supportive publicly funded and private health care institutions and services. Many benefits accrue to health care institutions and health services through involvement in medical education and training. Teaching and training, appraising and assessing doctors 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 education and training are appropriately resourced to provide educational experience in these settings. It recognises this is not a matter over which individual training organisations have control.

Trainees have dual interdependent roles which can create tension. They are both workers in the health care system and students completing postgraduate medical programs. Demands on the health system can lead employing authorities to emphasise the trainee's service delivery role at the expense of training. At the same time, training organisations are responding to pressures for improved training by seeking intensified training and a greater focus on work-based assessment. Accommodating these interdependent roles so that trainees can meet educational and service delivery requirements is a joint responsibility.

The duties, working hours and supervision of trainees should be consistent with the delivery of high quality, 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.

There must be effective consultation between the training organisation and the health care institutions that provide clinical training on matters of mutual interest, such as teaching, research, patient safety and clinical service. This should include a formal mechanism for high level consultation and agreements concerning the expectations of the respective parties, and extend to regular communication with the state, territory and national health departments.

1.5 CONTINUOUS RENEWAL

- 1.5.1 The training organisation has a policy for review and update of structures, functions and policies relating to education, training and continuing professional development to rectify deficiencies and to meet changing needs.

Notes

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

2 THE OUTCOMES OF THE TRAINING PROGRAM

2.1 PURPOSE OF THE TRAINING ORGANISATION

- 2.1.1 The purpose of the training organisation includes setting and promoting high standards of medical practice, training, research, continuing professional development, and social and community responsibilities.

- 2.1.2 In defining its purpose, the training organisation has consulted fellows and trainees, and relevant groups of interest.

Notes

Relevant groups of interest would include government agencies, the medical profession, health service providers, bodies involved with medical training, health consumer organisations and the community.

Training organisations are encouraged to engage consumers to develop specialist training and education programs that meet community expectations.

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

2.2 GRADUATE OUTCOMES

- 2.2.1 The training organisation has defined graduate outcomes for each training program including any sub-specialty programs. These outcomes are based on the nature of the discipline and the practitioners' role in the delivery of health care. The outcomes are related to community need.
- 2.2.2 The outcomes address the broad roles of practitioners in the discipline as well as technical and clinical expertise.
- 2.2.3 The training organisation makes information on graduate outcomes publicly available.

Notes

The AMC goals of specialist medical training, set out above, indicate that training should prepare specialists 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.

There is a number of documents which describe these general attributes¹. These documents are designed as guides to the professional conduct and the breadth of knowledge and skills, including clinical, interpersonal and technical skills, and abilities such as problem solving and clinical judgement expected of individual doctors. Training organisations are expected to define the broad roles of practitioners in their discipline and relevant graduate outcomes. The training program should prepare specialists able to undertake these broad roles and prepared to maintain and enhance their performance.

Some training organisations are able to specify measurable competencies in some parts of the training program. Furthermore, in some instances the training organisation may permit trainees to demonstrate achievement of competence sufficient to allow early exit from the training program. While applauding efforts to define competencies, the AMC is aware that in higher level cognitive programs like medicine with multifaceted competencies such definitions and measurements are difficult.

The AMC has an expectation that medical specialists will demonstrate cultural competence in their practice of medicine.

In Australia disparities remain in the health status of different social and cultural groups. In particular, doctors work in a context in which the Indigenous people of Australia bear the burden of gross social, cultural and health inequity.

¹ Frank, JR., Jabbour, M., et al. Eds. Report of the CanMEDS Phase IV Working Groups. Ottawa: The Royal College of Physicians and Surgeons of Canada. March, 2005
American Council on Graduate Medical Education *Outcome Project*
<http://www.acgme.org/outcome/about/aboutHome.asp> (viewed 04/04/2008)
Medical Council of New Zealand 2004 *Good Medical Practice A Guide for Doctors*

In New Zealand, the Medical Council is bound by legislation to set standards in cultural competence. Training organisations should be familiar with the Council's definition of cultural competence², and training and recertification (CPD) programs must include components which demonstrate an understanding of and respect for cultural competence.

3 THE EDUCATION AND TRAINING PROGRAM - CURRICULUM CONTENT

3.1 CURRICULUM FRAMEWORK

3.1.1 For each of its education and training programs, the training organisation has a framework for the curriculum organised according to the overall graduate outcomes and which is publicly available.

3.2 CURRICULUM STRUCTURE, COMPOSITION AND DURATION

3.2.1 For each component or stage, the curriculum specifies the educational objectives and outcomes, details the nature and range of clinical experience required to meet these objectives, and outlines the syllabus of knowledge, skills and professional qualities to be acquired.

3.2.2 Successful completion of the training program must be certified by a diploma or other formal award.

Notes

Normally specialist education and training commences in the second or third postgraduate year and builds on the knowledge, skills and professional qualities developed in medical school, during internship and other prevocational training.

Recognised medical specialties in Australia share a number of characteristics:

- The scope of training, assessment and practice in each specialty is wide.
- The group of conditions managed by the specialty has common features and is of public health importance.
- The public health significance and common grouping of health problems managed by the specialty is usually reflected by establishment of the specialty in other countries with similar health systems.
- The specialty is based on sound, evidence-based clinical and scientific principles.
- Because of the scope of practice and complexity of the specialty, there is an extensive theoretical and practical training program.

For most specialties, the period of formal training ranges from three to six years when, following an appropriate summative assessment, a Diploma of Fellowship or other qualification is granted. Many trainees continue formal training beyond the conferring of fellowship or its equivalent and this may be recognised by the award such as a post-fellowship diploma. Some trainees undertake research towards a higher academic degree during or after completion of their specialist education and training.

Many specialist education and training programs provide for a period of basic training. During this stage, there is particular emphasis on gaining knowledge of the basic sciences underlying the

² www.mcnz.org.nz/portals/0/guidance/cultural%20competence.pdf

discipline, and on acquiring and enhancing the clinical and diagnostic skills that are the prerequisite for training to practise the specialty.

This stage is followed by advanced training when knowledge, clinical and diagnostic skills, and professional qualities are further developed until they are at the level of a specialist undertaking independent practice in the discipline.

In some programs, there is integration of basic and advanced training.

The term 'sub-specialisation' is frequently used to describe narrow specialisation within a broad discipline. Many specialist training programs allow trainees to focus their training in a specialist/sub-specialist area. The AMC believes that such training should take account of the broader educational objectives for the discipline/specialty as a whole. The AMC believes that the Australian and New Zealand communities and health systems are better served by avoiding unnecessary fragmentation of medical knowledge, skills and medical care. Where a training organisation encompasses sub-specialty or similar categories, it will be expected to provide a rationale and outline of such programs in its accreditation submission.

Some training programs are the joint responsibility of two or more training organisations. The AMC will determine, with the sponsoring organisations, how such programs will be assessed in the accreditation of each organisation's programs.

3.3 RESEARCH IN THE TRAINING PROGRAM

3.3.1 The training program includes formal learning about research methodology, critical appraisal of literature, scientific data and evidence-based practice, and encourages the trainee to participate in research.

3.3.2 The training program allows appropriate candidates to enter research training during specialist education and to receive appropriate credit towards completion of specialist training.

Notes

Exposure to an atmosphere of enquiry, intellectual curiosity and evidence-based practice promotes the enduring ability to solve problems, analyse data and update knowledge and improve practice. Not all trainees will have the inclination, opportunity or aptitude for an extended period of research activity, but it is essential that all trainees acquire knowledge of research methodology, and are competent in critical appraisal of research literature and in applying evidence when making clinical decisions. This may require the completion of specifically designed learning programs approved by the relevant training organisation.

Trainees should have the opportunity for research experience to enable those interested to pursue medical research in their future careers.

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 training structure can facilitate an early start to research, through intercalated research degrees, with appropriate credit towards completion of the training program. Trainee presentation of research projects at discipline scientific meetings is highly desirable.

3.4 FLEXIBLE TRAINING

- 3.4.1 The program structure and training requirements recognise part-time, interrupted and other flexible forms of training.
- 3.4.2 There are opportunities for trainees to pursue studies of choice, consistent with training program outcomes, which are underpinned by policies on the recognition of prior learning. These policies recognise demonstrated competencies achieved in other relevant training programs both here and overseas, and give trainees appropriate credit towards the requirements of the training program.

Notes

Policies about flexible training options should be readily available to supervisors and trainees. Training organisations should provide guidance and support to supervisors, trainers and trainees on the implementation and review of flexible training arrangements.

Training organisations are encouraged to monitor and report on 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 health services to create appropriate opportunities for flexible training.

Training organisations must be able to demonstrate that they have in place clear criteria and processes for assessing trainees' prior learning.

3.5 THE CONTINUUM OF LEARNING

- 3.5.1 The training organisation contributes to articulation between the specialist training program and prevocational and undergraduate stages of the medical training continuum.

Notes

Vocational training is one step in the education of doctors. Other phases, under separate jurisdictions in Australia and New Zealand, include undergraduate medical education, prevocational training, research training, and continuing professional education. The AMC considers that collaboration between the various bodies concerned with medical education is essential to achieve appropriate quality assurance across the continuum of medical education.

The AMC regards the intern year as pivotal; doctors develop generalised medical knowledge, attitudes and skills to equip them to proceed to specialist training and practice. This period gives particular emphasis to practical experience, as the junior doctor assumes responsibility for patient care. Therapeutic and procedural skills are developed under appropriate supervision. Communication and counselling are practiced and consolidated.

The AMC considers that specialist training cannot be considered in isolation from the earlier stages of medical education and training, particularly the education, experience and training obtained during the intern year and other prevocational training. A complementary relationship is essential. Thus the AMC supports activities that aim to develop the linkage between prevocational training and vocational training.

Continuing professional development designates the education and training of doctors extending throughout each doctor's professional working life. The learning activities start in medical school and continue as long as the doctor is engaged in professional activities. The goals of the training program should make it clear that learning is not complete at the time of the award of the diploma but should be enhanced throughout a professional career.

4 THE TRAINING PROGRAM - TEACHING AND LEARNING

- 4.1.1 The training is practice-based involving the trainees' personal participation in relevant aspects of the health services and, for clinical specialties, direct patient care.
- 4.1.2 The training program includes appropriately integrated practical and theoretical instruction.
- 4.1.3 The training process ensures an increasing degree of independent responsibility as skills, knowledge and experience grow.

Notes

It is expected that, predominantly, education and training will occur in and through the work environment with the application of adult learning skills. While much of the learning will be self-directed learning related to educational objectives the trainee's supervisors and trainers will play key roles in the trainee's education.

In the traditional apprenticeship approach, trainees learn best when trainers demonstrate appropriate skills, abilities and attitudes in the clinical environment. This model also allows trainees continually to apply their knowledge within the clinical environment in which they will ultimately function as fully trained specialists.

Other learning opportunities supplement apprenticeship training, such as:

- structured educational programs relevant to trainees' needs and to clinical needs, and based on adult learning principles. Educational programs should include: tutorials on the scientific basis of the discipline; relevant clinical topics, procedures and skills; staff rounds; postgraduate meetings; clinicopathological sessions; radiology conferences; pathology conferences; mortality and morbidity audits; and other quality assurance programs, including meetings to identify and respond to adverse events;
- sessions addressing topics not easily taught within the service environment, such as communication skills;
- opportunities to practise specific procedural skills in a safe (e.g. simulated) environment prior to gaining further experience in practice;
- opportunities to rehearse dealing with certain difficult events;
- formal offsite degree/diploma programs as appropriate to the specialty.

5 THE CURRICULUM - ASSESSMENT OF LEARNING

5.1 ASSESSMENT APPROACH

- 5.1.1 The assessment program, which includes both summative and formative assessments, reflects comprehensively the educational objectives of the training program.
- 5.1.2 The training organisation uses a range of assessment formats that are appropriately aligned to the components of the training program.
- 5.1.3 The training organisation has policies relating to disadvantage and special consideration in assessment, including making reasonable adjustments for trainees with a disability.

Notes

Assessment is a powerful tool to drive learning, and methods of assessment should match and reinforce the goals and objectives of the education and training program.

Assessment includes both summative assessment, for judgements about trainee progression, and formative assessment, for feedback and guidance. The training organisation'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, and make explicit the criteria and methods by which any judgments based on the various assessments employed are made.

Contemporary approaches to assessment in medical education emphasise a programmatic approach where multiple measures of trainees' knowledge, skill and abilities over time are aggregated to inform judgements about progress. Assessment programs are constructed through blueprints or assessment matrices which match assessment items or instruments 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 to measure domains such as independent learning, communication with patients and their families, working as part of a health team, development of professional qualities and problem solving skills where reliability is less well established. The AMC encourages the development of assessment programs for their educational impact. A balance of valid, reliable and feasible methods should drive learning to the program goals and outcomes.

In clinical specialties, clinical examinations, whether on real or simulated patients, should form a significant component of the assessment.

The AMC encourages training organisations to utilise direct observation of trainee performance using performance-based assessment as well as other forms of clinical assessment.

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 and skills.

5.2 FEEDBACK AND PERFORMANCE

5.2.1 The training organisation has processes for early identification of trainees who are under performing and for determining programs of remedial work for them.

5.2.2 The training organisation facilitates regular feedback to trainees on performance to guide learning.

5.2.3 The training organisation provides feedback to supervisors of training on trainee performance, where appropriate.

Notes

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

There may be times where the remediation and assistance offered is not successful and/or appropriate. For these circumstances, training organisations must have clearly defined policies relating to issues such as unsatisfactory periods of training and limits on duration of training time.

5.3 ASSESSMENT QUALITY

- 5.3.1 The training organisation has a policy on the evaluation of the reliability and validity of assessment methods, the educational impact of the assessment on trainee learning, and the feasibility of the assessment items. It introduces new assessment methods where required.

Notes

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

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

5.4 ASSESSMENT OF SPECIALISTS TRAINED OVERSEAS

- 5.4.1 The processes for assessing of specialists trained overseas are in accordance with the principles outlined by the AMC and the Committee of Presidents of Medical Colleges Joint Standing Committee on Overseas Trained Specialists (for Australia) or by the Medical Council of New Zealand (for New Zealand).

Notes

As the setters of professional standards in their discipline, training organisations advise medical registration authorities, through the Australian Medical Council, on the suitability for registration in Australia of specialists, including general practitioners, trained overseas. This process entails an assessment by the training organisation to determine if the training and experience of the overseas-trained specialist is substantially comparable, partially comparable or not comparable to that of an Australian-trained specialist. This assessment activity is an important service for the Australian community in ensuring that the standards of its medical services are maintained.

The Australian Medical Council and the Committee of Presidents on Medical Colleges have established a Joint Standing Committee on Overseas Trained Specialists with a view to encouraging a uniform approach to the management of the assessment process. The Committee's template describes good practice in relation to: documenting criteria and procedures for assessment; establishing a committee to undertake assessments; documentation of process; evidence used for assessment; documentation by the applicant; the interview; procedural fairness; further assessment; and mediation and appeals. It is recognised that individual training organisations are in the best position to determine the assessment methods appropriate to their discipline. The Committee's template for the procedures for assessing overseas trained specialists is provided at Appendix 3.

The assessment of overseas trained specialists in New Zealand needs to meet the requirements of the Medical Council of New Zealand which are based on legislative requirements. The MCNZ requires training organisations to have a process for the assessment of overseas-trained specialists training, qualifications and experience so that it can determine eligibility for registration within a vocational scope of practice.

6 THE CURRICULUM - MONITORING AND EVALUATION

6.1 ONGOING MONITORING

- 6.1.1 The training organisation regularly evaluates and reviews its training programs. Its processes address curriculum content, quality of teaching and supervision, assessment and trainee progress.
- 6.1.2 Supervisors and trainers contribute to monitoring and to program development. Their feedback is systematically sought, analysed and used as part of the monitoring process.
- 6.1.3 Trainees contribute to monitoring and to program development. Their confidential feedback on the quality of supervision, training and clinical experience is systematically sought, analysed and used in the monitoring process. Trainee feedback is specifically sought on proposed changes to the training program to ensure that existing trainees are not unfairly disadvantaged by such changes.

Notes

Each training organisation should develop mechanisms for monitoring and evaluating its curriculum and for using the evaluation results to assess achievement of educational objectives. This requires the collection of data and the use of appropriate methods to monitor and evaluate education and training programs.

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

The value of evaluation data is enhanced by a plan that articulates the purpose and procedures for conducting the evaluation, such as why the data are being collected, from whom and when, methods and frequency of data analysis, responsibility for receiving evaluation reports, and possible decisions or actions in response to particular findings. Indications of how and when poor results will be followed up are also part of an evaluation plan.

6.2 OUTCOME EVALUATION

- 6.2.1 The training organisation maintains records on the outputs of its training program, is developing methods to measure outcomes of training and is collecting qualitative information on outcomes.
- 6.2.2 Supervisors, trainees, health care administrators, other health care professionals and consumers contribute to evaluation processes.

Notes

Training organisations should consider methods of evaluation that ensure that recently graduated specialists are of a standard commensurate with community expectation. This may include specialist self assessment of their preparedness for practice and other multi-source feedback mechanisms.

7 IMPLEMENTING THE CURRICULUM – TRAINEES

7.1 ADMISSION POLICY AND SELECTION

- 7.1.1 A clear statement of principles underpins the selection process, including the principle of merit-based selection.
- 7.1.2 The processes for selection into the training program:
- are based on the published criteria and the principles of the training organisation concerned
 - are evaluated with respect to validity, reliability and feasibility
 - are transparent, rigorous and fair
 - are capable of standing up to external scrutiny
 - include a formal process for review of decisions in relation to selection, and information on this process is outlined to candidates prior to the selection process.
- 7.1.3 The training organisation documents and publishes its selection criteria. Its recommended weighting for various elements of the selection process, including previous experience in the discipline, is described. The marking system for the elements of the process is also described.
- 7.1.4 The training organisation publishes its requirements for mandatory experience, such as periods of rural training, and/or for rotation through a range of training sites. The criteria and process for seeking exemption from such requirements are made clear.
- 7.1.5 The training organisation monitors the consistent application of selection policies across training sites and/or regions.

Notes

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 training programs. The AMC accreditation standards on selection take account of this report and the AMC’s own experience in assessing specialist training programs.

Trainees are both postgraduate students in specialist training programs and employees of the health services. While the training organisation identifies doctors eligible to participate in its training program, and employers determine who will be employed, the processes of selection for employment and for training can be interlinked. In some training programs, potential trainees first obtain employment then apply for approval of their training program. In others, the training organisation first selects those suitable for the training program. Where another body such as the employing institution is primarily responsible for selection, the AMC expects the training organisation will work actively to obtain the cooperation of such other stakeholders in implementing its selection principles. It is important that both training organisations and employers are involved in selection.

The training organisation, as the professional body for a particular medical discipline or disciplines, should take a leadership role in the development of the criteria for selection of entrants into training for the specialty. The training organisation and other key stakeholders should determine a framework of selection criteria and processes.

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. The AMC does, however, recognise a number of benefits to regional coordination of selection processes for both trainees and the employing health services.

7.2 TRAINEE PARTICIPATION IN TRAINING ORGANISATION GOVERNANCE

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

Notes

The purpose of trainee participation is to promote their understanding of and engagement in their training program, to encourage them to be active contributors to the training organisation as fellows, and to enable decision-making to be informed by the users' perspective of the training program. Trainee participation in training and assessment related committees enhances the training organisation's understanding of how training and assessment policies work in practice. It also allows the committees that manage the training program to identify and respond early to problems, and to recognise and expand successful strategies.

Committee and decision-making structures vary from training organisation to training organisation, as do the role of local/regional branches. The AMC has no wish to suggest that any particular structure is most suited to engaging trainees in the governance of their training, but whatever the processes and structures applied, they must be formal and give appropriate weight to the views of trainees.

Two strategies commonly used to support the involvement of trainees are to establish positions for trainees on training organisation committees and to support a trainees' organisation or trainees' committee.

Within the constraints of the training organisation's structure, there should be a position for a trainee on the governing council and on every training-related committee. Possible constraints include legal ones such as the training organisation's constitution or articles of association, the large number of committees, conflicts of interest, and consideration of sensitive material. The extent of trainee involvement in committees unrelated to training could be determined by annual agreement between the training organisation and the trainees' committee or trainee representatives.

The trainees involved should be appointed through open processes supported and funded by the training organisation. Appointment by election by the body of trainees is the most open process possible.

A trainees' 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 the nomination of trainees to committees. There are advantages in establishing this committee or organisation within the training organisation, since this facilitates communication and sharing of information and data, and provides a structure for funding. Where the trainee body sits outside the training organisation structure, particular efforts are required to ensure shared understanding of obligations and expectations.

Trainee representatives, and trainees' organisations or committees are able to assist the training organisation by gathering and disseminating information. For these roles, they require appropriate support. Successful models include providing administrative support or infrastructure, providing mechanisms for the trainees' organisation and the trainee members on training organisation committees to communicate with trainees, such as access to contact details or email lists, and designating a member of the staff to support the trainees in these activities.

Training organisations should supplement the organisational perspective of trainees obtained through the trainees' organisation or trainees' committee by seeking feedback on the experiences of individual trainees. A trainee representative structure should be complemented by regular meetings between training organisation officers and trainees to allow in-depth exploration of concerns and ideas at a local

level. Because trainees' needs and concerns differ depending on their stage of training, location of training and personal circumstances, training organisations should ensure that the full breadth of the trainee cohort is able to contribute.

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. These activities can foster a sense of belonging to a professional peer group.

7.3 COMMUNICATION WITH TRAINEES

7.3.1 The training organisation has mechanisms to inform trainees about the activities of its decision-making committees, in addition to communication by the trainee organisation or trainee representatives.

7.3.2 The training organisation provides clear and easily accessible information about the training program, costs and requirements, and any proposed changes.

7.3.3 The training organisation provides timely and correct information to trainees about their training status to facilitate their progress through training requirements.

Notes

Training organisations are expected to deal with their trainees in an open and transparent way. To ensure this occurs, they should have in place mechanisms to inform prospective and enrolled trainees of training policies and processes, including but not limited to:

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

As autonomous bodies, training organisations are able to respond quickly to pressures for change in the content and structure of vocational training by changing policies and structures, for example by changing the length of a training program, adding new components to the program or changing the format and timing of assessment. As these changes have significant consequences for trainees, trainees should participate formally in the evolution and change of the training program. Training organisations should communicate in advance with trainees about proposed program changes, and special arrangements proposed for those already enrolled when changes are implemented.

The strengths of training programs, opportunities for specific experience and job opportunities in particular specialties vary from region to region. To assist trainees to choose their training program and locations in an informed way, information on career pathways, addressing workforce distribution issues and training opportunities in different regions/states, should be available. Training organisations are encouraged to collaborate with health departments and other stakeholders to ensure that career guidance systems are in place. There should be similar collaboration on procedures to detect and support trainees who are experiencing personal and/or professional difficulties.

Trainees' progression through their training will be assisted by access to timely and correct information about the status of their training. Training organisations are encouraged to supplement written material with electronic communication of up to date information on training regulations, and on trainees' individual training status. Mechanisms to support communication on issues such as job sharing, part-time work or issues of concern 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 RESOLUTION OF TRAINING PROBLEMS AND DISPUTES

- 7.4.1 The training organisation has processes to address confidentially problems with training supervision and requirements.
- 7.4.2 The training organisation has clear impartial pathways for timely resolution of training-related disputes between trainees and supervisors or trainees and the organisation.
- 7.4.3 The training organisation has reconsideration, review and appeals processes that allow trainees to seek impartial review of training-related decisions, and makes its appeals policies publicly available.
- 7.4.4 The training organisation has a process for evaluating de-identified appeals and complaints to determine if there is a systems problem.

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 problems to be addressed at an early stage will prevent complaints escalating to formal disputes.

Clear processes that allow trainees' difficulties to be addressed in a confidential manner will increase the trainees' confidence that the training organisation acts on their behalf, and will discourage arbitrary decision-making which is then subject to challenge. 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. The same people often hold positions on training organisation committees and senior positions in hospitals and health services, which exacerbates these concerns and may lead to conflict of interest. Practical solutions are required to disincentives to trainees raising concerns, such as the timeliness of any review process, and the possibility that the training organisation may not count the disputed period of training towards training time.

Trainees may experience difficulties that are relevant both to their employment and their position as a trainee, such as training in an unsafe environment, sexual harassment or bullying. Whilst training organisations do not control the working environment, in setting standards for training and for professional practice, they have responsibilities to advocate for an appropriate training environment.

Having an appeals process that provides a fair and reasonable opportunity to challenge decisions taken by a training organisation is likely to ensure that decisions are ultimately correct. A strong process would have an appeals committee with some members who are external to the training organisation as well as impartial internal members. It would 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:

- that an error in law or in due process occurred in the formulation of the original decision
- that relevant and significant information, whether available at the time of the original decision or which became available subsequently, was not considered or not properly considered in the making of the original decision
- that irrelevant information was considered in the making of the original decision

- that procedures that were required by training organisation policies to be observed in connection with the making of the decision were not observed
- that the original decision was made for a purpose other than a purpose for which the power was conferred
- that the original decision was made in accordance with a rule or policy without regard to the merits of the particular case; and
- that the original decision was clearly inconsistent with the evidence and arguments put before the body making the original decision³.

A strong appeals process would also encourage procedural fairness, transparency and credibility, including requiring written reasons for decisions to be issued.

8 IMPLEMENTING THE TRAINING PROGRAM – DELIVERY OF EDUCATIONAL RESOURCES

8.1 SUPERVISORS, ASSESSORS, TRAINERS AND MENTORS

- 8.1.1 The training organisation has defined the responsibilities of hospital and community practitioners who contribute to the delivery of the training program and the responsibilities of the training organisation to these practitioners.
- 8.1.2 The training organisation has processes for selecting supervisors who have demonstrated appropriate capability for this role. It facilitates the training of supervisors and trainers.
- 8.1.3 The training organisation routinely evaluates supervisor and trainer effectiveness including feedback from trainees and offers guidance in their professional development in these roles.
- 8.1.4 The training organisation has processes for selecting assessors in written, oral and performance-based assessments who have demonstrated relevant capabilities.
- 8.1.5. The training organisation has processes to evaluate the effectiveness of its assessors/examiners including feedback from trainees, and to assist them in their professional development in this role.

Notes

Clinicians make significant contributions to medical education as teachers and role models for doctors in training. The roles of supervisor, assessor, trainer and mentor are critical to the success of the training program, especially given the apprenticeship nature of specialist training. It is essential that there is adequate training and resources for these roles.

The AMC has provided below some guidelines on these roles, but recognises that training organisations devise and implement their own structures in response to their specific goals and challenges.

A supervisor or director of training, who has overall responsibility for a training program in a hospital or department, cannot normally be involved on a day-to-day basis with all trainees in the work environment. This is often the task of the trainer. Whilst a trainee is likely to be involved with a number of trainers during a single rotation, the supervisor or director of training should designate one trainer to have particular responsibility for appropriate hands-on supervision and training of an individual trainee and who has frequent involvement with the trainee during the week.

³ Australian Competition and Consumer Commission Determination 30 June 2003 *Application For Authorisation lodged by the Royal Australasian College of Surgeons* Authorisation No A90765

Supervisors/directors and trainers should 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 a trainee is not maintaining a satisfactory standard of practice.

There are advantages for a trainee to have an ongoing relationship with a specialist in the discipline, who has no formal role in the assessment or employment of the trainee but who is available to the trainee for advice and support on personal or professional matters. This person, often termed a mentor, has responsibility to the trainee. Training organisations are encouraged to develop processes for supporting the professional development of doctors who demonstrate appropriate capability for the role of mentor.

There is value in liaison with state/territory health departments concerning relevant professional development programs when developing processes for supporting the professional development of mentors.

Because of the critical nature of the 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 in section 7.4.

Assessors engaged in formative or summative assessments should understand the training organisation 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 education and training, addressing issues such as constructive feedback, dealing with difficult situations and different assessment methods.

8.2 CLINICAL AND OTHER EDUCATIONAL RESOURCES

- 8.2.1 The training organisation has a process and criteria to select and recognise hospitals, sites and posts for training purposes. The accreditation standards of the training organisation are publicly available.
- 8.2.2 The training organisation specifies the clinical and/or other practical experience, infrastructure and educational support required of an accredited hospital/training position in terms of the outcomes for the training program. It implements clear processes to assess the quality and appropriateness of the experience and support offered to determine if these requirements are met.
- 8.2.3 The training organisation's accreditation requirements cover: orientation, clinical and/or other experience, appropriate supervision, structured educational programs, educational and infrastructure supports such as access to the internet, library, journals and other learning facilities, continuing medical education sessions accessible to the trainee, dedicated time for teaching and training and opportunities for informal teaching and training in the work environment.
- 8.2.4 The training organisation works with the health services to ensure that the capacity of the health care system is effectively used for service-based training, and that trainees can experience the breadth of the discipline. It uses an appropriate variety of clinical settings, patients and clinical problems for training purposes, while respecting service functions.

Notes

Most specialist education and training takes place in hospitals or in community-based health facilities such as general practices. The learning environment and the quality of the experience gained are thus of critical importance.

Training organisations define a range of experience to be gained during training. Training organisations should make as explicit as possible the training opportunities required of institutions seeking accreditation and any other expectations of them. Training organisation accreditation processes must verify that this experience is available in hospitals and community-based health facilities seeking accreditation.

During training, trainees are likely to gain experience in multiple locations each providing a varying range of clinical experiences. For this reason, training organisations are increasingly accrediting networks of training sites rather than single hospitals or other facilities. It is essential that training organisations have processes to ensure that the education, training and assessment at all sites satisfy the standards of the training organisation.

Accreditation criteria should apply equally to all training settings. Depending on the discipline, an expanded range of settings would include private practice, rural placements and primary care settings.

The training organisation's accreditation processes must aim to ensure that trainees will gain all the required experience during their period of training. Where there are deficiencies, there must be processes to negotiate with the facility to overcome these.

Trainees should have access to appropriate facilities and educational resources to support self-learning activities as well as structured educational programs. Access to library, journals, an electronic learning environment and other learning facilities is required to promote a life-time ethos of self-learning.

There is an expectation that trainees would contribute to the training of medical students, junior colleagues and relevant health professionals.

9 CONTINUING PROFESSIONAL DEVELOPMENT

9.1 CONTINUING PROFESSIONAL DEVELOPMENT PROGRAMS

9.1.1 The training organisation's professional development programs are based on self-directed learning. The programs assist participants to maintain and develop knowledge, skills and attitudes essential for meeting the changing needs of patients and the health care delivery system, and for responding to scientific developments in medicine as well as changing societal expectations.

9.1.2 The training organisation determines the formal structure of the CPD program in consultation with stakeholders, taking account of the requirements of relevant authorities such as medical boards.

9.1.3 The process and criteria for assessing and recognising CPD providers and/or the individual CPD activities are based on educational quality, the use of appropriate educational methods and resources, and take into consideration feedback from participants.

9.1.4 The training organisation documents the recognised CPD activities of participants in a systematic and transparent way, and monitors participation.

9.1.5 The training organisation has mechanisms to allow doctors who are not its fellows to access relevant continuing professional development and other educational opportunities.

9.1.6 The training organisation has processes to counsel fellows who do not participate in ongoing professional development programs.

Notes

The community expects that registered medical practitioners will maintain and develop their knowledge, skills and performance so that they are equipped to deliver appropriate and safe medical health care over their working life.

Continuing professional development (CPD) includes the formal and informal activities that doctors undertake in order to maintain, update, develop and enhance their knowledge, skills, and professional qualities in response to the needs of their patients.

Continuing medical education describes continuing education in the field of knowledge and skills of medical practice; CPD, a broader concept, refers to the continuing development of the multi-faceted competencies inherent in medical practice, covering wider domains (e.g. medical, managerial, social and personal subjects) needed for high quality professional performance.⁴

Training organisations play an important role in assisting the professional development of their fellows, and that of other specialists practising in their discipline.

In New Zealand, to meet legislative requirements, the Medical Council of New Zealand requires doctors to participate in an accredited CPD (recertification) program for at least 50 hours annually. CPD programs must include clinical audit, peer review, cultural competence, and educational conferences/courses. Doctors are asked whether they are complying with CPD requirements when applying for their annual practising certificate and a proportion is audited annually.

The continuing professional development phase differs from the preceding formal phases of medical education, in that it is mainly self-directed and practice-based learning activities rather than supervised training.

As well as promoting personal professional development, CPD aims to maintain and develop knowledge, skills and attitudes essential for meeting the changing needs of patients and the health care delivery system, responding to scientific developments in medicine, and meeting the evolving requirements of licensing bodies and society.

Recognising the diverse practice and learning need of doctors, CPD programs must be diverse and flexible in content, and should be developed in consultation with potential participants. Training organisations are encouraged to develop CPD program structures that enable doctors to select activities based upon self-directed learning plans that reflect their various professional roles and identified needs.

Whilst the profession, through the training organisations, bears the major responsibility for CPD, there are also providers of CPD not directly accountable to the medical profession, including universities, for-profit healthcare companies, the pharmaceutical and medical technological industries, consumer organisations, and for-profit CPD providers. Training organisations are expected to have a code of ethics that covers the role of and relationship with industry in the provision of CPD.

The AMC acknowledges that participation in CPD cannot guarantee competence.

⁴ These definitions are taken from the World Federation for Medical Education 2003 *Global Standards for Quality Improvement of Continuing Professional Development*. www.wfme.org/

9.2 RETRAINING

9.2.1 The training organisation has processes to respond to requests for retraining of its fellows who have been absent from practice for a period of time.

9.3 REMEDIATION

9.3.1 The training organisation has processes to respond to requests for remediation of its fellows who have been identified as under performing in a particular area.

Notes

As the result of complaints or for other reasons, training organisations may be required to assist in providing remediation for specialists whose performance has been found to be unsatisfactory.

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