Australian Medical Council Limited

Review of the Accreditation Standards for Primary Medical Programs

Part 1 Consultation paper: Scope and direction of change

We'd like your feedback on the review direction.

The Australian Medical Council (AMC) is reviewing the approved accreditation standards for primary medical programs[1]. The accredited programs and medical schools are listed on the AMC's website here.

In this first stage, this consultation on the scope of the review will address how the standards should evolve to continue to ensure that medical graduates have the knowledge, skills and professional attributes to practice safely and competently. While this will be an iterative process, with multiple opportunities for feedback, the AMC seeks initial stakeholder comment on the major drivers shaping the review of the standards and how the structure and content of the standards might be revised in response to those drivers.

This consultation will run for six weeks until **Friday 11 June 2021**.

The AMC is committed to interactive consultation. **Part 2: Consultation questions template** includes some key questions to help shape responses. The questions are only a guide, please advise of anything that you think the AMC should know.

The AMC has established a working group to undertake the review, comprising members from Australia and New Zealand drawn from: medical education providers; peak professional bodies; medical students; prevocational training; health services; and health consumers as well as Aboriginal and/or Torres Strait Islander and Māori people. The working group reports to both the Medical School Accreditation Committee and the Aboriginal and Torres Strait Islander and Māori Committee.

The research and advice of this working group and the consideration of these AMC Committees have informed the initial thinking outlined in this consultation document. The AMC is committed to genuine consultation and collaboration in developing these ideas.

The review is being undertaken in the context of AMC work across related areas, in particular:

- The AMC's review of the National Framework for Medical Internship, on behalf of the Medical Board of Australia, which includes potential extension of the framework to PGY2. The latest news on the framework review can be found on the AMC's website here.
- The AMC's work on improving the health of Aboriginal, Torres Strait Islander and Māori people through culturally safe practice. Further information about this project can be found on the AMC's website here.
- A joint project with the Australian Digital Health Agency about developing a digital capabilities framework for medical practitioners. Further information about this project can be found on the AMC's website here.

The AMC's Strategic Plan 2018-2028 is available here.

The AMC recognises that responding to the impact of COVID-19 has presented both challenges and opportunities for education providers and for some, prompted changes in relationships with local health services. It is an opportune time to reflect on the standards and consider what changes might be needed to ensure that they remain fit for the future.

[1] The National Health Practitioner Regulation Law Act 2009 uses the term education provider to cover organisations that may be accredited to provide education and training for a health profession. The term encompasses universities; tertiary education institutions, or other institutions or organisations that provide vocational training; or specialist medical colleges or other health profession colleges. For consistency, the AMC uses the terminology of the National Law in its standards and guidelines. In the document the AMC uses the term 'medical school' when referring to accredited education providers for ease of reading.

The AMC undertakes broad consultations so that proposals are informed by a wide range of views from all stakeholders in the medical education process including education providers, learners, health services, the medical profession, jurisdictions, health consumers and the community, and other health professions. The consultation approach is iterative and responsive to the feedback received. Further consultation/s may be required to refine the scope of the review in particular areas. One or more written consultations will be conducted as detailed proposals emerge. Face to face or video meetings will be used to supplement written consultations.

Background

The AMC is the national standards and assessment body for medicine. Its purpose is to ensure that standards of education, training and assessment of the medical profession promote and protect the health of the Australian community. It is the designated accreditation authority for the medical profession under the *Health Practitioner Regulation National Law* (the National Law) and its activities sit within the National Registration and Accreditation Scheme for health professions.

The AMC assesses medical programs and their providers for all phases of medical education against accreditation standards and grants accreditation to the programs that meet the standards. By agreement with the Medical Council of New Zealand, AMC-developed accreditation standards also apply to the assessment of medical programs in New Zealand.

The National Law defines accreditation standards as ' [..] a standard used to assess whether a program of study, and the education provider that provides the program of study, provide persons who complete the program with the knowledge, skills and professional attributes necessary to practise the profession in Australia.'

The approved accreditation standards for primary medical programs are published on the AMC's website here. They have two parts: **the graduate outcome statements** and **standards for medical schools**.

The graduate outcome statements, set out at a high level the skills, knowledge and behaviours required of newly qualified doctors, also form part of the standards for primary medical programs, and provide the basis for medical education providers' curricula and assessments. They are grouped into four domains, which are common to the domains used for the outcome statements for interns:

Graduate Outcomes	Domain 1	Science and Scholarship: the medical graduate as a scientist and scholar
	Domain 2	Clinical Practice: the medical graduate as a practitioner
	Domain 3	Health and Society: the medical graduate as a health advocate
	Domain 4	Professionalism and Leadership: the medical graduate as a professional and leader

The AMC has developed a common structure for the accreditation standards across the phases of medical education, with separate national standards for each phase. Each set of standards is grouped into areas relating to the key elements in a curriculum development process. Currently, for primary medical programs the standards are grouped as follows:

Accreditation standards	Standard 1	The Context of the Medical Program
	Standard 2	The Outcomes of the Medical Program
	Standard 3	The Medical Curriculum
	Standard 4	Learning and Teaching
	Standard 5	Assessment of Student Learning
	Standard 6	Monitoring and Evaluation
	Standard 7	Students
	Standard 8	The Learning Environment

The AMC periodically reviews the accreditation standards. It considers Medical Board of Australia and Medical Council of New Zealand standards, codes, and guidelines, and other relevant national and international reports and policies relating to education and training in medicine. The work of the recent Royal Commission into Aged Care and Safety[2] and the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability[3], both in Australia will be considered in this review.

In each review, the AMC also takes account of the standards in countries with comparable medical education and practice standards. It also reviews AMC accreditation reports and committee reports. The AMC recognises other comparable standards in Australia, including the Higher Education Threshold Standards. It considers these standards when it reviews the accreditation standards for medical programs.

The AMC also takes account of the Procedures for the Development of Accreditation Standards that apply under the Health Practitioner Regulation National Law (the National Law). In proposing new or amended accreditation standards, the AMC must consider the objectives in the National Law, namely:

(a) to provide for the protection of the public by ensuring that only health practitioners who are suitably trained and qualified to practise in a competent and ethical manner are registered; and

(b) to facilitate workforce mobility across Australia by reducing the administrative burden for health practitioners wishing to move between participating jurisdictions or to practise in more than one participating jurisdiction; and

(c) to facilitate the provision of high quality education and training of health practitioners; and

(d) to facilitate the rigorous and responsive assessment of overseas-trained health practitioners; and

(e) to facilitate access to services provided by health practitioners in accordance with the public interest; and

(f) to enable the continuous development of a flexible, responsive and sustainable Australian health workforce and to enable innovation in the education of, and service delivery by, health practitioners.

[2] Pagone, A., and Briggs, L, Royal Commission into Aged Care Quality and Safety, Final Report, 2021, Commonwealth of Australia, https://agedcare.royalcommission.gov.au/publications/final-report, accessed 12 March 2021

[3] The Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability https://disability.royalcommission.gov.au/ , accessed 12 March 2021

Proposals for the scope of the review

This section sets out the AMC's initial thinking concerning the scope of the review on:

- the broad areas that the AMC should review regarding the content of the graduate outcomes and the content of the standards for medical schools, and
- structural changes to the graduate outcomes and standards for medical schools.

In reviewing the standards, the AMC may consider updates in relation to specific standards or themes or broader changes across the standards. The AMC is seeking feedback on proposals to make updates to the graduate outcomes and standards in key areas, and to make some changes to the structure of the standards and domains to support the proposed updates and changes in focus.

The AMC is proposing to continue to set standards at a high level, that is, not prescribing specific processes or methods, and that medical education providers will continue to be able to be meet standards in different ways.

Subject to the feedback on this consultation, the AMC is not proposing a fundamental change in the nature of the standards or the broad areas covered by the standards.

The AMC welcomes feedback on this initial thinking.

Summary of proposals

Accreditation standards	Graduate outcomes	• **Content of the Graduate Outcomes**	The AMC is seeking feedback on • Updates to modernise the language and strengthen some of the outcomes in five areas.
		• **Structure of the Graduate Outcomes**	• Maintaining high level outcomes within the current grouping under the four existing domains • Reordering of the domains to maintain alignment across later stages of education, which focus on clinical practice
	Standards for medical schools	• **Content of the standards**	The AMC is seeking feedback on • Eight key drivers to be considered in the review of the standards and the direction of change
		• **Structure of the standards**	• Regrouping standards to support a change in emphasis • Increasing the focus on outcome-based standards and reintroducing notes

Proposals related to the Graduate Outcome statements

The graduate outcomes are the learning outcomes, which the medical program graduate must achieve. They are overarching statements reflecting the desired abilities of medical graduates at exit from the program.

For the phases of primary medical education and intern training, AMC graduate outcome statements are listed in four domains:

Graduate Outcomes	Domain 1	Science and Scholarship: the medical graduate as a scientist and scholar
	Domain 2	Clinical Practice: the medical graduate as a practitioner
	Domain 3	Health and Society: the medical graduate as a health advocate
	Domain 4	Professionalism and Leadership: the medical graduate as a professional and leader

Proposals for updates to the content of the Graduate Outcome Statements

The AMC has conducted a high-level comparison of AMC graduate outcome statements to the updated good practice guides and the work of the Medical Board of Australia and Medical Council of New Zealand. Feedback in the joint AMC and Medical Board of Australia survey of interns on their preparedness for practice as well as research and developments in healthcare systems, quality and safety, and patient-centred care have informed proposals. Additionally, international examples of graduate outcome statements informed the early scanning of issues to include in the review.

Given the importance of alignment between the outcomes expected of graduates and the outcomes expected of interns, the working group has considered the work of the Review of the National Framework for Prevocational Training, including feedback on initial consultation on the Intern Outcome Statements, in developing these initial proposals. Response to further consultations on the Review of the National Framework for Medical Internship will be considered alongside feedback on this consultation - on the Graduate Outcome Statements and Standards for Medical Schools.

To date, the AMC has identified five broad areas in which the Graduate Outcomes Statements need to be updated to take account of new frameworks, standards and requirements that impact the accreditation of medical education programs. In particular, developments related to the National Registration and Accreditation Scheme, across Australia and New Zealand on cultural safety as well as on quality and safety, along with the AMC's joint project with the Australian Digital Health Agency suggest strengthening the graduate outcomes in these areas to ensure graduates continue to meet the needs of the communities they will serve as doctors.

Area	Initial thinking on direction of change
1. *Social accountability to the communities in Australia and New Zealand*	The AMC is proposing to increase the focus on preventative healthcare, understanding of the economic and social determinants of health, the impact of climate on community health and population health methodologies as well as to acknowledge health inequalities and responsibilities to support vulnerable patients and communities for whom health outcomes are worse and for whom there may be systemic barriers. For example, people with disabilities, refugee and migrant communities as well as those who identify as lesbian, gay, bisexual, transgender, gender diverse, intersex, queer, asexual and questioning (LGBTIQA+) communities.
2. *Providing culturally safe care*	Across Australia and New Zealand there continue to be unacceptable inequities in health outcomes and systemic bias for some groups of patients. In Australia and in New Zealand the outcomes and experiences of Aboriginal, Torres Strait Islander and Māori continue to be unacceptable and require commitment from all doctors to address at individual, organisational and systems levels. The AMC is proposing to update the graduate outcomes to take account of the work of the National Registration and Accreditation Scheme, the Medical Board of Australia and Medical Council of New Zealand on culturally safe practice. The AMC notes that each stakeholder will hold their own definition of these terms, and it is not the purpose of the AMC to need those to be aligned. The AMC acknowledges and supports the definitions widely used and supported, and notes that Australia and New Zealand have separate definitions for the term cultural safety.
3. *Safety and quality*	The review presents an opportunity for updates to take account of the work of the Australian Commission on Safety and Quality in Health Care, the Health Quality and Safety Commission, New Zealand and Australian state and territory jurisdictional bodies on standards to ensure quality and safety in health care and system improvement. The AMC's initial thinking is that the outcomes may need to be updated to refer to the relevant quality and safety frameworks, and to add outcomes that are appropriate for medical graduates such as: • demonstrate a commitment to apply reflection and evaluation and to continuously improve personal practice. • understand how clinical governance systems and patient partnering can support inter-disciplinary teams to improve safety and quality.
4. *Emerging technologies: implications for medical services and practice*	Patients and doctors have increasing access to digital health tools and emerging technologies that are changing the way in which services are provided. A number of reviews in Australia and internationally call for doctors to support patients in navigating digital tools and to work in partnership with patients as they gain greater access to information and autonomy in monitoring and managing their health. Equally, these reviews have identified the need for doctors to increase their digital literacy and capability along with their understanding of health systems and human behaviour in order to optimise the application of emerging technologies in health care. The AMC's initial thinking is that medical graduates would be required to: • describe the risks and benefits, including ethical considerations, of digital health technologies and in the application of machine learning. • demonstrate high levels of digital literacy and capability to support patients and their carers to use technology to promote wellbeing and manage health concerns.
5. *Partnering with patients*	The AMC has identified the need to update the outcomes in line with current Good Medical Practice Guides issued by the Medical Board of Australia and the Medical Council of New Zealand. For example, this would include noting that effective communication encourages and supports patients to be well informed about their health and to use information wisely when making decisions. Students should be trained in shared decision-making.

Proposals to update the structure of the Graduate Outcome Statements

The four domains were chosen because they align with the themes and domains commonly used in Australian and New Zealand medical schools. The domains are used, in the same order, for the Intern Outcome Statements, which are one component of the National Framework for Prevocational Training. This framework is currently being reviewed and consultation on the scope of that review has been undertaken.

The AMC has considered whether it would be appropriate to increase the specificity of the behaviours, knowledge and skills that underpin the high-level outcomes and, in response to feedback from initial consultation on the Intern Outcome Statements as part of the Review of the National Framework for Prevocational Training, whether to change the groupings to different domains.

<table>
<tr><th>Area</th><th>Initial thinking on direction of change</th></tr>
<tr><td>6. The level of specificity of the outcomes</td><td>
The initial thinking is to maintain the high-level graduate outcomes.

High level outcomes describe the broad expectations that come with meeting the standards. These will often encompass implied skills or knowledge. Examples of a high level outcomes currently within the standards are:

2.5 Select and justify common investigations, with regards to the pathological basis of disease, utility, safety and cost effectiveness, and interpret their results.

2.6 Select and perform safely a range of common procedural skills.

The AMC's current thinking is that the graduate outcomes should continue to function as the high-level outcomes that cover the breadth of expectations of a newly qualified doctor at the beginning of medical internship. This model allows medical education providers flexibility to develop detailed competences, in collaboration with other providers to facilitate benchmarking and with jurisdictions, local health services and community groups, to fit the context in which the medical education provider is situated.
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<tr><td>7. The order of the domains</td><td>
The initial thinking is to maintain the four-domain structure of the graduate outcomes but to reorder the domains.

<table>
<tr><th colspan="2">Existing order</th><th colspan="2">Proposed order</th></tr>
<tr><td>1</td><td>Science and Scholarship</td><td>1</td><td>Clinical Practice</td></tr>
<tr><td>2</td><td>Clinical Practice</td><td>2</td><td>Professionalism and Leadership</td></tr>
<tr><td>3</td><td>Health and Society</td><td>3</td><td>Health and Society</td></tr>
<tr><td>4</td><td>Professionalism and Leadership</td><td>4</td><td>Science and Scholarship</td></tr>
</table>

Medicine is a science-based degree in which an in-depth knowledge of human health and disease underpins professional practice. In medical school, knowledge-based learning typically forms the focus of the early stages of the program with clinical learning increasing over time, commensurate with knowledge and skills. However, medicine is a discipline in which patients and the health of the community are the primary concerns and feedback from the consultation on Intern Outcome Statements, which are aligned with the Graduate Outcomes Statements, has indicated that a re-ordering to place clinical practice and professionalism earlier would better reflect the context of medical professional practice. A corresponding reordering of the domains for the Graduate Outcome Statements would assist in maintaining alignment with standards for medical internship where the focus is on practice-based learning anchored in science and scholarship.
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Proposals related to the standards for medical schools

Proposals for updates to the content of the standards for medical schools

The AMC proposes updates to the standards for medical schools in the following major areas. In most cases, these proposals build on developments in the healthcare and education sector to ensure that the standards remain fit for purpose.

Area	Initial thinking on direction of change

8. *Accountability to Australia and New Zealand communities*	The review provides an opportunity to increase the focus on medical schools' responsibilities to the communities and the health services that they serve. The AMC's initial thinking is to strengthen the standards in two areas:
	• The design and delivery of the medical program - A key aspect of social accountability is the role that accredited medical programs have to support the training of doctors who will meet the current and future health needs of the Australian and New Zealand populations. The way medical schools select, teach and clinically train future doctors must align with this need.
	  ○ The ageing Australian population[4] will increasingly need primary and preventative healthcare to manage the chronic and comorbidity conditions that typically occur in older populations[5].
	  ○ Medical school, as the critical first phase of this training continuum, should encourage students and graduates to pursue career opportunities aligned to population health needs, and provide adequate clinical training to support these pathways, whether in certain geographical areas (i.e. rural, remote and outer metropolitan areas) or in medical specialties with shortages (e.g. GPs[6], psychiatrists).
	  ○ The curriculum should also provide adequate clinical experience to support students to work well with diverse patients and to adapt to patients' differing needs.
	• The medical school's context and relationship with local communities and health services – recognising that medical schools sit within diverse communities with differing mixes of health services, the AMC's initial thinking, is to strengthen the standards that relate to medical schools' interaction with their local health services and communities. Greater focus would be placed on meaningful, long-term relationships that contribute to shaping the medical program and on the contribution of the medical school to the communities and services within which it sits.
	These areas of increased focus would take account of the requirements of the National Scheme for health profession programs to meet communities' needs. It is consistent with workforce strategy priorities in both Australia and New Zealand and would be informed by the work of the Medical Deans Australia and New Zealand working group on social accountability as well as international developments in understanding of social accountability.

9. *Cultural Safe practice and responsibilities towards Aboriginal, Torres Strait Islander*	These proposals are intended to be consistent with and to reference the National Registration and Accreditation Scheme, the Medical Board of Australia and the Medical Council of New Zealand relating to culturally safe care. Recognising that the requirements for cultural safety are different in each country, the AMC's initial thinking is to maintain high-level standards that are strengthened (as outlined below) and

[4] The number of people aged over 65 in Australia will more than double from 4 million to 9 million between 2017 and 2057 [Department of Health, National Medical Workforce Strategy Scoping Framework, July 2019 (page 21)]

[5] 60 per cent of the population over 65 years of age in Australia report having two or more chronic conditions.

[6] The Deloitte Access Economics General Practitioner Workforce Report 2019, commissioned by Cornerstone Health, found that under current policy settings, there is projected to be a shortfall of 9,298 full-time GPs (24.7% of the GP workforce) by 2030

Area	Initial thinking on direction of change
and Māori peoples and their health	to include reference to the specific requirements in each country. This is the approach taken within the *Standards for Assessment and Accreditation of Specialist Medical Programs and Professional Development Programs*, when there are differing requirements in Australia and New Zealand, for example for continuing professional development. The AMC recognises that the culturally safe care and cultural safety in learning environments is important for achieving good patient care and inclusive environments for students and staff of many backgrounds and cultures. It is proposed that the particular responsibilities in relation to Aboriginal, Torres Strait Islander and Māori patients, students and teachers should be explicitly identified in the standards, in keeping with the approach of the Medical Board of Australia and the Medical Council of New Zealand. As part of this initial consultation, the AMC is running a series of workshops with Indigenous medical education peak bodies to develop proposals for updating the accreditation standards. These proposals will be included within future consultation/s, along with proposals for changes in the other areas indicated in this consultation.
10. Student Wellbeing	The AMC's initial thinking is to update these standards to clarify that medical schools are expected to have appropriately resourced strategies to promote inclusion and wellbeing, and to respond to concerns about mental and physical health that arise in both academic and clinical contexts. In Australia, there is opportunity for medical schools' action plans in response to 'Every doctor, every setting: A national framework to guide coordinated action on the mental health of doctors and medical students' to be referenced within the accreditation assessment and monitoring processes as a way for medical schools to demonstrate they are meeting standards in these areas. The Internship Preparedness Survey showed that 20-30% of respondents felt poorly or not at all prepared to seek support for psychological distress, raise concerns about bullying, or raise concerns about colleagues. This approach takes account of the work of the Australian Medical Students' Association and the Medical Deans of Australia and New Zealand in this area. Update the definition of "impairment" to be consistent with the definition used in the Health Practitioner Regulation National Law. Review how the standards support flexible participation by students with a variety of backgrounds and needs eg students with dependents.
11. Supporting transition to practise	Increase emphasis on medical schools' responsibilities to work in partnership with medical internship providers to support graduates' transition to practise. This reflects increasing local engagement between medical schools and internship providers to better support graduates as newly qualified practitioners and the work of the Australian Medical Students' Association on the provision of practical steps to achieve a safe and supported transition. Include a new standard requiring medical schools to work with students and internship providers to ensure there is a mechanism for sharing information with internship providers when graduates would benefit from specific support during their transition. It is intended that this would mirror a new standard on sharing information with clinical placement providers when the medical school determines that a student will need additional support.
12. Governance, leadership and resources	Move the focus from governance structures and processes to outcomes focused standards requiring schools to demonstrate that governance processes, including all relevant stakeholders, undertake active risk management and make decisions about the development of the program, staffing and resource allocation that are informed by educational and assessment best practice and ensure that the program will continue to meet the accreditation standards.

Area	Initial thinking on direction of change
	This change in focus acknowledges the increasing integration of support services and challenges related to resources that are faced by universities but maintains the importance of medical educators in the design and management of the program. In the context of COVID-19, universities have experienced pressure to reduce budgets and staffing. Currently, the standards require that the education provider has financial resources to sustain its program. It is implicit that, to remain accredited, the resources must be sufficient to ensure that the program meets the accreditation standards and students are able to demonstrate the outcomes. The AMC recognises the diversity within Australian and New Zealand universities and medical programs and does not consider that the standards should be prescriptive about the resources required but would welcome feedback on whether this approach remains appropriate given external budgetary pressures or whether a different approach to the standards is required
13. *Medical Program Outcomes, the Curriculum and Assessment*	Streamline these standards by removing overlap with the graduate outcomes and emphasise the need for alignment between the graduate outcomes, teaching and learning approaches, and assessment methods. As is currently the case, it is not proposed to specify particular curriculum content beyond that inherent in the graduate outcomes. The graduate outcomes would continue to be the lens through which curriculum content and assessment programs are reviewed. Over 2020, in response to COVID-19, a number of health services restricted access to clinical placements, which resulted in challenges for medical schools to alter placements to enable students to obtain sufficient breadth and depth of clinical experience to meet the medical program-level graduate outcomes. These challenges were amplified by the quick responses required and the multifaceted impact on health services but they were not new; periodic health service reconfigurations have similarly required redesign of clinical placements, placing constraints in some areas and, sometimes, opening different opportunities for learning experiences. The AMC would welcome feedback on how to reflect the importance of immersive clinical teaching, role modelling and apprenticeship learning within medical programs; whether explicit requirements about the nature of clinical placements and settings would be helpful and, if so, how such requirements can be framed to support diversity and innovation. Modernise the standards relating to assessment to take account of developments in assessment design, delivery and evaluation. These developments include a better understanding of how assessments can also support learning (as well as test learning), the increased importance of authentic assessment methods integrated within medical practice and an appropriate range of assessment methods/tools. Clarify the expectation that medical schools' teaching, learning and assessment activities support development of professional attitudes and behaviours, and that they have capacity to identify, remediate and ultimately exclude students (if required) from the program when their behaviour raises significant concern about fitness to practise as a doctor. These processes must also be capable of responding to concerns about students' behaviour that arise outside scheduled exams.
14. *Emerging technologies: curriculum and assessment design and delivery*	Update standards related to resources and curriculum delivery to take account of technological infrastructure and emerging technologies supporting education. The AMC does not prescribe how medical programs are delivered, it supports diversity and innovation. In updating the standards, the AMC is therefore proposing that medical schools have clear strategies for how technology supports curriculum delivery and assessment, and that the program includes opportunities for students to engage with current and emerging technologies in health service delivery. Update the standards related to inter-professional learning to include reference to data scientists and engineers, supporting students to gain hands on experience of technology development and application in a health service context.

Area	Initial thinking on direction of change
15. *Encouraging innovation*	The COVID-19 pandemic has driven an enormous amount of innovation within medical schools, as well as a greater openness to new ways of thinking and working. There is an opportunity for the standards to capitalise on the positive aspects of change by encouraging the consolidation and improvement of innovation where it has been found to be effective (e.g. through work within programs to balance online and in-person learning for medical students; a collaborative and systemic review of assessment). The standards should take into account the benefit and likelihood of schools embracing innovation in the years succeeding 2020, and should allow for schools to demonstrate particular projects or ways in which they may be getting positive results in a variety of areas through innovation.
16. *Minor amendments to ensure alignment with international frameworks*	The AMC is proposing a number of minor amendments to align with international frameworks and ensure the AMC accreditation processes and Australian and New Zealand medical programs continue to be recognised by e.g. the World Federation of Medical Education and the National Committee on Foreign Medical Education and Accreditation. • Make explicit the expectation that the education provider has formal processes and structures that facilitate and support faculty staff representation in key academic decision-making processes (including the governance of the medical program). • Revise the standard concerning selection processes to focus on fairness and appropriateness in the context of medical practice and the requirements for internship. Schools must be able to select students who have the academic preparation and proficiency in English needed to participate in the medical program and no known limitations that would be expected to impede their study and completion. Changes in this area would take account of the work by medical schools with medical students on selection processes and inherent requirements for medical practice. • An additional standard is proposed to require medical schools to have processes for identifying and managing conflicts of interest in the management and delivery of their medical program, their training and education functions, governance and decision making.

Proposals for updating the structure of the accreditation standards

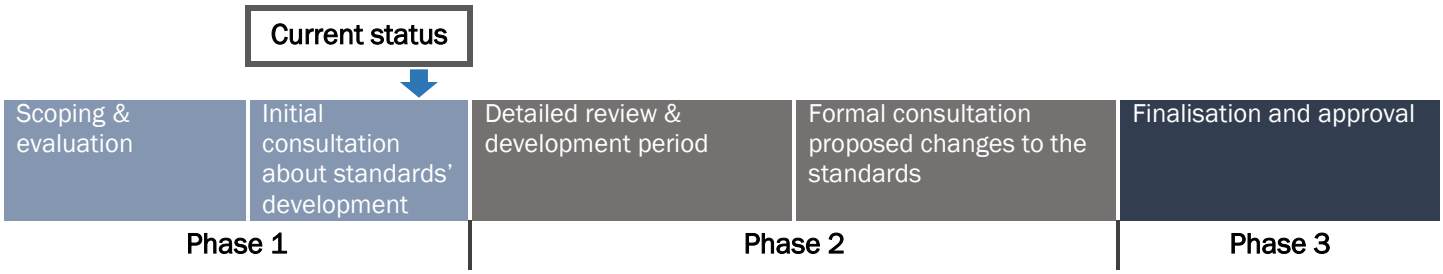
The current structure of the standards follows the educational process, from context and governance to monitoring and evaluation. Intentionally there are some overlaps as the standards focus, through the major headings, on how curriculum outcomes are framed then how those outcomes are delivered, assessed and evaluated. The structure of the standards is reflected across the standards for all phases of medical education. Any structural changes would therefore need to be considered in the context of implications for alignment of standards across prevocational, specialty training, continued professional development, and endorsement of registration as a medical practitioner.

The AMC is seeking feedback on potential changes to the grouping of the standards, the nature of the standards and whether the reintroduction of explanatory notes (or other resources) would support medical schools to implement the standards.

Area	Initial thinking on direction of change
17. *Re-grouping of standards*	In this first consultation, the AMC would like feedback on implications of the restructuring of the elements within the standards. Some regrouping may be helpful to streamline the reporting process for providers and AMC accreditation assessment teams and, to ensure that there is strong integration between the graduate outcomes, the methods for teaching and learning, and the assessment approach. Similarly, there is an opportunity to strengthen the connection between the medical education provider and the communities within which it sits by bringing together standards related to the education provider's purpose and standards related to engagement with local health service and community groups. The AMC is therefore seeking feedback on three models for restructuring the elements of the standards, see **Attachment 1.**
18. *Increase focus on outcomes*	The AMC standards contain a mix of policy and process requirements as well as inputs and outcomes. In the next iteration of the standards the AMC plans to increase the focus on outcomes.
19. *Reintroduction of notes*	The AMC would also welcome feedback on the value of the reintroduction of notes for some standards. The AMC uses notes in standards to provide further explanation of the standards and/or guidance on contemporary good practice relevant to the standard. Although the notes are not standards, they provide guidance that assists medical schools to achieve and maintain compliance with the standards. An example of notes within the *Standards for Assessment and Accreditation of Specialist Medical Programs and Professional Development Programs* is provided below.

Review process: next steps

A summary of the review status and process is provided below:



Phase 1: Scoping and evaluation the AMC has conducted research and evaluation, and has tested ideas with stakeholders to shape its thinking about the scope of the review. This has included focus groups, policy reviews and engagement in meetings.

This written consultation runs for six weeks from late April to early June. As part of this initial consultation, the AMC is running a series of workshops with Indigenous medical education and health peak bodies in Australia to develop proposals for how the graduate outcomes and standards for medical schools can be updated to reflect culturally safe practice and cultural safety.

Video-conferencing and workshops will also be available to other stakeholders to support the development of feedback.

The AMC is now consulting on the proposed scope of the review. Feedback from this consultation will inform the direction of the review in **Phase 2: Detailed review and development.**

The AMC's Medical School Accreditation Committee and Aboriginal, Torres Strait Islander and Māori Committee are working together supported by a working group that includes members from both committees. Through this process, the AMC will review the written responses to the consultation and the feedback from accompanying video-conferences and workshops, and will confirm the areas for the development of detailed proposals.

The AMC aims to begin **Phase 2** consultation on detailed proposals for revisions to the standards in spring 2021. However, this process may be iterative and, further consultations to refine the scope in particular areas may be required in addition to or in combination with consultation on detail as proposals emerge in areas where the scope for review is clear.

In **Phase 3**, changes to accreditation standards must be considered by the AMC committees and the AMC's governing board, the Directors. The AMC's Aboriginal, Torres Strait Islander and Māori Committee has supported the development of proposals for change and will work with the Medical School Accreditation Committee on changes to the standards before they are submitted to AMC Directors. Under the National Law, the Medical Board of Australia approves accreditation standards developed by the AMC.

Subject to this consultation on the scope of the review and further consultation/s, including on detailed proposals for changes, the AMC aims to confirm revised accreditation standards in 2022.

The AMC gives notice of the introduction of revisions to standards in the year before the changes take effect so that medical education providers have adequate time to consider the new standards in their accreditation submissions and progress reports.

Tell us what you think

We would like to hear your perspectives on the review scope. We will consider all the feedback we receive when shaping our proposals for change.

The AMC's primary responsibility is to ensure that standards of education, training and assessment of the medical profession promote and protect the health of the Australian community, and the final content of the National Framework must reflect this.

We have provided questions about the changes proposed in each major component of the Accreditation Standards review in the attached document **Part 2: Consultation questions.**

We are seeking feedback by **Friday 11 June 2021.**

Please provide your response, by email, as a word document or non-protected PDF document using the **attached template Part 2: Consultation questions** to standardsreview@amc.org.au.

Attachments

1. Part 2 - Consultation questions template for feedback
2. Attachment 1 - Alternative models for the accreditation standards for medical education providers

Attachment 1

Possible *alternative models for the accreditation standards for medical schools*

Note that these models illustrate potential alternative groupings of elements of the existing standards to support consultation discussion on structure. It is expected that the elements and specific standards will change in response to this consultation and future consultations as opportunities to streamline and update the standards are identified. The feedback to this consultation will also inform development of proposals for how the standards related to Aboriginal, Torres Strait Islander and Māori people and health are organised within the standards – once developed, these proposals will be included in future consultation/s.

Model 1 - Maximum integration			
1	Context and Accountability *(includes elements from current standards 1, 2 and 6)*		
		2.1	Purpose
		1.6	Interaction with Health Sector & Society
		1.1	Governance
		1.2	Leadership and Autonomy
		1.3	Medical Program Management
		1.5	Educational Budget & Resource Allocation
		6	Monitoring and Evaluation *(Continual renewal) (covers 6.1 Monitoring, 6.2 Outcome Evaluation, 6.3 Feedback and Reporting)*
2	Students		
		7.3	Student Support
3	The Medical Program		
		2.2	Medical Program Outcomes
		3.1	Duration of the Program
		3.2	Content of the Curriculum
		3.3	Curriculum Design
		3.4	Curriculum Description
		1.4	Educational Expertise
		1.7	Research & Scholarship
		3.5	Indigenous Health (see comments above regarding structure)
		3.6	Opportunities for choice
		4	Teaching and Learning
		8.3	Clinical Learning Environment
		5.1	Assessment Approach
		5.2	Assessment Methods
		7.2	Admission Policy and Selection
		7.4	Professionalism and Fitness to Practice
		5.3	Assessment Feedback
		5.4	Assessment Quality
4	The Learning Environment		
		8.1	Physical Facilities and resources (+ 8.2 Information Resources and Library Services)
		1.9	Staff Resources
		1.8	Staff Appointment, Promotion and Development
		8.4	Clinical Supervision

Model 2A - Medium integration		
1	Context and Accountability	
	2.1	Purpose
	1.6	Interaction with Health Sector & Society
	1.1	Governance
	1.2	Leadership and Autonomy
	1.3	Medical Program Management
	1.5	Educational Budget & Resource Allocation
2	Students	
	7.3	Student Support
3	Program Design	
	2.2	Medical Program Outcomes
	3.1	Duration of the Program
	3.2	Content of the Curriculum
	3.3	Curriculum Design
	3.4	Curriculum Description
	1.4	Educational Expertise
	1.7	Research & Scholarship
	3.5	Indigenous Health (see comments above regarding structure)
	3.6	Opportunities for choice
	5.1	Assessment Approach
	5.2	Assessment Methods
	7.2	Admission Policy and Selection
	7.4	Professionalism and Fitness to Practice
	5.3	Assessment Feedback
	5.4	Assessment Quality
4	Program Delivery	
	4	Teaching and Learning
	8.3	Clinical Learning Environment
5	The Learning Environment	
	8.1	Physical Facilities
	8.2	Information Resources and Library Services
	1.9	Staff Resources
	1.8	Staff Appointment, Promotion and Development
	8.4	Clinical Supervision
6	Monitoring and Evaluation	
	6.1	Monitoring
	6.2	Outcome Evaluation
	6.3	Feedback and Reporting

Model 2B - Medium integration		
1	Context and Accountability	
	2.1	Purpose
	1.6	Interaction with Health Sector & Society
	1.1	Governance
	1.2	Leadership and Autonomy
	1.3	Medical Program Management
	1.5	Educational Budget & Resource Allocation
2	Students	
	7.3	Student Support
3	Curriculum Design and Delivery	
	2.2	Medical Program Outcomes
	3.1	Duration of the Program
	3.2	Content of the Curriculum
	3.3	Curriculum Design
	3.4	Curriculum Description
	1.4	Educational Expertise
	1.7	Research & Scholarship
	3.5	Indigenous Health (see comments above regarding structure)
	3.6	Opportunities for choice
	4	Teaching and Learning
	8.3	Clinical Learning Environment
4	Assessment Design and Delivery	
	5.1	Assessment Approach
	5.2	Assessment Methods
	7.2	Admission Policy and Selection
	7.4	Professionalism and Fitness to Practice
	5.3	Assessment Feedback
	5.4	Assessment Quality
5	The Learning Environment	
	8.1	Physical Facilities
	8.2	Information Resources and Library Services
	1.9	Staff Resources
	1.8	Staff Appointment, Promotion and Development
	8.4	Clinical Supervision
6	Monitoring and Evaluation	
	6.1	Monitoring
	6.2	Outcome Evaluation
	6.3	Feedback and Reporting

Model 3 – Minor integration		
1	Context and Accountability	
	2.1	Purpose
	1.6	Interaction with Health Sector & Society
	1.1	Governance
	1.2	Leadership and Autonomy
	1.3	Medical Program Management
	1.5	Educational Budget & Resource Allocation
2	Students	
	7.3	Student Support
3	Curriculum	
	2.2	Medical Program Outcomes
	3.1	Duration of the Program
	3.2	Content of the Curriculum
	3.3	Curriculum Design
	3.4	Curriculum Description
	1.4	Educational Expertise
	1.7	Research & Scholarship
	3.5	Indigenous Health (see comments above regarding structure)
	3.6	Opportunities for choice
4	Assessment	
	5.1	Assessment Approach
	5.2	Assessment Methods
	7.2	Admission Policy and Selection
	7.4	Professionalism and Fitness to Practice
	5.3	Assessment Feedback
	5.4	Assessment Quality
5	Program Delivery	
	4	Teaching and Learning
	8.3	Clinical Learning Environment
6	The Learning Environment	
	8.1	Physical Facilities
	8.2	Information Resources and Library Services
	1.9	Staff Resources
	1.8	Staff Appointment, Promotion and Development
	8.4	Clinical Supervision
7	Monitoring and Evaluation	
	6.1	Monitoring
	6.2	Outcome Evaluation
	6.3	Feedback and Reporting