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World Federation for
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الاتحاد العالمي للتعليم الطبي



THE WORLD FEDERATION FOR MEDICAL EDUCATION

RECOGNITION REPORT ON

Australian Medical Council Limited

Prepared for the
World Federation for Medical Education (WFME) Recognition Committee
by the
WFME Recognition Team

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Timeline of Recognition Activities

July 2016	AMC submitted eligibility application
April-May 2017	AMC submitted documentation to WFME Recognition Team
28 May – 2 June 2017	WFME Recognition Team observed the AMC site visit at Western Sydney University
2 June 2017	Meeting of the Medical School Accreditation Committee
5 July 2017	Receipt of further documentation regarding decision-making process of 23 rd June meeting of the AMC Directors
28 July 2017	Draft WFME Recognition Report sent to AMC for comments and correction of facts
25 August 2017	AMC response with comments and corrections of fact
tbc	WFME Recognition Report finalised

Composition of the Recognition Team

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Executive Summary

Disclaimer: The summary findings that follow represent the professional judgment of the WFME Recognition Team that reviewed the Australian Medical Council Limited (AMC) application and observed a site visit and meeting of the agency. The findings are based on information provided by the AMC during the recognition review process. The WFME Recognition Committee may come to differing conclusions when it reviews the Recognition Team's report and related information.

Areas of Strength

The Recognition Team identified the following areas of strength:

- The AMC publishes its standards, procedures, and accreditation decisions on its website, making them readily available to the general public, educational institutions, and other stakeholders (Criterion IIA).
- The AMC's standards are comprehensive and are central to its accreditation processes and decisions (Criterion IIB).
- The AMC's system of review is robust, is conducted regularly, and includes consultation with key stakeholders (Criterion IID).
- The AMC requires medical schools seeking accreditation to submit a comprehensive self-assessment and critical analysis against the accreditation standards. The AMC provides a detailed submission guide for each type of assessment, as well as a guide for the student submission (Criterion IIIA).
- The matrix that is completed by the accreditation assessment team (hereafter assessment team) prior to its preliminary meeting is an effective means of assessing the programme against each of the AMC standards and arriving at a consensus position on the school's accreditation submission. The Recognition Team was impressed with the level of detail included in the matrix, and the thoughtful and deliberate manner in which the team utilised and updated it, where necessary, over the course of the week. The matrix was also used to assist the team in completing their preliminary statement of findings at the end of the week (Criterion IIIB).
- The Recognition Team was impressed with the diversity and expertise of the assessment team. It was clear that they had reviewed the school's submissions quite thoroughly, and their knowledge of and dedication to the process was evident in their team meetings as well as their interactions with

school representatives. The team chair was an excellent and well-organised leader, but it was clearly a team effort (Criterion IIIB).

- The Recognition Team was also impressed with how knowledgeable, organised, and well-prepared the AMC staff members were. They gave the team room to work things through on their own, but offered support and guidance when needed. The Recognition Team was also impressed with the highly detailed site visit programme and question guide that AMC staff provided prior to the start of the site visit (Criterion IIIB).
- The site visit itself was well-organised and thorough. The timetable was appropriately busy, but flexible enough to allow additional meetings on specific issues when the team deemed it necessary (Criterion IIIB).
- The assessment team seemed conscious of its role not just as an auditor, but as a partner with the school in its quality improvement process. It was clear that the school appreciated the AMC inspection as an opportunity for self-examination and reflection on its strengths, weaknesses, and plans for the future. The visit also provided a chance for faculty and students to have direct structured conversations with the team about faculty and student experience and expectations. It was evident that all parties involved in the process were keen for it to produce tangible outcomes that would enhance the quality of education and training (Criterion IIIB).
- The support provided to the assessment team through the comprehensive accreditation handbook and the annual accreditation workshop held by the AMC is commendable, and demonstrates the AMC's commitment to having well-trained and informed teams. Everyone who will serve on an assessment team in the calendar year attends the accreditation workshop, and representatives of the schools being assessed are also invited. The assessment team was unanimously positive about the workshop, and it undoubtedly played a role in their preparedness for the site visit (Criterion IIIB).
- The report-writing process was well-organised and thorough. The assessment team divided up the standards, with each team member taking the lead on a standard or two which played to their strengths and areas of expertise. They then focused their energy on their assigned standard(s), leading the associated questioning/conversations, and working on their respective sections of the report over the course of the week. The guidance provided by AMC staff and the assessment team chair enabled the team to draft their report in an organised and efficient manner (Criterion IIIC).

- The Recognition Team was unable to attend a decision-making meeting, but the documentation that was provided by the AMC detailing the actions leading up to and including the Directors' meeting on the 23rd of June was comprehensive and included all relevant reports, correspondence, and emails, enabling the Recognition Team to adequately assess the process (Criterion III E).
- The web-based Basecamp system that the AMC uses as a project management tool to communicate with and provide information for assessment teams and AMC committees seems to work well for them. The Recognition Team also appreciated the ease with which the system allowed them to access and review documents (Criterion IV E).
- The AMC is in the process of replacing its current accreditation database with a newer and more flexible accreditation management system. The Recognition Team sees this as evidence of the AMC's ongoing commitment to innovation and improvement of its processes (Criterion IV F).
- The AMC recently contracted an external organisation to review the accreditation components of its website, conduct stakeholder research, and recommend updates to its digital communication tools. This will enhance the AMC's capacity to gather feedback using digital communication methods (Criterion IV F).

Areas for Further Consideration / Areas of Transition

The Recognition Team identified the following areas that the WFME Recognition Committee may wish to consider for additional follow up in the future:

- An internal review of standards was paused in late 2016 to allow time for the newly-appointed Chair of the Medical School Accreditation Committee (MedSAC) to consider the role of the review. At the time of the Recognition Team's visit, the AMC believed that this review would resume shortly, and the Recognition Committee may wish to request an update once the review is complete (Criterion II D).
- An independent review of the accreditation system that operates under the National Law is also in progress, spanning all 14 regulated health professions. The Recognition Committee may wish to request an update on this as well (Criterion II D).

Areas of Non-Compliance

The Recognition Team did not identify any areas of non-compliance with the WFME Recognition Criteria.

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Description of the Accrediting Agency

The Australian Medical Council Limited (AMC) is an independent national standards and assessment body for medical education and training. Its purpose is to ensure that the standards of education, training, and assessment of the medical profession promote and protect the health of the Australian community.

The AMC's functions under its Constitution (Appendix 1 of the AMC submission) include: improving health through advancing the quality and delivery of medical education and training; acting as an external accreditation entity for the purposes of the National Law; developing accreditation standards, policies and procedures for medical programmes; assessing programmes and determining if they meet approved accreditation standards; making recommendations for programme improvement; providing advice and recommendations to regulatory authorities and government; and working with relevant international authorities and agencies to further these objectives.

The AMC governing body is the Directors and its composition is also set out in the Constitution.

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The Recognition Team's Findings for the Recognition Criteria

Part I: Background

A. Scope of Authority – full compliance

- The accrediting agency must be an entity that is authorised and recognised by the government (i.e., either or both of the Ministry of Health and Ministry of Education where the school is located) or by entities that are authorised or recognised by an appropriate professional or scientific association as having the authority to accredit education programmes and schools that award the MD degree or its equivalent.

The Health Practitioner Regulation National Law Act 2009 (The National Law: Appendix 2) is the legislative basis for the AMC's role as the Australian accreditation agency for medicine. Under the National Law, the AMC is approved by the statutory licensing body, the Medical Board of Australia (MBA), to provide accreditation services in Australia (Appendix 3). The AMC does not report to one single Australian Ministry, instead reporting directly to the MBA. This agency status gives the AMC its authority for the national accreditation process.

Under the National Law, the AMC develops accreditation standards for approval by the MBA; assesses programmes of study and their providers to determine whether the programmes meet approved accreditation standards; and gives advice and recommendations to the MBA about the above matters.

After assessing a programme, the AMC makes an accreditation decision, determining whether the programme meets the accreditation standards, if conditions should be placed on the accreditation, the length of the accreditation period, and the frequency of monitoring of the programme. The AMC reports its decision and findings to the MBA and the MBA then decides whether to approve the qualification and its provider for the purposes of registration of a programme's graduates, based on the AMC's accreditation decision.

The AMC's Medical School Accreditation Committee (MedSAC) can make decisions in relation to *monitoring* of accredited programs, where progress reports and reports on accreditation conditions are straightforward and do not lead to a change in accreditation status. The MedSAC informs the MBA when it has assessed a progress report for a program that has conditions on the accreditation.

The MBA's recognition of the AMC as the approved accrediting agency extends until mid-2019. This fixed-term agency recognition is part of the regulatory environment.

The AMC also assesses programmes in New Zealand, and the Medical Council of New Zealand (MCNZ) makes an independent decision on the acceptance of the programme and qualification in New Zealand based on the AMC's accreditation report. The AMC provided the Memorandum of Understanding between the AMC and the MCNZ, under which the two Councils agree to work together on matters relating to accreditation and standards of medical education (Appendix 5).

B. Acceptance of the Accreditation Agency by Others – full compliance

- The accrediting agency's decisions must be made known and accepted by other organisations, such as professional licensing bodies, governments, educational institutions, employers, etc.

The AMC's decisions are recognised by the Australian government as evidenced by the fact that, under the National Law, the AMC is the agency recognised for accreditation purposes by the MBA.

The AMC's decisions are recognised by the professional licensing bodies (the MBA and MCNZ) which use the AMC's accreditation decisions to make their own decisions on approval of programmes for registration of graduates. The accreditation of a provider for accreditation purposes and the approval of programmes for registration purposes are undertaken by separate bodies: the AMC and the MBA or MCNZ. It should be noted that the MBA and the MCNZ have both accepted all AMC accreditation decisions since the introduction of the National Law in July 2010.

The AMC's status as the MBA-approved agency means that a provider's programme must be AMC-accredited in order for that programme's graduates to be eligible for registration. Providers therefore accept the AMC's decisions.

The health service requires medical practitioners to be licensed to practise; therefore the AMC's decisions are accepted by employers, provided that the MBA uses the AMC decision to approve graduates' eligibility for registration.

AMC accreditation decisions (including the outcomes of accreditation assessments and changes to policies and standards) are published on the AMC website, through press releases, and through writing directly to stakeholder organisations.

C. Substantive Changes – full compliance

- The accrediting agency must inform WFME of any substantive changes in the scope of activities of the agency, the procedures for accreditation, or standards for accreditation.

The AMC's functions (scope of its activities) are defined in its Constitution. The AMC takes on new accreditation functions only after a formal request, consultation with the MBA, and when there is funding for the new activity.

The AMC reviews processes for its accreditation standards, procedures, and policies at regular intervals, normally every five years. The AMC revised its accreditation procedures in 2010 to ensure compliance with the recently introduced National Law. Changes included alterations in reporting arrangements reflecting the line of authority to the new MBA; and reflecting the terminology used in the National Law concerning programmes "meeting" and "substantially meeting" accreditation standards.

The AMC cites the 2014 implementation of a national framework for medical internship as a substantive change. (Standards for internship were previously set by each of the eight Australian states and territories.) The framework, developed in conjunction with stakeholders and on behalf of the MBA, is intended to introduce greater consistency. These internship standards and expected outcomes articulate with those of undergraduate and specialist medical training, building a continuum of learning. At the request of the MBA, the AMC reviews the eight state-based authorities that accredit intern training programmes, following a similar accreditation process to that used for accreditation of medical schools.

In 2015, the AMC made several changes to its procedures for accreditation, including the revision of procedures for complaints about an accredited programme, bringing the AMC into line with the common guidelines developed jointly by the accreditation authorities for the regulated health professions (further revisions to these procedures were made in 2016, in response to experience with the revised policy). New fees for education providers were also introduced in 2015.

An amendment to process, enabling the MedSAC to make decisions on annual/regular monitoring of accredited programs, was also introduced in 2015. This significant streamlining gives the MedSAC powers to make decisions in straightforward progress and monitoring cases, an area where the MedSAC and the AMC's staff have considerable expertise. Where the progress and monitoring process reveals more complex issues, and action is required, the MedSAC makes a recommendation to the Directors, who make the decision.

The AMC reports that there have been no major changes to its accreditation standards since 2013.

Part II: Accreditation Standards

A. Existence and Availability of Standards – full compliance

- The accrediting agency must use predetermined standards for accreditation. There are predetermined standards for the accreditation process and for educational programmes and providers. Accreditation standards developed by the AMC and approved by the MBA become the approved accreditation standards that medical programmes must meet, and AMC teams evaluate education providers and their programmes of study using these standards. The standards approved by the MBA are the *Standards for Assessment and Accreditation of Primary Medical Programs by the Australian Medical Council 2012* (The Standards: Appendix 12).
- The standards must be accessible to the medical school undergoing the review, and must be available to the general public.

Both the *Standards* and the *Procedures for Assessment and Accreditation of Primary Medical Programs by the Australian Medical Council 2017* (The Procedures: Appendix 11) are available to all stakeholders and to the general public on the AMC website.

Submission guides are also provided to all medical schools undergoing review, and these guides include explanatory instructions and questions for each standard (Appendix 28).

It was evident from the WFME Recognition Team's observation of the AMC assessment team's preparatory discussions, interactions with the school, daily team debriefing sessions, and compilation of their preliminary statement of findings that the standards were understood by the team and were applied as the benchmark for deliberations and conclusions.

B. Type of Standards – full compliance

- The accreditation agency must use medicine specific standards, or standards possessing similar characteristics.

The AMC's standards (Appendix 12) are medicine-specific.

- The Standards must be a comprehensive set of standards such as the WFME Global Standards or similar Standards, such as the Liaison Committee on Medical Education (LCME) Functions and Structure of a Medical School, or the Australian Medical Council (AMC) Standards for Assessment and Accreditation of Medical Schools.

The AMC's standards are comprehensive, and include standards on: The Context of the Medical Programme; The Outcomes of the Medical Programme; The Medical Curriculum; Learning and Teaching; Assessment of Student Learning; Monitoring and Evaluation; Students; and The Learning Environment.

Standards include Graduate Outcome Statements, organised into four domains which collectively provide the requirements that students must demonstrate at graduation, under the headings Science and Scholarship; Clinical Practice; Health and Society; and Professionalism and Leadership. Providers are asked to demonstrate how their programme enables their graduates to meet the outcomes, which specify what the AMC expects the provider to achieve and the health service employer expects the graduate to deliver.

The WFME's Global Standards for Quality Development were published in 2003, and the AMC has aligned its accreditation standards to them. It should be noted that the AMC standards are one tier; they specify a single level of standard rather than the WFME dual levels of basic and quality development standards. The AMC finds this effective. The AMC also states that, following their 2006/2007 review, the standards were reordered away from strictly following the ordering of the WFME Standards, to reduce duplication.

The WFME has referenced the AMC standards as being of comparable comprehensiveness to the WFME Standards. The US Department of Education's National Committee on Foreign Medical Education Accreditation (NCFMEA) has also judged the AMC accreditation standards and procedures as being comparable to those used to evaluate programmes for the Doctor of Medicine (MD) degree in the US. An independent external review of AMC functions by a UK expert reported in 2013 that AMC accreditation standards were comparable with those in other jurisdictions and were clear, modern, and met internationally acceptable standards (Appendix 13).

The AMC does not specify a percentage of standards that a provider must meet, and all standards are of equal "weight" in the accreditation process.

The AMC and other Australian accreditation authorities have adopted a Quality Framework for the Accreditation Function (Appendix 7), providing a set of domains and attributes for assessing the work of accreditation bodies: Governance; Independence; Operational management; Accreditation standards; Processes for accreditation of programmes of study and education providers; Assessing authorities in other countries; Assessing overseas qualified practitioners; and Stakeholder collaboration. The Framework draws on the WFME/WHO Guidelines for Accreditation (2005). The AMC's twice-yearly reports to the MBA (Appendix 8) reflect this Quality Framework.

C. Appropriateness of Standards – full compliance

- The accrediting agency must have a system to determine that the standards are sufficiently rigorous and appropriate to ensure the quality of the education or training provided at accredited medical schools.

The AMC measures the rigorousness of its standards by evaluating the outcomes of accreditations. It analyses findings after each assessment and each year, reviewing the number of conditions, recommendations, and commendations it makes per standard and per school (Appendices 21-24). This information is used to identify standards that schools are struggling to address, standards that generate recommendations for improvement, and standards that schools are performing well against. The results inform the AMC's future action, e.g. standard rewording, clearer accompanying guidance, advocacy for change in the external environment, additional training for assessors, and sharing examples of good practice.

After each accreditation assessment, the AMC gathers feedback on the appropriateness of the standards from the medical school and the assessment team, and this is also factored into the evaluation of standards.

The AMC reports that it also measures the appropriateness of its standards and approaches by reviewing them against the practices of established international accreditation authorities and research on accreditation and medical education standards. It participates in international conferences to learn about developments in accreditation of medical programmes, contributes to international evaluations of medical programmes in the Western Pacific Region, and has seconded a member of staff to the UK's General Medical Council.

The AMC also undertakes thematic reviews where health policy developments or enquiries suggest that in-depth analysis of specific elements of medical programmes is required. It cites an example of ongoing work in graduate preparedness for

internship, which will inform the review of accreditation standards for primary medical and intern programmes.

D. Review of Standards – full compliance

- The accrediting agency must have a system for periodically reviewing and updating the standards to ensure that they are adequate to evaluate the quality of education or training provided by the medical schools under review, and are relevant to the educational or training needs of the students.

The AMC has undertaken major reviews of its accreditation standards every five years since it began accrediting medical programmes. Documentation regarding the 2012 review was provided to the WFME Recognition Team (Appendices 14-18).

Review and development of standards involves consultative processes with stakeholders to achieve wide acceptance of proposed changes. Among key stakeholders in reviews of accreditation standards and procedures are: Consumers Health Forum of Australia and local health consumer groups; medical student and doctor-in-training bodies; Australian Medical Association; Council of Presidents of Medical Colleges; Confederation of Postgraduate Medical Education Councils; Medical Deans Australia and New Zealand; the Health Professions Accreditation Councils' Forum; and leaders in Indigenous Medical Education.

The AMC cites the recent review of its policy for offshore accreditation (Appendix 6) as an example of this consultation process, with 85 organisations including medical schools, medical student organisations, health departments, other accreditation authorities, and health consumer organisations invited to participate before the revised policy's approval in June 2016.

The AMC states that the MCNZ is always represented on accreditation standards review groups and on AMC accreditation committees. The AMC is thereby made aware of any New Zealand-specific concerns or issues that need to be addressed.

The AMC's plans to complete a review of the current standards in 2016-2017 were paused in late 2016, to give the newly-appointed chair of the MedSAC time to consider the role of the review. The update given to the WFME Recognition Team during its visit was that this internal review would resume shortly, with emphasis on examining particular issues and long-term strategy.

An independent review of the accreditation system that operates under the National Law is also in progress, spanning all 14 regulated health professions. The AMC has found engagement with the review team to be positive, and indications are that the AMC is viewed as an example of good practice. The AMC update to the WFME

Recognition Team during its visit was that there is little national support for a pan-professional “super-regulator,” but that there may well be scope for some closer cooperation among regulators.

Part III: Accreditation Process and Procedures

A. Medical School Self-Study – full compliance

- The accrediting agency must require medical schools seeking accreditation to prepare an in-depth self-study that addresses compliance with the standards.

The AMC requires medical schools seeking accreditation to submit a self-assessment and critical analysis against the accreditation standards. The AMC provides submission guides, which combine the request for self-study and critical appraisal, together with the request for data, information, and policies. The AMC submitted a document that shows the division between requests for critical appraisal and self-review, and requests for data, policies, and specific information (Appendix 30).

The AMC also invites the medical students’ association to make a submission to the AMC assessment team. It provides a student submission guide, which is also framed around the school’s compliance with the standards.

The WFME Recognition Team received a copy of the self-evaluation submitted by Western Sydney University (WSU), which followed the AMC’s guidance and addressed each of the standards. The Recognition Team also received a copy of WSU’s student submission, as well as a copy of a second submission from WSU administration containing additional information requested by the AMC assessment team.

- The accreditation agency must provide guidance on completing the self-study.

The AMC provides different submission guides for each type of assessment (reaccreditation assessment, new programme/major change assessment, follow-up review). The guides outline the requirements for medical schools to undertake self-assessment and critical analysis against the accreditation standards, and to describe future plans and identify challenges. The reaccreditation submission guide that was

provided to the WFME Recognition Team as a sample (Appendix 28) was comprehensive, as was the student submission guide (Appendix 29).

The AMC reports that it is common for medical schools to establish a working group or committee to oversee the preparations for the accreditation assessment and to commission internal reviews of processes in preparation for the assessment. It is also common for schools to invite one or two experienced accreditation assessors (who are not going to be members of the AMC assessment team for that visit) to undertake a preparatory review to assist with the self-study process.

The AMC states clearly toward the beginning of its submission guides that its staff are available to answer any questions that might arise when preparing the accreditation submissions.

The AMC also runs an annual accreditation workshop. All schools undergoing accreditation in the calendar year are invited to send attendees to the meeting. The workshop includes presentations on preparing for assessment by experienced assessment team chairs and representatives of medical schools that have recently been assessed.

B. Site Visit – full compliance

- The accrediting agency must conduct a site visit (or visits) to a medical school prior to making a decision on accreditation, and must assess elements pertaining to the school's facilities and resources, students, faculty, curriculum, etc.

A site visit is conducted by an AMC assessment team prior to the AMC making a decision on the accreditation of a medical school. These site visits include assessment of elements pertaining to the school's facilities, resources, students, faculty, and curriculum.

During the visit, the team meets the heads of the institution, hospital management staff, faculty members, clinicians in tertiary care and in general practice, various committees, rural sites, students, and recent graduates. The visit includes inspection of the premises and facilities, including the library, student areas, and skills labs.

The AMC ensures that the visit is well-planned according to the mutual agreement of its team and the school. Schedules are finalised, and faculty who will attend the meetings are agreed upon in advance of the visit. This is done by agreement of AMC staff, the assessment team, and the head of the institution.

The WFME Recognition Team observed the AMC's reaccreditation site visit at WSU and confirmed that elements pertaining to the school's facilities, resources, students, faculty, and curriculum were all assessed.

- The site visit must include the main campus of the school, and include branch campuses or additional locations of the school and clinical core clerkship rotation sites affiliated with the school, as appropriate.

On-site accreditation assessments encompass the main campus of the medical school, any branch campus or campuses, and other locations operated by the medical school. A site visit programme for a recent accreditation assessment was provided as an example to demonstrate the extent of the team's visit (Appendix 33). The WFME Recognition Team received a similar site visit plan for the WSU site visit.

AMC assessment teams develop a programme of meetings and site visits appropriate to the provider's structure, size, range of activities, and medical programme, with guidance from AMC staff. Information is gathered about the implementation of the medical school's policies and processes at specific sites, the resources available to support curriculum delivery, and any difficulties with the delivery of the educational programme that are identified locally.

The AMC requires as part of the accreditation submission that the medical school provide a table for each clinical teaching site (urban and rural, hospital and community) of student information broken down by year of programme/numbers of students/departments/units; together with projected student numbers in these sites over each year of the coming period of accreditation. The medical school must notify the AMC if it makes any major change to its clinical sites.

As the *Guide for medical school assessment visits* (Appendix 32) indicates, the AMC team visits all major clinical teaching sites (i.e., sites with academic staff and complete clinical rotations). At each site, teams meet hospital management/senior staff, including the clinical academic staff, clinical teachers, and supervisors involved in teaching and students. The AMC team also visits: a sample of minor sites (i.e., sites where students undertake a small amount of clinical experience); at least one general practice, if relevant, and/or an opportunity to meet a number of general practitioners; and at least one rural or remote location, if relevant. The team is often broken into sub-teams to accommodate multiple site visits, and video- or tele-conferencing is sometimes used to communicate with smaller teaching sites.

- The accrediting agency must ensure that sufficient information is collected to determine compliance with the agency's standards.

The purpose of conducting an on-site assessment is to determine compliance with the accreditation standards and the AMC assessment teams structure their visits, accordingly, around the standards.

Each AMC team has a preliminary team meeting before the site visit. In preparation for this meeting, the team is required to complete a preliminary review of the school's accreditation submission and to assess the programme against the accreditation standards using a tool called "the matrix" (Appendix 34). A significant portion of the preliminary team meeting is spent reviewing this matrix and arriving at a consensus position on the school's accreditation submission. The team also considers the student submission, which helps identify areas where further information may be required. The team then meets with representatives of the medical school to give preliminary feedback and identify areas where additional information will be required and/or which will be a focus of the assessment. AMC staff then develop a formal request for additional information and work with the school on determining the precise structure of the accreditation visit programme. An example of a preliminary team meeting agenda was provided (Appendix 31). The WFME Recognition Team also received a copy of the agenda from the AMC's preliminary meeting with WSU.

The AMC team observed by the WFME Recognition Team arrived with a completed matrix, which they used as the focal point for the team meeting that was held the day before the start of the WSU site visit. The Recognition Team was impressed with the level of detail included in the matrix, and the thoughtful and deliberate manner in which the team utilised and updated it, where necessary, over the course of the week. The matrix is also used to assist the assessment team in completing their preliminary statement of findings at the end of the week.

- The site visit must be of sufficient duration, and the site visit team of appropriate size and qualifications.

The AMC schedules site visits during the academic year and the visits typically last four to five days. More time may be required to visit dispersed training sites. All Australian and New Zealand medical schools have some dispersed training because of government focus on providing clinical experience in rural, remote, and outer metropolitan areas.

Section 3.3.3 of the *AMC Procedures for Assessment and Accreditation of Primary Medical Programs by the Australian Medical Council 2017* (The Procedures: Appendix 11) describes the considerations that go into the selection of the assessment team. The size of the team is dependent upon the complexity and

nature of the assessment, the size of the school, the travel required, and the skills required. The AMC states that the expertise of individual team members is of prime importance, but that the composition of the team aims to provide for a balance of educational knowledge and experience, including assessors from different regions and providers, the medical science and clinical disciplines, hospital and community-based teachers, experienced academic managers, health service managers, and community interests.

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. Teams for follow-up assessments comprise some members of the previous team and some new members. An experienced AMC assessor is appointed as chair of the team. The chair has overall responsibility for the conduct of the assessment.

A typical reaccreditation or new programme accreditation team is comprised of six members. The AMC standard operating procedure for assessment team selection was provided (Appendix 35).

The assessment team observed by the WFME Recognition Team was comprised of six members, accompanied by two AMC staff members. Based on a review of their CVs and an interview held toward the end of the site visit week, the Recognition Team found them to be extremely well-qualified, with experience and expertise across a broad spectrum of disciplines.

- The accreditation agency must provide guidance on conduct of the site visit.

The *AMC Accreditation Handbook* (Appendix 36) describes the work and responsibilities of the assessment team throughout the accreditation process, including guidelines on interviewing and information gathering techniques during the site visits. All members receive the handbook when they join a team.

The AMC invites all individuals who will be serving on assessment teams in the calendar year to its annual accreditation workshop. The accreditation visit is the main topic of conversation.

The preliminary team meeting, held approximately one month after the medical school has lodged its submission and prior to the on-site visit, is focused on preparation for the site visit.

The team also has a meeting just before the site visit commences, which gives them an opportunity to review the visit process. An agenda for one of these meetings was

provided (Appendix 37). The WFME Recognition Team observed the meeting of the WSU assessment team that took place the day before the site visit commenced. AMC staff and the chair of the team were very careful to ensure that all members of the team were prepared for the visit and understood their responsibilities and expectations.

C. Reports – full compliance

- A written report of findings must be created based on information provided by the medical school and gathered during the site visit.

On the final day of the visit, the team presents its preliminary findings to the senior staff of the education provider. The preliminary statement of findings follows the structure of the accreditation standards. The team details the education provider's key strengths and any areas requiring improvement under each set of standards. If the team finds serious deficiencies, or critical information missing, this needs to be made clear in the preliminary findings so that the provider has time to consider its response. It is important that the visit ends with a clear message on all the major issues that will be included in the final report (strengths and weaknesses). The team prepares a draft of the statement and provides it to the education provider so that any major errors can be corrected. The findings are then presented (in person) to a small group, and a final statement is agreed by the AMC and the provider. The academic head must have an opportunity to review the statement and correct errors or seek clarification of the team's meaning before the statement is final.

Developing this statement of findings is an important milestone for the team. It represents the team's consensus view on the key issues and is drawn upon when writing their contributions to the report. AMC staff check the completeness of team contributions and consistency of the report against the statement.

After the site visit concludes, the assessment team prepares its draft report. This task is coordinated by the chair of the team, with support from the AMC staff. Team members must submit their final contributions within two weeks of the end of the visit. AMC staff then edit the report, checking that team members' contributions are consistent with the team's preliminary findings and the accreditation submission, and that they address the accreditation standards. Sections 3.3.7 to 3.3.10 of the *Procedures* (Appendix 11) outline the procedures for the development of the report.

The aim is to provide the team's draft report to the education provider within five weeks of the conclusion of the visit. More time may be required depending on the complexity of the assessment. The education provider is invited to comment, within a

reasonable timeframe, on the factual accuracy of the draft and on any recommendations, conclusions, or judgments in the draft. The team then finalises its draft report having considered the education provider's comments. AMC staff then submit the report to the Medical School Accreditation Committee (MedSAC). They also submit comments by the education provider if any significant concerns regarding the recommendations, conclusions, or judgments in the draft report are raised. The AMC also provides the report to the Medical Council of New Zealand (MCNZ) for consideration.

The MedSAC considers the team's draft report, and may seek additional information from the education provider or the team. The MedSAC decides on the final wording of the report and develops its accreditation recommendations to be presented to the AMC Directors (Appendix 11, Sections 3.3.7 to 3.3.10).

The WFME Recognition Team observed the creation of the assessment team's preliminary statement of findings over the course of the WSU site visit week, and under the supervision of the team chair and AMC staff. The statement was completed during an evening meeting that took place the night before the conclusion of the visit; however, team members were encouraged over the course of the week to fill in relevant detail during and after their daily debrief sessions. This allowed them to spend their last evening as a team fine-tuning the statement, which seemed to work well for them.

- The accrediting agency must provide guidance on structure and content of the report.

AMC accreditation reports follow a standard format. An executive summary confirms the accreditation process undertaken (new programme, major change, reaccreditation, or follow-up review), describes the key decision-making dates by the AMC, explains the accreditation decision to be made under the National Law, and provides the decision made by the AMC, together with the accreditation conditions, recommendations for improvement and commendations agreed by AMC Directors. An introduction describes the accreditation process and provides background information on the medical education provider. Separate short chapters present the accreditation standards and the findings against each standard.

A sample accreditation report was provided (Appendix 38).

Report-writing guidance is provided to the team in the *AMC Accreditation Handbook* (Appendix 36), at the annual accreditation workshop, and in the agenda for various team meetings, especially the debrief that take place just before the accreditation

visit commences (Appendix 37). Each team member is provided with a structured template for the sections of the report they will be preparing (Appendix 39).

Each assessment team is accompanied by one or two AMC staff members. These staff members keep notes on the team's discussion about their findings, and update the matrix document to record the team's assessment of the programme against the standards at various points during the assessment process. Staff ensure that the report created at the end of the visit reflects the findings agreed upon by the team during the visit; if the report deviates, they seek advice from the team as to which view is correct. Staff also provide guidance on findings from other assessment teams which may be relevant to situations encountered in a specific programme.

It was evident to the WFME Recognition Team that the guidance provided by AMC staff and the assessment team chair helped enable the team to draft their report in an organised and efficient manner.

- The medical school undergoing the review must have the opportunity to respond to the report prior to deliberation of the accrediting agency.

The medical school undergoing accreditation does have an opportunity to comment on the team's draft report, as outlined in section 3.3 of the *AMC Procedures* (Appendix 11).

After the team's draft document is provided, the education provider is invited to comment, within a reasonable timeframe, on the factual accuracy of the draft and on any recommendations, conclusions, or judgments in the draft.

The draft report is then submitted to and considered by the MedSAC, which decides on the final wording of the report. A copy of the final report and the accreditation recommendations endorsed by the MedSAC is given to the education provider. According to Section 3.3.8 of the *AMC Procedures* (Appendix 11), the education provider may:

- (i) ask that the MedSAC's report and recommendations be submitted to the AMC Directors and the MCNZ for an accreditation decision;
- (ii) ask the MedSAC to consider minor changes, such as editorial and wording changes before submitting the report and recommendations to the AMC Directors and the MCNZ for an accreditation decision; or
- (iii) ask the MedSAC to consider significant change to the report and/or recommendations through the AMC's formal reconsideration process.

On the final morning of the WSU site visit observed by the WFME Recognition Team, the chair of the AMC assessment team presented its preliminary statement of findings in person, to the Dean and select WSU faculty members. Prior to the presentation, the draft was sent to the Dean to give her an opportunity to review it and correct any factual errors. At the conclusion of the presentation, the team chair provided an overview of the next steps in the accreditation process. In his overview, he explained that the team would be preparing a final report in the coming weeks, and that the Dean would have an opportunity to review and provide comments prior to it being submitted to the MedSAC, and then again before it was sent to the AMC Directors.

D. Qualification and Training of Individuals Associated with the Accrediting Agency – full compliance

- The accrediting agency must have and implement policies regarding the qualifications, credentials and experience of
 - the individuals who establish the accreditation standards
 - the individuals who participate in the on-site reviews of medical schools
 - the individuals who create the reports detailing the school's compliance with the standards
 - the individuals who make accreditation decisions

In its application, the AMC explained the roles and responsibilities of the various committees and individuals that contribute to accreditation decision making. These roles and responsibilities are described in Section 1 of the *Procedures* (Appendix 11).

The AMC's governing body, the Directors, are the individuals who establish the accreditation standards and make accreditation decisions, and the AMC Constitution (Appendix 1) ensures that they are drawn from a broad constituency with relevant experience and expertise. This base includes registered medical practitioners; senior academics, medical students; consumer health members; community members; senior executives of Australian hospitals; chairs of the AMC's major committees; the Australian Commission on Safety and Quality in Health; the CEO of the AMC; Aboriginal and Torres Strait Islander members on an AMC standing committee, group, or panel; and a Māori member of same.

The MedSAC appoints the assessment team to assess each education provider and its medical programme. Appendix 35 shows the AMC standard operating procedure for assessment team selection.

- The accrediting agency must have a training process for

- new members of the accrediting agency
- individuals who participate in on-site reviews
- individuals who create reports

The AMC commissions training for Directors from the Australian Institute of Company Directors, as required. This training relates to their roles as company directors rather than medical education. The training may focus on financial responsibilities of Directors, risk, or strategy.

New members of the MedSAC are invited to attend the accreditation training for accreditation assessment teams.

The AMC holds an annual accreditation workshop, led by the Chair and Deputy Chair of the MedSAC and AMC accreditation staff. The AMC invites to the workshop: assessment team chairs and deputy chairs, new members of assessment teams, Deans of medical schools undergoing accreditation, and the president of the medical students' association in each school undergoing accreditation. The workshop is an opportunity to learn about the experience of accreditation, consider the role of the different groups engaged in accreditation, and learn through role play the processes and techniques for site visit interviews and team evaluation of a medical programme against the accreditation standards. The workshop programme for 2017 was provided (Appendix 44).

The *AMC Accreditation Handbook* (Appendix 36) is given to all assessment team members. This handbook describes the work and responsibilities of the accreditation team throughout the accreditation process, including guidelines on interviewing and information gathering techniques during the site visits. Each team also has some specific training provided by AMC staff at its preliminary team meeting.

The WFME Recognition Team interviewed the six members of the AMC assessment team (in the absence of the AMC administrative staff) about the team members' levels of experience and their opinions of the training process. Every member of the team expressed complete satisfaction with the training process.

E. Accreditation Decisions – full compliance

- The accrediting agency must have documented processes and procedures that ensure accreditation decisions are based on compliance with the standards.

The way in which the AMC makes accreditation decisions is determined by the requirements of the National Law (Appendix 2), which provides the Australian legal

framework for AMC accreditation, and the AMC *Procedures* (Appendix 11), which sets out the AMC process for completing major steps in the accreditation process.

Under the National Law, the AMC may grant accreditation if it is reasonably satisfied that a programme of study and the education provider that provides it meet an approved accreditation standard. It may also grant accreditation if it is reasonably satisfied that the provider and the programme of study substantially meet an approved accreditation standard, and the imposition of conditions on the approval will ensure that the programme meets the standard within a reasonable time.

In its accreditation reports, the AMC states explicitly whether the programme and the provider meet, substantially meet, or do not meet the accreditation standards. Each report also lists any accreditation conditions and the deadline for the medical school to demonstrate it has met the condition.

The AMC links these decisions to a defined period of accreditation. In Section 5 of the *Procedures* (Appendix 11) the AMC describes the options available to it in granting accreditation.

- The accrediting agency must conduct a decision-making meeting where a report based on an on-site review is adequately discussed and debated.

A member of the assessment team (typically the team chair) presents the report to the MedSAC, which meets four to five times per year. If the medical school has raised any substantial matters concerning the report, AMC staff also refer these matters to the MedSAC. The AMC staff provide an agenda that asks the MedSAC to make an accreditation recommendation to the AMC Directors from the list of options in Section 5 of the *Procedures* (Appendix 11). If the MedSAC has questions or concerns about the report, it may ask the assessment team for clarification. If the issue requiring clarification may lead to a change in the team's findings, the report will be returned to the MedSAC for further review.

An accreditation decision is then made by the AMC Directors, who meet every six weeks. An extract from the agenda of a recent meeting of the Directors at which an accreditation report was considered was provided (Appendix 47).

The meeting of the MedSAC that was observed by the WFME Recognition Team on the 2nd of June included discussion of the accreditation of a new medical programme at Macquarie University. The report based on the Macquarie University assessment team's on-site review was discussed at length during this meeting, and the WFME Recognition Team was also given a copy of the report. There was deliberation about

issues raised in the report and the MedSAC agreed to defer making a recommendation on accreditation, on the grounds that further information was needed from the school.

The WFME Recognition Team received documentation from the AMC in early July, detailing the actions taken by the MedSAC and Macquarie University following the June MedSAC meeting. This documentation showed that the MedSAC had obtained enough additional information from the school to make a recommendation to the Directors prior to their next decision-making meeting. At a meeting on the 23rd of June, the Directors endorsed the report on Macquarie University and made the decision to accredit the new programme. The WFME Recognition Team is satisfied that adequate discussion and debate led the Directors to make this decision, and appreciates the detailed explanatory documentation that the AMC provided.

- The accrediting agency must define a quorum to conduct business.

The AMC Constitution (Appendix 1) specifies the number of members required to make a quorum for the Directors and each of the standing committees. Article 10.5 specifies that five of the 10 Directors present at a meeting of Directors in person are a quorum and article 13.5 specifies that eight of the 14 members of the MedSAC present are a quorum.

The AMC provided information extracted from the records of the last seven meetings of the Directors and the MedSAC, showing that there has been a quorum for each meeting (Appendix 48).

- The accrediting agency must make a fair accreditation decision based on the information included in the report.

From the beginning of the assessment team's work, the AMC requires them to assess the programme against the standards. As described earlier in this report, a matrix recording team members' individual assessment against standards is discussed at the preliminary team meeting, when team members share their views, standard by standard, and a consensus view is formed. The team then reviews this consensus document at regular intervals during the onsite accreditation visit. It uses this document as the basis for the preliminary statement of findings that it presents to the medical school at the end of the accreditation visit.

As the team chair and AMC staff collate and edit the draft report prepared by team members, they refer to the preliminary statement of findings and the matrix to ensure that all standards are assessed, and that the assessment remains consistent.

The Executive Summary in each accreditation report provides an assessment of the medical programme against each accreditation standard. This summary is drafted by AMC staff with input from the assessment team. The format of the Executive Summary, with its clear assessment against each standard, allows the MedSAC to easily check that the assessment is reasonable, fair, and complete.

After observing the WSU site visit and the meeting of the MedSAC, as well as reviewing the follow-up documentation outlining the steps leading to the Directors' decision, the WFME Recognition Team is confident that the AMC goes to great lengths to ensure that fair and transparent accreditation decisions are made, based on the information included in the accreditation report.

- The accrediting agency must use information on the performance of recent graduates of the medical school in making accreditation decisions.

The AMC requires medical schools to present information about their own benchmarking in their accreditation submissions rather than the AMC using explicit benchmarks itself. The *Standards for Assessment and Accreditation of Primary Medical Programs by the Australian Medical Council 2012* (The Standards: Appendix 12) require that "The medical education provider collaborates with other education providers in monitoring its medical programme outcomes, teaching and learning methods, and assessment" (Standard 6.1.3).

In their accreditation submission, the medical school seeking accreditation must provide a summary of collaborative links with other institutions nationally and internationally and describe the nature of those links, student exchanges, staff exchanges, and research; describe any formal benchmarking and collaboration in the area of assessment of student performance, the outcomes and the way the data and information gathered is being used; and outline approaches to compare the provider's curriculum with other programmes of study and summarise any curriculum changes made or planned as a result.

The AMC also requires medical schools to address a series of specific questions in relation to graduate outcomes in their accreditation submission.

The AMC uses the benchmarks or data on levels of performance in assessments throughout its accreditation assessments and monitoring processes. During the on-site reviews that take place at least every 10 years, this information and these data form part of the medical school's accreditation submission and are reviewed by the accreditation assessment team. The data provided are also reviewed through annual/biennial progress reports that the schools must submit as part of the AMC's

monitoring of accredited programmes. During these monitoring processes, the data are reviewed by AMC staff, a progress report reviewer (usually a member of the team that last assessed the programme), and the MedSAC.

F. Activities Subsequent to Accreditation Decisions – full compliance

- The accrediting agency must have procedures for allowing a medical school that does not meet standards to come into compliance.

The AMC has a two-stage process for accreditation of a new medical programme. In stage 1, the MedSAC conducts a paper-based review of the plans, and makes a recommendation to the AMC Directors on the readiness of the medical school to undergo an accreditation assessment by an AMC team. In stage 1, the new school/provider must demonstrate that the planned programme is likely to comply with the approved accreditation standards and that the education provider has demonstrated that it is able to implement the programme.

If it is successful in this stage, the AMC Directors invite the new school/provider to undergo an assessment by an AMC team. This process is explained in Section 3.2 of the *Procedures* (Appendix 11).

The process has allowed the AMC to reject incomplete proposals before time and resources are spent on an intensive accreditation visit which is likely to be unsuccessful. The AMC offers guidance to applicants at this stage, so that they understand AMC accreditation requirements and can, if they wish, lodge another application. The AMC is able to assist a provider/medical school to develop its understanding of requirements by establishing an advisory group.

AMC advisory groups are explained in Section 1.5 of the *Procedures* (Appendix 11). The advisory group works with the education provider to clarify the requirements that must be satisfied.

The AMC's procedures when a currently accredited school does not meet accreditation standards on a subsequent review are explained in Section 5.1 of the *Procedures* (Appendix 11).

The maximum period of accreditation granted by the AMC is six years. The AMC can grant shorter periods of accreditation and place conditions on the accreditation if significant deficiencies are identified or there is insufficient information to determine that the programme satisfies the standards. The AMC generally sets short accreditation periods of three years. At the conclusion of the accreditation period, or

sooner if the medical school requests, the AMC conducts a follow-up review to determine if the programme and provider now meets the accreditation standards.

The AMC also has procedures for dealing with unsatisfactory progress, explained in Section 4.4 1 of the *Procedures* (Appendix 11). Under these procedures, it is able to undertake an unscheduled visit or meeting, to address concerns before they escalate, and if necessary to set additional accreditation conditions and/or monitor the medical school and its programmes more closely.

Where there are significant issues and the AMC is concerned about the medical school's capacity to address the issues, the AMC sets a shorter period of time, generally a year, in which the medical school must address urgent priorities and develop plans to address the remaining issues. The AMC reviews these plans, and may extend the accreditation if they are satisfactory. The AMC took this action three times between 2000 and 2009. The one-year period provides a focus for the school to gather support through its university and the health services and to develop new plans or solutions.

The AMC may also withdraw accreditation. Section 5.1 of the *Procedures* (Appendix 11) discusses this; however, the AMC has never had to withdraw an accreditation. It reports that the processes explained above for granting short periods of accreditation have provided impetus for medical schools to make the necessary changes to progress to meeting the standards.

- The accrediting agency must monitor medical schools throughout the duration of an accreditation period.

The AMC monitoring procedures are explained in Section 4 of the *Procedures* (Appendix 11). In Australia, monitoring of accredited medical schools is a legislated requirement of the AMC under the National Law (Appendix 2).

The principal monitoring mechanisms are structured progress reports, comprehensive reports, and the full accreditation assessment every 10 years. In addition, the AMC expects that accredited education providers will report at any time on matters that may affect the accreditation status of their programme, such as a change to its capacity to meet the accreditation standards, or any change that may meet the definition of a major change to the programme.

- The accrediting agency must have and implement a policy regarding the reporting of any substantive changes made, or anticipated to be made, to the educational programme or other aspects of an accredited medical school.

The AMC requires notification of proposed changes in advance of the changes being introduced so that it can determine the implications of the change for accreditation. Section 4.1 of the *Procedures* (Appendix 11) pertains to this requirement.

Section 3.2.2 of the *Procedures* (Appendix 11) provides the AMC's definition of a major change, and describes the options for advising the AMC of changes. This can be through regular progress reports or a specific notice of the change.

As many of the changes described above will need to be assessed by an AMC team before they are introduced, the AMC requests at least 18 months' notice of the intended introduction of the change.

When it considers the initial advice from a medical school about planned changes, either through a specific notice of intent or through progress reports, the MedSAC decides if it is a major change. If it is, the MedSAC decides whether the major change can be approved for introduction within the current accreditation of the programme or is of comprehensive impact that would require reaccreditation of the whole programme. The AMC advises the medical school of its decision, including whether the assessment will be carried out by correspondence or by visit. If the AMC determines the medical school's proposed change to be major, the medical school will be invited to submit a Stage 1 Submission. This submission is the basis for the assessment of the programme of study.

- The accrediting agency must require medical schools to be re-evaluated periodically after a positive accreditation decision.

The AMC requires each education provider and programme to undergo an accreditation assessment at least every 10 years.

If a programme has been accredited for a maximum period of six years, in the sixth year of accreditation, the medical school provides a comprehensive report providing evidence that it continues to meet the accreditation standards, and that it has maintained its standards of education and of resources. The report also provides an appraisal of the developments since accreditation, and information on plans leading up to the next AMC reaccreditation. The MedSAC considers the report, and if it is satisfactory, the AMC Directors can grant continuing accreditation up to a 10-year period since the team assessment (generally another four years).

The AMC may grant accreditation with or without conditions. Where it imposes conditions, the provider's continuing accreditation is subject to it satisfying the conditions within a specified period.

Medical schools that propose to make programme changes that meet the AMC definition of a major change, given above, are assessed more frequently than the 10-year cycle. As there is significant development in medical schools in Australia (such as changed curriculum models, new entry requirements, new campuses) only about half of the medical schools complete the full period of 10 years between site visits.

G. Complaints – full compliance

- The accrediting agency must have procedures to investigate complaints from students, graduates, or other individuals regarding accredited medical schools.

The AMC has documented procedures to investigate complaints from students, graduates, or other individuals regarding accredited medical schools (Appendices 11 and 52).

The *Procedures* (Appendix 11) indicate that the AMC does not have a role in investigating the complaints of individual students, staff, or trainees to address grievances relating to matters such as selection, recognition of prior learning/experience, assessment outcomes, or dismissal from the programme. The accreditation standards require education providers accredited by the AMC to have processes for addressing grievances, complaints and appeals, and the AMC reviews these processes when conducting an accreditation assessment.

The AMC complaints process permits students and others to raise concerns of a systemic nature that might indicate an accreditation standard is not being met (Appendix 52, Section 8). Where the AMC thinks this may be the case, it investigates the issue. The AMC notifies the education provider, and may seek further information or discussion with the education provider. Where a systemic complaint is found to have some substance then the AMC may decide to monitor the issue, by asking for the education provider to address or report on the matter immediately or it may set conditions on accreditation.

Part IV: Resources

A. Controls against Conflicts of Interest – full compliance

- The accrediting agency must ensure that individuals involved in the accreditation process or decision for a specific medical school have no conflicts of interest that would potentially inhibit them from making objective decisions.

According to Section 4.1 of the *AMC Accreditation Handbook* (Appendix 36), when inviting a person to be considered for membership of an AMC team, AMC staff provide a Standing Notice of Interest form. The AMC requires proposed team members to declare on this form any interest that may be perceived to conflict with their ability to undertake impartially their duties as a team member. The relevant accreditation committee considers these notices in deciding on a team, and the education provider being reviewed is advised of any potential conflict declared.

The handbook outlines the types of conflicts that may preclude membership of a certain site visit team, which may be categorised as personal, professional, or ideological. Team members are required to declare their interests when they are first approached to join a team. The organization being accredited has an opportunity to comment on its perception of conflicts of interest before the team is chosen.

Section 2.7 of the *Procedures for Assessment and Accreditation of Primary Medical Programs by the Australian Medical Council 2017* (The Procedures: Appendix 11) describes the AMC processes for dealing with conflicts or perceived conflicts of interest of members of AMC committees and members of AMC accreditation assessment teams.

If a conflict of interest emerges for a team member *during* an assessment, the team chair and AMC staff determine an appropriate course of action. This may entail changing the report-writing responsibilities of the team member, requiring the team member to abstain during relevant discussion, or altering the assessment programme. Any such conflicts, and the course of action taken, will be reported to the Medical School Accreditation Committee (MedSAC). This has not occurred in the medical school accreditation process.

The AMC also requires its Directors and members of its committees to complete standing notices of interest and to update these regularly. A copy of the notice completed by members of the MedSAC was provided (Appendix 53).

B. Controls against Inconsistent application of Standards and Procedures – full compliance

- The accrediting agency must make certain that the standards and procedures for accreditation of medical schools are applied consistently to all schools that seek accreditation.

The AMC has a number of oversight mechanisms in place to ensure that standards and procedures are consistently applied. The *Procedures* (Appendix 11) outline all of the processes followed by the AMC in accrediting a medical school.

The AMC accreditation governance structure ensures oversight of the way accreditation processes are conducted. AMC Directors have responsibilities to ensure that correct decisions are made, and that the evidence provided in the accreditation report supports the accreditation decision recommended. The MedSAC oversees the work of the accreditation assessment teams and checks draft reports for balance and fairness.

AMC training of assessment team chairs and deputy chairs stresses the importance of conducting assessments against the standards, and as team chairs and deputy team chairs are experienced AMC accreditation assessors, they can contribute to ensuring that teams apply the standards consistently. AMC accreditation staff accompany every assessment team and are responsible for identifying any areas of inconsistent application of standards and asking the team to review their findings. All teams are given samples of previous accreditation reports, and accreditation conditions to assist them to understand the requirements. Teams for follow-up assessments include some members of the previous team and some new members, which also offers a degree of continuity.

The AMC also has a formal risk management system. Each AMC business section has developed a risk register which lists the key risks for the area, and mitigation strategies. Business sections report quarterly to the AMC Finance Audit and Risk Management Committee on incidents managed, and review their risk matrix once a year. The Accreditation Section's risk matrix has a significant focus on ensuring that standards and processes are applied consistently and fairly. The mitigation strategies it undertakes are shown in the Accreditation Section risk management matrix (Appendix 54).

C. Administrative and Fiscal Responsibilities – full compliance

- The accrediting agency must have sufficient administrative and fiscal capability and independence to carry out its accreditation activities with regards to its scope of responsibility.

The AMC has operated as an independent national body for more than 25 years and there has been a national system of accreditation of medical programmes since the AMC's establishment. The Constitution of the AMC (Appendix 1) demonstrates that the AMC has determined its own functions, decides on its operating and governance structure, and manages its business.

The AMC's annual operating budget is A\$20,000,000, the total budget for accreditation is about A\$4,000,000, and the budget for accreditation of medical schools is approximately A\$2,000,000.

The AMC has a secretariat of 68 staff, the majority of whom are based in Canberra. Ten FTE staff support the accreditation functions of the AMC, four of whom work principally in the area of medical school accreditation. Other AMC corporate services staff support AMC general administrative, financial, IT, and travel functions of the AMC. The AMC considers these resources adequate to support its accreditation activities.

The AMC receives income from government grants (generally for projects), a grant from the Australian Health Practitioner Regulation Agency (AHPRA), acting on behalf of the Medical Board of Australia (MBA), income from fees charged to education providers for accreditation services, and income from fees from other non-accredited functions performed by the AMC.

The AMC receives external funding to support its accreditation activities. In the past, funding was provided by the Australian Government Department of Health (called the commonwealth grant). The AMC now receives an annual grant from the AHPRA, acting on behalf of the MBA. In the past two years, the amount granted to the AMC matched the amount requested by the AMC to run its accreditation functions. In previous years, where the grant did not match the costs of running the accreditation functions, the AMC made up the shortfall with income from fees from other non-accreditation functions performed by the AMC.

A summary statement of operations of income versus expenditures for AMC accreditation functions for the past six years was provided (Appendix 55).

D. Due Process – full compliance

- The accrediting agency must notify medical schools in writing of any adverse accreditation actions or decisions and describe the basis for such action.

Following an accreditation assessment, the AMC may make a decision to withdraw or revoke accreditation in accordance with the AMC *Procedures* (Appendix 11). Accreditation may be withdrawn where the education provider has not satisfied the AMC that the complete programme is or can be implemented and delivered at a level consistent with the accreditation standards. The AMC would take such action after detailed consideration of the impact on the healthcare system and on individuals of withdrawal of accreditation and of other avenues for correcting deficiencies.

If the AMC withdraws accreditation, it will give the education provider written notice of the decision, and its reasons; and the procedures available for review of the decision within the AMC.

The AMC reports that it has never withdrawn or revoked the accreditation of a medical school, and that it has not had a situation of unsatisfactory progress in a medical school since 2010. A 2010 letter sent by the AMC to a university advising of the AMC's concerns and its plans for an additional visit was provided (Appendix 56).

- The accrediting agency must have an appeal process for adverse actions, including policies to ensure that individuals involved in the appeal process have no conflicts of interest that would potentially inhibit them from making objective decisions.

Under the AMC *Procedures* (Appendix 11), there are two points at which a medical school can seek review:

1. When the MedSAC has considered the accreditation report by the accreditation assessment team and decided on the recommendations on accreditation, the MedSAC will submit it to the AMC Directors. At this stage the medical school may ask for reconsideration of the report. This review is undertaken by the MedSAC itself. This type of review is described in full in section 3.3.9 of Appendix 11.

The AMC submitted a sample of the standard letter sent by the AMC to a medical school which has completed an accreditation assessment process, advising the school on how it may seek review (Appendix 57). The AMC has never had a request from a medical school for reconsideration of a report.

2. When the AMC Directors have made their decision on accreditation. If the decision is to refuse accreditation, the medical school may seek review of the decision. This type of review is described in full in section 3.3.11 of Appendix 11.

The AMC has not had a request from a medical school for review of a decision to refuse accreditation.

While the *Procedures* (Appendix 11) do describe the processes for a medical school to appeal against an accreditation decision by the AMC, the AMC has not had a formal appeal against an accreditation decision or process and cannot demonstrate how it has conducted an appeal. However, the *Procedures* state that “the AMC will establish a review committee comprising members with appropriate qualifications and experience which will meet as required to consider any request for a review of a

decision to refuse accreditation. The review committee will not include any person on the original assessment team.”

The AMC reports that it has deliberately left this statement broad because, never having had a formal appeal, it does not wish to define what constitutes appropriate qualifications and experience. The AMC expects that it would seek advice on appropriate membership from other accreditation authorities should this situation arise.

E. Maintenance of Records – full compliance

- The accrediting agency must maintain full records of accreditation review documentation, including self-studies, on-site evaluation team reports, the medical school’s responses to on-site reports, periodic review reports, decisions, and any other pertinent correspondence and materials.

The AMC maintains full records of accreditation assessment documentation, all correspondence to and from medical schools in relation to assessments, monitoring of programmes, accreditation status, accreditation reports, progress reports from education providers, and the AMC response to these reports.

The AMC electronic document management system, Doc, is the repository for all AMC records, including all documentation relating to the accreditation programme, including correspondence, education provider submissions, accreditation reports, committee agendas and the meeting reports. These include business systems such as mail and archive modules, and a management database, where most of the administrative work regarding meetings, travel, and payment of accreditation team members and committee members is processed.

AMC Information and Communication Technology (ICT) staff have developed a bespoke system to manage the cycle of an accreditation assessment, the Accreditation Database. This system is now 15 years old and the AMC currently has a project to replace this system with a newer and more flexible accreditation management system. The AMC expects the development and implementation phases to take about 18 months, starting from January 2017.

The AMC is finalising a retention and disposal authority schedule. Until this is formalised, apart from administrative papers (such as travel schedules), the AMC retains accreditation documents indefinitely. The AMC needs to take account of the draft retention and disposal authority being developed by the AHPRA. This will also include requirements in relation to keeping records on which the MBA draws to make its decision to approval an AMC-accredited programme of study. Currently the draft

AHPRA policy requires retention of accreditation records on which decisions are based for 75 years. The AMC plans to retain these records indefinitely.

The AMC also uses Basecamp, a web-based project management tool, to communicate with and provide information for accreditation assessment teams and AMC committees. The WFME Recognition Team was given access to the Western Sydney University Basecamp site to view how the AMC uses this tool, and could examine all the relevant documentation. Material placed on a Basecamp accreditation site is removed from the site when the accreditation assessment is complete.

- The accrediting agency must have implemented record-keeping policies, including policies related to data security.

The AMC's records management policy is available at Appendix 58. The stated purpose of the policy is to establish a framework for the creation and management of records at the AMC, to ensure recordkeeping practices meet business needs, accountability requirements, and stakeholder expectations.

All AMC information systems are assigned a Business System Owner and they are responsible for the adherence to AMC's policies in relation to the information system they are assigned, monitoring their information systems, authorising and revoking access and addressing any audit issues that may be identified, with the assistance of AMC ICT staff.

To avoid breaches of legal, statutory, regulatory, contract or privacy obligations, the AMC's ICT Services division monitors compliance AMC's IT network infrastructure obligations; assists Business System Owners in monitoring compliance obligations with regard to AMC information systems and information assets; provides assistance with internal and/or external audits; routinely backs up all business systems and protects systems using firewalls and virus protection software and system safeguard measures in accordance with industry standards and AMC business requirements; and uses a central authentication system to provide secure access by AMC staff and stakeholders.

F. Availability and Dissemination of Information

- The accrediting agency must make available to medical schools and to the public information on the types of accreditation granted and the procedures medical schools must follow in applying for accreditation.

The National Law (Section 45 of Appendix 2) requires that the AMC publish on its website how it will exercise its accreditation function.

The AMC *Procedures* (Appendix 11) are publicly available on the AMC website and describe in detail the management, conduct and administration of the accreditation process, the types of accreditation outcomes, the process for monitoring accredited programmes, and details regarding the review of accreditation standards and procedures.

The AMC reports that it recently contracted an external organisation to undertake a review of the accreditation components of its website, conduct stakeholder research, and recommend updates to its digital communication tools. The stakeholder consultation and website review is complete, and the AMC reports that in 2017, the new site will be progressively made public. While it believes that current mechanisms are adequate for providing information on AMC processes, the AMC wishes to enhance its capacity to gather feedback using digital communication methods.

- The accrediting agency must ensure that medical schools undergoing review and pertinent licensing or authorising agencies are notified of accreditation decisions.

The AMC informs medical schools of the accreditation decision by letter. Schools receive a letter once the AMC Directors have made a decision to accredit a programme. A sample letter was provided (Appendix 59).

The AMC *Procedures* (Appendix 11) outline the process for communicating accreditation decisions to licensing authorities (the MBA). After it has made its accreditation decision, the AMC provides a report to the MBA. A copy of an AMC letter to the MBA was provided (Appendix 9A).

- There must be a publicly available directory of accredited medical schools and accreditation decisions.

The AMC publishes the list of accredited medical schools on its website and for each school provides details of the most recent assessment date/decision, when accreditation expires, and the next accreditation assessments/event. The link to this information is: <http://www.amc.org.au/accreditation/primary-medical-education/schools/status>

The AMC also publishes the Executive Summary of reaccreditation assessments on its website. The link to this information is: <http://www.amc.org.au/accreditation/primary-medical-education/reports>

The AMC reports that it has begun a process to upload complete accreditation reports to its website.