



## Explanatory notes to primary medical program accreditation standards in 2020

The Australian Medical Council has developed broad principles about its accreditation of medical programs during 2020 in response to the COVID-19 pandemic.

### *Accreditation practices and procedures*

The AMC's accreditation process aims to provide external independent assurance of the quality of primary medical education, based on explicit accreditation standards. The AMC's statement about flexibility in AMC accreditation processes and in particular monitoring of necessary changes in medical programs to adjust to the impact of COVID-19 on universities, health services, clinicians and students has been sent to medical schools.

### *Accreditation standards for primary medical programs*

The accreditation standards support innovation and diversity in medical education programs. The standards do not prescribe the detailed curricula, core subjects or rotations, number of hours or educational methods required to deliver the curriculum. The AMC respects the academic autonomy of the medical education providers it accredits. Medical schools can respond innovatively to their specific contextual and environmental challenges and opportunities while still demonstrating that their programs will meet the standards including the graduate outcomes.

The AMC recognises the significant work by medical schools to reshape medical programs and, with partner health services, to ensure essential clinical training experience continues albeit in new forms. In response to some of the common challenges created by the COVID-19 response, the AMC is providing the attached explanatory notes for the final year of medical programs. Explanatory notes provide additional information about the application of an accreditation standard. They are not additional standards.

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### *Clinical placements*

The AMC believes that medical students require a significant period of time in direct contact with patients to enable the deep and effective learning necessary for preparation to work as safe and competent medical practitioners. At this time, individual medical schools will need to make changes to adapt to local circumstances and that this will include significant variations to their usual clinical placements to acknowledge the COVID-19 response and to support health services. This may include variation to the location, type and length of clinical placements across all years of the medical program to enable all students to receive sufficient experience at a time of constrained supply.

In 2020, the AMC acknowledges that medical schools will have a particular focus on the completion of final year clinical placements and preparation for internship programs. In this context, medical program-level graduate outcome statements should guide clinical placement planning. The AMC accepts that for 2020, some final year students may not complete specific discipline or health context placements. This will be acceptable if students at the completion of their program are ready to work as safe and competent interns as determined by medical program-level graduate outcome statements.

The positions evolving within individual jurisdictions for some students to volunteer as pre-interns (including the proposed paid assistants in medicine) will be acceptable as clinical placements for final year students provided that the medical school is assured that the students are well supported and will achieve requisite learning outcomes of their medical program.

Elective terms in the final year of medical programs are common. Elective terms in the final year of medical programs are common and the AMC understands that medical schools may restructure these terms to allow students' involvement in the COVID-19 response in ways that may not involve direct patient contact.

#### *Assessment of student performance*

The AMC recognises that medical schools develop and implement a program of assessments to support and assess learning over the full medical program.

The AMC accepts that in 2020 traditional clinical assessment methods such as OSCEs and long cases may not be possible and therefore other in-training and workplace based assessment methods such as the Mini-CEX and Direct Observation of Procedural Skills (DOPS) are likely to play a greater role in clinical assessment.

The AMC has asked medical schools to report adjustments they make to the scheduled final year assessments in 2020. The AMC will be interested in how medical schools are assured that students are ready for progression to internship. Medical schools should consider how they can gather sufficient points of performance measurement to determine that an individual student has met the graduate outcomes of the medical program and is ready to practise medicine safely and competently under supervision.

#### *Student preparation for internship*

In any graduating cohort of medical students, each graduate will have a specific mix of experience from their multiple encounters with different health services, teams, and patients and their families, and their learning from these experiences. In 2020, it is likely that students experience will be even more variable than usual. Medical schools will need appropriate mechanisms for communicating with health services about the training and experience of their graduates, so that health services can support their successful transition to internship. In preparation for beginning internship, medical students also need skills to reflect on their strengths, gaps and areas for improvement and to contribute to development of a learning plan to support their transition to practise and continuation of lifelong learning.

#### *Continuing evolution of medical programs*

There are opportunities for further innovations in medical programs based on learning from and evaluation of changes made specifically for 2020. The AMC supports continuing innovations in medical programs that meet the accreditation standards.

Australian Medical Council

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