

National Prevocational Framework Review

Draft consultation documents - Attachment C



QUALITY ASSURANCE

AMC ACCREDITATION OF PREVOCATIONAL TRAINING
ACCREDITATION AUTHORITIES (POSTGRADUATE MEDICAL
COUNCILS)

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1. About this document

This document contains the Draft Domains and Procedures for assessing and accrediting Prevocational training accreditation authorities by the Australian Medical Council that form part of the National Framework for Prevocational Medical Training. The following table provides a summary of the areas for consultation in this document.

2. Prevocational training – Domains for assessing accreditation authorities

CHANGES SINCE LAST CONSULTATION (APRIL – MAY 2021)

Component	Proposed changes	Consultation feedback
Domains		
Overall	Language changes to reflect updated Framework and expansion to PGY2. As noted previously, the AMC is proposing to mandate the use of the national standards by accreditation authorities (postgraduate medical councils). Authorities are currently required to map their standards to the national standards.	Stakeholder feedback broadly supportive. Changes made.
Domain 1 - Governance	<u>Attribute 1.3:</u> The AMC is proposing to clarify what is meant by financial viability in this attribute by including the words “organisational stability and ongoing funding to allow continuous sustainable accreditation.” There will also be clarification in the notes on what evidence could be provided against this attribute.	<u>Attribute 1.3:</u> Wording has been changed to increase clarity and reflect different possible funding structures.
Domain 2 - Purpose	<u>Proposed new Domain:</u> “Purpose”, refers to the accreditation authority’s commitment to ensuring high quality education and training, and facilitating training to meet health needs of the community. Alternatively, “Purpose” could be incorporated into the existing Domain 1.	A new Domain has been created to align with the structure of other AMC standards.
Domain 3 - Independence	There was strong feedback that it is critical to retain the strength of this Domain. The AMC is proposing the word “funder” rather than “purchaser” and a requirement to include a recognition of independence in the relevant formal agreement with the funder. <u>Notes:</u> will clarify that independence is required at multiple levels across the Domains: Governance – organisation level Accreditation process – teams, appointments Governance – accreditation level	Independence and conflicts of interest have been separated in the notes of Domain 3.
Domain 4 - Operational management	Notes related to resources will be clarified.	<u>Attribute (4.3):</u> Attribute 5.4 regarding consideration of national and international

		structures of quality assurance and accreditation has been moved to Domain 4 and reworded to increase clarity. Quality assurance also added to the introduction.
Domain 5 – Processes for accreditation of prevocational training programs	<p>A reference to the PGY2 certificate of completion will be include in the introductory sentence.</p> <p><u>Attribute 5.8:</u> Add “external sources of information” to this attribute, e.g. Medical Training Survey (MTS) data (notes)</p> <p><u>Proposed new attribute:</u> Ensuring accreditation authorities have mechanisms to deal with external sources of data that come to light outside of the regular cycle of accreditation – e.g. MTS (notes)</p> <p><u>Attribute 5.11:</u> Recommend that accreditation authorities publish a summary of accreditation outcomes including: the duration of accreditation number of conditions and commendations a brief high-level summary of each condition and commendation (one sentence).</p>	<p>Wording has been changed throughout the document to reflect the national standards being mandated. Will revisit this document once Training Environment documents are finalised.</p> <p><u>Added Attribute (5.5):</u> Regarding consideration of external sources of data where appropriate. The MBA’s Medical Training Survey to be provided as an example in the notes of Domain 5.</p> <p><u>Attribute 5.12:</u> Wording has been changed regarding publishing accreditation outcomes in response to stakeholder feedback; commendations are to be included in the published summary “where relevant”.</p>
Domain 6 – Stakeholder collaboration	<p><u>Attribute 6.1:</u> Add “Medical Schools and Specialist Colleges” to the list of stakeholders</p> <p><u>Attribute 6.4:</u> Clarify the intention of this attribute and the various ways it could be achieved e.g. representation on accreditation teams/ committees</p> <p><u>Notes:</u> Strengthen the importance of prevocational training as part of the medical education continuum. Interaction with medical schools should include discussion of preparedness for internship, and with colleges should include pathways into vocational training.</p>	<p><u>Attribute 6.1:</u> Revised to strengthen the importance of prevocational training as part of the medical education continuum.</p>
Procedures		
Overall	<p>The AMC is proposing that major changes are not required due to regular internal reviews. This has been supported by stakeholder feedback</p> <p>There will be changes to language to reflect the updated Framework.</p> <p>The AMC will make a wording change in Section 1: Management of the</p>	<p>Stakeholders did not identify any additional areas that required clarification or strengthening.</p>

Accreditation Process if National standards are mandated.	
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Introduction

Revised	Summary of changes
<p>This document provides a national set of criteria for reviewing the performance of authorities that assess and accredit prevocational (Postgraduate Year 1 and Postgraduate Year 2) training programs.</p> <p>The scope of this document has been expanded with the introduction of the revised two-year prevocational framework. The AMC accreditation of accreditation authorities to assess PGY1 is conducted as part of the requirement of the Medical Board of Australia’s registration standard for granting general registration for Australian and New Zealand medical graduate on completion of internship. The AMC accreditation of authorities to assess PGY2 is conducted as a result of the expansion of the Framework as an outcome of the 2015 Council of Australian Governments National Review of Medical Intern Training¹.</p> <p>The prevocational training accreditation authorities apply the Prevocational Training and Assessment requirements to structure education and performance assessment for prevocational doctors. They also assess prevocational training programs against national standards, and work with health services to improve the quality of prevocational training.</p> <p>Unlike medical schools and specialist medical colleges, prevocational training accreditation authorities are not education providers. The Australian Medical Council (AMC) has set national standards for prevocational training that reflect this difference: rather than accredit these accreditation authorities as education providers, the AMC applies criteria similar to those used to assess the AMC's own work as an accreditation authority under the National Law.</p> <p>In line with national and international good principles of accreditation of health profession education programs, accreditation processes’ aims should include quality improvement in addition to quality assurance, including the response of education programs to changing community needs and professional practice expectations through continuous improvement activities.²</p> <p>In developing this document a number of policy documents and frameworks were taken into account, they are listed in the References section.</p>	<p>Introduction revised:</p> <ul style="list-style-type: none"> • Expand to PGY2 • Update references • Note importance of the role of accreditation in both quality assurance and quality improvement <p>Additional text added to reflect importance of quality improvement and quality assurance.</p>

Assessment process

¹ <https://www.coaghealthcouncil.gov.au/MedicalInternReview>

² [file:///C:/Users/sarah.vaughan/Downloads/AHPRA---Forum-of-Australian-Health-Professions-Councils---Framework---Quality-Framework-for-the-Accreditation-Function%20\(1\).PDF](file:///C:/Users/sarah.vaughan/Downloads/AHPRA---Forum-of-Australian-Health-Professions-Councils---Framework---Quality-Framework-for-the-Accreditation-Function%20(1).PDF)

The accreditation assessment procedures are described in a separate document, [*Procedures for assessment and accreditation of prevocational training accreditation authorities*].⁴ This document details the domains the prevocational training accreditation authority must demonstrate and related attributes. A brief overview of the domains is given below.

The domains at a glance

1. Governance	The prevocational training accreditation authority effectively governs itself and demonstrates competence and professionalism in performing its accreditation role.
2. Purpose	New Domain added which refers to the accreditation authority's commitment to ensuring high quality education and training, and facilitating training to meet health needs of the community.
4. Independence	The prevocational training accreditation authority carries out independently the accreditation of prevocational training programs.
3. Operational management	The prevocational training accreditation authority effectively manages its resources to perform functions associated with accrediting prevocational training programs.
4. Processes for accreditation of prevocational training programs	The prevocational training accreditation authority applies the [<i>National standards for programs</i>] in assessing whether programs will enable PGY1 doctors to progress to general registration in the medical profession and PGY2 doctors to progress to receiving the certificate of completion . It has rigorous, fair and consistent processes for accrediting prevocational training programs.
5. Stakeholder collaboration	The prevocational training accreditation authority works to build stakeholder support and collaborates with other prevocational training accreditation authorities and medical education standards bodies.

Required attributes by domain

Domain 1: Governance

The prevocational training accreditation authority effectively governs itself and demonstrates competence and professionalism in performing its accreditation role.

Domain 1 attributes

Original statement	Revised statement	Notes on change
1.1 The prevocational training accreditation authority is, or operates within, a legally constituted body subject to a set of external standards/rules related to governance, operation and financial management. [Amended: 24	1.1 The prevocational training accreditation authority is, or operates within, a legally constituted body subject to a set of external standards/rules related to governance, operation and financial management. [Amended: 24 June 2015]	Nil

June 2015]		
1.2 The prevocational training accreditation authority's governance and management structures give appropriate priority to accrediting prevocational training programs including the impact of these programs on patient safety. This should also include the way these programs address the wellbeing of prevocational doctors.	1.2 The prevocational training accreditation authority's governance and management structures give appropriate priority to accrediting prevocational training programs including the impact of these programs on patient safety. This should also include the way these programs address the wellbeing of prevocational doctors.	Nil. Notes revised to clarify intent.
1.3 The prevocational training accreditation authority is able to demonstrate business stability organisational stability and ongoing funding to allow continued high quality accreditation functions.	1.3 The prevocational training accreditation authority is able to provide assurance of the ongoing viability and sustainability of the organisation in the delivery of accreditation services.	Revised to improve clarity and reflect the range of organisational types. Additional examples added to the notes to provide examples of evidence to support the Domain.
1.4 The prevocational training accreditation authority's accounts meet relevant Australian accounting and financial reporting standards. There is a transparent process for selection of the governing body.	1.4 The prevocational training accreditation authority's accounts meet relevant Australian accounting and financial reporting standards. There is a transparent process for selection of the governing body.	Nil
1.5 The prevocational training accreditation authority's governance arrangements provide input from stakeholders, including health services, prevocational supervisors, and prevocational doctors.	1.5 The prevocational training accreditation authority's governance arrangements provide input from stakeholders, including health services, prevocational supervisors, and prevocational doctors.	Nil

⁴ Procedures for assessment and accreditation of intern training accreditation authorities [Internet]. Canberra: Australian Medical Council; 2013 [cited 2013 16 Dec]. Available from: <http://www.amc.org.au/index.php/ar/psa>.

Notes

Revisions (in green)	Notes on change
Everyone shares in the responsibility of improving patient safety. As the organisations responsible for assessing prevocational training programs and ensuring that they meet national standards and requirements, prevocational training accreditation authorities must make patient safety a central concern. There is strong evidence	

<p>that the wellbeing of prevocational doctors is linked to patient safety.</p> <p>Effective management of prevocational training accreditation functions requires prevocational training accreditation authorities to understand their accountability and the impact of their policies and requirements on prevocational training and the health settings in which that training occurs, for example implications of requirements for patient safety, supervision, prevocational doctor wellbeing, and safe workplace cultures (including cultural safety).</p> <p>Ongoing viability and sustainability of the organisation in delivering its accreditation functions might be demonstrated in a range of ways and will vary depending on the context and structure of the authority. Evidence might include some but not all of the following:</p> <ul style="list-style-type: none"> • Evidence of surety of ongoing funding • Formal and dedicated structures to support governance of accreditation functions • Formal and dedicated structures to support operational management of accreditation functions • Adequate resourcing, including staffing • Commitment from and engagement with the funder/s • Evidence of strong lines of communication and regular reporting with funder/s and key stakeholders • Defined formal agreements with funder/s (where relevant) • Historical evidence of organisational stability 	<p>Notes revised to clarify accountability and impact on patient safety and prevocational doctor wellbeing. [Attribute 1.2]</p> <p>Notes added to clarify mechanisms/evidence to demonstrate organisational viability and sustainability [Attribute 1.3]</p>
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Domain 2 Purpose [new Domain]

Domain 2 attributes

Original statement	Revised statement	Notes on change
Nil.	2.1 The prevocational training accreditation authority is committed to ensuring high quality education and training, and facilitating training to meet health needs of the community.	Refers to the accreditation authority's commitment to ensuring high quality education and training, and facilitating training to meet health needs of the community.

Notes

Revisions (in green)	Notes on change
In addition to ensuring high quality education and training, facilitating education and training to meet health needs of the community is a shared responsibility of those responsible for regulating and developing the medical workforce. This should include consideration of national strategic health or medical workforce priorities and reforms.	New notes for new attribute.

Domain 3: Independence

The prevocational training accreditation authority carries out independently the accreditation of prevocational training programs.

Domain 3 attributes

Original statement	Revised statement	Notes on change
Nil.	3.1 The prevocational training accreditation authority makes its decisions about accrediting programs independently. There is no evidence of undue influence and the authority can demonstrate use of its mechanisms for managing potential undue influence from any area of the community, including government, health services, or professional associations.	Strengthened the attribute to include providing evidence of mechanisms for managing potential sources of influence.
2.2 The intern training accreditation authority's governing body has developed and follows clear procedures for identifying and managing conflicts of interest.	3.2 The prevocational training accreditation authority's governing body has developed and follows clear procedures for identifying and managing conflicts of interest.	Nil.

Notes

Revisions (in green)	Notes on change
<p>Independence of the accreditation function should be formally defined in writing. This could be in the constitution or terms of reference of the accreditation authority and/or in a formal agreement with the relevant funders. Funders might include the Medical Board of Australia, one or more health jurisdiction, and one or more health facility. [Amended: 24 June 2015]</p> <p>Independence of the authority in accreditation decision making might be demonstrated through a range of structures and processes and will vary according to the structure of the accreditation authority. Evidence might include:</p> <ul style="list-style-type: none"> Structures and processes at a governance level to ensure independence of decision making such as: different levels of decision making, wide-stakeholder input, consideration of conflicts of interest and assessment against standards. Structures and processes at an operational level to ensure appropriate separation of functions of the organisation (for example workforce and accreditation). Evidence of application of mechanisms to ensure independence from potential sources of undue influence. <p>Conflict of interest is addressed in both Domain 2 and Domain 4. In this Domain, this relates to the broader organisational structures and processes. For example, that conflict of interest processes are applied in the selection and operation of the higher level governing committees.</p>	<p>Notes revised to reflect the different organisational types and structures of accreditation authorities. Revisions made in line with consultation feedback.</p> <p>Feedback from the consultation was strongly supportive of the continued importance of independence. Notes have been revised to provide examples.</p> <p>Notes to clarify that conflicts of interest processes are required at multiple levels across the Domains.</p>

Domain 4: Operational management

The prevocational training accreditation authority effectively manages its resources to perform functions associated with accrediting prevocational programs.

Domain 4 attributes

Original statement	Revised statement	Notes on change
3.1 The prevocational training accreditation authority manages human and financial resources to achieve objectives in relation to accrediting prevocational training programs.	4.1 The prevocational training accreditation authority manages human and financial resources to achieve objectives in relation to accrediting prevocational training programs.	Nil.
3.2 There are effective systems for monitoring and improving the prevocational training accreditation processes, and for identifying and managing risk.	4.2 There are effective systems for monitoring and improving the prevocational training accreditation processes, and for identifying and managing risk.	Nil.
Previous 5.4. The prevocational training accreditation authority works within overarching national and international structures of quality assurance and accreditation.	4.3 The prevocational authority adopts a quality improvement approach to its accreditation standards and processes. This should include mechanisms to benchmark to overarching national and international structures of quality assurance and accreditation.	Moved from 5.4 and revised to clarify intention.
3.4 There are robust systems for managing information and contemporaneous records, including ensuring confidentiality.	4.4 There are robust systems for managing information and contemporaneous records, including ensuring confidentiality.	Nil.

Notes

Revisions (in green)	Notes on change
The prevocational accreditation authority should be able to demonstrate capacity to draw on additional resources if required, for example an increased accreditation load, and to direct funding and staffing to accreditation activities in those circumstances. [Amended: 24 June 2015]	Nil.

Domain 5: Processes for accreditation of prevocational training programs

The prevocational training accreditation authority applies the national standards for prevocational training in assessing whether programs will enable PGY1 doctors to progress to general registration in the medical profession and PGY2 doctors to progress to receiving the certificate of completion. It has rigorous, fair and consistent processes for accrediting prevocational programs.

Domain 5 attributes

Original statement	Revised statement	Notes on change
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4.1 The prevocational training accreditation authority ensures documentation on the accreditation requirements and procedures is publicly available.	5.1 The prevocational training accreditation authority ensures documentation on the accreditation requirements and procedures is publicly available.	Nil.
4.2 The prevocational training accreditation authority has policies on selecting, appointing, training and reviewing performance of survey team members. Its policies result in survey teams with an appropriate mix of skills, knowledge and experience to assess prevocational training programs against the accreditation standards.	5.2 The prevocational training accreditation authority has policies on selecting, appointing, training and reviewing performance of survey team members. Its policies result in survey teams with an appropriate mix of skills, knowledge and experience to assess prevocational training programs against the accreditation standards.	Nil.
4.3 The prevocational training accreditation authority has developed and follows procedures for identifying, managing and recording conflicts of interest in the accreditation work of survey teams and working committees.	5.3 The prevocational training accreditation authority has developed and follows procedures for identifying, managing and recording conflicts of interest in the accreditation work of survey teams and working committees.	Nil.
4.4 The accreditation process includes self-evaluation, assessment against the standards, site visits where appropriate, and a report assessing the program against the standards. In the process, the intern training accreditation authority uses standards that comply with the approved national standards for intern training.	5.4 The accreditation process includes self-evaluation, assessment against the standards, site visits where appropriate, and a report assessing the program against the standards. In the process, the prevocational training accreditation authority uses the national standards for prevocational training.	Changed to reflect decision to mandate the use of the national accreditation standards, rather than mapping to them.
New attribute	5.5 The prevocational training accreditation processes include consideration of external sources of data, where available. This includes mechanisms to manage data or information arising outside of the regular cycle of accreditation that indicate standards are not being met.	Added to include use of sources of data arising outside the formal cycle of accreditation including the Medical Training Survey. Notes revised.
4.5 The accreditation process facilitates continuing quality improvement in delivering intern training.	5.6 The accreditation process facilitates continuing quality improvement in delivering prevocational training.	Nil.

<p>4.6 The accreditation process is cyclical, in line with national guidelines and standards, and provides regular monitoring and assessment of intern programs to ensure continuing compliance with the approved Intern training – National standards for programs.</p>	<p>5.7 The accreditation process is cyclical, in line with national guidelines and standards, and provides regular monitoring and assessment of prevocational programs to ensure continuing compliance with the <i>National standards for programs</i>.</p>	<p>Nil.</p>
<p>4.7 The intern training accreditation authority has mechanisms for dealing with concerns for patient care and safety identified in its accreditation work, including accreditation assessment, monitoring and complaints processes.</p>	<p>5.8 The prevocational training accreditation authority has mechanisms for dealing with and/ or reporting concerns for patient care and safety identified in its accreditation work, including accreditation assessment, monitoring and complaints processes.</p>	<p>Revised to reflect role of the authority might be different depending on the nature of the concern.</p>
<p>4.8 The intern training accreditation authority has mechanisms for identifying and dealing with concerns about junior doctor wellbeing or environments that are unsuitable for junior doctors in its accreditation work including accreditation assessment, monitoring and complaints processes.</p>	<p>5.9 The prevocational training accreditation authority has mechanisms for identifying and dealing with concerns about prevocational doctor wellbeing or environments that are unsuitable for prevocational doctors in its accreditation work including accreditation assessment, monitoring, and processes to manage complaints and information from external sources.</p>	<p>Added external sources of information, such as the Medical Training Survey.</p>
<p>4.9 The intern training accreditation authority applies national guidelines in determining if changes to posts, programs and institutions will affect the accreditation status. It has clear guidelines on how the institution reports on these changes, and how these changes are assessed.</p>	<p>5.10 The prevocational training accreditation authority applies national requirements and guidelines for terms and programs in determining if changes to posts, programs and institutions will affect the accreditation status. It has clear guidelines on how the institution reports on these changes, and how these changes are assessed.</p>	<p>Change to reflect the change in title of the document. Names to be finalised.</p>
<p>4.10 The intern training accreditation authority follows documented processes for accreditation decision-making and reporting that enable decisions to be free from undue influence by any interested party.</p>	<p>5.11 The prevocational training accreditation authority follows documented processes for accreditation decision-making and reporting that enable decisions to be free from undue influence by any interested party.</p>	<p>Nil.</p>

New attribute.	5.12 The prevocational training accreditation authority communicates the status of programs and accreditation outcomes to relevant stakeholders including regulatory authorities, health services and prevocational doctors. It publishes accreditation outcomes including, duration, recommendations, conditions and commendations (where relevant).	New attribute requiring authorities to publish a summary of accreditation outcomes.
4.12 There are published processes for complaints, review and appeals that are rigorous, fair and responsive.	5.13 There are published processes for complaints, review and appeals that are rigorous, fair and responsive.	Nil.

Notes

Revisions (in green)	Notes on change
<p>The purpose of the AMC process for accreditation of prevocational training accreditation authorities is to recognise prevocational training programs that promote and protect the quality and safety of patient care, and meet the needs of the prevocational doctors and the health service and the community as a whole. Maintenance of patient safety and prevocational doctor wellbeing are both essential components of prevocational training accreditation processes. This includes cultural safety for Aboriginal and Torres Strait Islander patients and doctors. Prevocational training accreditation authorities should have mechanisms to identify and processes for dealing with issues related to patient safety and also prevocational doctor wellbeing that may arise in its accredited prevocational training programs. The Australian Commission on Safety and Quality in Healthcare provides standards and guides on patient safety culture.</p> <p>Issues relating to workplace and learning culture, patient safety and prevocational doctor wellbeing could be identified through usual accreditation mechanisms (including site visits, evidence submission, direct contact with prevocational doctors, or regular monitoring processes) and through additional means such as a complaint to the accreditation authority or through information available in the public domain (such as the Medical Training Survey).</p> <p>In the early implementation stages of the revised framework for prevocational training, the AMC will closely monitor how prevocational training accreditation authorities review the way accredited facilities/programs assess prevocational doctor performance, and how they determine that the national standards are met.</p> <p>[Training environment] describes the requirements of programs and terms in delivering prevocational programs, this includes:</p> <ol style="list-style-type: none"> 1. The National standards for programs are mandatory national accreditation standards for prevocational training at the program level across PGY1 and PGY2. The use of these standards is mandatory in the revised two-year framework. Prevocational training accreditation authorities might have additional localised accreditation requirements or guidelines. 2. The Requirements and Guidelines for Programs and Terms outline the parameters that must be met within each year. <p>Prevocational training accreditation authorities will need processes to</p>	<p>Added reference to resources on patient safe cultures.</p> <p>Wording and titles will be re-visited once Training Environment documents confirmed.</p>

<p>review training programs against the [Training environment] requirements. This should include assessment of programs from a longitudinal perspective based on a sufficiently wide sample of terms in depth. These processes need to identify significant deficiencies or developments in the way the accredited program selects and monitors prevocational terms and their place in each year (PGY1 or PGY2). It will be possible for a prevocational training accreditation authority to accredit a program but disallow particular terms.</p> <p>Over the accreditation cycle, the prevocational training accreditation authority should use an appropriate mix of methods to assess whether a prevocational training program is meeting the national standards. The methods normally include surveys/questions, the prevocational training program's self-assessment, paper-based reviews, video/teleconference discussions, and site inspections. Site inspections and discussions should be used to validate and assess information in areas representing the greatest risk to prevocational doctor safety and prevocational training quality. The benefits of site inspections include validating information; receiving confidential feedback; observing behaviours; discussing issues with supervisors, prevocational doctors and clinicians; and retaining institutional commitment. The benefits of site visits need to be weighed against the time and cost burdens and any other relevant risks.</p> <p>The prevocational training accreditation processes includes consideration of external sources of data, where available. This might include the Medical Board of Australia's Medical Training Survey data and issues arising from Junior Medical Officer (JMO) Forum meetings. The process should include mechanisms to manage data and information arising outside of the regular cycle of accreditation that indicates standards are not being met.</p> <p>The AMC supports a nationally consistent re-accreditation cycle for prevocational training programs. If no major change occurs in the program, and regular monitoring indicates that a program continues to satisfy national standards, then the full period of re-accreditation should be four years. For changes in a health service, prevocational training program, or term that normally prompt a review, refer to [<i>National standards for programs</i> Section 1.2 – Notes].</p> <p>Prevocational training accreditation authorities also need clear guidelines on what changes in a term or unit require reporting, how these should be reported, and clear processes to determine what the authority may do, such a performing a review. Examples of such changes include:</p> <ul style="list-style-type: none"> • Absence of immediate clinical supervision for any period. • Absence of a term supervisor for an extended period (such as one month) with no replacement. • Absence of a senior management position with oversight of training (e.g. Director of Medical Services or Director Clinical Services) for an extended period (such as one month) with no replacement. • Absence of a Director of Clinical Training (DCT/DPET) for an extended period (such as one month) with no replacement. • Significant reduction in support staff available to directly supervise, 	<p>Revised to acknowledge different accreditation processes in changing contexts (including COVID-19).</p> <p>Strengthening links to use of external data sources and information (such as the Medical Training Survey)</p> <p>Added additional detail.</p> <p>Will be re-visited once new requirements are confirmed.</p> <p>Notes added to clarify difference between attribute in Domain 2 and Domain 4.</p>
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<p>assess and support prevocational trainees, including after hours.</p> <ul style="list-style-type: none"> • Changes to unit medical staffing resulting in prevocational doctors undertaking, for an extended period, higher-level or alternative clinical duties than those given in the term position description. • Change to term clinical activity that impacts on patient load or breadth of experience for an extended period, which impacts on capacity to meet the parameters for the year or on assessment of entrustable professional activities. • Significant changes to rostered hours that diminish the role of the prevocational doctor in the unit and/or their clinical supervision (for example, introducing a predominantly after-hours roster). <p>Conflict of interest is addressed in both Domain 2 and Domain 4. In this Domain, this relates to accreditation structures and processes. Evidence of independence might include:</p> <ul style="list-style-type: none"> • Processes for identifying, managing and recording conflicts of interest in the accreditation work of survey teams. • Consideration of conflict of interest in team member selection. • Wide stakeholder input into Committee membership • Processes for identifying, managing and recording conflicts of interest in accreditation committee activities. 	
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Domain 6: Stakeholder collaboration

The prevocational training accreditation authority works to build stakeholder support and collaborates with other prevocational training accreditation authorities and medical education standards bodies.

Domain 6 attributes

Original statement	Revised statement	Notes on change
5.1 The intern training accreditation authority has processes for engaging with stakeholders, including health departments, health services, junior doctors, doctors who supervise and assess junior doctors, the Medical Board of Australia, professional organisations, and health consumers/community.	6.1 The prevocational training accreditation authority has processes for engaging with stakeholders, including health departments, health services, prevocational doctors, doctors who supervise and assess prevocational doctors, the Medical Board of Australia, relevant medical schools and specialist colleges, professional organisations, and health consumers/community.	Revision to strengthen the importance of prevocational training as part of the medical education continuum.
5.2 The intern training accreditation authority has a communications strategy, including a website providing information about the intern training accreditation authority's roles, functions and procedures.	6.2 The prevocational training accreditation authority has a communications strategy, including a website providing information about the prevocational training accreditation authority's roles, functions and procedures.	Nil.
5.3 The intern training accreditation authority collaborates with other relevant accreditation	6.3 The prevocational training accreditation authority has a communications strategy, including a website providing information about the prevocational training accreditation	Nil.

organisations.	authority's roles, functions and procedures.	
5.4 The intern training accreditation authority works within overarching national and international structures of quality assurance and accreditation.	6.4 The prevocational training accreditation authority collaborates with other relevant accreditation organisations.	Nil.
5.5 The intern training accreditation authority works within overarching national and international structures of quality assurance and accreditation.	Moved.	Revised and moved to Domain 3.

Notes

Revisions (in blue)	Notes on change
<p>The prevocational phase requires a partnership between the authorities that accredit programs and the health services, which employ the prevocational doctors in supervised clinical positions and provide work-based education and training, clinicians as prevocational supervisors and educational resources and facilities for prevocational doctors. This partnership is essential for ensuring the quality of the prevocational (PGY1 & PGY2) years.</p> <p>Prevocational training is an important part of the medical education continuum. Accreditation bodies should communicate with relevant medical schools and specialist colleges to ensure training programs are well integrated. Interaction with medical schools might focus on work readiness, and with specialist colleges, on pathways into vocational training. The level and types of interaction will vary depending on the size and structure of the authority. Areas of relevant policy overlap might include supervision and accreditation of posts.</p> <p>In order to coordinate the prevocational training in the best interests of the prevocational doctor, prevocational accreditation authorities should actively engage with other authorities or providers, ensuring clear communication and access to accurate information about accreditation plans and status. In periods of change to the accreditation authority this communication is particularly important, as is cooperation and transparency between prevocational accreditation authorities where it impacts on the quality, safety and approval of prevocational training programs. [Amended: 24 June 2015]</p> <p>The community and health consumers, including Aboriginal and Torres Strait Islander groups, have a strong interest in the way healthcare is provided and the standards of education and training for health professions. There is scope for community input in setting standards, training delivery, and ongoing evaluation and periodic review. Engagement might include:</p>	<p>Notes revised to strengthen the importance of prevocational training as part of the medical education continuum.</p> <p>Notes revised to include ways in which engagement might occur.</p>

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| <ul style="list-style-type: none"> • Representation on accreditation teams • Representation in governance structures such as committees • Engagement in reviews of accreditation standards or policy documents | |
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Supporting documents

Developing this document took the following into account [references/links to be updated]:

- Quality Framework for the Accreditation Function [Internet]. Melbourne: Australian Health Practitioner Regulation Agency (AHPRA); 2011 [cited 2013 Sep 23]. Available from: <http://www.healthprofessionscouncils.org.au/AHPRA-Reference-Accreditation-under-the-Health-Practitioner-Regulation-National-Law-Act.pdf>. Jointly developed with the National Boards and the accreditation authorities.
- WHO/WFME Guidelines for Accreditation of Basic Medical Education [Internet]. Geneva/Copenhagen: World Health Organisation (WHO); 2005 [cited 2013 Sep 23]. Available from: <http://www.wfme.org/accreditation/whowfme-policy>. Joint publication with the World Federation for Medical Education (WFME).

The following references are mentioned specifically within this document [to be updated once confirmed/ finalised].

- National standards for programs
- National Law

Full information for all documents relevant to the prevocational training suite is available below.

3. Procedures for assessment and accreditation of prevocational training accreditation authorities

1. Management of the accreditation process

1.1 The Australian Medical Council (AMC)

The AMC is a 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.

The AMC is a company limited by guarantee. Its objects and membership are defined in its Constitution. The AMC Directors manage the business of the Australian Medical Council.

1.2 AMC Prevocational Standards Accreditation Committee

The Prevocational Standards Accreditation Committee reports to AMC Directors. It performs functions in connection with standards of medical education and training, specifically standards for the prevocational medical education phase, and accreditation of programs for international medical graduate assessment.

The Committee:

- (i) Develops, monitors and reviews standards and procedures relating to the accreditation of programs and providers in the prevocational medical education phase.³
- (ii) Oversees the AMC's accreditation activities for the prevocational phase of medical education.
- (iii) Supports improvement in medical education in Australia and New Zealand.

The Committee includes members appointed after consultation with the Australian Health Ministers' Advisory Council; the Australian Medical Association; the Medical Board of Australia and the Confederation of Postgraduate Medical Education Councils. The Committee also includes a doctor in training, a graduate of a workplace based assessment program, members with a background in, and knowledge of, health consumer issues and a position to enhance the contribution of Aboriginal and Torres Strait Islander people to the AMC's accreditation processes.

1.3 Assessment teams

The Prevocational Standards Accreditation Committee constitutes an assessment team to assess each **prevocational** training accreditation authority. Teams report to the Prevocational Standards Accreditation Committee. They work within the accreditation policy and guidelines of the AMC.

³ The *Health Practitioner Regulation National Law* uses the term **education provider** for 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 National Law's terminology in its standards and guidelines.

Teams are responsible for:

- assessing the **prevocational** training accreditation authority against the requirements specified in *Prevocational training – Domains for assessing accreditation authorities* including their **use of the mandated Prevocational training – national standards for programs**, which outlines the requirements for processes, systems and resources that contribute to good quality **prevocational** training;
- with the accreditation authority, developing a program for the assessment of their performance;
- preparing an accreditation report that assesses the authority against the domains.

The AMC permits observers on assessments, subject to the approval of the chief executive of the **prevocational** training accreditation authority and the chair of the AMC team. The AMC's expectations of observers are described in separate statements on arrangements for observers.

1.4 AMC staff

The AMC assesses **prevocational** training accreditation authorities using these procedures and *Prevocational training – Domains for assessing accreditation authorities*.

AMC staff implement the accreditation process. Their roles include managing the accreditation work program; implementing AMC policy and procedures; supporting AMC accreditation committees, accreditation working parties and teams; and consulting and advising stakeholder groups on accreditation policy and procedures and individual accreditation assessments.

The AMC asks organisations undergoing accreditation to correspond with AMC staff and *not* directly with AMC committees and team members.

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

Interpretation of AMC policy and processes is the responsibility of the relevant AMC accreditation Committee.

1.5 AMC advisory groups

There are circumstances where accreditation authorities require additional advice on AMC accreditation requirements. In these circumstances, with the agreement of the accreditation authority, the accreditation committee may recommend to the AMC Directors the establishment of an advisory group. The advisory group works with the accreditation authority to clarify the requirements that must be satisfied.

The advisory group does not:

- give detailed advice on how to manage the authority's business; it is expected that the authority will engage appropriate staff or consultants if such expertise is required;
- contribute to writing the authority's documentation or submissions to the AMC;
- make a recommendation on accreditation to the AMC.

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

The advisory group is required to keep the AMC accreditation committee informed of any plans for meetings or site visits.

2. The conduct of the accreditation process

2.1 Legislative framework

The AMC accreditation of accreditation authorities to assess PGY1 is conducted as part of the requirement of the Medical Board of Australia's registration standard for granting general registration for Australian and New Zealand medical graduate on completion of internship. The Medical Board of Australia's registration standard for granting general registration to Australian and New Zealand medical graduates on completion of internship requires, among other things, that intern training terms be accredited against approved accreditation standards for intern training positions by an authority approved by the Board.

The AMC accreditation of authorities to assess PGY2 is conducted as a result of the expansion of the Framework as an outcome of the 2015 Council of Australian Governments National Review of Medical Intern Training⁴.

The AMC has been appointed by the Medical Board of Australia to conduct accreditation functions for the medical profession under the *Health Practitioner Regulation National Law* (the National Law).

This set of procedures relates to the following AMC functions:

- to act as an external accreditation entity for the purposes of the Health Practitioner Regulation National Law;
- to advise and make recommendations to the Medical Board of Australia in relation to:
 - matters concerning accreditation or accreditation standards for the medical profession;
 - matters concerning the registration of medical practitioners.

When the AMC assesses an **prevocational** training accreditation authority against the approved domains and decides to grant accreditation, the AMC provides its accreditation report to the Medical Board of Australia.

The approved accreditation standards for the accreditation assessments covered by these procedures are at <https://www.amc.org.au/accreditation-and-recognition/assessment-accreditation-prevocational-phase-medical-education/national-internship-framework/>.

2.2 Purpose of AMC accreditation

The purpose of AMC accreditation is to recognise **prevocational** training programs that promote and protect the quality and safety of patient care, and meet the needs of the **prevocational doctors** and the health service as a whole. This is achieved through setting standards for **prevocational** training programs and recognising **prevocational** training accreditation authorities that assess programs against these standards.

In Australia, accreditation based on a process of regular review by an independent authority has been chosen as the means of quality assurance of the phases of medical education.

A system of accreditation is perceived to have the following advantages:

- (i) Periodic external assessment provides a stimulus for the organisation being accredited to review and to assess its own programs. The collegiate nature of accreditation should

⁴ <https://www.coaghealthcouncil.gov.au/MedicalInternReview>

facilitate discussion and interaction with colleagues from other disciplines to benefit from their experience.

- (ii) The accreditation process respects the autonomy of the organisation being accredited, and acknowledges its expertise and achievements.
- (iii) The accreditation process supports and fosters educational initiatives.
- (iv) The accreditation report assists the organisation being accredited by drawing attention both to weaknesses and strengths.
- (v) Accreditation, as a quality assurance mechanism, benefits **prevocational doctors**, employers of junior doctors and, ultimately, healthcare consumers.

Diversity of approach is one of the strengths of medical training and education in Australia. The AMC accreditation process supports diversity, innovation and evolution in approaches to medical education and in the ways in which accreditation requirements are met.

2.3 Scope of AMC accreditations

The AMC accredits authorities to provide **prevocational** training accreditation services principally within a defined geographic region.

All AMC assessments are based on the **prevocational** training accreditation authority demonstrating that it meets or substantially meets the requirements specified in *Prevocational training – Domains for assessing accreditation authorities*.

2.4 Timing of accreditations

AMC accreditation entails a cyclical program of review, and the AMC work program for any year is determined in part by the requirement to assess those organisations whose accreditation expires in that year. AMC staff negotiate dates for these assessments first. The AMC fits assessments of new developments, such as new **prevocational** training accreditation authorities or material changes to established authorities, into this work program.

The AMC sets an accreditation work program each year.

2.5 AMC conduct

The AMC will:

- (i) recognise each **prevocational** training accreditation authority's autonomy to set its policies and processes;
- (ii) in making decisions, gather and analyse information and ideas from multiple sources and viewpoints;
- (iii) follow its documented procedures, and implement its accreditation process in an open and objective manner;
- (iv) adopt mechanisms to ensure that members of assessment teams, committees and staff apply standards and procedures in a consistent and appropriate fashion;
- (v) apply a code of conduct for members of assessment teams, progress report reviewers, committees and staff;
- (vi) review its processes, and the requirements in *Prevocational training – Domains for assessing accreditation authorities* and *Prevocational training – national standards for programs* on a regular basis;
- (vii) gather feedback on and evaluate its performance; and
- (viii) work cooperatively with other accreditation authorities to avoid conflicting standards and to minimise duplication of effort.

The AMC process entails both accreditation (validating that standards are met) and peer review to promote high standards of medical education, stimulate self-analysis and assist the **prevocational** training accreditation authority to achieve its objectives. Accreditation is conducted in a collegial manner that includes consultation, advice and feedback to the organisation under review.

In its accreditation function, the AMC:

- focuses on the achievement of objectives, maintenance of standards, public safety requirements, and expected outputs and outcomes rather than on detailed specification of processes;
- as far as possible, meshes its requirements with internal work priorities;
- following accreditation, monitors developments and the implementation of recommendations and conditions; and
- undertakes a cycle of assessments, with a full assessment of each **prevocational** training accreditation authority at least every eight years.

2.6 Contribution of junior doctors to AMC accreditation processes

The AMC considers it important that the junior doctors have opportunities to contribute to these assessment processes.

Opportunities for junior doctors to contribute to AMC accreditation processes include:

- AMC surveys and/or submissions;
- during site visits, discussion with members of the AMC assessment team;
- contribution as appropriate to the **prevocational** training accreditation authority's progress reports to the AMC.

2.7 Conflict of interest

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

The AMC recognises there is extensive interaction between the organisations that set standards for and provide medical education and training in Australia so that individuals are frequently involved in a number of programs and processes. The AMC does not regard this, of itself, to be a conflict. Where a member of an AMC accreditation committee or an assessment team has given recent informal advice to an **prevocational** training accreditation authority on its program of study outside the AMC accreditation process, that member must declare this as an interest.

The AMC requires its Directors and members of its committees to complete standing notices of interest on their appointment and to update these regularly. These declarations are available at each meeting of the committee. The agendas for AMC committee meetings begin with a 'declaration of interests', in which members are requested to declare any additional personal or professional interests which might, or might be perceived to, influence their capacity to undertake impartially their roles as members of the committee.

The committee will decide how the member's interest in a particular item will be managed within guidelines provided by the AMC. Members will not vote on matters on which they have a declared personal or professional interest. All declared interests will be recorded in the committee minutes, as will the committee's decision in relation to the interest.

The AMC requires proposed members of assessment teams to declare to the Prevocational Standards Accreditation Committee any personal or professional interest that may be perceived to conflict with their ability to undertake impartially their duties as an assessor. The AMC will disclose all declared interests of the recommended team members to the **prevocational** training accreditation authority and seek the **prevocational** training accreditation authority's comments on

the team membership. Having considered the interests declared and the **prevocational** training accreditation authority's comments, the accreditation committee makes a decision on the appointment of the team.

Where the **prevocational** training accreditation authority's view on the suitability of an appointment conflicts with the view of the accreditation committee, the committee will refer the appointment of the team to the AMC Directors for decision.

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

2.8 Confidentiality

In order to discharge its accreditation function, the AMC requires organisations undergoing assessment and accreditation to provide considerable information in accreditation submissions and in subsequent progress reports. This may include sensitive information, such as strategic plans, honest appraisal of strengths and weaknesses, and commercial in confidence material.

Prevocational training accreditation authorities are advised to prepare their accreditation submission as a public document. To facilitate stakeholder consultation (see 3.3.5) the AMC asks **prevocational** training accreditation authorities to place their accreditation submission on their website.

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

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

The AMC may conduct research based on information contained in accreditation submissions, progress reports, surveys and stakeholder submissions. The results of this research may be published in AMC policy and discussion papers. Normally, this material will be de-identified. If the AMC wishes to publish material which identifies individual **prevocational** training accreditation authorities it will seek the accreditation authority's permission.

The AMC provides opportunities for **prevocational** training accreditation authorities to review drafts of the AMC accreditation report at two stages in the assessment process. At such points, these drafts are confidential to the AMC and the accreditation authority. The **prevocational** training accreditation authority should not discuss the draft report with third parties without the AMC's consent. If the AMC needs to confirm material in a draft report with a third party, it will advise the accreditation authority of these plans.

2.9 Public material

The AMC places the following material concerning the accreditation status of individual **prevocational** training accreditation authorities in the public domain:

- The current status and accreditation history of accredited organisations and the date of the next accreditation assessment are posted on the AMC website.
- AMC accreditation reports are public documents.

- The AMC posts an annual summary of its response to progress reports submitted by accredited **prevocational** training accreditation authorities on the AMC website.
- The AMC issues a statement after it has made an accreditation decision and publishes the accreditation report.

The AMC expects that any public statement made by **prevocational** training accreditation authorities about their accreditation status will be complete and accurate, and that AMC contact details will be included in any such public statement. The AMC will correct publicly any incorrect or misleading statements about accreditation actions or accreditation status.

2.10 Complaints

The AMC does not have a role in investigating specific complaints of individual junior doctors, supervisors or health services about the **prevocational** training accreditation authority. The *Prevocational training – Domains for assessing accreditation authorities* requires these authorities to have processes for addressing grievances, complaints and appeals, and the AMC reviews these processes when reviewing an **prevocational** training accreditation authority.

From time to time, the AMC receives questions and/or complaints about the organisations it has accredited or is assessing for accreditation. The AMC policy, *Complaints about programs of study, education providers and organisations accredited by the Australian Medical Council* available on the AMC website applies.

The AMC distinguishes between:

- comments or complaints received during the process of conducting an assessment for accreditation. During an assessment the AMC seeks comment and feedback from a range of people or organisations associated with the organisations being assessed. Matters which might be characterised as complaints received during an assessment process will be treated as a part of the assessment.

and

- complaints received outside a formal assessment process, which may be relevant to the AMC's monitoring role (see section 4).

In broad terms, complaints will fall into one or two categories:

- a. A personal complaint which the complainant seeks to have investigated and rectified so as to bring about a change to their personal situation. This would include, for example, matters such as post allocation or assessment outcomes.
- b. A systemic complaint which may evidence some systemic matter that could signify a failure of a program or provider to meet accreditation standards.

The AMC complaints process relates to systemic complaints.

2.11 Fees and charges

The AMC undertakes assessments on a cost-recovery basis.

AMC policy is to charge individual providers the direct costs of the assessment of their program(s) including the monitoring of accredited programs. A charge applies to any AMC process which may result in a new decision on a program's accreditation. Costs are related to the work of any assessment team or advisory group (including AMC direct staff support for that work), and the work of the AMC accreditation committee.

Fees for accreditations of **prevocational** training accreditation authorities undertaken from January 2016 are as follows:

Advisory group: AMC to advise case-by-case

AMC advisory groups work on a cost-recovery basis.

Assessment of new **prevocational training accreditation authority: \$2,500**

The fee covers all associated work in relation to the review of the Stage 1 application or application for initial accreditation.

Accreditation assessment costs: AMC to advise case-by-case

The AMC undertakes assessments on a cost-recovery basis. The Medical Board of Australia has agreed to fund the AMC for the direct cost of these assessments, such as the travel and accommodation of team members. The AMC provides cost estimates to the Medical Board as part of its annual budget processes.

All fees are GST exclusive.

3. The administration of the assessment process

The AMC has developed standard procedures for assessing and accrediting **prevocational** training accreditation authorities against the requirements in *Prevocational training – Domains for assessing accreditation authorities*.

3.1 Types of assessments

The AMC undertakes assessments in the following circumstances:

- assessment of new developments including:
 - assessment of **new prevocational** training accreditation authorities;
 - assessment of proposals for **material change** in established **prevocational** training accreditation authorities;
- assessment for the purposes of **reaccreditation** of established **prevocational** training accreditation authorities;
- or where the accreditation committee considers it necessary, as part of the review of a comprehensive report for extension of accreditation (see section 4.3).

In cases where conditions on accreditation or reaccreditation require it, the AMC also conducts **follow-up** accreditation assessments. It may conduct a follow-up assessment when it has granted an **prevocational** training accreditation authority a limited period of accreditation, or placed conditions on accreditation.

In an accreditation assessment, the AMC appoints an AMC team which reviews the accreditation authority's documentation, undertakes a program of meetings if required, and prepares a report.

For a new development, the accreditation authority seeking AMC accreditation must first demonstrate that it is ready for this assessment. This entails additional steps *before* the AMC begins its standard process for assessment of the program by an AMC team. These steps are outlined in section 3.2.

Section 3.3 provides a description of the standard process for assessment by an AMC team.

3.2 Assessment of new developments

The AMC supports innovation and evolution in medical education and training. It follows that the accreditation process is open to new approaches to management of **prevocational** training accreditation functions. It is the responsibility of the applicant to demonstrate how their plans will meet *Prevocational Training - Domains for assessing accreditation authorities*, and to demonstrate how their experience is relevant to the proposal.

The procedures for this first stage assessment of each type of development listed in section 3.1 are described below.

3.2.1. First stage assessment of a new **prevocational** training accreditation authority

In its accreditation role, the AMC assures the quality of medical education and training programs and processes. The AMC does not comment on the desirability or otherwise of new medical education providers, or new arrangements for oversight of standards of medical education and training. Where new arrangements are proposed, the organisation seeking AMC accreditation should conduct independent negotiations with the appropriate state/territory and national authorities concerning the role. The AMC would not proceed to an accreditation assessment of an **prevocational** training accreditation authority without evidence that the **prevocational** training accreditation authority is supported to undertake the role. Organisations require considerable time to implement new processes and to organise the necessary resources. By advising the AMC early of their intentions, organisations have access to general advice on the national standards for programs and the domains for assessing accreditation authorities, and greater flexibility in negotiating the timing of the AMC assessment. The AMC expects to receive notification of an organisation's intention when planning begins and at least 8 months in advance of intended change.

Once the AMC has been advised of the plans, the AMC will provide a guide for completion of an initial accreditation assessment. In the initial accreditation process the AMC Prevocational Standards Accreditation Committee assesses a written submission addressing the five domains of the *Prevocational Training - Domains for assessing accreditation authorities*.

3.2.2. First stage assessment of a material change in an established **prevocational** training accreditation authority

Material changes to the **prevocational** training accreditation authority and the scope of the activities may affect accreditation status. The AMC expects to be informed prospectively of such developments. The regular progress reports required of accredited **prevocational** training accreditation authorities is one avenue for such advice. (See section 4). While plans for material change are evolving, the Prevocational Standards Accreditation Committee is able to give general advice as to whether the proposed changes are likely to comply with the requirements in *Prevocational training – Domains for assessing accreditation authorities*. As some of the changes described below will need to be assessed by an AMC team before they are introduced, the AMC requests at least 8 months' notice of the intended introduction of the change.

Definition of a material change in an established accreditation authority

Any of the following might constitute a material change in an accredited **prevocational** training accreditation authority: a change in the scope of the accreditation authority's work including a change to the geographic region covered by those services; significant change in the objectives, approach, or emphasis of an **prevocational** training accreditation authority's existing work; a significant change in the resources available to support the management of the work, including a change in the ownership or governance. The gradual evolution of the **prevocational** training accreditation authorities' activities or program in response to initiatives and review would not be considered a material change.

When it considers the initial advice from an accredited **prevocational** training accreditation authority about planned changes, either through a specific notice of intent or through progress reports, the Prevocational Standards Accreditation Committee will decide if it is a material change. If it is, the Committee will also decide whether the material change can be approved for introduction within the current accreditation of the program or is of comprehensive impact that would require reaccreditation.

The AMC will advise the **prevocational** training accreditation authority of its decision, including whether the assessment will be a paper-based review or require discussions with the **prevocational** training accreditation authority.

In the event that the AMC decides to assess the change within the **prevocational** training accreditation authority's current period of accreditation, the accreditation authority will be required to submit a broad outline of its new functions and role, governance arrangements, the resources available to deliver the functions, accreditation processes, transitional arrangements and management of risk during the transition, and evidence of engagement of stakeholders in the changes. The Prevocational Standards Accreditation Committee will consider this submission and make a recommendation to the AMC Directors on accreditation including any specific reporting requirements.

In the event that the AMC decides that the change must have a separate accreditation before it is introduced, the AMC may also require the **prevocational** training accreditation authority to demonstrate that the planned program is likely to comply with the national standards and that the accreditation authority is able to implement the program. The Prevocational Standards Accreditation Committee reviews the submission following the process described in section 3.2.3.

3.2.3. AMC decision on first stage assessments of new developments

The Prevocational Standards Accreditation Committee completes its assessments of new developments based on a review of the applicant's submission. A fee is charged for these submissions.

The AMC will generally assess new development submissions within two months of their submission. This is subject to the meeting schedule of the Prevocational Standards Accreditation Committee. The dates of the meetings of the Committee are available from AMC staff.

The AMC grants accreditation if the submission demonstrates that the **prevocational** training accreditation authority meets the domains or that it substantially meets the domains and setting conditions will lead to the domains being met in a reasonable timeframe.

The Committee may recommend one of the following to the AMC Directors:

- (i) the submission indicates that the authority will meet the domains for assessing authorities and initial accreditation is recommended (with or without conditions);
- (ii) further information is necessary to make a decision; or
- (iii) the **prevocational** training accreditation authority may not satisfy the domains and initial accreditation is not recommended.

When it accredits a new **prevocational** training accreditation authority or a material change in an established authority, the AMC will also propose a date for the assessment of the **prevocational** training accreditation authority by an AMC team. The procedures for these assessments are outlined in section 3.3 of this document.

3.3 Assessment by an AMC team

The AMC has developed standard procedures which apply to all assessments conducted by an AMC assessment team. The types of AMC assessment are detailed in section 3.1.

3.3.1. Initial contact

AMC staff write to the **prevocational** training accreditation authority concerning the timing of the assessment, the process of assessment, and the documentation required. AMC staff write to **prevocational** training accreditation authorities which need reaccreditation or a follow-up assessment approximately 12 months before their accreditation is due to expire. For organisations seeking accreditation of a new development, AMC staff provide customised advice on AMC timings and requirements.

AMC staff will write to the **prevocational** training accreditation authority well in advance of the accreditation assessment requesting a submission and providing a draft timeline for the assessment.

The timing of the assessment is planned in consultation with the senior office bearers and chief executive of the **prevocational** training accreditation authority.

The AMC assessment team works through AMC staff and the office of the chief executive of the **prevocational** training accreditation authority. All requests for information are made to the chief executive, and the plans for assessment visits and meetings are finalised in consultation with the chief executive or nominee.

3.3.2. Documentation

The AMC provides a guide to assist the **prevocational** training accreditation authority in preparing the accreditation submission. This submission is the basis for the assessment. The guide outlines the requirement for self-assessment and critical analysis against the domains for assessing accreditation authorities.

For a follow-up assessment, the AMC asks the **prevocational** training accreditation authority to develop a limited accreditation submission, outlining developments since the most recent assessment, and responding specifically to recommendations and issues identified as requiring attention in the most recent accreditation report. The AMC supplements this submission by providing copies of the **prevocational** training accreditation authority's progress reports and relevant correspondence between the AMC and the education provider (see section 4) to the assessment team.

The AMC normally asks the **prevocational** training accreditation authority to submit its documentation three months ahead of the assessment. For a follow-up assessment, a shorter timeframe may apply.

3.3.3. Selection of the assessment team

For each assessment, the AMC appoints an assessment team. Assessment teams are appointed by the relevant accreditation committee following a review of the declared interests of proposed team members and an opportunity for the organisation being accredited to comment on the proposed membership.

The size of the team depends on the complexity of the task and the range of skills required. Whilst the expertise of individual members is of prime importance, the composition of the team provides for a balance of knowledge and experience with particular, but not exclusive, emphasis on prevocational medical training, health service and community interests.

An experienced AMC assessor is appointed as chair of the team. One member of the team is an AMC staff member, who is the executive officer to the team. The chair has overall responsibility for the conduct of the assessment. The executive officer provides policy advice, organises the assessment with the **prevocational** training accreditation authority, supports and contributes to the team's assessment, collates and edits the team's report, and ensures the assessment process is evaluated.

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 original team and some new members.

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

3.3.4. The team's preliminary meeting

The assessment team holds a preliminary team meeting normally between two and three months before the accreditation assessment of the **prevocational** training accreditation authority. At this meeting, the team identifies key issues and develops an outline of the assessment plan. The members of the team divide the assessment task into specific responsibilities, depending on their expertise and interests. These responsibilities are directly linked to the contents of the final accreditation report.

The AMC invites representatives of the **prevocational** training accreditation authority to the final session of the team's preliminary meeting. This allows discussion of the team's preliminary assessment of the accreditation submission.

Following the meeting, AMC staff confirm in writing the team's accreditation program and request for any additional information.

3.3.5. Stakeholder consultation

The AMC invites stakeholder submissions on the **prevocational** training accreditation work of the accreditation authority.

The AMC will invite comment from the following: other **prevocational** training accreditation authorities; junior doctor and **prevocational doctor** groups; the medical schools in the local jurisdiction; the relevant Australian state and territory health departments; and health consumer groups. The AMC has standard questions for each group consulted, which will be reviewed and customised for each accreditation assessment.

The AMC asks the **prevocational** training accreditation authority to identify other interest groups.

The AMC also gathers feedback from junior doctors, doctors who supervise **prevocational doctors**, and their program, and educators who support that program in the jurisdiction relevant to the accreditation authority. It may use surveys and/or interviews.

For a follow-up assessment, the assessment team decides on the extent of the stakeholder consultation required, having considered the issues to be addressed in the assessment.

The AMC provides the **prevocational** training accreditation authority with a copy of the stakeholder feedback and, if relevant, de-identified survey reports once the team has completed its assessment.

3.3.6. The team's assessment

The AMC team will determine whether or not a program of visits and meetings is required to complete the assessment, taking into account the complexity of **prevocational** training accreditation work and the scope of that work.

Following the preliminary team meeting, AMC staff send the **prevocational** training accreditation authority a guide to assist in planning the final program of meetings.

Teams may undertake visits to:

- observe some of the standard accreditation activities of the **prevocational** training accreditation authority, to judge the robustness of those processes and to assess their implementation;
- discuss the **prevocational** training accreditation authority's work with senior officers, committees, staff and stakeholders.

All interviews are conducted with the knowledge of the senior office-bearers although not necessarily in their presence. This ensures that views can be expressed freely without being attributed to individuals.

In order to maximise the time available during the assessment and to contain costs, the AMC divides the team into sub-teams for components of the assessment visits.

Before the team's preliminary meeting, AMC staff ask the **prevocational** training accreditation authority to tabulate information on its upcoming accreditation activities, and the healthcare facilities undergoing accreditation. This information is discussed at the team's preliminary meeting, and a draft outline of the site visit program is developed. The final program is then negotiated between the AMC and the **prevocational** training accreditation authority.

The AMC provides a guide to arranging site visits to assist the **prevocational** training accreditation authority to structure the agreed accreditation program. Organisation of the site visits is primarily a responsibility of the **prevocational** training accreditation authority with assistance from AMC staff.

3.3.7. Preliminary findings

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

The team discusses its findings with key officers of the **prevocational** training accreditation authority. The organisation has an opportunity to correct errors of fact and discuss any draft recommendations and action that would need a response. The AMC provides the final statement (revised to correct errors) to the **prevocational** training accreditation authority and the team members. This statement is confidential to the **prevocational** training accreditation authority and the AMC.

The team makes no announcement concerning accreditation or approval of the **prevocational** training accreditation authority. This is a decision taken by the AMC Directors after considering recommendations from the Prevocational Standards Accreditation Committee.

3.3.8. Preparation of team's draft report

At the conclusion of the assessment, the team prepares a draft report presenting its findings. This task is coordinated by the team executive officer. The report also provides feedback to the **prevocational** training accreditation authority to improve program quality.

The aim is to provide the team's draft document usually within five weeks of the conclusion of the review. More time may be required depending on the complexity of the assessment. The AMC invites the **prevocational** training accreditation authority 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's draft report will include the team's recommendations to the committee on proposed conditions on accreditation. The AMC will provide an opportunity for the **prevocational** training accreditation authority to discuss with AMC staff and the team chair the timeframes for meeting any draft conditions.

The team finalises its draft report having considered the comments by the **prevocational** training accreditation authority.

AMC staff submit this report to the Prevocational Standards Accreditation Committee. They also submit comments by the **prevocational** training accreditation authority if these raise any significant concerns regarding the recommendations, conclusions or judgements in the draft report.

The Prevocational Standards Accreditation Committee considers the team's draft report. It may seek additional information from the **prevocational** training accreditation authority or the team.

The Committee decides on the final wording of the report to be presented to the AMC Directors and develops its accreditation recommendations.

3.3.9. Presentation of the Committee's report to the prevocational training accreditation authority

AMC staff provide a copy of the final report and accreditation recommendations endorsed by the Committee to the prevocational training accreditation authority.

The prevocational training accreditation authority may:

- (i) ask that the Committee's report and recommendations be submitted to the AMC Directors for a decision; or
- (ii) ask the Committee to consider minor changes, such as editorial and wording changes before submitting the report and recommendations to the AMC Directors for an accreditation decision; or
- (iii) ask the Committee to consider significant changes to the report and/or recommendations through the AMC's formal reconsideration process. (See 3.3.10)

3.3.10. Formal reconsideration of the Committee's report

An prevocational training accreditation authority may seek formal reconsideration of the Committee's report and/or recommended decisions.

Reconsideration is undertaken by the Prevocational Standards Accreditation Committee. The prevocational training accreditation authority must lodge a request for reconsideration in writing with the executive officer of the Committee within 14 days of receiving the Committee's report.

Within 30 days of receiving the Committee's report and recommended decision, the prevocational training accreditation authority must identify the areas of concern, and provide a full explanation of the grounds for reconsideration and any additional material considered relevant to the reconsideration.

The Prevocational Standards Accreditation Committee will discuss the request for reconsideration either at its next scheduled meeting or by special arrangement. The Committee will determine the process necessary to undertake the reconsideration.

The Committee considers the accreditation report and recommendations, the material supplied by the prevocational training accreditation authority, and any additional material and documentation agreed by the Committee. The Committee finalises its report and accreditation recommendations. The Committee will advise the prevocational training accreditation authority in writing of its response to the request for reconsideration and provide a copy of its final report and recommendations.

3.3.11. Decision on accreditation

Having considered the Committee's report and recommendations, the AMC makes its accreditation decision. The AMC will determine an accreditation outcome generally in accordance with the possible outcomes listed in section 5.

The AMC notifies the prevocational training accreditation authority. If the decision is to refuse accreditation the prevocational training accreditation authority is advised of the reasons for the decision and that it may seek internal review (See 3.3.12).

The AMC notifies the Medical Board of Australia of its decision and provides the accreditation report to them.

The Committee's report is a public document. If the decision is to refuse accreditation, the decision and report will not be made public until after the time has passed for seeking internal review, or if internal review is sought, until it is completed.

3.3.12. Internal review of a decision to refuse accreditation

An **prevocational** training accreditation authority must make any request for an internal review of a decision to refuse accreditation in writing to the AMC Chief Executive Officer within 30 days of receiving notice of this decision. A fee applies to the internal review process.

The request for internal review must provide a detailed explanation of each reason which the **prevocational** training accreditation authority claims justifies a different decision, together with all supporting material that the **prevocational** training accreditation authority relies on.

The reasons for seeking review would include (but are not limited to) matters such as:

- (i) that relevant and significant information, whether available at the time of the original decision or which became available subsequently, was not considered or not properly considered in the making of the decision to refuse accreditation;
- (ii) that irrelevant information was considered in the making of the decision to refuse accreditation;
- (iii) that AMC procedures that relate to the making of the decision, as described in this document, were not observed;
- (iv) that the original decision was clearly inconsistent with the evidence and arguments put before the authority making the original decision; or
- (v) that an error in law or in due process occurred in the formulation of the original decision.

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 review committee will determine the process to be undertaken for the review and will inform the **prevocational** training accreditation authority of that process and the timeframe.

The review committee considers the Prevocational Standards Accreditation Committee's final report and recommendations, all submissions by the **prevocational** training accreditation authority during the original process and the materials and submissions made by the **prevocational** training accreditation authority as part of the request for internal review. The review committee may seek further information from the assessment team, the Prevocational Standards Accreditation Committee, the **prevocational** training accreditation authority or AMC staff.

The review committee may recommend that AMC Directors:

- (i) confirm the decision which is the subject of the review;
- (ii) revoke the decision and refer it to the Prevocational Standards Accreditation Committee for further consideration (either in whole or in part); or
- (iii) revoke the decision and replace it with another decision.

The review committee may also recommend that AMC Directors waive part or all of the costs associated with the review.

The Directors consider the review committee's recommendation and make its decision on the accreditation. The Directors notify the **prevocational** training accreditation authority, and the Medical Board of Australia of the decision.

4. AMC monitoring of accredited programs

4.1 Purpose of AMC monitoring

Once it has accredited an **prevocational** training accreditation authority and its programs of study, the AMC monitors them to ensure they continue to meet the *Domains for Assessing Accreditation Authorities*.

The principal monitoring mechanisms are structured progress reports, comprehensive reports and the full accreditation assessment every eight years. In addition, the AMC expects that accredited **prevocational** training accreditation authorities will report at any time on matters that may affect the accreditation status, such as a change to capacity to meet the national standards, or any change that may meet the definition of a material change to the program. (See 3.2)

If at any time the AMC has reason to believe that changes are occurring or planned in the accreditation authority or its work that may affect the authority's accreditation status, it may seek information from the accreditation authority in writing.

4.2 Progress reports

The aim of the annual progress reports is to enable the AMC to monitor accredited **prevocational** training accreditation authorities and their programs between formal accreditation assessments. The reporting requirement is in no way intended to inhibit new initiatives or the gradual evolution of programs of study in response to ongoing review and evaluation by the **prevocational** training accreditation authority.

The AMC may require additional reports of an **prevocational** training accreditation authority granted a shorter period of accreditation or which has conditions on its accreditation.

In their progress reports, **prevocational** training accreditation authorities:

- inform the AMC of significant changes, made or planned, in any area covered by *Prevocational training – Domains for assessing accreditation authorities* and respond to any AMC recommendations for improvement or monitoring items;
- respond to AMC conditions on their accreditation, recommendations for improvement and AMC questions concerning information in earlier progress reports;
- provide data concerning the work program for the next twelve months.

AMC staff provide each **prevocational** training accreditation authority with an outline for the progress report at least four months before the report is due.

4.2.1. Consideration of reports

The report is considered by the Prevocational Standards Accreditation Committee.

4.2.2. Decision on progress reports

The Prevocational Standards Accreditation Committee will determine whether:

- (i) the report indicates that the program and accreditation authority continue to meet the domains for assessing accreditation authorities;
- (ii) further information is necessary to make a decision; or
- (iii) the accreditation authority may be at risk of not satisfying the domains for assessing accreditation authorities.

If the report is considered satisfactory, the **prevocational** training accreditation authority is advised. The AMC provides details of any matter to be addressed in the next progress report or in supplementary information, and any conditions or recommendations which have been satisfied and do not need to be addressed again.

If the Committee needs more information to make a decision on the progress report, it advises the **prevocational** training accreditation authority of the relevant domains or national standards, the information required and a date for submission. The Committee may decide that a meeting with representatives of the **prevocational** training accreditation authority is necessary to discuss the AMC's requirements.

If the Committee considers that the **prevocational** training accreditation authority may be at risk of not satisfying the national standards, then it invokes the AMC unsatisfactory progress procedures. (See 4.4)

If the Committee's consideration of a progress report results in a recommendation to change the accreditation status of a program and its accreditation authority, or identifies material changes to the accredited program or accreditation authority, the Committee will advise the accreditation authority and outline the procedures the AMC will follow. All such actions will be reported to the AMC Directors.

The AMC Directors will report any changes to accreditation status to the Medical Board of Australia.

4.3 Comprehensive report for extension of accreditation

Each AMC accreditation report indicates the year in which the accreditation of the **prevocational** training accreditation authority and its programs will expire. The accreditation report will also indicate if the **prevocational** training accreditation authority is able to seek extension of the accreditation before the next reaccreditation assessment by an AMC team. The AMC considers requests for extension via a comprehensive report.

In the comprehensive report for extension of accreditation, the **prevocational** training accreditation authority is expected to provide evidence that it continues to meet the national standards, and that it has maintained its standard 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.

If, on the basis of the report, the Prevocational Standards Accreditation Committee decides that the **prevocational** training accreditation authority is continuing to satisfy the domains for assessing accreditation authorities, it may recommend that the AMC Directors extend the accreditation of the **prevocational** training accreditation authority. The period of extension possible is usually three years, taking accreditation to the full period which the AMC will grant between assessments, which is eight years. At the end of this extension, the **prevocational** training accreditation authority undergoes a reaccreditation assessment.

4.4 Unsatisfactory progress procedures

The procedures described below relate to circumstances where the AMC, on the basis of progress reports or other material, considers the **prevocational** training accreditation authority and its program no longer may meet the domains for assessing accreditation authorities or may have difficulty meeting the domains in the future.

The AMC will investigate the concerns following the process outlined below. If this investigation leads the AMC to reasonably believe the program and the **prevocational** training accreditation authority no longer meet the domains for assessing accreditation authorities, the AMC will either impose conditions on the accreditation or revoke the accreditation.

The AMC will inform the **prevocational** training accreditation authority of its concerns and the grounds on which they are based and invite the accreditation authority to respond to the statement of concerns. The AMC will inform the Medical Board of Australia of its concerns and the grounds on which they are based, and the process to be implemented.

A team comprising the chair of the Prevocational Standards Accreditation Committee or nominee, one member of the original assessment team and an AMC staff member will normally investigate the concerns. Additional members with specific expertise may be appointed depending on the conditions set.

The team's discussions with the **prevocational** training accreditation authority will focus on actions necessary to meet the requirements in *Prevocational training – Domains for assessing accreditation authorities* in a defined period of time. The team may ask the accreditation authority to arrange meetings with other bodies as part of their discussions.

The team reports to the Prevocational Standards Accreditation Committee, which may recommend to the AMC Directors:

- (i) that the concerns are being addressed and that the AMC continue accreditation for a defined period subject to satisfactory progress reports; or
- (ii) that the concerns can be addressed by imposing conditions on the accreditation. In this case the AMC will grant ongoing accreditation for a defined period subject to satisfactory progress reports, and to the conditions being met within this period; or
- (iii) that the concerns are not being addressed and/or are unlikely to be addressed within a reasonable timeframe and the domains for assessing accreditation authorities are not satisfied. The AMC will revoke the accreditation.

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

The AMC advises the **prevocational** training accreditation authority and the Medical Board of Australia of its decision.

5. Accreditation outcomes

The range of options available to the AMC in granting accreditation is set out below. There are different options available for the accreditation of an established **prevocational** training accreditation authority, accreditation of a new authority or **prevocational** training accreditation process, and material changes in established authorities or their processes.

The AMC may grant accreditation with or without conditions. Where it imposes conditions, the continuing accreditation is subject to it satisfying the conditions.

The AMC may grant accreditation if it is reasonably satisfied that the **prevocational** training accreditation authority meets the domains for assessing accreditation authorities. The AMC may also grant accreditation if the authority *substantially* meets the domains, and imposing accreditation conditions will lead to the domains being met within a reasonable time.

Each **prevocational** training accreditation authority undergoes accreditation assessment by an AMC team at least every eight years. Following an assessment by an AMC team, the AMC grants accreditation for a maximum period of five years. This period can be extended up to eight years (that is for an additional three years) on the basis of a written comprehensive report in the year the accreditation expires. At the end of the eight-year period, the **prevocational** training accreditation authority undergoes a reaccreditation assessment.

5.1 Accreditation of a **prevocational** training accreditation authority

The accreditation options are:

- (i) Accreditation for a period of five years subject to satisfactory progress reports. Accreditation may also be subject to certain conditions being addressed within a specified period and to satisfactory progress reports. (See 4) In the year the accreditation ends, the

prevocational training accreditation authority will submit a comprehensive progress report for extension of accreditation. Subject to a satisfactory report, the AMC may grant a further period of accreditation, up to a maximum of three years, before a new accreditation assessment.

- (ii) Accreditation for a shorter period of time. If significant deficiencies are identified or there is insufficient information to determine that the prevocational training accreditation authority satisfies the domains for assessing accreditation authorities, the AMC may grant accreditation with conditions and for a period of less than five years. At the conclusion of this period, or sooner if the prevocational training accreditation authority requests, the AMC will conduct a follow-up review.

Should the accreditation be extended to five years, in the year the accreditation ends, the prevocational training accreditation authority will submit a comprehensive report for extension of the accreditation. Subject to a satisfactory report, the AMC may grant a further period of accreditation, up to the maximum possible period, before a new accreditation assessment.

- (iii) Accreditation may be refused or revoked where the prevocational training accreditation authority has not satisfied the AMC that it can meet the domains for assessing accreditation authorities. 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 written notice of the decision, its reasons, and the procedures available for review of the decision within the AMC.

An prevocational training accreditation authority that has its accreditation refused or revoked may re-apply for accreditation. The organisation must first satisfy the AMC that it has the capacity to deliver prevocational training accreditation services that meet the domains for assessing accreditation authorities.

5.2 Accreditation of a new prevocational training accreditation authority

The accreditation options are:

- (i) Accreditation for a period up to three years, subject to conditions being addressed within a specific period and depending on satisfactory annual progress reports. The conditions may include a requirement for follow-up assessments to review progress in implementation. In the year the accreditation ends, the prevocational training accreditation authority will submit a comprehensive report for extension of accreditation. Subject to a satisfactory report, the AMC may grant a further period of accreditation, up to the maximum possible period, before a new accreditation assessment.
- (ii) Accreditation will be refused where the organisation has not satisfied the AMC that it can meet the domains for assessing accreditation authorities. The AMC will give the organisation written notice of the decision and its reasons, and the procedures available for review of the decision within the AMC. (See 3.3.12)

Where the AMC refuses accreditation, the organisation may re-apply for accreditation. It must first satisfy the AMC that it has the capacity to address the AMC's concerns by completing a Stage 1 accreditation submission.

5.3 Accreditation of a material change to an established prevocational training accreditation authority

The accreditation options are:

- (i) Accreditation for a period up to three years, subject to conditions being addressed within a specific period and depending on satisfactory annual progress reports. The conditions may include a requirement for follow-up assessments to review progress in implementing the material change. In the year the accreditation ends, the prevocational training accreditation authority will submit a comprehensive report for extension of accreditation. Subject to a

satisfactory report, the AMC may grant a further period of accreditation, up to the maximum possible period, before a new accreditation assessment.

- (ii) Accreditation will be refused where the **prevocational** training accreditation authority has not satisfied the AMC that it can implement the material change at a level consistent with domains for assessing accreditation authorities. The AMC will give the accreditation authority written notice of the decision and its reasons, and the procedures available for review of the decision within the AMC. (See 3.3.12)

Where the AMC refuses accreditation, the organisation may re-apply for accreditation. It must first satisfy the AMC that it has the capacity to address the AMC's concerns by completing a Stage 1 accreditation submission.

5.4 Procedures following the accreditation decision

After it has made its accreditation decision, the AMC provides a report to the Medical Board of Australia.

Having made a decision on accreditation of an **prevocational** training accreditation authority, the AMC keeps itself apprised of developments in the accredited authority through regular progress reports.

The AMC has a separate series of procedures that relate to circumstances where the Prevocational Standards Accreditation Committee considers, on the basis of progress reports or other material available to it, that the **prevocational** training accreditation authority's progress against its accreditation conditions is unsatisfactory and/or that the **prevocational** training accreditation authority may be at risk of not satisfying the domains for assessing accreditation authorities.

6. Review of domains and procedures for assessing accreditation authorities

The process for reviewing the AMC domains for assessing accreditation authorities and these procedures provides opportunities both for stakeholders to contribute and for the AMC to build on the experience of its accreditation committees.

The AMC gathers feedback after each accreditation assessment. AMC staff collate feedback from the AMC team and from the **prevocational** training accreditation authority. AMC staff submit matters concerning the interpretation of the domains for assessing accreditation authorities to the Prevocational Standards Accreditation Committee. The assessment team chair submits feedback on the process to the Committee.

Following each assessment, the Prevocational Standards Accreditation Committee receives a report from AMC staff on any questions concerning the interpretation of the national standards and the domains, and feedback from the assessment team chair on the assessment process.

AMC staff make minor procedural changes agreed to as part of the review process and report to the Prevocational Standards Accreditation Committee on their implementation.

The accreditation committee may recommend to AMC Directors changes to the explanatory notes accompanying the national standards and/or the domains for assessing accreditation authorities.

Should the committee decide that one or more of the domains or standards requires clarification, it recommends a review to Directors, following the process described below.

Should the committee identify the need for a change to the published process, it may recommend a review to Directors, following the process described below.

The AMC reviews both the full set of domains for assessing accreditation authorities and the accreditation procedures at least every five years.

The review of the domains for assessing accreditation authorities and/or procedures is completed by an AMC working party established for the process. The process is as follows:

- The Prevocational Standards Accreditation Committee discusses the domains and/or procedures, and presents to the Directors the plan for the review, outlining the proposed scope and timeframe.
- If the AMC is planning to review the domains or the national standards, it advises the Medical Board of Australia. The AMC places information about the review and consultation processes on its website.
- The AMC establishes a working party, with an experienced AMC accreditation assessor as chair. The working party includes nominees of key stakeholder bodies. Among other things, the working party consults stakeholders; reviews relevant AMC, national, and international reports and policies drafts proposals for change to the domains and procedures; and prepares a summary of stakeholder responses to them.
- The Prevocational Standards Accreditation Committee considers the changes, and submits them to AMC Directors. The AMC Directors submit changes to the domains for assessing accreditation authorities and new domains to the Medical Board of Australia for approval.

Prevocational training reference documents [To be updated]

Glossary [To be updated]