ATTACHMENT B

Proposed Accreditation Standards for Primary Medical Education: Draft for consultation

August 2022

How to read this document

This document contains the proposed revisions to the standards for medical schools within the *Accreditation Standards for Primary Medical Programs.* These proposals were developed by the AMC Standards Review Working Group and approved for consultation by the Medical School Accreditation Committee. The proposals have been informed by the 2021 AMC consultation on the scope of the review of the Accreditation Standards for Primary Medical Programs.

Proposed revisions to the language from the current medical school standards (2012 edition) is marked in red font colour. Proposals for new standards are marked entirely in red font colour, including the number.

The proposed revised standards are presented in tables below. The proposed standard (middle column) is mapped against current 2012 edition AMC medical school standard(s), where relevant (left column) and has a corresponding explanation of the proposed changes, particularly tying the proposals to relevant scoping consultation feedback (right column).

Explanation of the revised medical school standards tables:

2012 standard	Proposed standard	Details of proposed change
This column contains the current 2012 edition AMC medical school standard(s) which is/are mapped to the proposed revised standard, where relevant.	This column contains the proposed revised standard, which has been drafted based on the detailed development process and approved by the SRWG.	This column contains an explanation of the proposed change and any related major theme(s) from the consultation on the scope of the standards review.
Rows shaded this light green colour include an element of Cultural Safety and/or Aboriginal, Torres Strait Islander and Māori health as one part of the standard. The AMC Aboriginal, Torres Strait Islander and Māori Standing Committee Sub Group worked with the Standards Review Working Group to develop these standards.		
Rows shaded this dark green colour are about Cultural Safety and/or Aboriginal, Torres Strait Islander and Māori health. The AMC Aboriginal, Torres Strait Islander and Māori Standing Committee Sub Group led the development of the standard, seeking input from Aboriginal, Torres Strait Islander and Māori staff in medical schools through Yarning Circles and from Aboriginal, Torres Strait Islander and Māori health peak bodies in the development process. The Standards Review Working Group also provided detailed feedback on this standard, which was considered by the Sub Group during development. The Aboriginal, Torres Strait Islander and Māori Standing Committee reviewed and approved the standard.		

While the 'Details of proposed change' column includes some implementation considerations and clarification of intent which will ultimately be translated into official Notes, the full text of the Notes have not been drafted at this stage. The AMC is seeking the input of stakeholders on interpretation, best practice and implementation considerations that should be clarified in the Notes.

Note on the different uses of 'outcomes' in the standards

Note that this document identifies two different types of learning outcomes:

- The AMC Graduate Outcomes: these the are high-level skills, knowledge and behaviours that every graduate from an AMC accredited medical program must be able to demonstrate. They include both the requirements of a newly qualified doctor and the values and foundational skills and knowledge to prepare the graduate for practice over the subsequent stages of their career.
- The medical program outcomes: these are the skills, knowledge and behaviours as specified in the medical program's curriculum. It is expected that medical schools will work with local communities and stakeholders to contextualise the AMC Graduate Outcomes so that they are relevant, readily translated into learning and assessment programs and sequenced appropriately within the context of their curriculum structure. The proposed standards require that the medical program outcomes are specified for each stage of the medical program so that students and staff are able to identify what is expected of students at each stage and the development required across the program. Medical program providers structure their programs differently and so a 'stage' may refer to a year on year progression of competence or transitions from predominantly academic to predominantly clinical based learning.
    - The AMC will ask to review curriculum mapping of the medical program outcomes to the AMC Graduate Outcomes Statements and for the medical school to explain how it has worked with its stakeholders to contextualise the AMC Graduate Outcome Statements and in designing its curriculum. The AMC team will also speak to stakeholders about their experience.
    - It is recognised that medical school graduates in Australia and Aotearoa New Zealand must be capable of working anywhere within these countries. This does not lessen the need for medical schools to engage with local communities. The proposed revisions in the Graduate Outcome Statements and standards for medical schools increase emphasis on student experiences with diverse patient populations and in diverse hospital and community healthcare settings to support the development of an adaptable practitioner who is capable of working in the diverse communities across Australia and Aotearoa New Zealand.

The document also refers to outcomes in the plain English context of consequences or results. For example, the phrase the outcomes of the program is used in the monitoring and evaluation standard and requires medical schools to examine the results of their program with reference to the provider's purpose. This analysis will include, for example whether students are able to transition safely to internship and display the required skills, knowledge and values and whether the program has been able to select, support and retain particular cohorts of students. It will also include an analysis of the impact on local communities and health services and contribution of the medical program to those communities and health services.

Standard 1. The purpose context and accountability of the medical program

1.1 Purpose

2012 standard	Proposed standard	Details of proposed change
2.1.1 The medical education provider has defined its purpose, which includes learning, teaching, research, societal and community responsibilities.	1.1.1 The medical education provider has defined its purpose, which includes learning, teaching, research, societal and community responsibilities.	No change.
2.1.4 The medical education provider relates its teaching, service and research activities to the health care needs of the communities it serves.	1.1.2 The medical education provider contributes to meeting health care needs, including the place-based needs of the communities it serves, and advancing health equity through its teaching and research activities.	Social Accountability theme: Medical schools have a core responsibility to respond to the healthcare needs of the communities in Australia and/or New Zealand. Place-based needs has been used here to reference community choices and preferences about healthcare that relate to identity and connection to Country. Medical schools should demonstrate how they understand the strengths and challenges and support the healthcare of these communities. Emphasis has been added to addressing health equity in these communities through teaching and research activities.
2.2.2 The medical program outcomes are consistent with the AMC's goal for medical education, to develop junior doctors who are competent to practise safely and effectively under supervision as interns in Australia or New Zealand, and who have an appropriate foundation for lifelong learning and for further training in any branch of medicine.	1.1.3 The medical program commits to developing doctors who are competent to practise safely and effectively under supervision as interns in Australia or New Zealand, and who have the foundations for lifelong learning and further training in any branch of medicine.	Minor change to shift emphasis of this standard from program outcomes to program purpose, in order to remove duplication across the standards. Revised Standard 2 retains a requirement that the medical programs outcomes are consistent with a safe transition to internship.
2.1.2 The medical education provider's purpose addresses Aboriginal and Torres Strait Islander peoples and/or Māori and their health.	1.1.4 The medical program commits to furthering Aboriginal and Torres Strait Islander and/or Māori peoples' health equity and participation in the program as staff, leaders and students.	Cultural Safety theme: Emphasised health equity, not just health. Added a focus on furthering the participation of Aboriginal and Torres Strait Islander and/or Māori peoples in the program.

1.2 Partnerships with communities and engagement with stakeholders

2012 standard	Proposed standard	Details of proposed change
1.1.3 The medical education provider consults relevant groups on key issues relating to its purpose, the curriculum, graduate outcomes and governance. 2.1.3 The medical education provider has defined its purpose in consultation with stakeholders.	1.2.1 The medical education provider engages with stakeholders, including Aboriginal and Torres Strait Islander and/or Māori peoples and organisations in: i. Defining the purpose and program outcomes. ii. Designing and implementing the curriculum and assessment system. iii. Evaluating the medical program and outcomes.	Social Accountability theme: Greater specificity on the areas that stakeholders should be included in. Cultural Safety theme: Explicitly mentioned Aboriginal and Torres Strait Islander and/or Māori communities as stakeholders.
1.6.1 The medical education provider has effective partnerships with health-related sectors of society and government, and relevant organisations and communities, to promote the education and training of medical graduates. These partnerships are underpinned by formal agreements.	1.2.2 The medical education provider has effective partnerships to support the education and training of medical students that are underpinned by formal agreements. These include partnerships with: i. Community organisations. ii. Health services. iii. Local internship training providers. iv. Health-related organisations and sectors of government.	Social Accountability / Transition to Practice themes: Specified key partner relationships that support community engagement and transition to practice.
1.6.2 The medical education provider has effective partnerships with relevant local communities, organisations and individuals in the Indigenous health sector to promote the education and training of medical graduates. These partnerships recognise the unique challenges faced by this sector.	1.2.3 The medical education provider has mutually beneficial partnerships with relevant Aboriginal and Torres Strait Islander and/or Māori peoples and organisations. These partnerships: i. Define the expectations of partners. ii. Promote community sustainability of health services. .	Cultural Safety theme: Emphasised mutual benefit and local acceptability of relationships with Aboriginal and Torres Strait Islander and/or Māori people and organisations, to shift focus away from medical schools dealing with Aboriginal and Torres Strait Islander and/or Māori people and organisations in a way that suits their needs but not local needs.

1.3 Governance

2012 standard	Proposed standard	Details of proposed change
1.1.1 The medical education provider's governance structures and functions are defined and understood by those delivering the medical program, as relevant to each position. The definition encompasses the provider's relationships with internal units such as campuses and clinical	1.3.1 The medical education provider has a documented governance structure that supports the participation of organisational units, staff, and those delivering the medical program in engagement and decision-making processes.	Governance, Leadership and Resources theme: Simplified the standard and maintained a non-prescriptive approach to governance structures. In documenting the governance structure, it is expected that the composition, terms of reference and reporting relationships are

2012 standard	Proposed standard	Details of proposed change
schools and with the higher education institution. 1.1.2 The governance structures set out, for each committee, the composition, terms of reference, powers and reporting relationships, and allow relevant groups to be represented in decision-making.		clearly defined and documented for each committee or group.
1.2.1 The medical education provider has autonomy to design and develop the medical program. 1.3.1 The medical education provider has a committee or similar entity with the responsibility, authority and capacity to plan, implement and review the curriculum to achieve the objectives of the medical program.	1.3.2 The medical education provider's governance structure provides the authority and capacity to plan, implement, review and improve the program, to achieve the medical program outcomes and the purposes of the medical education provider.	Governance, Leadership and Resources theme: Shifted focus to a non-prescriptive, outcomes-based approach. Added 'improve' to clarify that the medical education provider must demonstrate that its governance arrangements facilitate responsiveness when deficits are identified. 'Capacity' in this context includes expertise in medical education and assessment so that decisions about development and resourcing of the program are informed by best practice, as it evolves. The AMC has not included active risk management as signalled in the consultation on the scope of the review. Although clearly a requirement for a successful and sustainable medical program, stakeholders considered that demonstrating decision-making and resourcing aligned to the needs of the program (which meet the accreditation standards) implies active risk management and it therefore does not need to be separately assessed in accreditation.
N/A	1.3.3 The medical education provider's governance structure achieves effective academic oversight of the program.	**New standard.** Governance, Leadership and Resources theme: Added outcomes-focused standard that reflect contemporary governance arrangements and hedge against their risks.

2012 standard	Proposed standard	Details of proposed change
7.5.1 The medical education provider has formal processes and structures that facilitate and support student representation in the governance of their program.	1.3.4 Students are supported to participate in the governance and decision-making of their program through documented processes that require their representation.	Minor changes to clarify that governance structures should require student representation, not only allow for it. Processes for selecting representatives and representatives' roles in the governance structure should be documented.
N/A	1.3.5 Aboriginal and Torres Strait Islander and/or Māori academic staff and clinical supervisors, participate at all levels in the medical education provider's governance structure and decision making in the medical program.	**New standard.** Cultural Safety theme: Inclusion of Aboriginal and Torres Strait Islander and/or Māori communities in governance key to culturally safe governance.
N/A	1.3.6 The interests of staff and others participating in decision-making about the medical program that may conflict with their responsibilities to the program are identified and managed in accordance with defined policy and process.	**New standard.** International Frameworks theme: Conflict of interest policy standard added to ensure alignment with and AMC accreditation under US NCFMEA guidelines.

1.4 Medical program leadership and management

2012 standard	Proposed standard	Details of proposed change
1.5.2 The medical education provider has autonomy to direct resources in order to achieve its purpose and the objectives of the medical program. 1.5.3 The medical education provider has the financial resources and financial management capacity to sustain its medical program.	1.4.1 The medical education provider has the financial resources to sustain its medical program and these resources are directed to achieve its purpose and the requirements of the medical program.	Governance, Leadership and Resources theme: Consolidated and reframed, shifting focus from 'autonomy' to demonstrating decision-making about resources is in line with the medical education provider's purpose and the requirements of its medical program/s. Scoping consultation feedback supported maintaining a non-prescriptive approach but being clearer that resourcing (including staffing) decisions are based on program requirements.
1.2.2 The responsibilities of the academic head of the medical school for the medical program are clearly stated. 1.5.1 The medical education provider has an identified line of responsibility and authority for the medical program.	1.4.2 There is a clearly defined academic head of the medical program who has the authority and responsibility for managing the medical program.	Governance, Leadership and Resources theme: Reframed standard reflecting that contemporary governance of medical programs depends on properly resourced and classified leadership to manage programs.

2012 standard	Proposed standard	Details of proposed change
N/A	1.4.3 The head of the program is supported by a leadership team with defined roles and appropriate authority and resources.	**New standard.** Governance, Leadership and Resources theme: Identifies that successful medical program management requires a leadership team. This team will include medical educationalists, clinicians and professional staff. The size and nature of the team will depend on the size of the cohort, the structure of the program and the range of health service and community relationships that must be maintained.
N/A	1.4.4 The medical program leadership team includes senior leadership role/s responsible for Aboriginal and Torres Strait Islander and/or Māori Health with defined responsibilities, and appropriate authority and resources.	**New standard.** Cultural Safety theme: Requiring not just Aboriginal and Torres Strait Islander and/or Māori staff but also leadership of Aboriginal and Torres Strait Islander and/or Māori health aspect of the program. Mandating leadership ensures representation in governance and decision-making, coherent vision around Aboriginal and Torres Strait Islander and/or Māori health. Prescribing features of the leadership position mitigates risk of inappropriate recruitment efforts and insufficient structures around the leadership position.
1.3.2 The medical education provider assesses the level of qualification offered against any national standards.	1.4.5 The medical education provider assesses the level of qualification offered against any national standards.	No change.
5.1.1 The medical education provider's assessment policy describes its assessment philosophy, principles, practices and rules. The assessment aligns with learning outcomes and is based on the principles of objectivity, fairness and transparency. 5.1.2 The medical education provider clearly documents its assessment and progression requirements. These documents are accessible to all staff and students.	1.4.6 The medical education provider ensures accurate and relevant information is publicly available and accessible for applicants, students, staff and clinical supervisors to understand the requirements and are able to support the delivery of the course.	International Frameworks theme: Requirement to meet US NCFMEA standards. Notes to list specific expectations related to 'accurate and relevant information', including information on: - Selection processes. - Assessment philosophy, principles, practices and rules. - Assessment and progression requirements. - The outcomes of evaluation and continuous improvement activities.

2012 standard	Proposed standard	Details of proposed change
7.2.4 Information about the selection process, including the mechanism for appeals is publicly available.		The medical education provider should provide different information and present information differently to make the information relevant to different audiences. For example, detail on selection processes would be particularly relevant to applicants, and staff involved in selection processes should have information on what is expected of them.

Standard 2. Curriculum

2.1 Program outcomes and structure

2012 standard	Proposed standard	Details of proposed change
2.2.1 The medical education provider has defined graduate outcomes consistent with the AMC Graduate Outcome Statements and has related them to its purpose.	2.1.1 The medical program outcomes for graduates are consistent with: i. The AMC Graduate Outcome Statements. ii. A safe transition to supervised practice in internship in Australia and New Zealand. iii. The needs of the communities, including Aboriginal and Torres Strait Islander and/or Māori communities, that the education provider serves.	Transition to Practice theme: Emphasised program outcomes that relate to transition to internship, to put focus on making end of primary medical education and beginning of training more consistent. Social Accountability/Cultural Safety theme: The proposed AMC Graduate Outcomes retain requirements for graduates to be able to understand and practise in communities across Australia and New Zealand and to engage with Health issues in the Western Pacific. The intention of the change to this standard is to emphasise the connection the medical school has with the communities where students are placed when translating the high-level outcomes to the medical programs' end of program outcomes.
2.2.3 The medical program achieves comparable outcomes through comparable educational experiences and equivalent methods of assessment across all instructional sites within a given discipline.	2.1.2 Students achieve similar performance across the medical program outcomes in all sites where students learn through comparable learning experiences. Teaching, learning and assessment experiences may differ according to local adaptation, but student workloads must be similar across sites.	Outcomes, Curriculum and Assessment theme: Reinforced the flexibility of this standard, recognising that students in different clinical schools and placements will have different learning experiences and engagement with local communities may result in adapted content and assessments. The AMC recognises that there is a balance between supporting local adaption and ensuring that all medical students have the same quality of education and training and the same opportunities to achieve the medical program outcomes.

2.2 Curriculum design

2012 standard	Proposed standard	Details of proposed change
3.3 There is evidence of purposeful curriculum design which demonstrates horizontal and vertical integration and articulation with subsequent stages of training.	2.2.1 There is purposeful curriculum design based on a coherent set of educational principles and the nature of clinical practice.	Outcomes, Curriculum and Assessment theme: Consolidates several standards that spoke to discrete 'curriculum design principles'. Removes prescription about curriculum design and instead requires medical schools to demonstrate that a coherent set of evidence-based principles have informed the approach. Specific best practice curriculum design principles to be suggested in the Notes. *In New Zealand, the curriculum must also reference Te Tiriti o Waitangi and mātauranga Māori.*
3.5 The medical program provides curriculum coverage of Indigenous Health (studies of the history, culture and health of the Indigenous peoples of Australia or New Zealand).	2.2.2 Aboriginal and Torres Strait Islander and/or Māori health content, including clinical aspects related to Aboriginal and Torres Strait Islander and/or Māori health across all disciplines of medicine, is integrated throughout the curriculum.	Cultural Safety theme: Clarified that Aboriginal and Torres Strait Islander and/or Māori health content should not be in a single curriculum unit. The curriculum should support students to gain an understanding of the needs of Aboriginal and Torres Strait Islander and/or Māori people across the medical disciplines.
N/A	2.2.3 The Aboriginal and Torres Strait Islander and/or Māori Health curriculum has an evidence-based design in a strengths-based framework and is led and authored by Aboriginal and Torres Strait Islander and/or Māori health experts.	**New standard.** Cultural safety theme: Specified that curricula should be strengths-based rather than deficit-based. Recognising that a variety of clinicians and academics will be involved in implementing the curriculum, this standard sets the expectation that the design and leadership of this content is by Aboriginal and Torres Strait Islander and/or Māori health experts. The increased focus on inclusion of Aboriginal and Torres Strait Islander and/or Māori in the leadership team is intended to support the implementation of this standard. Related teaching and learning and assessment standards

2012 standard	Proposed standard	Details of proposed change
		require that these are 'informed' by Aboriginal and Torres Strait Islander and/or Māori health experts, recognising the implementation is likely to be by a variety of people.
1.7.1 The medical education provider is active in research and scholarship, which informs learning and teaching in the medical program.	2.2.4 The medical education provider is active in research and scholarship, including in medical education and Aboriginal and Torres Strait Islander and/or Māori health teaching and learning, and this research informs teaching, learning and assessment.	Cultural Safety/Innovation theme: Identified medical education research specifically and referenced this research as informing curriculum design, delivery and assessment.
N/A	2.2.5 There is alignment between the medical program outcomes, teaching and learning methods and assessments.	**New standard.** Outcomes, Curriculum and Assessment theme: Strong support from the consultation on scope to emphasise the need to demonstrate that the intended learning outcomes, the teaching and learning methods, and the assessment of outcomes are aligned.
3.3 There is evidence of purposeful curriculum design which demonstrates horizontal and vertical integration and articulation with subsequent stages of training.	2.2.6 The curriculum enables students to apply and integrate knowledge, skills and professional behaviours resulting in a safe transition to subsequent stages of training.	Transition to Practice theme: Increased emphasis on how students are prepared for subsequent training.
4.2 The medical program encourages students to evaluate and take responsibility for their own learning, and prepares them for lifelong learning.	2.2.7 The curriculum enables students to evaluate and take responsibility for their own learning, and prepares them for lifelong learning.	Minor change.
3.1 The medical program is of sufficient duration to ensure that the defined graduate outcomes can be achieved. 3.2 The curriculum content ensures that graduates can demonstrate all of the specified AMC graduate outcomes. 3.2.1 Science and Scholarship: The medical graduate as scientist and scholar The curriculum includes the scientific foundations of medicine to equip graduates for evidence-based practice and the scholarly development of medical knowledge.	2.2.8 The curriculum design and duration enable graduates to demonstrate achievement of all medical program outcomes and AMC Graduate Outcome Statements.	Consolidation of two standards and four sub-standards. Outcomes, Curriculum and Assessment theme: Changed focus to curriculum 'design' from being on 'content'.

2012 standard	Proposed standard	Details of proposed change
3.2.2 Clinical Practice: The medical graduate as practitioner The curriculum contains the foundation communication, clinical, diagnostic, management and procedural skills to enable graduates to assume responsibility for safe patient care at entry to the profession. 3.2.3 Health & Society: The medical graduate as a health advocate The curriculum prepares graduates to protect and advance the health and wellbeing of individuals, communities and populations. 3.2.4 Professionalism and Leadership: The medical graduate as a professional and leader The curriculum ensures graduates are effectively prepared for their roles as professionals and leaders.		
3.4 The medical education provider has developed and effectively communicated specific learning outcomes or objectives describing what is expected of students at each stage of the medical program.	2.2.9 The curriculum outlines the specific learning outcomes expected of students at each stage of the medical program, and these are effectively communicated to staff and students.	Minor rewording for readability.
3.6 There are opportunities for students to pursue studies of choice that promote breadth and diversity of experience.	2.2.10 There are opportunities for students to pursue studies of choice that promote breadth and diversity of experience.	International Frameworks: Reflects a historical requirement from the WFME to assess that all programs contain elements of choice, such as elective courses and content. This is no longer required to be assessed under the 2020 WFME standards. However, the AMC still considers that student choice is an important feature of best practice curriculum design.

2.3 Teaching and learning

2012 standard	Proposed standard	Details of proposed change
4.1 The medical education provider employs a range of learning and teaching methods to meet the outcomes of the medical program.	2.3.1 The medical education provider employs a range of fit for purpose learning and teaching methods.	Outcomes, Curriculum and Assessment theme: Emphasised deliberate choice of methods that are appropriate for the intended learning outcomes

2012 standard	Proposed standard	Details of proposed change
		and the assessment methods. Aligns with revised assessment standard 3.1.4. Implicit is the requirement for face-to-face teaching, particularly in the clinical context. This is reinforced in proposed standard 2.3.8, which requires experiential learning.
4.6 Learning and teaching methods in the clinical environment promote the concepts of patient centred care and collaborative engagement.	2.3.2 Learning and teaching methods promote safe, quality care in partnership with patients.	Minor updates to modernise language related to safe, quality care (as reflected in thematic changes to the proposed revised Graduate Outcome Statements).
N/A	2.3.3 Students are provided with opportunities to develop an understanding of the differing needs of diverse patient groups. This includes patients for whom there may be systemic barriers to health equity, including Aboriginal, Torres Strait Islander and/or Māori patients.	**New standard.** Social Accountability theme: Supports changes to Graduate Outcome Statements, requiring graduates gain experience of diverse Australian and New Zealand patient populations.
4.7 The medical program ensures that students work with, and learn from and about other health professionals, including experience working and learning in interprofessional teams.	2.3.4 Students work with and learn from and about other health professionals, including through experience of interprofessional learning and learning in interprofessional teams.	Minor amends to focus on the outcome. Interprofessional learning is used to refer to learning with learners of other professions, as distinct from learning from other qualified health professionals.
4.3 The medical program enables students to develop core skills before they use these skills in a clinical setting.	2.3.5 Students are able to develop and practise skills before applying them in a clinical setting.	Simplified standard for conciseness and readability.
4.4 Students have sufficient supervised involvement with patients to develop their clinical skills to the required level and with an increasing level of participation in clinical care as they proceed through the medical program.	2.3.6 Students have sufficient supervised involvement with patients to develop their clinical skills to the required level and with an increasing level of participation in clinical care as they proceed through the medical program.	No change.
N/A	2.3.7 Across the program, learning and teaching is culturally safe and informed by Aboriginal and Torres Strait Islander and/or Māori knowledge systems and medicines.	**New standard.** Cultural Safety theme: Ensured Aboriginal and Torres Strait Islander and/or Māori Health teaching, learning and assessment follows evidence-based principles and includes specific content in order to be fit-for-purpose.

2012 standard	Proposed standard	Details of proposed change
4.5 The medical program promotes role modelling as a learning method, particularly in clinical practice and research. 8.3.2 The medical education provider has sufficient clinical teaching facilities to provide clinical experiences in a range of models of care and across metropolitan and rural health settings.	2.3.8 Students undertake face-to-face experiential learning through the course of the medical program. Experiential learning is: i. Undertaken in a variety of clinical disciplines. ii. Relevant to care across the life cycle. iii. Situated in a range of settings that include health promotion, prevention and treatment. iv. Situated across metropolitan and rural health settings.	Outcomes, Curriculum and Assessment theme: Emphasised the importance of face-to-face learning through experience and sets the expectation that face to face learning is undertaken across disciplines and settings. Social Accountability theme: Required experience across variety of settings to support revised Graduate Outcome Statements. This standard describes the range of experiences and settings that should be available to students within the program and should not be interpreted to mean that all students will have all the listed experiences during their program. In particular, rural pathways would continue meet this standard provided they include the elements of i-iii.
N/A	2.3.9 Students undertake a pre-internship term.	**New standard.** Transition to Practice theme: In the AMC and Medical Board of Australia Preparedness for Internship Survey, interns consistently indicated that a well-designed pre-internship term can increase the confidence and performance of interns in core internship skills, improving patient safety. The AMC considers a pre-internship term to be a specific clinical placement/term in the final phase of the medical program that is organised according to clearly defined learning outcomes with a focus on preparing students to perform core skills and take on roles relevant to internship. A good practice approach includes collaboration with local internship program providers (and, in Australia, the local Postgraduate Medical Council) on design, evaluation and continuous improvement.

Standard 3. Assessment

3.1 Assessment design

2012 standard	Proposed standard	Details of proposed change
N/A	3.1.1 Students are assessed throughout the medical program through a documented system of assessment that: i. Applies the principles of validity, reliability and fairness. ii. Is evidenced by research and evaluation information.	**New standard.** Outcomes, Curriculum and Assessment theme: Emphasised the need for coherence across assessments, an evidence-based approach to assessment and continual renewal informed by evaluation. The term 'system' is drawn from the 2018 consensus framework for good assessment[1]. The term 'program of assessment' was considered but may be confused with programmatic assessment as a particular approach and may be confused with the medical program, which is used in these standards in the broad sense to encompasses the curriculum, governance structures, policies and relationships which forms the basis of the accreditation of the program.
N/A	3.1.2 The system of assessment enables students to demonstrate progress towards applying skills, knowledge and professional behaviours described in the medical program outcomes, over the length of the program.	**New standard.** Outcomes, Curriculum and Assessment theme: Reinforced the alignment between outcomes and assessment and explicitly requires integration of professional behaviours (as well as skills and knowledge) across the curriculum.
5.2.2 The medical education provider has a blueprint to guide the assessment of students for each year or phase of the medical program.	3.1.3 The system of assessment is blueprinted across the medical program to teaching and learning activities and to the program outcomes. Detailed blueprints map assessments to teaching and learning activities and learning outcomes for each stage of the medical program.	Outcomes, Curriculum and Assessment theme: Reinforced the linkage between assessment and learning outcomes and clarifies the need for a program-level blueprint as well as detailed blueprints for each stage.
5.2.1 The medical education provider assesses students throughout the medical program,	3.1.4 The system of assessment includes a variety of assessment	Simplified standard for conciseness and readability.

[1] Norcini J, Anderson M, Bollela V, Burch V, Costa M, Duvivier R, Hays R, Palacios Mackay M, Roberts T, Swanson D. 2018. 2018 consensus framework for good assessment. Med Teach. 40(11):1102–1109

2012 standard	Proposed standard	Details of proposed change
using fit for purpose assessment methods and formats to assess the intended learning outcomes.	methods and formats which are fit for purpose.	
5.2.3 The medical education provider uses validated methods of standard setting.	3.1.5 The medical education provider uses validated methods of standard setting.	No change.
N/A	3.1.6 Assessment in Aboriginal and Torres Strait Islander and/or Māori Health and culturally safe practice is integrated across the program and informed by Aboriginal and Torres Strait Islander and/or Māori health experts.	Cultural Safety theme: Outlined requirements of Aboriginal and Torres Strait Islander and/or Māori Health and cultural safety assessment, which ensures this assessment is an effective and safe scaffold to the Aboriginal and Torres Strait Islander and/or Māori Health curriculum.
5.1.3 The medical education provider ensures a balance of formative and summative assessments.	N/A	**Removed standard.** Reference to 'formative and summative assessments' considered to not reflect contemporary practice, where all assessment should have impact on learning.

3.2 Assessment feedback

2012 standard	Proposed standard	Details of proposed change
5.3.2 The medical education provider facilitates regular feedback to students following assessments to guide their learning.	3.2.1 Students are provided with timely feedback on their performance to guide their learning.	Outcomes, Curriculum and Assessment theme: Added reference to 'timely' feedback.
5.3.1 The medical education provider has processes for timely identification of underperforming students and implementing remediation.	3.2.2 Students who are not performing to the expected level are identified and provided with support and performance improvement programs in a timely manner.	Focus on Outcomes theme: Moved emphasis from the processes to the outcome of student identification, support and performance improvement. Note that the reference to 'performance improvement programs' rather than remediation aligns with the revised language under the Prevocational Framework, specifically the *Training and assessment requirements* document.
5.3.3 The medical education provider gives feedback to supervisors and teachers on student cohort performance.	3.2.3 The medical education provider gives feedback to supervisors and teachers on student cohort performance.	No change.

3.3 Assessment quality

2012 standard	Proposed standard	Details of proposed change
5.4.1 The medical education provider regularly reviews its program of assessment including assessment policies and practices such as blueprinting and standard setting, psychometric data, quality of data, and attrition rates.	3.3.1 The medical education provider regularly reviews its system of assessment, including assessment policies and practices such as blueprinting and standard setting to assess the validity, reliability, fairness and fitness for purpose of the system. To do this, the provider employs a range of review methods using both quantitative and qualitative data including psychometric analyses, benchmarking, analysis of passing and attrition rates, surveys and student feedback.	Outcomes, Curriculum and Assessment theme: Clarified purpose of reviewing system of assessment: ensuring validity, reliability, fairness and fitness for purpose. Clarified the review methods expected to be employed by medical programs. Replaced 'program' with 'system' of assessment as across Standard 3.
5.4.2 The medical education provider ensures that the scope of the assessment practices, processes and standards is consistent across its teaching sites.	3.3.2 The assessment practices and processes may differ across teaching sites but must address the same learning outcomes, be based on consistent standards and result in comparable student assessment burdens.	Outcomes, Curriculum and Assessment theme: Clarified that there is flexibility in line with proposed standard 2.1.2. Assessments might not be exactly the same across sites but should be of the same order, providing a similar assessment burden and workload for students for fairness and consistency. The standard of the assessment however must be consistent across teaching sites. Notes to clarify that the provider may consider an appropriate mix of common and site-specific assessments.

Standard 4. Students

4.1 Student cohorts and selection policies

2012 standard	Proposed standard	Details of proposed change
7.1.1 The medical education provider has defined the size of the student intake in relation to its capacity to adequately resource the medical program at all stages.	4.1.1 The size of the student intake is defined in relation to the medical education provider's capacity to resource all stages of the medical program.	Minor amends for conciseness and readability.
7.1.2 The medical education provider has defined the nature of the student cohort, including targets for Aboriginal and Torres Strait Islander peoples and/or Māori students, rural origin students and students from under-represented groups, and international students. 7.2.3 The medical education provider has specific admission, recruitment and retention policies for Aboriginal and Torres Strait Islander peoples and/or Māori.	4.1.2 The medical education provider has defined the nature of the student cohort, including targets and strategies for recruiting Aboriginal and Torres Strait Islander and/or Māori students, rural origin students and students from other under-represented groups, that support increased participation of these students in medical programs.	Social Accountability theme: Moved from static targets to strategies to support increased participation of students from groups under-represented in the medical profession. When defining the student cohort, the medical education provider is still expected to define the numbers of international students, along with domestic students.
7.1.3 The medical education provider complements targeted access schemes with appropriate infrastructure and support.	4.1.3 The medical education provider complements strategies for recruiting Aboriginal and Torres Strait Islander and/or Māori peoples, rural origin people and people from other under-represented groups, with infrastructure and support for retention and graduation.	Cultural Safety theme/Social Accountability theme: Minor amends to contextualise the support for the purpose of retaining and facilitating them to complete the medical program. In relation to support for Aboriginal and Torres Strait Islander and/or Māori medical students, this will include the wellbeing responsibilities outlined in proposed standard 4.2 e.g. the provision of flexible learning to enable students to meet cultural and community obligations, and effective policies to address racism. It may also include initiatives with local community partners to offer support and connection to community while studying, particularly for students who are learning away from their communities.
7.2.2 The medical education provider has policies on the admission of students with disabilities and students with	4.1.4 The medical education provider supports inclusion of students with disabilities.	Wellbeing theme: Reframed standard to reflect inclusive policies, recognising that not all applicants will be able to enter medicine.

2012 standard	Proposed standard	Details of proposed change
infectious diseases, including blood-borne viruses.		International Framework theme: Did not add 'limitations to program completion' phrasing as flagged in scoping consultation. This requirement was removed from US NCFMEA guidelines.
7.2.1 The medical education provider has clear selection policy and processes that can be implemented and sustained in practice, that are consistently applied and that prevent discrimination and bias, other than explicit affirmative action.	4.1.5 The selection policy and admission processes are transparent and fair, and prevent racism, discrimination and bias, other than explicit affirmative action, and support the achievement of student selection targets.	Cultural Safety theme/Social Accountability theme: Explicitly referenced 'racism'. Aligned with prevocational National Standard.

4.2 Student wellbeing

2012 standard	Proposed standard	Details of proposed change
N/A	4.2.1 The medical education provider implements a strategy across the medical program to support student wellbeing and inclusion.	**New standard.** Student Wellbeing theme: Introduced the requirement for an overarching strategy that identifies risks to wellbeing and strategies to proactively support wellbeing and inclusion. This builds Medical Student Wellbeing Consensus Statement[2] and the work that some schools are undertaking with their student societies to support student wellbeing. The strategy will include approaches to address bullying and harassment and the impact of racism and systemic bias on students.
7.3.1 The medical education provider offers a range of student support services including counselling, health, and academic advisory services to address students' financial, social, cultural, personal, physical and mental health needs.	4.2.2 The medical education provider offers accessible services, which include counselling, health and learning support to address students' financial, social, cultural, personal, physical and mental health needs.	Student Wellbeing theme: Emphasised the accessibility of support services. Strategies to graduate (retain) students admitted through access schemes are addressed in 4.1.2, these may include learning supports but may also include a range of other supports appropriate to the scheme.

[2] Kemp, S., Hu, W., Bishop, J. *et al.* Medical student wellbeing – a consensus statement from Australia and New Zealand. *BMC Med Educ* **19,** 69 (2019). https://doi.org/10.1186/s12909-019-1505-2

2012 standard	Proposed standard	Details of proposed change
		The medical education provider may offer these services directly or through arrangements with other organisations. Services must be accessible, recognising that medical students will have clinical commitments during working hours and may be placed in locations geographically distant from university campuses.
7.3.2 The medical education provider has mechanisms to identify and support students who require health and academic advisory services, including: •students with disabilities and students with infectious diseases, including blood-borne viruses •students with mental health needs •students at risk of not completing the medical program 7.3.3 The medical education provider offers appropriate learning support for students with special needs including those coming from under-represented groups or admitted through schemes for increasing diversity.	4.2.3 Students who require additional health and learning support or reasonable adjustments/accommodation are identified and receive these supports in a timely manner.	Wellbeing theme: Added 'in a timely manner'. Removed list of specific groups of students. Reframed in more inclusive language, emphasising supports and reasonable adjustments/ accommodation. 'Reasonable adjustments' is used in Australia and 'reasonable accommodation' is used in Aotearoa New Zealand. AMC will adopt a precise definition. The intention is that reasonable adjustments / accommodation refer to reducing barriers which could be readily altered to enable students, particularly those with a disability, to participate fully in their education.
N/A	4.2.4 The medical education provider: i. Implements a safe process for medical student self-disclosure of information required to facilitate additional support and reasonable adjustments within the medical program. ii. Works with health services to facilitate medical student self-disclosure of this information before and during the transition to internship.	**New standard.** Transition to Practice theme: Building on the work of Medical Deans Australia and New Zealand and the Australian Students Association outlined in the *Creating a Culture of Support* report.[3] This new standard is not prescriptive about the nature of the processes and recognises that sharing may be voluntary or mandatory. As identified in the report, there should be a process within medical schools that build environment of trust and normalise self-disclosure of support needs. Processes should be developed and evaluated with students.

[3] https://medicaldeans.org.au/md/2021/11/Supporting-Students-to-Transition-to-Practice-Creating-a-Culture-of-Support-November-2021-1.pdf

2012 standard	Proposed standard	Details of proposed change
		Programs should work across health services that commonly employ their graduates.
N/A	4.2.5 The medical education provider implements flexible learning policies.	**New standard.** Student Wellbeing theme: Flexible learning is intended to cover modalities like part time study, interrupted learning and flexible participation in educational sessions and clinical placements that assists students who may need to manage personal or community needs along with studies. The standard is broad, recognising that part-time learning is currently difficult within some program designs. However, there should still be consideration in the program design for how students who, for instance, become parents, suffer illness/injury, have family commitments or are elite athletes may participate in studies. It is not intended that this means students should not be required to attend lectures or engage with part of the curriculum.
7.3.4 The medical education provider separates student support and academic progression decision making.	4.2.6 Student support provision and academic progression decision-making processes are separated.	Simplified standard for conciseness and readability.
N/A	4.2.7 There are policies and safe reporting mechanisms for all learning environments that effectively identify, address and prevent bullying, harassment, racism and discrimination.	**New standard.** Student Wellbeing theme: Explicit requirement for bullying, harassment, racism and discrimination policies. Evidence, including from the Medical Training Survey, shows that these are longstanding issues in high-pressure medical education and training environments. Bullying, harassment, racism and discrimination policies, when implemented, are effective. Implied in the use of the word 'effectively' is a transparent evaluation process with demonstrated responsiveness to concerns, if identified.

2012 standard	Proposed standard	Details of proposed change
		Recognising that healthcare services may have safe reporting mechanisms, the medical education provider's policies should: - Identify which mechanisms are to be used in what instances. - Facilitate the medical education provider working collaboratively with partner health services when concerns are identified.

4.3 Professionalism and fitness to practise

2012 standard	Proposed standard	Details of proposed change
7.4.1 The medical education provider has policies and procedures for managing medical students whose impairment raises concerns about their fitness to practise medicine.	4.3.1 The medical education provider implements policies and procedures for managing medical students whose impairment raises concerns about their fitness to practise medicine or ability to interact with patients, including in a culturally safe way. The procedures are implemented in a timely manner.	Minor amends for specificity. Impairment and fitness to practice is not just about the student's capability to practise medicine in the future. These also relate to their current ability to interact safely (including in a culturally safe way) with patients. The medical program provider's processes must be capable of intervening swiftly to protect patients when needed.
7.4.2 The medical education provider has policies and procedures for identifying and supporting medical students whose professional behaviour raises concerns about their fitness to practise medicine or ability to interact with patients.	4.3.2 The medical education provider implements policies and procedures for identifying, managing and/or supporting medical students whose professional behaviour raises concerns about their fitness to practise medicine or ability to interact with patients, including in a culturally safe way. The procedures are implemented in a timely manner.	Minor amends as above. 'Managing' has been included to note that the student's participation in the program may need to be managed to protect patients.

4.4 Student indemnification and insurance

2012 standard	Proposed standard	Details of proposed change
7.6.1 The medical education provider ensures that medical students are adequately indemnified and insured for all education activities.	4.4.1 The medical education provider ensures that medical students are adequately indemnified and insured for all education activities.	No change.

Standard 5. The learning environment

5.1 Facilities

2012 standard	Proposed standard	Details of proposed change
8.2.1 The medical education provider has sufficient information communication technology infrastructure and support systems to achieve the learning objectives of the medical program.	5.1.1 The medical education provider has the educational facilities and infrastructure to deliver the medical program and achieve the medical program outcomes.	Minor amends for consistency of language.
8.1.1 The medical education provider ensures students and staff have access to safe and well-maintained physical facilities in all its teaching and learning sites in order to achieve the outcomes of the medical program.	5.1.2 Students and staff have access to safe and well-maintained physical facilities in all its teaching and learning sites, which support both the achievement of program outcomes and student and staff wellbeing.	Student Wellbeing theme: Added wellbeing in the context of the design and utilisation of teaching and learning spaces.
N/A	5.1.3 The medical education provider works with health services and other partners to provide amenities to support learning and wellbeing for students on clinical placements. These include reasonable facilitation of access to accommodation near to placement settings.	**New standard.** Student Wellbeing theme: Separated standards related to campus and university facilities and facilities on clinical placements as they have historically given rise to separate wellbeing issues and approaches. Accommodation is an increasing issue with more diverse placements across significant geographic distances.
N/A	5.1.4 The medical education provider uses technologies effectively to support the medical program's research, teaching, learning and assessment.	**New standard.** Emerging Technology theme: It is expected that medical programs use reliable, fit for purpose technology to support the delivery, and review of research, teaching and learning and assessment.
8.2.2 The medical education provider ensures students have access to the information communication technology applications required to facilitate their learning in the clinical environment.	5.1.5 The medical education provider ensures students have equitable access to the information communication applications and digital health technology to facilitate their learning and prepare them for practice.	Emerging Technology theme: Added access to 'digital health technology'. Broaden focus from 'clinical environment' to all learning environments. Transition to Practice: Added focus on preparation for practice in the context of health technology. It is expected that medical students will have access to patients' electronic

2012 standard	Proposed standard	Details of proposed change
		health records and technology to support learning about the role of emerging technologies in health care, as specified in the Graduate Outcome Statements. Equitable is used to recognise that not all clinical placement providers will provide access to all technologies used in the curriculum but that students must have access to the core technologies such as the medical school learning platform, online journals and any other technologies required for completing the relevant parts of the curriculum.
8.2.3 Library resources available to staff and students include access to computer-based reference systems, support staff and a reference collection adequate to meet curriculum and research needs.	5.1.6 Information services available to staff and students include library resources, support staff and a reference collection adequate to meet learning, teaching and research needs in all learning sites.	Emerging Technology theme: Minor language update. Clarified that information services should be available 'in all learning sites'.

5.2 Staff resources

2012 standard	Proposed standard	Details of proposed change
1.8.1 The medical education provider has the staff necessary to deliver the medical program.	5.2.1 The medical education provider recruits and retains the academic staff necessary to deliver the medical program, given the number of students and mode of teaching and learning.	Governance, Leadership and Resources theme: Updated to reflect that turnover of key staff presents risks to the delivery of the program. It is expected that the medical education provider will have sufficient academic staff to cover the range of learning required by the graduate outcomes and to provide academic support to the student cohorts undertaking the program. International Frameworks theme: Added 'given the number of students and style of learning and teaching' from the relevant WFME standard.
1.8.2 The medical education provider has an appropriate profile of administrative and technical staff to support the implementation of the medical program and other activities, and	5.2.2 The medical education provider has an appropriate profile of administrative, professional support and technical staff to achieve the provider's purpose and implement and develop the medical program.	Governance, Leadership and Resources theme: Focused support staffing on relevant outcomes for the medical program.

2012 standard	Proposed standard	Details of proposed change
to manage and deploy its resources.		An appropriate profile of staff includes sufficient numbers of staff responsible for administration, information technology, laboratories, student wellbeing and managing engagement with clinical partners.
1.8.3 The medical education provider actively recruits, trains and supports Indigenous staff.	5.2.3 The medical education provider implements a defined strategy for recruiting and retaining, Aboriginal and Torres Strait Islander and/or Māori staff. The level of staffing facilitates the implementation and development of Aboriginal and Torres Strait Islander and/or Māori Health, with clear succession planning.	Cultural Safety theme: Added specific requirements of Aboriginal and Torres Strait Islander and/or Māori staffing, supported by a strategy. AMC accreditation processes have found that Aboriginal and Torres Strait Islander and/or Māori staff often lack support and development opportunities. In some programs, a combination of key-person reliance and turnover results in challenges in sustaining and developing the Aboriginal and Torres Strait Islander and/or Māori Health aspects of the program.
1.4.1 The medical education provider uses educational expertise, including that of Indigenous peoples, in the development and management of the medical program.	5.2.4 The medical education provider uses educational expertise, including that of Aboriginal and Torres Strait Islander and/or Māori peoples, in the development and management of the medical program.	Cultural Safety theme: Changing references in standards to 'Indigenous' into 'Aboriginal and Torres Strait Islander and/or Māori'.
1.8.4 The medical education provider follows appropriate recruitment, support, and training processes for patients and community members formally engaged in planned learning and teaching activities.	5.2.5 The medical education provider resources and follows appropriate recruitment, support, and training processes for patients and community members formally engaged in planned learning and teaching activities. It ensures that the patient and community members represent diverse patient populations.	Social Accountability theme: Community members are often under-resourced and may need to be supported to enable their participation in learning and teaching. This means that the medical provider has engaged with communities and patients to understand what barriers there may be to participation, including cost covering and financial incentives, and works with them to address these, where possible.
1.8.5 The medical education provider ensures arrangements are in place for indemnification of staff with regard to their involvement in the development and delivery of the medical program.	5.2.6 The medical education provider ensures arrangements are in place for indemnification of staff with regard to their involvement in the development and delivery of the medical program.	No change.

5.3 Staff appointment, promotion and development

2012 standard	Proposed standard	Details of proposed change
1.9.1 The medical education provider's appointment and promotion policies for academic staff address a balance of capacity for teaching, research and service functions.	5.3.1 The medical education provider's appointment and promotion policies for academic staff address a balance of capacity for teaching, research and service functions. The appointment and promotion policies include a culturally safe system for measuring success of Aboriginal and Torres Strait Islander and/or Māori staff.	Cultural Safety theme: Given systemic barriers, cultural loading and cultural expectations, and challenge of safe Aboriginal and Torres Strait Islander and Māori health research, there is a requirement for a differing metric system for appointment and promotion of Aboriginal and Torres Strait Islander and Māori staff.
1.9.2 The medical education provider has processes for development and appraisal of administrative, technical and academic staff, including clinical title holders and those staff who hold a joint appointment with another body.	5.3.2 The medical education provider appraises and develops the administrative, professional support, technical and academic staff including clinical title holders and those staff who hold a joint appointment with another body.	Minor amends for consistency (see proposed standard 5.2.2).
N/A	5.3.3 The medical education provider provides Aboriginal and Torres Strait Islander and/or Māori staff with appropriate professional development opportunities and support. There are formal opportunities for Aboriginal and Torres Strait Islander and/or Māori staff to work together in teams and participate in mentoring programs across the medical program and higher education institution.	**New standard.** Cultural Safety theme: in consultation with Aboriginal and Torres Strait Islander and/or Māori staff in medical schools, lack of professional development and isolated workflows were seen as obstacles for upskilling and effective work among Aboriginal and Torres Strait Islander and/or Māori staff.
N/A	5.3.4 All medical education provider administrative, technical and academic staff, clinical supervisors and students have training in cultural safety.	**New standard.** Cultural Safety theme: Staff and student training in cultural safety improves the overall cultural safety of learning environments; students and supervisor training in cultural safety improves the overall cultural safety of clinical environments.

5.4 Clinical learning environment

2012 standard	Proposed standard	Details of proposed change
8.3.1 The medical education provider ensures that the clinical learning environment offers students sufficient patient contact, is appropriate to achieve the outcomes of the medical	5.4.1 The medical education provider works with health services and other partners to ensure that the clinical learning environments provide high quality clinical experiences that enable	Outcomes, Curriculum and Assessment theme: Built on the requirements for students to have opportunities to learn to work with diverse patient groups under proposed standard 2.3.3

2012 standard	Proposed standard	Details of proposed change
program and to prepare students for clinical practice.	students to achieve the program outcomes.	and in diverse healthcare settings under 2.3.8. Reframed to move beyond sufficient patient contact towards seek evidence of engagement with health services and other placement providers to ensure that the clinical learning opportunities are high quality and meet the needs of the relevant part of the curriculum. Notes to specify that contact with patients and experience with interprofessional teams is a key aspect of ensuring high quality clinical experiences.
8.3.3 The medical education provider ensures the clinical learning environment provides students with experience in the provision of culturally competent health care to Aboriginal and Torres Strait Islander peoples and/or Māori.	5.4.2 There are adequate and culturally safe opportunities for all students to undertake clinical learning in the provision of health care to Aboriginal and Torres Strait Islander and/or Māori peoples.	Cultural Safety theme: Strengthened and assured appropriateness of requirement around clinical experience in Aboriginal and Torres Strait Islander and/or Māori health. Plan notes which outline expectation that providers recognise that Aboriginal and Torres Strait Islander and/or Māori health is practiced in all health settings, not just community-controlled ones.
8.3.4 The medical education provider actively engages with other health professional education providers whose activities may impact on the delivery of the curriculum to ensure its medical program has adequate clinical facilities and teaching capacity.	5.4.3 The medical education provider actively engages with co-located health profession education providers to ensure its medical program has adequate clinical facilities and teaching capacity.	Minor amends.
N/A	5.4.4 The medical education provider has clearly documented indicators demonstrating its clinical learning environments are culturally safe for all students and staff, including Aboriginal and Torres Strait Islander and/or Māori peoples. Through timely procedures, the provider addresses any specific concerns around racism and cultural safety in clinical learning environments.	**New standard.** Cultural Safety theme: Conversations with First Nations students and practitioners, and analysis of AMC submissions and reports, lead to the conclusion that clinical learning environments are more frequently culturally unsafe than classroom environments. However, programs have less direct oversight and authority over many clinical learning environments than classroom environments. Reporting mechanisms and escalatory policies help with accountability

2012 standard	Proposed standard	Details of proposed change
		and mitigation of culturally unsafe and racist situations.

5.5 Clinical supervision

2012 standard	Proposed standard	Details of proposed change
8.4.1 The medical education provider ensures that there is an effective system of clinical supervision to ensure safe involvement of students in clinical practice.	5.5.1 There is an effective system of clinical supervision to ensure safe involvement of students in clinical practice.	Minor amends.
8.4.2 The medical education provider supports clinical supervisors through orientation and training, and monitors their performance.	5.5.2 The medical education provider ensures that clinical supervisors have access to training in supervision, assessment and the use of relevant health education technologies.	Emerging Technology theme: Added training in 'the use of relevant health education technologies'. Cultural safety training is covered as mandatory for clinical supervisors under proposed standard 5.3.4. Split off the standard for clarity (see proposed standard 5.3.3 below).
8.4.2 The medical education provider supports clinical supervisors through orientation and training, and monitors their performance.	5.5.3 The medical education provider monitors the performance of clinical supervisors.	Minor amends.
8.4.3 The medical education provider works with health care facilities to ensure staff have time allocated for teaching within clinical service requirements.	5.5.3 The medical education provider works with healthcare facilities to ensure staff have time allocated for teaching within clinical service requirements.	No change.
8.4.4 The medical education provider has defined the responsibilities of hospital and community practitioners who contribute to the delivery of the medical program and the responsibilities of the medical education provider to these practitioners.	5.5.4 The medical education provider has defined the responsibilities of hospital and community practitioners who contribute to the delivery of the medical program and the responsibilities of the medical education provider to these practitioners.	No change.

Standard 6. Evaluation and continuous improvement

6.1 Continuous review, evaluation and improvement

2012 standard	Proposed standard	Details of proposed change
6.1.1 The medical education provider regularly monitors and reviews its medical program including curriculum content, quality of teaching and supervision, assessment and student progress decisions. It manages quickly and effectively concerns about, or risks to, the quality of any aspect of medical program.	6.1.1 The medical education provider continuously evaluates and reviews its medical program including curriculum content, quality of teaching and supervision, assessment and student progress decisions to identify and respond to areas for improvement and evaluate the impact of educational innovations. It manages quickly and effectively concerns about, or risks to, the quality of any aspect of medical program.	Innovation theme: Emphasised continuous evaluation and impact of innovative change.
6.1.2 The medical education provider systematically seeks teacher and student feedback, and analyses and uses the results of this feedback for monitoring and program development.	6.1.2 The medical education provider regularly and systematically seeks the feedback of students, teachers, staff, health services and communities, and analyses and uses the results of this feedback to continuously evaluate and improve the program.	Social Accountability theme/Transition to Practice theme: Broadened the scope of groups from which feedback is sought to improve consistency with policy goals. Innovation theme: Emphasised continuous evaluation and improvement.
6.1.3 The medical education provider collaborates with other education providers in monitoring its medical program outcomes, teaching and learning methods, and assessment.	6.1.3 The medical education provider collaborates with other education providers in the continuous evaluation and review of its medical program outcomes, teaching and learning methods, and assessment. It also takes account of national and international developments in medicine and medical education.	Innovation theme: Emphasised continuous evaluation, particularly in collaboration with other education providers.

6.2 Outcome evaluation

2012 standard	Proposed standard	Details of proposed change
6.2.1 The medical education provider analyses the performance of cohorts of students and graduates in relation to the outcomes of the medical program.	6.2.1 The medical education provider analyses the performance of cohorts of students and graduates to ensure there is similar performance in relation to the outcomes of the medical program.	Clarified standard by emphasising medical program outcomes.
6.2.2 The medical education provider evaluates the outcomes of the medical program.	6.2.2 The medical education provider analyses the performance of cohorts of students and graduates to	Clarified standard by emphasising performance of students and 'requisite' outcomes.

2012 standard	Proposed standard	Details of proposed change
	determine that all students meet the requisite outcomes of the medical program.	
6.2.3 The medical education provider examines performance in relation to student characteristics and feeds this data back to the committees responsible for student selection, curriculum and student support.	6.2.3 The medical education provider examines student performance in relation to student characteristics and feeds this data back to the committees responsible for student selection, curriculum and student support.	Clarified that the performance referred to is 'student' performance. Student characteristics would include gender, ethnicity, rural origin, and may include age and different entry pathways.
N/A	6.2.4 The medical education provider evaluates outcomes for cohorts of students from under-represented communities. For evaluation of Aboriginal and Torres Strait Islander and/or Māori cohorts, evaluation activity is informed and reviewed by Aboriginal and Torres Strait Islander and/or Māori education experts.	**New standard.** Cultural Safety theme/Social Accountability theme: Emphasising evaluation of underrepresented group student cohorts to identify supports and retention/graduation best practice. Outlining requirements of Aboriginal and Torres Strait Islander and/or Māori leadership for Aboriginal and Torres Strait Islander and/or Māori student cohort evaluation.

6.3 Feedback and reporting

2012 standard	Proposed standard	Details of proposed change
6.3.1 The results of outcome evaluation are reported through the governance and administration of the medical education provider and to academic staff and students.	6.3.1 The outcomes of evaluation, improvement and review processes are reported through the governance and administration of the medical education provider and shared with students and those delivering the program.	Minor amends to align with prevocational National Standards.
6.3.2 The medical education provider makes evaluation results available to stakeholders with an interest in graduate outcomes, and considers their views in continuous renewal of the medical program.	6.3.2 The medical education provider makes evaluation results available to stakeholders with an interest in graduate outcomes and considers their views in continuous evaluation and improvement of the medical program.	Transition to Practice: Emphasised input of stakeholders (including intern training providers, other workforce actors) to enhance alignment of expectations across the continuum. Notes to specify that intern training providers are key stakeholders here.