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| Review of the Accreditation Standards for Primary Medical Programs |

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| Part 2 | Consultation questions: Review and development work |

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| Your feedback |

We would like to hear your perspectives on the review and development work to date. We will consider all the feedback we receive when shaping our proposals for change. The AMC will communicate a summary of its consideration and response to the feedback provided.

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. If you would like further information about how to engage with the review please visit the AMC website.

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| We are seeking feedback by **Friday 11 June 2021.**  To enable efficient evaluation of the feedback our preference is for responses to be provided, by email, in a **Word document** using this **template** to [standardsreview@amc.org.au](mailto:standardsreview@amc.org.au). If this is not possible, please provide a non-protected PDF. |

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| This template |

This template provides questions against each major component of the standards review for consultation, as follows:

1. Graduate outcome statements
2. Standards for medical schools

This template should be read in conjunction with the **Part 1: Consultation Paper**, which outlines the background and review process, along with 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. Feedback is sought on the direction of changes indicated and whether there are additional considerations that should be included within this review.

Relevant attachments include:

**ATTACHMENT 1:** Alternative models for the accreditation standards for medical education providers

The questions are only a guide, please advise of anything that you think the AMC should consider within the review process. We recognise that not all suggested questions below will apply to all stakeholders, please only respond to those that are of relevance to you. There are also spaces for general comments.

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| Your information |

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| Organisation (if relevant) |  |
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| Position |  |
| Location (State/Territory) |  |
| Email |  |
| Telephone number |  |

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| 1. Graduate outcomes statements |

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| **Content** of the graduate outcome statements - Questions |
| 1. *Social accountability to the communities in Australia and New Zealand*   Are there any specific consequences the AMC should consider if it decides to strengthen the focus on social accountability and health inequalities? |
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| 1. *Providing culturally safe care*   What additional guidance should be provided in relation to the professional duty of culturally safe practice in Australia and New Zealand, and should the AMC or some other body provide it? |
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| 1. *Safety and quality*   *W*hat particular aspects related to quality and safety should the review consider including within the graduate outcomes? |
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| 1. *Emerging technologies: implications for medical services and practice*   What specific elements of digital literacy and capability are required of graduates for safe, effective practice (and what outcomes would demonstrate this)? |
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| 1. *Partnering with patients*   What specific elements of partnering with patients should be emphasised (and what outcomes would demonstrate this)? |
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| **Structure** of the graduate outcome statements - Questions |
| 1. *The level of specificity of the outcomes*   6.A Should there be a detailed list of procedural skills that graduates must be able to perform, or is a higher level statement requiring graduates to be able to ‘perform common procedures’ that can be contextualised within schools’ curriculum more appropriate? |
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| 6.B Are there any other areas where more specific detailed outcomes would be useful? |
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| 1. *The order of the domains*   What would be the costs and benefits in reordering the four domains? |
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| 1. Standards for medical education providers |

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| **Contents** of the accreditation standards for medical schools - Questions |
| 1. *Accountability to Australia and New Zealand communities*   8.A What might be the consequences of proposals to strengthen the focus on medical schools’ having meaningful and reciprocal relationships with their local communities and health services? |
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| 8.B What might be the indicators of meaningful relationships? |
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| 1. *Cultural Safe practice and responsibilities towards Aboriginal, Torres Strait Islander and Māori peoples and their health*   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. |
| 1. *Student Wellbeing*   10.A What would be the consequences of the AMC broadening the focus of student wellbeing standards to encompass strategies for inclusion? |
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| 10.B What sort of flexible participation by medical students should be considered? |
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| 1. *Supporting transition to practise*   11.A What are the indicators of effective partnerships between medical schools and internship providers? |
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| 11.B What might be some of the considerations for implementation? |
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| 11.C What would be the consequences of a new requirement for information to be shared with clinical placement providers when a student needs additional support in their clinical training or transition to internship? |
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| 1. *Governance, leadership and resources*   What might be the impact of a change in focus from governance structures to evidence of stakeholder inclusion, proactive risk management and reference to accreditation requirements in decision-making? |
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| 1. *Medical Program Outcomes, the Curriculum and Assessment*   13.A What are the consequences of the AMC continuing to not specify or highlight particular curriculum content but refer to the Graduate Outcomes Statements as the basis for curriculum and assessment content? |
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| 13.B How can immersive clinical teaching, role modelling and apprenticeship learning be safeguarded within medical programs? |
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| 13.C Should the standards describe explicit requirements for the clinical placements? |
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| 13.D If so, how can explicit requirements be framed to support diversity and innovation? |
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| 13.E Do you agree that the assessment standards should be clarified to explicitly refer to the assessment of professional behaviours? |
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| 1. *Emerging technologies: curriculum and assessment design and delivery*   How might the standards be framed to remain relevant in the context of new and emerging technologies? |
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| 1. *Encouraging innovation*   Beyond remaining high-level and non-prescriptive, how might the standards promote innovation within medical schools? |
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| 1. *Minor amendments to ensure alignment with international frameworks*   *D*o the proposed minor amendments give rise to any implications that the AMC should be aware of? |
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| **Structure** of the accreditation standards for medical schools - Questions |
| 1. *Re-grouping of standards*   17.A What are the pros and cons of the models at **Attachment 1?** |
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| 17.B Are there alternative models that the AMC should consider? |
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| 17.C Which is your preferred model? Please explain. |
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| 1. *Increase focus on outcomes*   18.A For which standards might there be an opportunity to focus on outcomes over inputs or process? |
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| 18.B Where standard relate to policy and process how might we measure the effectiveness of their implementation and outcomes? |
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| 1. *Reintroduction of notes or other supporting materials*   19.A Would the reintroduction of notes and/or guidance on good practice be helpful to clarify the intent of the standards? |
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| 19.B If so, for which areas would notes or further guidance be useful? |
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| 19.C If not, what other methods would be helpful to clarify the intent of the standards and share good practice? |
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| Summary questions |
| 1. Are there any areas in which proposals for the change in focus would be problematic for medical schools? If so, please explain |
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| 1. Are there any **further areas** in which the AMC should consider changing the graduate outcomes and the standards for medical schools? |
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