

This document is Part 3 of the Australian Medical Council's guidelines, *Assessment and Accreditation of Medical Schools: Standards and Procedures, 2008*

It replaces Part 3 of the guidelines, *Assessment and Accreditation of Medical Schools: Standards and Procedures, 2002*

Approved by the Australian Medical Council 13 June 2008

1 Management of the accreditation process

1.1 COUNCIL

The Council is the governing body of the AMC. The Council's role in relation to the assessment of medical courses as defined by the Constitution is 'the accreditation of medical schools based at least largely in Australia and New Zealand and of courses leading to eligibility for admission to practice in Australia of graduates of those schools'. The Council makes the decision to grant or refuse accreditation.

The Executive Committee acts on behalf of the Council between meetings of the Council in all matters pertaining to Council affairs. In relation to the management of the medical school accreditation function, the Executive Committee may consider matters such as the accreditation workload, progress of individual assessments and appointment of assessment teams.

1.2 MEDICAL SCHOOL ACCREDITATION COMMITTEE

The Medical School Accreditation Committee oversees the assessment process. The Committee's functions and responsibilities are:

- (i) to develop standards, policy and procedures relating to the accreditation of medical schools and medical courses, including:
 - (a) making recommendations on policies and procedures relating to the accreditation of medical schools and medical courses;
 - (b) periodically reviewing the accreditation standards, and medical school information and reporting requirements and advising the Council on any changes it considers appropriate.
- (ii) to oversee the Council's program of accreditation of medical schools and medical courses including:
 - (a) implementing Council policies and procedures relating to the accreditation of medical schools and medical courses;
 - (b) determining an annual program of medical school accreditation activities;
 - (c) making recommendations on the appointment of teams to visit and assess Australian and New Zealand medical schools for accreditation purposes;
 - (d) making recommendations on the accreditation of medical courses and medical schools;
 - (e) presenting a report to each general meeting of the Council on its accreditation activities and on other matters referred from the Council.
- (iii) to encourage improvements in undergraduate medical education in Australia and New Zealand that respond to evolving health needs and practices, and educational and scientific developments, including:
 - (a) contributing to and advising the Council on national and international developments and discussions concerning medical education;
 - (b) sponsoring and undertaking activities that promote quality improvement in undergraduate medical education.

The Committee includes members nominated by: the Australian Medical Students' Association; the Confederation of Postgraduate Medical Councils; the Committee of Presidents of Medical Colleges; the Medical Council of New Zealand; and the Medical Deans Australia and New Zealand. The

Committee also includes members of the Council, and a member with background in and knowledge of health consumer issues.

1.3 ASSESSMENT TEAMS

On the recommendation of the Medical School Accreditation Committee, the Council constitutes an assessment team to assess each medical course. Teams report to the Medical School Accreditation Committee. They work within the accreditation policy and guidelines of the AMC.

Teams are responsible for:

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

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

1.4 AMC SECRETARIAT

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

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

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

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

Questions of interpretation of AMC policy and processes are the responsibility of the Medical School Accreditation Committee.

1.5 AMC ADVISORY GROUPS

There are circumstances where medical schools require additional advice on AMC accreditation requirements. In these circumstances, with the agreement of the medical school, the Medical School Accreditation Committee may recommend to Council that it establish an advisory group.

The advisory group works with the school to clarify the requirements that must be satisfied. The advisory group's process generally entails discussion and questioning, and review of the statements and evidence provided in the school's submission, curriculum documents or course management plans. This may entail giving guidance on how to present evidence to the AMC, suggesting options

for consideration based on the members' expertise, indicating where plans and policies are unlikely to satisfy the AMC's requirements, or clarifying recommendations made by the AMC.

The advisory group does not:

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

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

The advisory group is required to keep the Medical School Accreditation Committee informed of its activities.

2 AMC policies relating to the conduct of the accreditation process

2.1 AMC CONDUCT

The AMC will:

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

AMC accreditation is a collegial process based on self and peer assessment for public accountability and improvement of academic quality. The AMC accreditation process is intended to be constructive and to respect the expertise and autonomy of the universities that provide basic medical education.

In its accreditation function, the AMC:

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

2.2 SCOPE OF AMC ACCREDITATION

The AMC accredits only complete medical courses¹ that result in the award of an academic qualification of an educational institution located largely or entirely in Australia or New Zealand. Accreditation is awarded to the institution for the specific medical course, identified by its degree title. In the case of a program which is offered jointly by two or more institutions and results in the award of a qualification from more than one educational institution, the AMC regards the medical course as one program, but lists as accredited all institutions which grant the degree.

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

The AMC does not separately accredit distinct streams (e.g. a graduate-entry stream) within an educational program. The AMC regards the introduction of such streams as a major change to the accredited medical program (see below), and it will assess the plans for such programs before they are

¹ By complete medical course, the AMC means that the institution awarding the qualification is responsible for the providing the *entire* program to the accreditation standards described in Part 2 of this book.

implemented. The accreditation awarded following a successful assessment will relate to the whole medical program, not just to the separate stream.

AMC accreditation is based on the medical course demonstrating that it satisfies or will satisfy the AMC standards for basic medical education which make up Part 2 of this book.

All assessments include an AMC team completing an assessment against AMC accreditation standards by reviewing documentation, site visit and producing of a report. This process is described in detail in section 3.4.

2.3 TIMING OF ACCREDITATIONS

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

The Council approves the accreditation work program each year, based on advice from the Medical School Accreditation Committee.

2.4 ROLE OF MEDICAL STUDENTS IN AMC ACCREDITATION OF MEDICAL COURSES

The AMC considers it important that medical students have opportunities to contribute to its assessment processes.

Opportunities for students to contribute to the accreditation process include:

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

Opportunities for students to contribute to the assessment of their own medical course include:

- development of a student statement that is appended to each medical school's accreditation submission;
- during site visits, discussion with members of the AMC assessment team;
- feedback to the Medical School Accreditation Committee on the conduct of the assessment visits;
- contribution to the medical school's periodic reports to the Medical School Accreditation Committee.

2.5 CONFLICT OF INTEREST

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

The AMC recognises that there is extensive interaction between the organisations that provide medical education and training in Australia and New Zealand so that individuals are frequently involved with a number of programs. The AMC does not regard this, of itself, to be a conflict.

The AMC requires members of the Council and its committees to complete standing notices of interest and to update these regularly. These declarations are available at each meeting of the committee. The

agendas for AMC committee meetings begin with a ‘declaration of interests’, in which members are requested to declare any personal or professional interests which might, or might be perceived to, influence their capacity to undertake impartially their roles as members of the committee.

The committee may decide that a member’s interest in a particular item requires the member to be excluded from the committee’s usual duties with respect to that item, including discussion of that item at committee meetings; or it may decide that the member should continue to participate. Members will not vote on matters on which they have a declared personal or professional interest. All declared interests will be recorded in the committee minutes, as will the committee’s decision in relation to the interest.

The AMC requires proposed members of assessment teams to declare to the Medical School Accreditation Committee any relevant personal or professional interest that may be perceived to conflict with their ability to undertake impartially their duties as an assessor. Following receipt of any such comments, the Medical School Accreditation Committee, in consultation with the medical school, makes recommendations to the AMC on the composition of the assessment team. In doing so it will disclose all declared interests of the persons recommended and any comments by the school in relation to the proposed composition of the team. The AMC has full regard to such interests and comments in appointing assessors.

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

Where a member of the Medical School Accreditation Committee or an assessment team has given recent informal advice to a medical school outside the AMC accreditation process, that member must declare their interest.

2.6 CONFIDENTIALITY

In order to discharge its accreditation function, the AMC requires considerable information from medical schools, in accreditation submissions and in subsequent periodic reports. This may include sensitive information, such as staff plans, budgets, honest appraisal of strengths and weaknesses and commercial in confidence material.

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

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

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

The AMC provides opportunities for medical schools to review drafts of the AMC accreditation report at two stages in the assessment process. At such points, these assessments are confidential to the AMC and the medical school. The medical school should not discuss the draft report with third parties

without the AMC's consent. If the AMC needs to confirm material in a draft report with a third party, it will advise the school of these plans.

2.7 PUBLIC MATERIAL

The AMC places the following material concerning the accreditation status of individual medical schools in the public domain:

- The current accreditation status of all medical school programs and the date of the next accreditation assessment are posted on the AMC website.
- AMC accreditation reports are public documents.
- The AMC posts an annual summary of its response to medical schools' periodic progress reports on the AMC website.
- The Council issues a press statement after each meeting announcing accreditation decisions together with the executive summary of the accreditation report.

The AMC expects that any public statement made by schools about their accreditation status will be complete and accurate, and that the school will provide the contact details of the AMC Secretariat in any such public statement. The AMC will correct publicly any incorrect or misleading statements about accreditation actions or accreditation status.

2.8 COMPLAINTS

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

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

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

- The AMC accreditation process is outlined, with reference to accreditation standards that would apply to the matter raised in the complaint.
- The complainant is advised of the current accreditation status of the medical school, and is provided with the most recent accreditation report on the school.
- The AMC outlines the available options for the complainant to contribute to the AMC's assessment of the medical course.
- The complainant is given the name of other organisations which may be able to assist, such as the university itself.
- If the complaint suggests that the institution is not complying with AMC accreditation standards or with conditions on the institution's accreditation, AMC staff will refer the matter to the Chair of the Medical School Accreditation Committee. If the Chair considers the institution should be advised of the concern, the AMC will normally ask the institution to address the matter in its next periodic report to the AMC. The option exists for the AMC to ask a medical student association to provide a supplementary submission to a medical school periodic report to the AMC.

2.9 FEES AND CHARGES

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

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

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

3 The administration of the assessment process

The AMC has developed standard procedures for the assessment and accreditation of medical courses. These procedures make explicit the nature of the information required and the processes for assessing the medical school against the accreditation standards contained in Part 2 of this document.

3.1 TYPES OF ASSESSMENTS

The AMC undertakes assessments in the following circumstances:

- assessment of new developments including:
 - assessment of proposed **new** medical courses
 - assessment of proposals for **major change** in established medical courses, including a change in the length or format of the course; a significant change in objectives; a substantial change in educational philosophy, emphasis or institutional setting (including delivery in other countries); and/or significant changes forced by a major reduction in resources

These assessments occur before the new program begins.

- assessment for the purposes of **reaccreditation** of established medical courses.

In cases where conditions on accreditation or reaccreditation require it, the AMC also conducts more limited **follow-up** assessments of medical courses.

An AMC assessment entails appointment of an AMC team which completes a review of documentation and a program of site visits and meeting, and prepares a report. For a new development, the institution seeking AMC accreditation must first demonstrate that it is ready for this intensive assessment. This entails additional steps *before* the AMC begins its standard process for assessment of the course by an AMC team. These steps are explained in the next section (3.2).

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

3.2 ASSESSMENT OF NEW DEVELOPMENTS

For new developments, the AMC will first assess the readiness of the institution and program for assessment by an AMC team.

- Aided by the relevant AMC Guide, the institution prepares and lodges a *Stage 1* submission, well in advance of the proposed course commencement and pays the appropriate Stage 1 application fee (**fee not currently applied**).
- The Medical School Accreditation Committee reviews the submission and provides advice and a recommendation to the Council on the readiness of the institution and the program to undergo assessment.

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

The AMC will consider if the planned curriculum is likely to comply with the AMC Accreditation Standards and if the institution has demonstrated that it is able to implement the course.

At the end of this assessment the Medical School Accreditation Committee may recommend one of the following to the Council:

- (i) that the institution be invited to proceed to assessment by an AMC team;
- (ii) that further development is required and the institution be invited to submit additional information for further consideration;
- (iii) that the assessment not proceed since the institution has not demonstrated the capacity to implement the proposed course and/or the proposal is not likely to satisfy AMC accreditation standards.

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

Should the Council invite the institution to proceed to assessment by an AMC team, the AMC Secretariat will advise the applicant of an appropriate submission date. The AMC aims to schedule assessments sufficiently in advance of the course commencement to allow the institution to respond to any requirements of the AMC.

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

Where it has rejected a Stage 1 submission, the AMC may specify a period of time to elapse before it will consider a new submission.

Specific requirements for new medical schools and major changes to established medical courses are described below.

3.1.1 Assessment of a new medical school

Institutions contemplating the establishment of a medical school to deliver basic medical education should conduct independent negotiations with the appropriate state/territory and Commonwealth authorities concerning student places and clinical facilities. If a decision is made by the relevant authorities to support the establishment of a new medical course, the AMC undertakes the assessment against the standards in Part 2 of this book.

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

Once the institution has notified the AMC of its intention, the AMC will provide a guide for completion of the initial (Stage 1) submission. The submission must outline the school's curriculum plans and the resources including clinical teaching resources available to deliver the course. Evidence of support for the course from the relevant state and Commonwealth authorities must also be provided.

The Stage 1 submission, and the relevant application fee, should be lodged at least 18 months in advance of course commencement. The AMC Secretariat is able to advise on the date of the meetings

of the Medical School Accreditation Committee, the date by which submissions should be lodged in order to be considered by any meeting of the Committee, and the number of copies of the submission required.

The Medical School Accreditation Committee reviews the submission and makes a recommendation to the Council on the readiness of the institution and the program to undergo assessment, in accord with the list of possible recommendations provided in section 3.1.

3.1.2 Assessment of a major structural change in an established medical course

Major changes to a course may affect the accreditation status of a medical school and require a series of procedures to be instituted. The AMC expects to be informed prospectively of such developments. The regular reports required of accredited medical schools provide one avenue for such advice (see section 4). While plans for major change are evolving, the Medical School Accreditation Committee will be available to give general advice as to whether the proposed changes are likely to comply with AMC accreditation standards. As many of the changes described below will need to be assessed by an AMC team before they are introduced, the AMC requests at least 20 months notice of the intended introduction of the change.

The AMC does not consider the gradual evolution of a medical course in response to local initiatives and ongoing review to be a major change.

Definition of a major change

The AMC defines a major change in a medical course as a change in the length or format of the course, including the introduction of new distinct streams; a significant change in objectives; a substantial change in educational philosophy, emphasis or institutional setting; and/or a substantial change in student numbers relative to resources. Significant changes forced by a major reduction in resources leading to an inability to achieve the objectives of the existing course are also major changes.

Note: In deciding to grant accreditation, the AMC makes a judgement about the adequacy and appropriateness of the total resources available to support the course. For this reason, whilst it does not accredit programs for a specific student intake, the AMC would consider a substantial change in student numbers relative to resources to be a major course change. The AMC expects schools will report on any planned or proposed increases in intake in periodic reports.

Note: The delivery of an AMC-accredited medical course in other countries is a major course change, as is the disestablishment of an offshore offering of an AMC-accredited medical course.

When it considers the initial advice from a school about planned changes, either through a specific notice of intent or through the school's periodic progress reports, the Medical School Accreditation Committee will decide whether the change is major and if it is, whether the major change can be approved for introduction within the current accreditation of the course or is of comprehensive impact that would require re-accreditation of the whole course.

The Medical School Accreditation Committee will advise the school of its decision, including whether the assessment will be carried out by correspondence or by visit.

In the event that the Committee decides the change can be considered for accreditation within the current period of accreditation, the medical school will be required to submit a broad outline of the new program, transitional arrangements for existing students if appropriate, the resources including clinical teaching resources available to deliver the training program, and evidence of engagement of

stakeholders. The Committee will consider this submission and make a recommendation to the Council on accreditation of the course including any specific reporting requirements.

In the event that the AMC decides that the changed course must have a separate accreditation, a two-stage process applies similar to that described for a new course.

The AMC Secretariat will provide a guide for completion of the initial (Stage 1) submission. The submission should provide a broad outline of the new course, transitional arrangements for existing students if appropriate, the resources including clinical teaching resources available to deliver the course, and evidence of engagement of stakeholders.

The Stage 1 submission, and the relevant application fee, should be lodged at least 18 months in advance of course commencement. The AMC Secretariat is able to advise on the date of the meetings of the Medical School Accreditation Committee, the date by which submissions should be lodged in order to be considered by any meeting of the Committee, and the number of copies of the submission required.

The Medical School Accreditation Committee reviews the submission and makes a recommendation to the Council on the readiness of the institution and the program to undergo assessment, in accord with the list of possible recommendations provided in section 3.1.

Major course change: Plans to offer an AMC-accredited course offshore

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

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

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

A separate AMC policy statement² describes the additional requirements in relation to the assessment of such proposals. It provides details concerning the AMC's process for deciding whether or not it will assess a proposal to offer a medical course offshore, and the factors taken into account in making this decision.

Should the AMC decide that it will assess a proposal to offer the AMC-accredited medical course offshore, it assesses the proposal against the AMC accreditation standards. The AMC has prepared specific guidance to medical schools in relation to the documentation required of medical schools seeking assessment of a proposal for an offshore course offering.

² Australian Medical Council *Medical Courses Conducted Offshore by Australian and/or New Zealand Universities: A Primary Guide*

3.3 AMC STANDARD ASSESSMENT PROCESS

The AMC has developed standard procedures which apply to all assessments by an AMC assessment team. The stages of an assessment are:

Initial contact

The AMC Secretariat writes to the institution concerning the timing of the assessment, the process and the documentation required. The Secretariat writes to schools which need re-accreditation approximately two years before the accreditation of a medical school is due to lapse. For institutions seeking accreditation of a new development, the AMC Secretariat provides information on this stage of the assessment process when it advises on the outcome of the Stage 1 assessment.

The visit is arranged in consultation with the Dean to occur during term time. A visit is not ordinarily expected to take longer than one week, but it may do so if additional time is required to ensure that the assessment team is properly able to assess the school and to consult with it in relation to its emerging views.

The school's documentation

The school's accreditation submission forms the basis of the assessment. The AMC provides each school with a guide to assist in preparing its submission. The guide outlines the requirement for self-assessment and critical analysis against the AMC standards. It also seeks information on plans for future development and problem areas identified by the school, and requests that topics be nominated for specific consultation with the assessment team.

For follow up visits the AMC asks the school to develop a limited accreditation submission, outlining developments since the most recent assessment, and responding specifically to issues identified as requiring attention in the most recent accreditation report.

Through the school, the AMC also invites the medical students' organisation to make a submission to the AMC assessment team. The student submission is completed after the accreditation submission, to give students an opportunity to review the school's submission. The AMC provides guides to student organisations on the preparation of their submissions.

The AMC asks the school to submit its documentation at least four months before the on-site assessment to allow the team to optimise the value of the site visit.

Appointing an assessment team

For each assessment, the AMC appoints an assessment team.

Whilst the expertise of individual team members is of prime importance, the composition of the team provides for a balance of assessors from different states, medical schools, the basic and the clinical disciplines, hospital and community-based teachers, experienced academic managers, health service managers, community interests and desirably, for gender balance. In the case of a New Zealand medical school, the assessment team will include at least one assessor from New Zealand, other than the dean of the other New Zealand medical school appointed after consultation with the Medical Council of New Zealand.

The size of the team depends on the complexity of the task and the range of skills required. For a re-accreditation or an assessment of a new development, the team will usually comprise up to seven members. Teams for follow-up visits are smaller than the original team and comprise some members of the original team and some new members.

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

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

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

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

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

The preliminary team meeting

The assessment team holds a preliminary team meeting normally three months before the on-site visit. At this meeting, the team identifies key issues and develops an outline of the program for the assessment visit.

The AMC invites the Dean or representative(s) to the final session of the team's preliminary meeting. This allows discussion of the team's preliminary assessment. Strengths are identified, and any inadequacies or omissions in the medical school's documentation are discussed, and the outline of the program for the site visit is determined. The team may request further information and set a date with the Dean for the information to be provided.

For new schools and schools that have not been visited by the AMC for some time, the team chair and secretary conduct a one-day preliminary visit to the school following the preliminary team meeting to discuss the issues and visit schedule, responding to any questions or concerns raised by the school.

The team's assessment visit

The team visits the school for up to a working week. The visit is arranged in consultation with the Dean to occur during term time.

Well in advance of the visit, the AMC Secretariat sends the school a Guide to assist planning. The draft program is discussed during the preliminary team meeting, and the final program is then negotiated between the Secretariat and the school.

The AMC assessment team works through the Office of the Dean or Head of the medical school: all requests for information are made to the Dean's Office, the program of meetings is finalised in consultation with the Dean, and any additional meetings are organised by the Dean's Office at the team's request.

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

The assessment team cannot consult all members of a medical school during the visit. Members of the team meet heads of departments or disciplines within the school of medicine and other relevant faculties; teaching hospital staff; the curriculum committee; interest groups or committees in medical education and research; representative staff members (with an appropriate balance of full-time and

part-time staff, and academic staff and staff with clinical academic titles); and recent graduates and students. The team also consults the Vice-Chancellor and other senior officers of the university, and representatives of the local department of health, regional health authority, and the local body responsible for intern training.

Maximum opportunities for interactive discussion with the senior staff and the students of the school are provided during the visit. The program is structured to allow on-site changes if necessary, including additional time to allow further consultation with key individuals and groups as required.

Preliminary findings

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

These findings are encapsulated in a written statement which is discussed with the dean who has an opportunity to correct errors of fact and discuss issues, including any draft recommendations and action that would need a response from the school. The team presents the preliminary statement of findings (revised to correct errors) to the school community.

This statement is confidential to the school and the team. The AMC Secretariat provides specific advice to the Dean on the limitations on use of this statement.

The assessment team makes no announcement concerning accreditation, as this is a decision taken by the AMC.

Accreditation report

Following the visit, the assessment team prepares a formal report. This task is coordinated by the team secretary. The Medical School Accreditation Committee uses this report to recommend an accreditation outcome to the Council. The report also provides feedback to the school.

The first draft of the team's report is forwarded to team members for comment and then amended as necessary by the team secretary. The aim is to provide a draft report to the school, usually within five weeks of the conclusion of the visit. More time may be required, however, to resolve any inconsistency in the comments of team members on the first draft.

The resultant draft is then forwarded to the medical school, which is invited to comment, within a reasonable timeframe, on the factual accuracy of the draft and on any recommendations, conclusions or judgments in the draft.

Having regard to any school comments, the team finalises its report. The AMC Secretariat submits the report to the Medical School Accreditation Committee, together with the comments by the school. It also provides the report to the Medical Council of New Zealand for consideration through its committee processes.

The Medical School Accreditation Committee considers the team's report and develops its accreditation recommendations. In finalising the report, the Committee may seek additional information from the medical school or the team. The AMC Secretariat then provides a copy of the final report including the accreditation recommendation to the Vice-chancellor of the university.

The Vice-Chancellor may ask:

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

Review of the Medical School Accreditation Committee's report

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

The review panel considers the Medical School Accreditation Committee's report and recommendations, and the comments and responses of the medical school and the university. The panel may seek further information from the team, the Committee, the medical school, the university or the AMC Secretariat. The panel then prepares its report and provides a copy to the university, the AMC and the Medical Council of New Zealand. The report of a review panel will be fully considered by both the AMC and the Medical Council of New Zealand in reaching their final decisions on accreditation.

Final decision on accreditation

After considering all the material received by them, the AMC and the Medical Council of New Zealand make their accreditation decisions. The AMC will determine an accreditation outcome generally in accordance with the possible accreditation outcomes listed in section 5.1. Where appropriate, the AMC and the Medical Council of New Zealand may consult informally with one another before their final decisions on accreditation are made. However, each makes its final decision in the independent exercise of its own discretion.

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

The AMC notifies the university, the state and territory medical boards, the Commonwealth Department of Health and Ageing, the appropriate state health department(s), and the Medical Council of New Zealand of the decision.

The final report is then available as a public document.

4 Periodic progress reports to the AMC

4.1 PURPOSE OF PERIODIC REPORTS

Medical schools are required to provide periodic reports to ensure that the Medical School Accreditation Committee is apprised of new developments, of emerging issues that may affect the medical school's ability to deliver the medical course, and of the school's response to issues raised in the AMC accreditation report. The requirement for periodic reporting is in no way intended to inhibit new initiatives or changes in curriculum.

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

4.2 FREQUENCY OF REPORTS

The frequency of the reports relates to the AMC accreditation decision, recorded in each school's most recent AMC accreditation report.

- Medical schools granted the full period of accreditation are asked to submit written reports two, five and seven years after the school's assessment by the AMC.
- Medical schools granted accreditation of a major structural change and new medical schools are asked to submit annual reports.
- The AMC may require additional reports of a medical school granted a shorter period of accreditation or which has specific conditions on its accreditation. The AMC may also require additional reports of a medical school where information otherwise available to it indicates that there are or may be matters of concern in relation to the continued accreditation of a school or a course. If such reports are required, the AMC will advise the school of the nature of those concerns.

A medical school may report to the Medical School Accreditation Committee at any time on matters it judges to be of relevance to its accreditation.

4.3 REQUIREMENT FOR COMPREHENSIVE REPORT

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

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

If, on the basis of the report, the Medical School Accreditation Committee decides that the medical school continues to satisfy AMC accreditation requirements, it may recommend that the Council extend the school's accreditation before the next AMC assessment visit occurs. The period of extension possible is usually a period of three to four years, taking schools to the full period of accreditation which the AMC will grant between full assessments, which is 10 years.

4.4 DECISION ON PROGRESS REPORTS

Reports are considered by the Medical School Accreditation Committee, which gives the medical school feedback on the report.

The Medical School Accreditation Committee may:

The Specialist Education Accreditation Committee may:

- accept a report, or
- ask a training organisation to clarify or amplify the information in a report, or
- decide that a meeting with officers of the organisation is warranted.

5 Accreditation Outcomes

5.1 OPTIONS AVAILABLE TO THE COUNCIL IN ACCREDITING MEDICAL COURSES

The maximum period of accreditation available between assessments by AMC teams is 10 years.

The range of options available to the Council in granting accreditation to medical schools and their medical courses are set out below. These options depend on the type of assessment: the re-accreditation of established medical courses, new medical courses and major changes in established courses.

The AMC may grant accreditation with or without conditions. Continuing accreditation is subject to achievement against any conditions.

After it has made a decision on accreditation of a medical course, the AMC keeps itself informed of developments in the accredited course through periodic progress reports. This process is explained in section 4.

The AMC has a separate series of procedures that relate to circumstances where the Medical School Accreditation Committee considers, on the basis of periodic reports or other material available to it, that the school's progress against AMC accreditation standards and conditions on the school's accreditation, are not satisfactory. These procedures are outlined in section 5.2 below.

Re-accreditation of established medical courses

The accreditation options are:

- (i) Accreditation for a period of 10 years subject to satisfactory periodic reports (see 4: *Periodic progress reports to the AMC*). Accreditation will be for six years in the first instance. In the year before the accreditation ends, the medical school will be required to submit a comprehensive progress report. Subject to a satisfactory report, the AMC may grant a further period of accreditation, up to a maximum of four years, before a new accreditation review.
- (ii) Accreditation for 10 years subject to certain conditions being addressed within a specified period and to satisfactory periodic reports. Accreditation will be for six years in the first instance. In the year before the accreditation ends, the medical school will be required to submit a comprehensive progress report. Subject to a satisfactory report, the AMC may grant a further period of accreditation, up to a maximum of four years, before a new accreditation review.
- (iii) Accreditation for shorter periods of time. If significant deficiencies are identified or there is insufficient information to assess if development plans presented by school will result in course that satisfies AMC Accreditation Standards, the AMC may award accreditation with conditions and for a period of less than six years. At the conclusion of this period, or sooner if the school considers that it has addressed its deficiencies, the AMC will conduct a review. The school may request either:
 - a full assessment of the school and the course, with a view to granting accreditation for a further maximum period; or
 - a more limited review, concentrating on the areas where deficiencies were identified, with a view to extending the current accreditation to the maximum period.

- (iv) Accreditation may be refused where the AMC considers that the deficiencies are so serious as to warrant that action or where the school has not satisfied the AMC that the complete medical course can be implemented and delivered at a level consistent with AMC Accreditation Standards.

Accreditation of new medical courses

The accreditation options are:

- (i) Accreditation for a period up to two years after the full course has been implemented, subject to conditions being addressed within a specific period and depending on satisfactory annual reports. In the year before the accreditation ends, the medical school will be required to submit a comprehensive progress report. Subject to a satisfactory report, the AMC may grant a further period of accreditation, up to a maximum of four years, before a new accreditation assessment.
- (ii) Accreditation of the new course may be refused where the school has not satisfied the AMC that the complete medical course can be implemented and delivered at a level consistent with AMC Accreditation Standards. The AMC will advise the school on the deficiencies to be addressed before it will reconsider accreditation.

Accreditation of major changes to established courses

The accreditation options are:

- (i) Accreditation for a period up to two years after the full course has been implemented, subject to conditions being address within a specific period of time and depending on satisfactory annual reports. In the year before the accreditation ends, the medical school will be required to submit a comprehensive progress report. Subject to a satisfactory report, the AMC may grant a further period of accreditation, up to a maximum of four years, before a new accreditation assessment.
- (ii) Accreditation of the new course may be refused where the school has not satisfied the AMC that the complete medical course can be implemented and delivered at a level consistent with AMC Accreditation Standards. The AMC will advise the school on the deficiencies to be addressed before it will reconsider accreditation.

5.2 UNSATISFACTORY PROGRESS PROCEDURE

A goal of the accreditation process is to encourage further improvements and developments in the medical course being assessed. During an assessment, in addition to identifying the relevant achievements and strengths of the medical school and the medical course, it is expected that the school and the team will identify areas for improvement. The periodic reporting process, described in 4: *Periodic progress reports to the AMC*, is the mechanism by which medical schools inform the AMC of their actions in response to recommendations and accreditation conditions.

The procedures described below are separate from this continuous improvement process. These relate to circumstances where the Medical School Accreditation Committee considers, on the basis of periodic reports or other material available to it, that there may be cause to consider:

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

The Medical School Accreditation Committee informs the medical school of its concerns and the grounds on which they are based. The medical school will be given an opportunity to respond to the statement of concerns.

If required, the Council, on the recommendation of the Medical School Accreditation Committee, will set up a small team to investigate the concerns and prepare a report. The AMC will inform the Medical Council of New Zealand, the Commonwealth and relevant state health authority of its concerns and the grounds on which they are based, and the process to be implemented.

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

The team reports to the Medical School Accreditation Committee, which may recommend to the Council either:

- (i) that the conditions on the accreditation are being met or are likely to be met in the near future. In this case, the Council may affirm the accreditation of the medical school for a specified period subject to satisfactory periodic reports.
- (ii) that the conditions on the accreditation are not being met and are unlikely to be met in the near future. In this case, the Council may:
 - (i) place further conditions on the accreditation. The Council could specify actions to be taken or issues to be addressed by the medical school and/or further restrict the period of accreditation. A school with such conditions on its accreditation may apply for re-instatement of its full period of accreditation at any time subject to the normal procedures for review of accreditation; or
 - (ii) withdraw accreditation from the medical school, if it considers that the medical school is unable to deliver the medical course at a standard or in a manner compatible with the Accreditation Standards. In this case, the AMC will work with the medical school to facilitate arrangements for the enrolled students to complete an accredited medical course.

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

6 Review of AMC accreditation standards and procedures

The Council is responsible for approving AMC accreditation policy, including accreditation standards and the accreditation process as described in these Guidelines.

The process for reviewing AMC accreditation policy is outlined below. It provides both discrete opportunities for stakeholder groups to contribute to AMC policy development and opportunities for the Council to build on the experience of the AMC accreditation committees. The role of the assessment teams which apply the accreditation standards and procedures in particular assessments is separate to this policy development role.

The relevant accreditation committee reviews the accreditation standards and procedures after each assessment by an AMC team. In addition, the AMC undertakes a full review every three to five years.

The AMC process for assessing medical courses includes a formal feedback process. The AMC Secretariat collates feedback from the AMC team and from the medical school on the application of the accreditation standards. It also seeks feedback on the assessment process. The Secretariat submits matters concerning the interpretation of accreditation standards to the relevant accreditation committee. The assessment team chair submits feedback on the process to the committee.

- Should the committee decide that the wording of a standard or standards requires clarification, it will recommend changes to the Council for approval.
- Should the committee identify omissions in the standards, it will recommend a working party be established to review current standards and to draft new standards, following the process described below.
- The Secretariat keeps a log of minor procedural changes agreed and reports to the accreditation committee on their implementation.
- Should the committee identify the need for a change to the process described in these Guidelines, it will recommend a working party be established to review current practice and devise new procedures

The AMC reviews the full set of accreditation standards and the procedures every three to five years. The review is completed by an AMC working party established for the process. The review process is as follows:

- The accreditation committee discusses the standards, and presents to Council the plan for the review, outlining the proposed scope and timeframe.
- Council establishes a working party, with an experienced AMC assessor as chair. The working party includes nominees of key stakeholder bodies. Among other things, the working party consults stakeholders; reviews relevant national and international reports and policies; reviews AMC accreditation reports and committee reports; and drafts proposals for change to the standards and procedures, and present a summary of stakeholder responses to them.
- The AMC normally reviews the accreditation procedures at the same time as it reviews the accreditation standards. One work party is usually established to complete the review of the standards and the procedures.