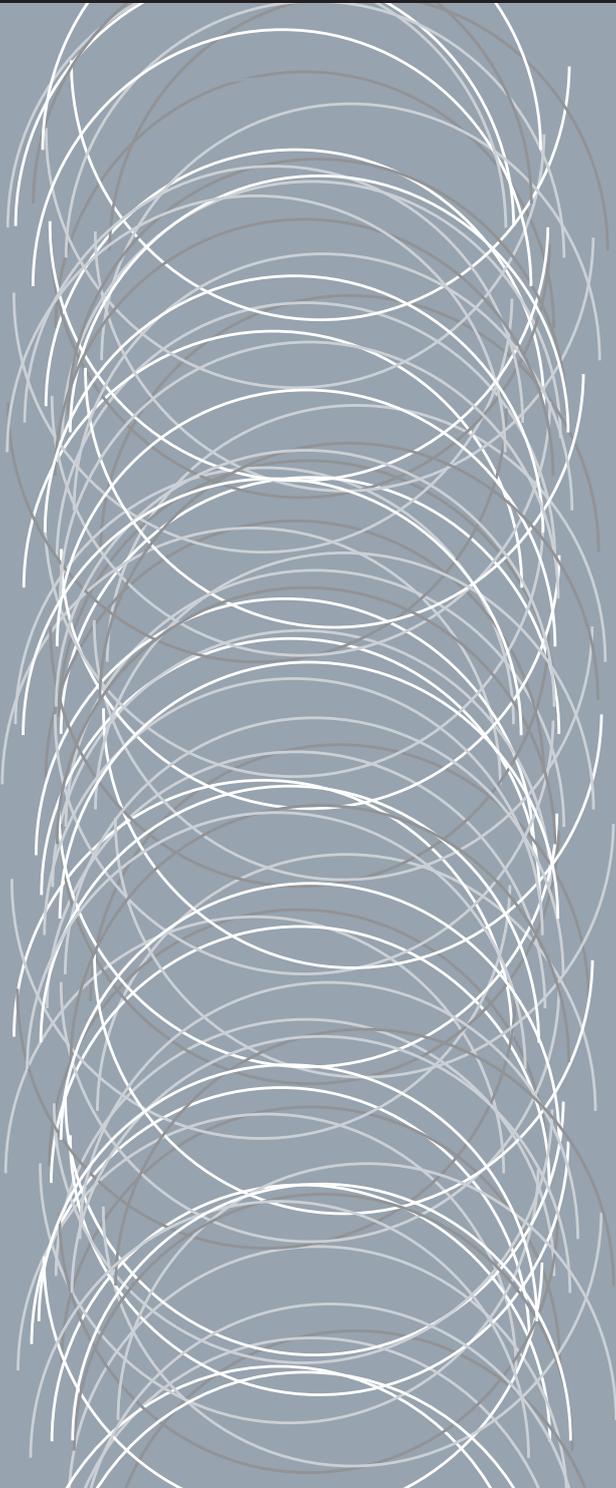


Australian Medical Council Limited

# Procedures for assessment and accreditation of programs leading to endorsement of registration of medical practitioners for acupuncture

# AMC



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# 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 Specialist Education Accreditation Committee

The Specialist Education Accreditation Committee oversees the process for assessment and accreditation of specialist medical programs and continuing professional development programs as well as the accreditation of programs leading to endorsement of registration of medical practitioners for acupuncture.

The Specialist Education Accreditation Committee:

- (i) advises the AMC Directors on guidelines, policy and procedures relating to the assessment of programs and their education providers<sup>1</sup> and accreditation of the programs. It:
  - considers feedback from assessment teams and education providers following each AMC accreditation assessment;
  - recommends review of the approved accreditation standards and the terms of reference and scope of such reviews;
  - periodically reviews AMC accreditation procedures and the guidelines for education providers.
- (ii) oversees AMC accreditation activities. It:
  - sets an annual program of accreditation activities and reports to each general meeting of the Council on its activities;
  - appoints AMC assessment teams;
  - makes recommendations to the Directors on the accreditation of individual programs;
  - monitors the continuing compliance of programs with the approved accreditation standards;
  - makes recommendations to the Directors concerning unsatisfactory progress by providers and their accredited programs.
- (iii) supports improvement in medical education in Australia and New Zealand that respond to evolving health needs and practices, and educational and scientific developments. It:
  - contributes to and advises the AMC on national and international developments and discussions concerning medical education;

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<sup>1</sup> 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.

- sponsors and undertakes activities that promote improvement in medical education.

The Committee includes members appointed after consultation with the Australian Health Ministers' Advisory Council; the Australian Medical Association; the Council of Presidents of Medical Colleges; the Medical Council of New Zealand; the Medical Board of Australia; Universities Australia and Medical Deans Australia and New Zealand. The Committee also includes: members from other related AMC committees; members who hold senior positions at a health service in Australia and New Zealand; a doctor in training and a specialist doctor who has recently completed training; members with background in and knowledge of health consumer issues; and, two positions to enhance the contribution of Aboriginal, Torres Strait Islander and Māori people to the AMC's accreditation processes.

### 1.3 Assessment teams

The Specialist Education Accreditation Committee constitutes an assessment team to assess each education provider and its programs. Teams report to the Specialist Education Accreditation Committee. They work within the accreditation policy and guidelines of the AMC.

Teams are responsible for:

- assessing the program(s) of study and their education provider against the approved accreditation standards, and the provider's own goals and objectives;
- with the education provider, developing an accreditation program for the assessment appropriate to the provider's structure, size, range of activities, and programs of study;
- preparing a report that assesses the program(s) and the provider against the accreditation standards.

Observers are permitted on AMC assessments, subject to the approval of the chief executive of the education provider and the chair of the AMC team. The AMC's expectations of observers are described in separate statements.

### 1.4 AMC secretariat

The AMC assesses programs leading to endorsement of registration of medical practitioners for acupuncture using these procedures and the approved accreditation standards.

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

The AMC asks organisations undergoing accreditation to correspond with the 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 education providers require additional advice on AMC accreditation requirements. In these circumstances, with the agreement of the education provider, the accreditation committee may recommend to the AMC Directors the establishment of an advisory group.

The advisory group works with the education provider to clarify the requirements that must be satisfied.

The advisory group does not:

- give detailed advice on curriculum development, planning or delivery; it is expected that the education provider will engage appropriate staff or consultants if such expertise is required;
- contribute to writing the provider's curriculum 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 education provider.

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

The education provider pays the direct cost of the work of the advisory group.

## 2. The conduct of the accreditation process

### 2.1 Legislative framework

The AMC has been appointed to conduct accreditation functions under the *Health Practitioner Regulation National Law* (the National Law).

This set of procedures relates to the following AMC accreditation functions:

- to improve health through advancing the quality and delivery of medical education and training associated with the provision of health services in Australia and New Zealand
- to act as an external accreditation entity for the purposes of the Health Practitioner Regulation National Law
- to develop accreditation standards, policies and procedures for medical programs of study based predominantly in Australia and New Zealand
- to assess programs of study based predominantly in Australia and New Zealand leading to registration of the graduates of those programs to practise medicine in Australia to determine whether the programs meet approved accreditation standards, and to make recommendations for improvement of those programs
- to assess education providers based predominantly in Australia and New Zealand that provide programs leading to registration of the graduates to practise medicine in Australia, to determine whether the providers meet approved accreditation standards.

The approved accreditation standards related to these procedures are at <https://www.amc.org.au/accreditation/programs-leading-to-endorsement-of-registration-of-medical-practitioners-for-acupuncture-2017>.

When the AMC assesses a program of study and the education provider against the approved accreditation standards and decides to grant accreditation, the AMC provides its accreditation report to the Medical Board of Australia. The Board makes a decision to approve or refuse the accredited program of study as providing a qualification for the purposes of endorsement of registration of medical practitioners.

### 2.2 Purpose of AMC accreditation process

The purpose of the accreditation process is to recognise programs and education providers that set and promote high standards of training and practice for medical practitioners who seek endorsement to practise acupuncture.

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

A system of accreditation of medical programs and their education providers 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 facilitate discussion and interaction with colleagues from other disciplines to benefit from their experience.
- (ii) The accreditation process respects the autonomy of the education provider, and acknowledges the expertise in and achievements of the education provider and its programs.
- (iii) Accreditation provides external validation of the high standards of Australian medical programs.

- (iv) The accreditation process supports and fosters educational initiatives.
- (v) The accreditation report assists the education provider by drawing attention to both weaknesses and strengths of the organisation's education and training programs.
- (vi) Accreditation, as a quality assurance mechanism, benefits prospective trainees, employers of the graduates of programs 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. It follows that the AMC process will not prescribe any particular model of education and training.

### **2.3 Scope of AMC accreditation**

The AMC accredits programs in Australia as a function of the Health Practitioner Regulation National Law.

Accreditation is awarded to the education provider for the specific program, identified by its award title.

All AMC accreditations are based on the education provider demonstrating that it meets or substantially meets the approved accreditation standards.

### **2.4 Timing of accreditations**

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

The AMC sets an accreditation work program each year.

### **2.5 AMC conduct**

The AMC will:

- (i) recognise each education provider's autonomy to set its educational direction and policies in response to its specific operating environment and context;
- (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, monitoring submission reviewers, committees and staff apply standards and procedures in a consistent and appropriate fashion;
- (v) apply a code of conduct for members of assessment teams, monitoring submission reviewers, committees and staff;
- (vi) review its processes and the accreditation standards 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 education provider to achieve its objectives. Accreditation is conducted in a collegial manner that includes consultation, advice and feedback to the education provider.

In the accreditation of programs, the AMC:

- focuses on the achievement of objectives, maintenance of educational standards, public safety requirements, and expected outputs and outcomes rather than on detailed specification of curriculum content or educational method;
- as far as possible, meshes its requirements with internal academic priorities;
- following accreditation of a program of study, monitors the response to conditions and recommendations and other developments in the program; and
- undertakes a cycle of assessments, with a periodic full assessment of each program.

## **2.6 Contribution of trainees to AMC accreditation processes**

The AMC considers it important that those completing programs of study, the trainees, have opportunities to contribute to the assessment of these programs.

Opportunities for trainees to contribute to the accreditation process include:

- input into the AMC's development and review of the accreditation standards, policy and procedures;
- membership of the AMC accreditation committees;
- membership of AMC assessment teams.

Opportunities for trainees to contribute to the assessment of their own program of study include:

- AMC surveys and/or trainee submissions;
- during an accreditation assessment, discussion with members of the AMC assessment team;
- contribution as appropriate to the education provider's monitoring submissions 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 provide medical education and training in Australia so that individuals are frequently involved in a number of programs. 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 education provider 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 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 personal or professional interests in addition to those in their standing notice of interest 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, for example by exclusion from the meeting or from discussion of the relevant item. 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 Specialist Education 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 persons recommended to the education provider and seek the education provider's comments on the team membership. Having considered the interests declared and the provider's comments, the accreditation committee makes a decision on the appointment of the team.

Where the education provider's view on the suitability of an appointment conflict 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 during relevant discussion, or altering the assessment program. Any such conflicts, and the course of action taken, will be reported to the Specialist Education Accreditation Committee.

## 2.8 Confidentiality

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

Education providers are advised to prepare their accreditation submission as a public document, to facilitate stakeholder consultation (see 3.3.5)

The AMC requires the members of its committees and assessment teams to keep as confidential the material provided by education providers 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, monitoring submissions, 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 education providers it will seek the providers' permission.

The AMC provides opportunities for education providers 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 provider. The education provider 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 provider of these plans.

## 2.9 Public material

The AMC places the following material concerning the accreditation status of individual programs of study and their education providers in the public domain:

- The current status and accreditation history of accredited programs 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 monitoring submissions submitted by accredited education providers on the AMC website.
- The AMC issues a press statement after it has made an accreditation decision and publishes the executive summary of the accreditation report.

The AMC expects that any public statement made by education providers about their accreditation status will be complete and accurate, and that organisations will provide the contact details of the AMC 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 the complaints of individual students, staff or trainees. It will not intervene on behalf of an individual complainant to address grievances relating to matters such as selection, recognition of prior learning/experience, training post allocation, assessment outcomes, or dismissal from a program. The accreditation standards require education providers accredited by the AMC to have processes for addressing grievances, complaints and appeals, and the AMC reviews these processes when conducting an accreditation assessment.

From time to time, the AMC receives questions and/or complaints about the educational processes of programs and providers 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 program or provider being assessed. Matters which might be characterised as complaints received during an assessment process will be addressed 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 selection, recognition of prior learning/experience, training post allocation, assessment outcomes, or dismissal from training.
- b. A systemic complaint which may evidence some systemic matter that could signify a failure of a program or provider to meet accreditation standards.

It is not the role of the AMC to investigate and manage personal complaints. The complaints process relates to systemic complaints.

## 2.11 Fees and charges

The AMC undertakes accreditation 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 programs of study leading to endorsement of registration of medical practitioners for acupuncture from July 2017 are as follows:

**Stage 1 submission (applies to new programs and providers and material changes to programs and providers): \$5,000**

The fee covers all work associated with the review of the Stage 1 submission. Once the education provider is invited to proceed to assessment by an AMC team, the AMC undertakes work on a cost-recovery basis as described below.

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

The AMC provides a cost estimate to the education provider at the commencement of the assessment.

The education provider seeking accreditation pays the direct cost of the assessment. Most costs are related to the work of any expert AMC group such as an accreditation team including AMC staff. The cost includes a fee of 15% of the total accreditation assessment cost to contribute to the costs incurred by the AMC in making the accreditation decision and ongoing monitoring and review of monitoring submissions and reports on accreditation conditions.

**Deposit: \$20,000**

The education provider is required to pay part of the fee as a deposit when lodging its accreditation submission.

The AMC issues an invoice for the remaining fee when it completes the assessment. Payment is due before the AMC makes the decision on the accreditation.

All fees are GST exclusive.

### 3. The administration of the assessment process

The AMC has developed standard procedures for assessing education providers and their programs of study against the approved accreditation standards and accrediting those programs that meet the standards.

#### 3.1 Types of assessments

The AMC undertakes assessments in the following circumstances:

- assessment of new developments including:
  - assessment of **new** education providers and programs of study;
  - assessment of proposals for **material change** in established programs
- assessment for the purposes of reaccreditation of established programs and their education providers.

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 an education provider and its programs are found to only substantially meet the accreditation standards, and there are conditions on accreditation, or when it has granted an education provider a limited period of accreditation.

An AMC assessment entails appointment of an AMC team which reviews the provider's documentation, completes an accreditation program, and prepares a report.

For a new development, the provider seeking AMC accreditation must first demonstrate that it is ready for this intensive 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

For new developments, the AMC will first assess if the planned program is likely to comply with the approved accreditation standards and if the education provider has demonstrated that it is able to implement the program.

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 major structural change in an established program

Material changes to an accredited program or provider may affect accreditation status. The AMC expects to be informed prospectively of such developments so that it can assess the potential impact on the accreditation status of the program. The regular monitoring submissions required of accredited education providers is one avenue for such advice. (See section 4). Alternatively the provider may give the AMC separate notice of its plans. As many of the changes described below will need to be assessed by an AMC team before they are introduced, the AMC requests 12 months' notice of the intended introduction of the change.

##### **Definition of a material change to an accredited program**

Any of the following might constitute a material change in an accredited program or education provider: a significant change in the objectives, educational approach, or emphasis of an existing program; a change in program length; a change in the resources available to support delivery of the program, including a change in the ownership or governance of the program. Significant changes linked to a major reduction in resources and an inability to achieve the purpose and/or

outcomes of the program are also material changes. While the gradual evolution of a medical program in response to initiatives and review does not constitute a material change, depending on their impact the AMC may regard a number of minor changes as collectively constituting a material change.

**Note:** In deciding to grant accreditation, the AMC makes a judgment about the adequacy and appropriateness of the total resources available to support the program. For this reason, whilst it does not accredit programs for a specific trainee intake, the AMC would regard a substantial change in trainee numbers relative to resources as a major course change. The AMC expects accredited education providers will report on any planned or proposed increase in trainee intake in monitoring submissions.

When it considers the initial advice from an accredited education provider about planned changes, either through a specific notice of intent or through monitoring submissions, the Specialist Education 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 of the whole program.

The Committee will advise the education provider of its decision, including whether the AMC will carry out the assessment by correspondence or by meetings and/or visit.

In the event that the Committee decides to assess the change within the current period of accreditation, the education provider will be required to submit a broad outline of the new program, transitional arrangements for existing trainees if appropriate, the resources including clinical teaching resources available to deliver the program, the resource implication of the change for healthcare facilities, and evidence of engagement of stakeholders. The Committee will consider this submission and make a recommendation to the AMC Directors on accreditation of the program including any specific reporting requirements.

In the event that the AMC decides to assess the changed program before it is introduced, the AMC may also require the education provider to demonstrate that the planned program is likely to comply with the approved accreditation standards and that the provider is able to implement the program. The Specialist Education Accreditation Committee reviews the submission following the process described in section 3.2.3.

### **3.2.2 First stage assessment of a new specialist medical program or provider**

Organisations require considerable time to design and plan a new program and to organise the necessary resources. By advising the AMC early of their intentions, organisations have access to general advice on the accreditation standards, and 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 16 months in advance of intended program commencement.

Once the institution has notified the AMC of its intention, the AMC will provide a guide for completion of the preliminary (Stage 1) submission. The AMC judges the organisation's readiness for assessment on the basis of this submission. The submission must outline the curriculum for the program and the resources to deliver the program.

The Specialist Education 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 Specialist Education Accreditation Committee completes Stage 1 assessments of new developments based on a review of the applicant's submission.

The AMC will generally assess Stage 1 submissions within three months of their submission. This is subject to the meeting schedule of the Specialist Education Accreditation Committee. The dates of the meetings of the Committee are available from the AMC.

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

- (i) that the AMC invite the education provider to submit its program for assessment by an AMC team;
- (ii) that further development is required and the education provider be invited to submit additional information for consideration;
- (iii) that the AMC not assess the program for accreditation. Where it has rejected a Stage 1 submission, the AMC may specify a period of time to lapse before it will consider a new submission.

Should the AMC invite the education provider to proceed to assessment, the AMC and the provider will set a date for the assessment. The AMC aims to complete the team's assessment four months before the program begins, so that the education provider can demonstrate it has satisfied any conditions that must be met before commencement.

The AMC will ask the education provider to complete an accreditation submission providing the outline of the full program of study, details of resources such as clinical training resources and supervisors to implement the program and to support the program when fully implemented, and an institutional assessment of strengths and weaknesses in relation to this development.

For a material change in an established program, the education provider should also address the following: the impact of the change on existing trainees and the proposed transitional arrangements; the resource implication of the change; and stakeholder consultation concerning the change.

AMC staff are able to advise on the date the submission should be lodged and the format of the submission required.

### **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 education provider concerning the timing of the assessment, the process of assessment, and the documentation required. The staff write to education providers which need reaccreditation approximately 12 months before their accreditation is due to expire. For a follow-up assessment, the staff contact the education provider 8 months in advance. For organisations seeking accreditation of a new development, the AMC provides customised advice on AMC timings and requirements.

The timing of the assessment is planned in consultation with the senior office bearers and chief executive of the education provider.

The AMC assessment team works through the AMC Secretariat and the office of the chief executive of the education provider. All requests for information are made to the chief executive, and the accreditation program is finalised in consultation with the chief executive or nominee.

#### **3.3.2 Documentation**

The AMC provides a guide to assist the education provider in preparing the accreditation submission, which is the basis for the assessment of the program. The guide outlines the requirement for self-assessment and critical analysis against the accreditation standards. The submission should describe plans for future development. It should also provide detailed information on the program of study and the resources supporting these programs, such as staff, education resources and if relevant health service facilities. The education provider may nominate particular areas for review.

For a follow-up assessment, the AMC asks the education provider to develop an accreditation submission addressing the accreditation standards, outlining developments since the most recent assessment, and responding specifically to any outstanding accreditation conditions. The AMC also provides copies of the education provider's monitoring submissions (see section 4) and relevant correspondence between the AMC and the education provider to the assessment team.

The AMC normally asks the education provider to submit its documentation four 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. The accreditation committee appoints assessment teams 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 skills required. Whilst the expertise of individual members is of prime importance, the composition of the team provides for a balance of educational and clinical knowledge and experience with particular, but not exclusive, emphasis on training of medical practitioners and health practitioners, health service and community interests.

An experienced AMC assessor is appointed as chair of the team. One member of the team is a staff member of the AMC, who is the executive officer. The chair has overall responsibility for the conduct of the assessment. The executive officer provides policy advice, organises the assessment with the education provider, supports and contribute 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, which includes nominations from stakeholder organisations. The AMC includes a mix of new and experienced members on each team.

Teams for follow-up assessments include 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 before any discussions with the education provider. At this meeting, the team identifies key issues and develops an outline of the accreditation program, the detailed program of activities. 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 team makes a preliminary assessment of the provider's accreditation submission. Following the meeting, AMC staff confirm the team's accreditation program and request for any additional information in writing.

### **3.3.5 Stakeholder consultation**

The AMC invites stakeholder submissions on the program of study addressing the accreditation standards.

The AMC asks the education provider to identify relevant interest groups that should be invited to comment on the program.

The AMC also gathers feedback from trainees and training supervisors.

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 education provider with a copy of the stakeholder feedback and, if relevant, de-identified trainee survey reports once the team has completed its assessment.

### **3.3.6 The team's assessment**

An accreditation assessment will include the following:

- observation of training sessions (including if relevant online activities) and summative assessment processes
- meetings between the team and the education provider's senior officers and committees, as well as trainees and supervisors.

All interviews are conducted with the knowledge of the senior office-bearers although not necessarily in their presence.

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

Organisation of any site visits is primarily a responsibility of the education provider with assistance from AMC staff.

Following the preliminary team meeting, AMC staff send the education provider a guide to assist in planning the final program of meetings. Normally, the team meets committees and individuals with responsibility for: the management of the curriculum; program evaluation; assessment and examination; trainee selection; and educational resources. Maximum opportunities for interactive discussion are provided.

### **3.3.7 Preliminary findings**

At the end of the program of meetings, 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 presents its findings in a written statement which is discussed with key staff and office-bearers of the education provider. The organisation has an opportunity to correct errors of fact and discuss any draft recommendations and action that would need a response. AMC staff circulate the final statement (revised to correct errors) to the education provider and the team members. This statement is confidential to the education provider and the AMC.

The team makes no announcement concerning accreditation. This is a decision taken by the AMC Directors after considering recommendations from the Specialist Education 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 accreditation executive officer. The report also provides feedback to the education provider to improve program quality.

The aim is to provide the team's draft document to the education provider usually within six weeks of the conclusion of the assessment. More time may be required depending on the complexity of the assessment. The education provider is invited to comment, within a reasonable timeframe, on the factual accuracy of the draft and on any recommendations, conclusions or judgments in the draft.

The team's draft report will include the team's recommendations to the Specialist Education Accreditation Committee on proposed conditions on the accreditation. The AMC will provide an opportunity for the education provider to discuss with AMC staff and the team chair the timeframes for meeting any draft conditions.

The team finalises its draft report on its findings having considered the education provider's comments. AMC staff submit this report to the Specialist Education Accreditation Committee. They also submit comments by the education provider if these raise any significant concerns regarding the recommendations, conclusions or judgements in the draft report.

The Specialist Education Accreditation Committee considers the team's draft report. It may seek additional information from the education provider 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 education provider**

AMC staff provide a copy of the report and accreditation recommendations endorsed by the Committee to the education provider.

The education provider may:

- (i) ask that the Committee's report and recommendations be submitted to the AMC Directors for an accreditation decision; or
- (ii) ask the Committee to consider minor changes, such as editorial and wording changes before submitting its report and recommendations to the AMC Directors for an accreditation decision; or
- (iii) ask the Committee to consider significant change 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**

The education provider may seek formal reconsideration of the Committee's report and/or accreditation recommendations.

Reconsideration is undertaken by the Specialist Education Accreditation Committee. The education provider must lodge a request for reconsideration in writing with the secretary of the Committee within 14 days of receiving the Committee's report.

Within 30 days of receiving the Committee's report and accreditation recommendations, the education provider 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 Specialist Education Accreditation Committee will discuss the request for reconsideration either at its next scheduled meeting or by special arrangement. The Committee will determine any process considered necessary to undertake the reconsideration.

The Committee considers the accreditation report and recommendations, the material supplied by the education provider, and any additional material and documentation agreed by the Committee. The Committee finalises its report and accreditation recommendations. The Committee will advise the education provider of its response to the request for reconsideration in writing following its meeting 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 accreditation outcomes in section 5.

The AMC notifies the education provider. If the decision is to refuse accreditation the education provider is advised of the reasons for the decision and that it may seek internal review in accordance with section 48(4) of the National Law. (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 education provider 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 education provider claims justifies a different decision, together with all supporting material that the education provider 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 body 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 education provider of that process and the timeframe.

The review committee considers the Specialist Education Accreditation Committee's final report and recommendations, all submissions by the education provider during the original process and the materials and submissions made by the education provider as part of the request for internal review. The committee may seek further information from the assessment team, the Specialist Education Accreditation Committee, the education provider or AMC staff.

The review committee may recommend that Directors:

- (i) confirm the decision which is the subject of the review;
- (ii) revoke the decision and refer it the Specialist Education 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 the 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 education provider 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 education provider and its programs, the AMC monitors them to ensure they continue to meet the accreditation standards.

The principal monitoring mechanisms are structured monitoring submissions and the full accreditation assessment every five years. In addition, the AMC expects that accredited education providers will report at any time on matters that may affect the accreditation status of their programs, such as a change to capacity to meet the accreditation 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 program or provider that may affect the accreditation status of program or provider, it may seek information from the provider in writing.

### **4.2 Monitoring submissions**

The aim of the monitoring submission is to enable the AMC to monitor accredited education providers and their programs between formal accreditation assessments as required by the National Law. 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 education provider.

Providers submit annual monitoring submissions.

In their monitoring submissions, accredited education providers:

- inform the AMC of significant developments, completed or planned, in any area covered by the accreditation standards, as well as their response to any AMC recommendations for improvement;
- respond to AMC conditions on their accreditation, and AMC questions concerning information in earlier monitoring submissions;
- provide program enrolment, progression and completion data.

AMC staff provide each education provider with an outline for the monitoring submission at least four months before the report is due.

#### **4.2.1 Consideration of monitoring submissions**

When the monitoring submission is submitted, AMC staff seek a commentary on the report from a reviewer who is an experienced AMC assessor. The AMC provides guidance to reviewers on the commentary required.

The submission and the commentary, together with a summary of the AMC's response to the provider's previous monitoring submissions, are then considered through AMC committee processes.

#### **4.2.2 Decision on monitoring submissions**

The Specialist Education Accreditation Committee will determine whether:

- (i) the report indicates that the program and provider continue to meet the accreditation standards including if accreditation conditions have been satisfied in the time period set by the AMC; or
- (ii) further information is necessary to make a decision; or

(iii) the provider and program may be at risk of not satisfying the accreditation standards.

If the report is considered satisfactory, the education provider is advised. The AMC provides details of any matter to be addressed in the next monitoring submission 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 monitoring submission, it advises the education provider of the relevant accreditation standards, the information required and a date for submission. The Committee may decide that a meeting with representatives of the education provider is necessary to discuss the AMC's requirements.

If the Committee considers that the education provider may be at risk of not satisfying the accreditation standards, then it invokes the *AMC Unsatisfactory Progress Procedures*. (See 4.4)

If the Committee's consideration of a monitoring submission results in a recommendation to change the accreditation status of a program and its provider, or identifies material changes to the accredited program or provider, the Committee will advise the provider 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 the accreditation status of programs and providers to the Medical Board of Australia.

### 4.3 Unsatisfactory progress procedures

The procedures described below relate to circumstances where the AMC, on the basis of monitoring submissions or other material, considers the education provider and its program no longer may meet the accreditation standards or may have difficulty meeting the standards 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 education provider no longer meet the accreditation standards, the AMC will either impose conditions on the accreditation or revoke the accreditation.

The AMC will inform the education provider of its concerns and the grounds on which they are based, and invite the education provider 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 Specialist Education 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 education provider will focus on actions necessary to meet the accreditation standards in a defined period of time. The team may ask the education provider to arrange meetings with other relevant bodies as part of their discussions.

The team reports to the Specialist Education Accreditation Committee, which may recommend to the AMC Directors:

- (i) that the concerns are being addressed. In this case, the AMC will grant ongoing accreditation for a defined period subject to satisfactory monitoring submissions;
- (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 monitoring submissions 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 education provider and its program do not satisfy the accreditation standards. In this case the AMC will revoke the accreditation.

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

The AMC advises the education provider 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 reaccreditation of programs and providers, accreditation of new programs and/or providers, and material changes in established programs.

The AMC may accredit a program if it is reasonably satisfied that the program of study and the education provider meet the accreditation standards. The AMC may also grant accreditation if the program of study and the education provider *substantially* meet the accreditation standards, and imposing accreditation conditions will lead to the program meeting the standards within a reasonable time. Where the AMC imposes conditions, the provider's continuing accreditation is subject to it satisfying the conditions.

Each education provider and its programs undergo accreditation assessment by an AMC team at least every five years.

### 5.1 Reaccreditation of education providers and programs of study

The accreditation options are:

- (i) Accreditation for a period of five years subject to satisfactory monitoring submissions. (See 4) Accreditation may also be subject to certain conditions being addressed within a specified period and to satisfactory monitoring submissions. (See 4)
- (ii) Accreditation for shorter periods of time. If significant deficiencies are identified or there is insufficient information to determine that the program satisfies the accreditation standards, the AMC may award accreditation with conditions and for a period of less than five years. At the conclusion of this period, or sooner if the education provider requests, the AMC will conduct a follow-up review to consider extending the accreditation. The provider may request either:
  - a full accreditation assessment, with a view to granting accreditation for a further period of five years; or
  - a more limited review, concentrating on the areas where deficiencies were identified, with a view to extending the current accreditation to at least the maximum period (five years since the original accreditation assessment).
- (iv) Accreditation may be withdrawn where the education provider has not satisfied the AMC that the complete program is or can be implemented and delivered at a level consistent with the accreditation standards. The AMC would take such action after detailed consideration of the impact on the healthcare system and on individuals of withdrawal of accreditation and of other avenues for correcting deficiencies.

If the AMC withdraws accreditation, it will give the education provider written notice of the decision, its reasons, and the procedures available for review of the decision within the AMC. (See 3.3.12)

An organisation that has its accreditation revoked may re-apply for accreditation. The organisation must first satisfy the AMC that it has the capacity to deliver a program of study that meets the accreditation standards by completing a Stage 1 accreditation submission.

### 5.2 Accreditation of new education providers and/or programs

The accreditation options are:

- (i) Accreditation for a period up to two year after the full program has been implemented, subject to conditions being addressed within a specific period and depending on satisfactory annual monitoring submissions. The conditions may include a requirement for follow-up assessments to review progress in implementing the program.

- (ii) Accreditation will be refused where the education provider has not satisfied the AMC that it can implement and deliver the program of study at a level consistent with accreditation standards. The AMC will give the provider 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 of a new provider, 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 material changes to established programs**

The accreditation options are:

- (i) Accreditation for a period up to one year after the full new program has been implemented depending on satisfactory annual monitoring submissions.

Accreditation may be subject to the education provider addressing certain conditions within a specified period. The conditions may include a requirement for follow-up assessments to review progress in implementing the program.

- (ii) Accreditation of the new program will be refused where the education provider has not satisfied the AMC that it can implement and deliver the complete program at a level consistent with the accreditation standards. The AMC will give the education provider written notice of the decision and its reasons, and the procedures available for review of the decision within the AMC. (See 3.3.12)

Where the AMC refuses accreditation of a material change, the education provider may re-apply for accreditation of the change. It must first satisfy the AMC that it has the capacity to address the AMC's concerns about the proposed change 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. Under the National Law the Board may approve, or refuse to approve, the accredited program of study as providing a qualification leading to endorsement of registration of medical practitioners for acupuncture.

Having made a decision on accreditation of the education provider and its programs, the AMC keeps itself apprised of developments in the accredited program through regular monitoring submissions. This process is explained in Section 4.2 to 4.3.

The AMC has a separate series of procedures that relate to circumstances where the Specialist Education Accreditation Committee considers, on the basis of monitoring submissions or other material available to it, that the education provider's progress against its accreditation conditions is unsatisfactory and/or that the education provider may not satisfy one or more accreditation standards. These procedures are outlined in Section 4.4.

## 6. Review of accreditation standards and procedures

The process for reviewing AMC accreditation standards and procedures provides opportunities both for contribution by stakeholders and for the AMC to build on the experience of its accreditation committees.

AMC staff and the relevant accreditation committee reviews the accreditation standards and procedures after each assessment by an AMC team. AMC staff collate feedback from the team and the education provider on the application of the accreditation standards and on the assessment process.

- Following each assessment, the relevant accreditation committee receives a report from AMC staff on any questions concerning the interpretation of accreditation standards and feedback from the assessment team chair on the assessment process.
  - AMC staff make minor procedural changes agreed to as part of this review process and report to the accreditation committee on their implementation.
  - The accreditation committee may recommend to the AMC Directors changes to the explanatory notes accompanying the standards.
- Should the committee decide that a standard or standards requires clarification or new standards are required, it may recommend a review by an AMC working party, following the process described below.
- Should the committee identify the need for a change to the process described in these Guidelines, it may recommend a review by an AMC working party, following the process described below.

The AMC reviews the full set of accreditation standards at least every five years. In reviewing its accreditation standards, the AMC takes account of the Australian Health Practitioner Regulation Agency *Procedures for Development of Accreditation Standards*. The AMC reviews the procedures in full at least every five years.

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

- The accreditation committee discusses the standards and/or procedures, and presents to the AMC Directors the plan for the review, outlining the proposed scope and timeframe.
- If the AMC is planning to review the standards, it advises the Medical Board of Australia. It places information on the review and consultation processes on its website.
- A working party is established, 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 national and international reports and policies, reviews AMC accreditation reports and committee reports, drafts proposals for change to the standards and procedures, and prepares a summary of stakeholder responses to them.
- The relevant accreditation committee considers the changes, and submits them to the AMC Directors.
- As required under the National Law, the AMC Directors submit changes to the accreditation standards and new standards to the Medical Board of Australia for approval.



