Australian Medical Council Limited

Review of the Accreditation Standards for Primary Medical Programs

Consultation paper: Proposals for detailed changes

We'd like your feedback on proposals for change

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

In this second stage, the AMC is consulting on the specific proposals for change to the standards and graduate outcomes. These proposals have been developed by:

- a Working Group of the AMC Medical School Accreditation Committee (MedSAC) with broad stakeholder and expert medical education membership. Membership is available here.
- a Sub Group of the AMC Aboriginal, Torres Strait Islander and Māori Committee with members from medical education and Indigenous health peak bodies. Membership is available here.

The groups have developed these proposals based on analysis of the feedback on the consultation on the scope of the review discussions with stakeholders, policy research and mapping to international accreditation frameworks.

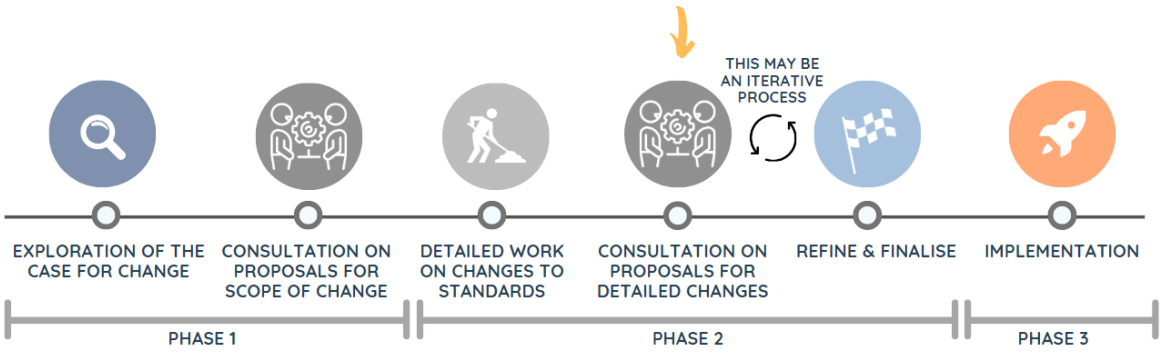
This consultation will run for about eight weeks until **Monday 24 October 2022**.

This paper provides an overview of the review process and a description of the themes for consultation. There are three attachments:

- **ATTACHMENT A**: Proposed Graduate Outcome Statements – Draft for consultation August 2022
- **ATTACHMENT B**: Proposed Accreditation Standards for Primary Medical Programs – Draft for consultation August 2022
- **ATTACHMENT C**: Consultation questions template – Review of Accreditation Standards for Primary Medical Programs proposals for detailed changes

Review process: Where is the standards review up to?

The AMC standards review process includes multiple opportunities for stakeholders to engage. A summary of the review process, status and development work is provided below.



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

In Phase 1 the AMC consulted on the scope of the review and the direction of key changes. In Phase 2 the AMC has developed detailed proposals for revisions to the standards. The AMC will further refine the proposals following this consultation. The AMC may undertake more than one consultation in Phase 2 if further clarification or feedback on proposals is required.

The indicative timeline is for the revised standards to be finalised in early 2023, though the AMC may adjust this timeline depending on the feedback from consultation and any further engagement required.

The AMC, accreditation and standards reviews

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

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

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

The 2012 approved Accreditation Standards for Primary Medical Programs are published on the AMC's website here. They have two parts: **the graduate outcome statements** and **standards for medical schools**.

The graduate outcome statements set out, at a high level, the skills, knowledge and behaviours required of newly qualified doctors, also form part of the standards for primary medical programs and provide the basis for medical education providers' curricula and assessments.

The AMC periodically reviews the accreditation standards. It makes recommendations to the Medical Board of Australia which is responsible for approval of the accreditation standards.

AMC standards reviews consider Medical Board of Australia and Medical Council of New Zealand standards, codes, and guidelines, and other relevant national and international reports and policies relating to education and training in medicine. Reviews also consider standards in countries with comparable medical education and practice standards and comparable standards in Australia, including the Higher Education Threshold Standards. The review additionally considers relevant strategic work by the AMC, in particular:

- The completed AMC review of the National Framework for Prevocational (PGY1 and PGY2) Medical Training. The latest news on the framework review can be found on the AMC's website here.
- The work of the AMC on improving the health of Aboriginal, Torres Strait Islander and Māori people through culturally safe practice across the AMC business areas.
- A joint project with the Australian Digital Health Agency which developed A Framework For A Digitally Capable and Enabled Medical Profession, available here.
- AMC resources on best practice in assessment, available here.

The AMC undertakes broad consultations so that proposals are informed by a wide range of views from stakeholders in the medical education process. The consultation approach is iterative and responsive to the feedback received. Face to face or video meetings are used to supplement written consultations.

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

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

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

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

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

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

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

Detailed proposals for change

For this consultation, the AMC has developed detailed proposals for revising the standards for medical schools and the Graduate Outcome Statements.

The proposals build on the early research and policy review of the AMC Medical School Accreditation Committee Working Group (the Working Group) and respond to feedback in the first consultation, on the scope of the review. The AMC received 50 responses to the scoping consultation. Stakeholder feedback was broadly supportive of the proposed directions for change outlined in the scoping consultation paper.

Overall stakeholder feedback is summarised in the 'Summary of feedback' table below. More detail on stakeholder views related to the individual review themes is available in the 'Proposals related to the Graduate Outcome Statements' and 'Proposals related to the standards for medical schools' sections of this paper.

In developing the detailed proposals the AMC has maintained alignment with:

- accreditation standards for specialist medical programs and prevocational training.
- Prevocational outcome statements.
- World Federation of Medical Education global standards and other international standards and requirements.

Consistent with the proposals in the scoping consultation, which were supported by stakeholders, the detailed proposals continue to set standards at a high level that do not prescribe specific processes, methods or organisational structure. Medical education providers will continue to be able to be meet the AMC accreditation standards in different ways.

The detailed proposals do not include a fundamental change in the nature of the standards or the broad areas covered by the standards.

High-level summary of consultation on scope stakeholder feedback

Primary medical program accreditation	Graduate outcomes	**Content of the Graduate Outcomes**	• Supported modernising language and strengthening some of the outcomes as appropriate
		Structure of the Graduate Outcomes	• Supported maintaining high level outcomes under the four existing domains • Some mixed views of reordering of the domains, with many considering the order unimportant. Agreement that that it is important to maintain alignment across later stages of education, which focus on clinical practice
	Standards for medical schools	**Content of the standards**	• Supported increasing the emphasis on seven or the eight key areas, though there were differing views on the best approach to some of them. No support for increasing emphasis or changing the approach to 'supporting innovation'
		Structure of the standards	• Supported regrouping standards to reduce duplication and emphasise alignment of outcomes, curriculum content, teaching and learning and assessment • Agreed with increasing the focus on outcome-based standards and reintroducing some notes and/or exemplars

Proposals related to the Graduate Outcome statements

The graduate outcomes are the learning outcomes which medical school graduates must achieve. They are overarching statements reflecting the abilities of required of medical graduates on entry to practice.

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

The AMC is proposing revisions to the Graduate Outcome Statements to enhance Social Accountability, Cultural Safety, Safety and Quality, and Emerging Technology. The AMC is also proposing revisions to update and clarify existing outcome statements and has divided some outcomes statements into two or more separate outcomes to increase clarity and assist with curriculum mapping and blueprinting. Some proposed changes are designed to ensure alignment with revised Prevocational outcomes statements under the National Framework for Prevocational (PGY1 and PGY2) Medical Training.

The detailed proposals include a reordering of the Graduate Outcome Statements to remain aligned with the newly published Prevocational outcome statements.

The proposed revisions to the Graduate Outcome Statements are at **ATTACHMENT A**. A summary of the revisions, by review theme, is provided below:

Proposals to update the content of the Graduate Outcome Statements

Area	Stakeholder feedback	Response
1. Social Accountability	All responding stakeholders were supportive of the AMC proposal to increase the focus on areas of social accountability in the outcomes, particularly as it relates to health inequities for groups facing systemic barriers to health care. Stakeholders agreed that graduates should understand healthcare systems and the experience of patients across healthcare services to facilitate better care for vulnerable patients. Several stakeholders saw climate change and health system sustainability as linked to social accountability and as key areas to review.	- Added a new outcome about 'whole of person care principles' based on a prevocational outcome (1.2) - Added a new outcome about patient care across the life cycle (1.13) - Added a new outcome about structural barriers to service access (3.5) - Updated statements to modernise and focus on areas of social accountability (1.15, 1.18, 1.19, 1.21, 2.14, introduction to Domain 3, 3.1, 3.2, 3.6, 3.7, 3.9, 3.10, 4.1, 4.2)

Area	Stakeholder feedback	Response
2. Cultural Safety	All responding stakeholders were supportive of the AMC proposal to revise the outcomes to be more specific and up to date about culturally safe care, and of the development of these outcomes being led by the Aboriginal and Torres Strait Islander and Māori people.	- Added a new outcome about broad culturally safe practice (1.5) - Added a new outcome about appropriate communication and interpersonal skills to support equity in Aboriginal, Torres Strait Islander and Māori patient care based on a prevocational outcome (1.6) - Added a new outcome about the integration of Aboriginal, Torres Strait Islander and Māori health across health disciplines (1.7) - Added two new outcomes about the self-evaluation of cultural safety skill and strategies based on prevocational outcomes (2.13, 2.17) - Added a new outcome about impact on service delivery for First Nations people through systemic and clinical biases (3.4) - Added a new outcome about Aboriginal, Torres Strait Islander and Māori knowledges of wellbeing, models of healthcare and strengths-based approaches (4.3) - Updated statements to reflect contemporary, Aboriginal, Torres Strait Islander and Māori-led understanding about culturally safe care and Aboriginal, Torres Strait Islander and Māori health (3.3. 3.5, 3.11)
3. Safety and Quality	Responding stakeholders were broadly in favour of AMC proposals to emphasise contemporary best practice in safety and quality, including reflective practice and understanding of clinical governance systems. Stakeholders also largely agreed that the AMC should make the outcomes consistent with national guidelines. Noting the outcomes are written to be relevant to Australia and Aotearoa New Zealand, the proposals for change are deliberately set at a high level and do not directly reference national legislation, standards and/or guidelines directly. Instead, the proposed outcomes refer to 'relevant health and safety legislation and guidelines.' The Good Medical Practice Guides of both the Medical Board of Australia and the Medical Council of New Zealand have been referenced in developing proposals, as have the National Safety and Quality Health Service Standards	- Added a new outcome on safe and supportive learning environments and bullying, harassment, racism and discrimination policy based on a prevocational outcome (2.16) - Added a new outcome on quality assurance and quality improvement responsibilities based on a prevocational outcome (4.7) - Updated statements to reflect contemporary understanding of the medical graduate's roles and responsibilities around safety and quality (1.1, 1.16, 1.17, 1.21, 1.22, 2.1, 2.3, 2.5, 2.6, 2.7, 2.11)

Area	Stakeholder feedback	Response
	(Australia) and the work of the Health Quality and Safety Commission New Zealand/Kupu Taurangi Haurora o Aotearoa.	
4. *Emerging Technologies*	All responding stakeholders were supportive of strengthening and updating references to emerging technologies. Stakeholders had mixed views of the levels of specificity in the outcomes, and the emphasis on opportunities and (equity and ethical) risks. Several stakeholders put forward the view that the outcomes should model a positive perspective on technology as an enabler of improved patient outcomes when risks are accounted for. There were also mixed views about whether standards should reference specific technologies with some suggesting lists of technologies may become quickly outdated.	- Added a new outcome on responsibilities for high levels of digital literacy and supporting patients in the use of technology, based on a prevocational outcome (1.24) - Added a new outcome on balancing opportunities of health technologies with risk management (3.8) - Updated statements to reflect contemporary understanding of medical graduate's responsibilities in digital health (1.23, 2.14)
5. *Partnering with Patients*	All responding stakeholders were supportive reviewing the outcomes in the area of partnering with patients, although some sought clarity on what was meant. Many stakeholders considered that rather than 'partnership' the outcomes should emphasise effective communication and informed patient choice. Stakeholders referenced consumer health literacy and agency, cultural safety, and the inclusion of carers and families.	Updated statements to modernise and make requirements around partnering with patients clearer (1.3, 1.4, 1.9, 1.12, 1.16, 1.24, 2.4, introduction to Domain 3, 3.6)

Proposals to update the structure of the Graduate Outcome Statements

<table>
<tr><th>Area</th><th>Stakeholder feedback</th><th>Response</th></tr>
<tr><td>6. Outcome Specificity</td><td>The majority of stakeholders were in favour of continuing to use high-level statements to describe requirements for procedural skills.

While some stakeholders pointed to lists that have been developed in recent years as potential best practice references, medical schools emphasised that the benefit of flexibility and local contextualisation outweighed any ‘costs’ of non-uniformity. There was also concern that lists of skills could become out-of-date or turn procedural skills into a ‘tick box exercise’. Stakeholders in favour of detailed lists said consistent core expectations of medical graduates across the education and training continuum would be beneficial.</td><td>Maintained high-level procedural skills related outcomes (1.9, 1.10, 1.14, 1.18)</td></tr>
<tr><td>7. Order of Domains</td><td>There were mixed views of the reordering of the outcome domains. Many stakeholders indicated that they perceived all the domains as equally important, and that the ‘order’ was simply for convenience and should not indicate a hierarchy. Some stakeholders saw that a diagrammatic depiction of the domains could avoid the perception of hierarchy. A large majority of stakeholders agreed that maintaining consistency with the order of domains of the prevocational outcome statements was an important priority.</td><td>Reordered the graduate outcome domains to be consistent with the revised prevocational outcome domains

<table>
<tr><th colspan="2">2012 order</th><th colspan="2">Revised order</th></tr>
<tr><td>1</td><td>Science and Scholarship</td><td>1</td><td>Clinical Practice</td></tr>
<tr><td>2</td><td>Clinical Practice</td><td>2</td><td>Professionalism and Leadership</td></tr>
<tr><td>3</td><td>Health and Society</td><td>3</td><td>Health and Society</td></tr>
<tr><td>4</td><td>Professionalism and Leadership</td><td>4</td><td>Science and Scholarship</td></tr>
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Proposals related to the standards for medical schools

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

The standards for medical schools are used to assess whether the education provider and its medical program enable graduates to develop and demonstrate the knowledge, skills and professional attributes necessary to practise medicine.

Currently, for primary medical programs the standards are grouped as follows:

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

While the high level, non-prescriptive approach in the standards has been maintained, the AMC has updated the standards in eight of the nine thematic areas (Social Accountability, Cultural Safety, Student Wellbeing, Governance, Leadership, Resources and Outcomes, the Curriculum and Assessment). There have not been updates related to the thematic area of Innovation as feedback suggested that the current approach to the standards will continue to support innovation well. The proposals respond to changes to national health policy priorities, use of technology, and the shifting nature of medical school governance and resourcing arrangements. In addition, the proposals draw from lessons learned during the COVID-19 pandemic and the workforce issues facing medicine.

The AMC has also checked the proposals against the Prevocational National Standards under the National Framework for Prevocational (PGY1 and PGY2) Medical Training and the Standards for Assessment and Accreditation of Specialist Medical Programs to ensure continued alignment across the continuum.

The proposed revisions to the standards are at **ATTACHMENT B**. A summary of the revisions, by scoping consultation theme, is provided below:

Proposals to update the content of the Graduate Outcome Statements

Area	Stakeholder feedback	Response
8. Social Accountability	Stakeholders broadly supported the proposals to increase emphasis on social accountability in the standards by relating to program design and delivery to the needs of communities in Australia and Aotearoa New Zealand. Stakeholders were strongly supportive of an increased emphasis on medical school partnerships with community groups and student learning about local patient population groups who faced barriers to healthcare access. Stakeholders explicitly mentioned rural populations and patients with disabilities, and other patient populations for whom improving the quality of care and health outcomes form policy priorities. Some stakeholders were concerned that a focus on vulnerable groups could put undue pressure on the communities in question as well as the health services. Stakeholders supported the notion that the standards should encourage more varied clinical placement settings for students across medical specialities and practice modalities, including health promotion, prevention and treatment. MDANZ and medical schools pointed to a lack of funding and resources for more varied clinical placements as the major obstacle to offering them for medical students currently.	- Added new standard requiring student learning opportunities to understand the needs of diverse patient groups (2.3.3) - Added new standard on evaluation of cohorts of students from under-represented communities (6.2.4) - Updated standards to modernise and focus on areas of social accountability (1.1.2, 1.2.1, 1.2.2, 2.1.1, 2.3.8, 4.1.2, 4.1.3, 4.1.5, 5.2.5, 6.1.2)
9. Cultural Safety	All responding stakeholders were supportive of the AMC proposal to revise the standards to be more specific and up to date about culturally safe care. Stakeholders were strongly supportive of the AMC-proposed process for developing standards related to Aboriginal, Torres Strait Islander and Māori health as outlined earlier.	- Added new standard about Aboriginal, Torres Strait Islander and Māori health leadership in medical schools (1.4.4) - Added new standards about Aboriginal, Torres Strait Islander and Māori health teaching and learning and assessment (2.3.7, 3.1.6) - Added new standard on professional development and support for First Nations staff (5.3.3) - Added new standard requiring cultural safety training for all staff, clinical supervisors and students (5.3.4) - Added new standard on the cultural safety of clinical learning environments (5.4.4)

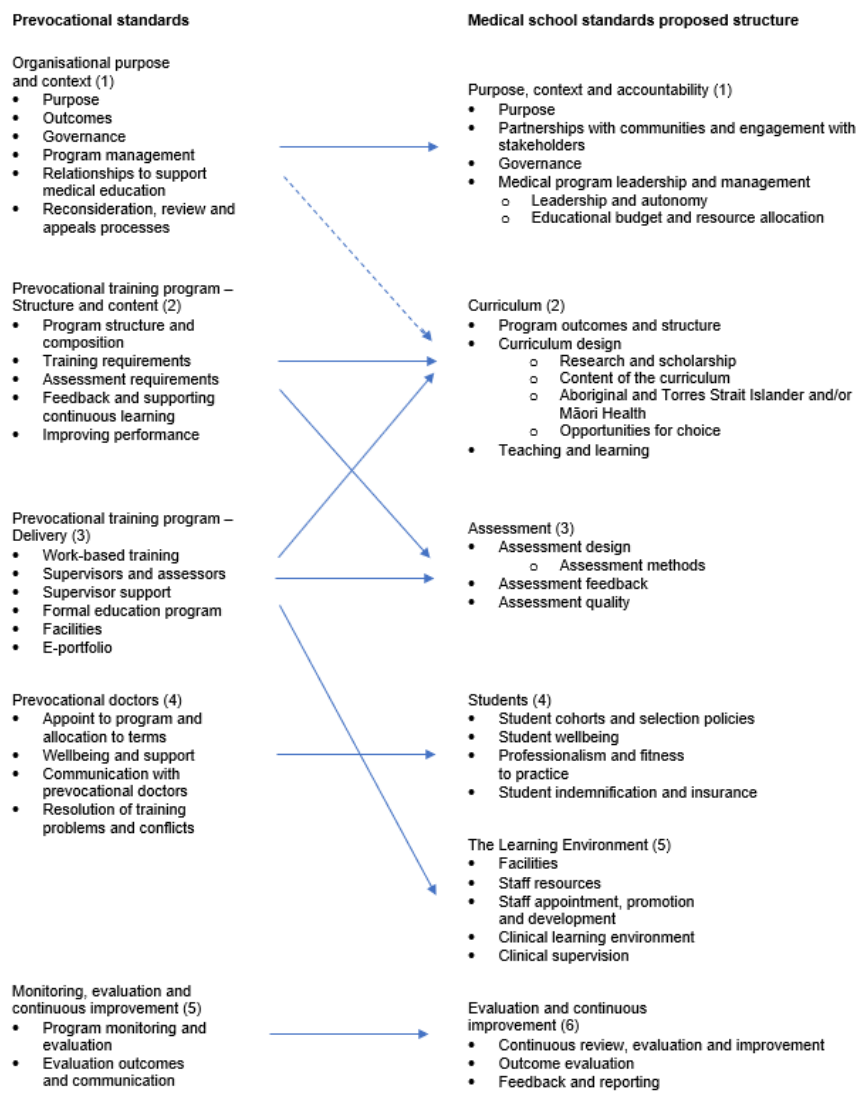
Area	Stakeholder feedback	Response
		- Added new standard requiring evaluation of Aboriginal, Torres Strait Islander and Māori student cohorts to be informed and reviewed by Aboriginal, Torres Strait Islander and Māori education experts (6.2.4) - Updated standards to reflect contemporary, Aboriginal, Torres Strait Islander and Māori-led understanding about culturally safe care and Aboriginal, Torres Strait Islander and Māori health (1.1.4, 1.2.1, 1.2.3, 1.3.5, 2.1.1, 2.2.2, 2.2.3, 4.1.2, 4.1.3, 4.1.5, 5.2.3, 5.3.1, 5.2.4)
10. Student Wellbeing	Stakeholders agreed strongly with the AMC proposal to strengthen focus on student wellbeing and include strategies for inclusion. Respondents were supportive of requiring a holistic, strategic approach to support student wellbeing. While respondents identified that flexible participation for medical students was an important principle, medical schools stated that the possibilities for accommodations were highly dependent on local context and individual cases. Those in favour described flexible learning as an increasingly important part of university learning and noted that it is currently a requirement of specialist medical training. Those against mandating felt that highly integrated programs would require significant restructuring to be available for part-time study. Strategies for inclusion of students with a disability was also raised as area that could be particularly identified in the notes to the standards. This included requiring a holistic, strategic approach to support inclusion and expanding opportunities for reasonable adjustments/ accommodation. Respondents pointed to references, particularly the MDANZ *Inclusive Medical Education Guidelines*, for the AMC to consider in developing notes and signposting resources.	- Added new standard around an overall strategy to support student wellbeing and inclusion (4.2.1) - Added a new high level standard requiring flexible learning opportunities (4.2.5) - Added a new standard around bullying, harassment, racism and discrimination prevention policies and reporting mechanisms (4.2.7) - Added a new standard requiring medical schools to work with partners to support wellbeing for students on clinical placements (5.1.3) - Updated standards to modernise and clarify program responsibilities around student wellbeing and inclusion (4.2.2, 4.2.3, 5.1.2)
11. Transition to practise	Stakeholders supported strengthening the focus on transition from medical school to intern training but had differing opinions about requirements related to transfer of information at the end of medical school.	- Added a new standard requiring a pre-internship term to be part of medical school education programs (2.3.9) - Added a new standard around the self-disclosure of medical student needs during the medical program and during the transition to internship (4.2.4)

Area	Stakeholder feedback	Response
	Stakeholders supported strengthened requirements on collaboration between schools and internship training providers/Intern Training Accreditation Authorities and offered several suggestions on implementation. AMC proposals on standards related to sharing information between medical schools and health services to support individual medical graduate moving into internship were met with caution. The state and territory Health Department respondents supported specific mandatory requirements for information sharing systems. Concerns about privacy and culture were raised by medical students, professional organisations and several medical schools. Their view was that processes which focused on self-disclosure by medical students and following strict confidentiality principles was the best way forward until safe processes could be implemented and cultural concerns could be addressed. The medical students and medical schools pointed to the MDANZ *Supporting Students to Transition to Practice* report as containing their shared views on information sharing. There was also a view, also expressed in the MDANZ report, that self-disclosure of needs should begin at medical school and support sharing of relevant information across clinical placements.	- Updated standards to focus on the transition to practice and communication between medical programs and internship providers (1.2.2, 2.1.1, 2.2.6, 5.1.5, 6.1.2, 6.3.2)
12. Governance, Leadership and Resources	Stakeholders were in favour of the AMC proposal to move to more outcomes-focused governance standards however many stakeholders preferred to preserve a mix of outcomes and process focused standards. Many respondents suggested that new outcomes-focused governance standards should be additional to some of the existing structural and process-based governance requirements. Respondents pointed to process standards on stakeholder engagement in governance as important to maintain. The issue of how to set non-prescriptive standards that would continue to support appropriate resourcing of medical programs was acknowledged as challenging.	- Added a new standard requiring the governance structure to ensure effective academic oversight over the program (1.3.3) - Added a new standard requiring leadership to have a team and appropriate resources (1.4.3) - Updated the standards to reflect a contemporary understanding of the structure of medical programs and the authority and resources required to ensure they are sustainable (1.3.1, 1.3.2, 1.4.1, 1.4.2, 5.2.1, 5.2.2)

Area	Stakeholder feedback	Response
13. Outcomes, the Curriculum and Assessment	There was broad agreement with the proposals related to medical program outcomes, the curriculum and assessment. The AMC asked stakeholders whether explicit requirements about the nature of clinical placements would be helpful to guarantee that students would receive sufficient depth and breadth of clinical experiences, particularly given the challenges around clinical placements during the COVID-19 pandemic. Many respondent stakeholders, including medical schools, indicated that specific minimum requirements for clinical placements spelled out prescriptively in the standards, such as numbers of hours students should be on placement before graduation or specific required rotations, would not lead to better outcomes for medical students. Stakeholders were more open to broad and high-level guidelines for placements. On assessment of professional behaviours, stakeholders noted that this was a curriculum design challenge and should not be a tack-on. Respondents also suggested that professionalism should be linked to proactive self-management of well-being. Stakeholders agreed with the AMC that standards related to assessment should be revised and offered various suggestions for how to do so while maintaining a non-prescriptive approach. Stakeholders strongly agreed with the AMC that standards should continue to point to the outcome statements as a basis for curriculum and assessment content.	- Added a new standard on the (constructive) alignment of outcomes, methods and assessment (2.2.5) - Added new standards and updated references relating to the coherence and principles behind a unified system of assessment (3.1.1, 3.1.2, 3.1.3, 3.1.4) - Updated standards to modernise, particularly in relation to best practice assessment and curriculum design (2.1.2, 2.2.1, 2.2.8, 2.3.1, 2.3.8, 3.1.4, 3.2.1, 3.3.1, 3.3.2)
14. Emerging Technologies	There was broad stakeholder support for the AMC proposals to update the standards to better reflect technology supported teaching and learning approaches and to reference student experiences of the impact of changing technologies on health service delivery. However, there were mixed views among respondents as to the required level of specificity, and particularly whether	- Added a new standard on use of technology to support research, teaching, learning and assessment (5.1.4) - Updated standards to reflect a contemporary understanding of the requirements of medical programs to provide the digital health technology and training to support student learning (5.1.5, 5.1.6, 5.5.2)

Area	Stakeholder feedback	Response
	specific technologies should be named. Some stakeholders suggested that these standards could be more regularly re-evaluated than other standards, given how quickly the pace of technology moves.	
15. Innovation	There was strong stakeholder support for the AMC position that continued high-level and non-prescriptive standards were the best way to promote innovation within medical schools. Some suggested that emphasising continuous evaluation in the standards and accreditation processes was key to further innovation. Respondents did not consider that there was a need for further emphasis or change in the standards.	- Continued to emphasise high level and non-prescriptive standards throughout - Updated standards on evaluation to clearly reference continuous evaluation and improvement (6.1.1, 6.1.2, 6.1.3)
16. International Frameworks	Stakeholders offered no critical objections to the proposed minor amendments to ensure alignment with international frameworks. A proposal to consider 'limitations to program completion' to student selection standards was viewed sceptically by stakeholders, who cautioned that the wording may negatively impact inclusion of students with disabilities.	- Added a standard on mitigation of conflicts of interest (1.3.6) - Updated standards to ensure continued alignment with international frameworks (1.4.6, 5.2.1)

Proposals for updating the structure of the accreditation standards

Area	Stakeholder feedback	Response
17. Re-grouping of Standards	The proposal to re-group the standards with the goal of further integrating them, emphasising alignment (of outcomes, curriculum, teaching and learning and assessment) as well as reducing duplication and improving reporting was well-received by stakeholders, though there were different views of the best way to re-group the standards. Stakeholders saw the benefits of re-grouping as reducing duplication and accreditation burden, but also as conceptually linking related areas. The greatest support was for the maximum integration proposal (Model 1) and the second medium integration proposal (Model 2B). There was also some support for the first medium integration proposal (Model 2A) but little support for the minor integration proposal (Model 3). Those stakeholders who favoured Model 1 appreciated that monitoring and evaluation was integrated into context, and that the unified medical program standard captured the holistic reality of medical programs. Those who favoured medium integration – mainly Model 2B – noted that keeping the elements of curriculum and assessment separate and making evaluation and continuous improvement a cross-cutting standard allowed for a good balance of clarity and integration.	Reorganised the standards to maintain alignment with the revised prevocational National Standards and respond to stakeholder views about the strengths and weaknesses of the various scoping consultation proposed models: **Comparing proposed medical school standards structure with revised Prevocational Framework National Standards structure** 

Area	Stakeholder feedback	Response
18. *Increase Focus on Outcomes*	Stakeholders responded positively to the proposal to maintain a mixed approach of input, process and outcome standards but to increase emphasis on outcomes-based standards. There were mixed views on how to achieve this. Some respondents said that all standards could use a greater focus on outcomes, other groups of respondents pointed to Standard 3 (Curriculum), Standard 5 (Assessment), Standard 6 (Monitoring and Evaluation), and Standard 7.3 (Student Support) as particular standards to investigate. Some respondents noted that that outcome should be used in a way that is specific, measurable and achievable.	When reframing standards, particularly in response to other content themes, the AMC considered whether there was scope to increase the focus on outcomes.
19. *Reintroduction of Notes*	Stakeholders were in favour of a reintroduction of notes and/or exemplars. Some stakeholders suggested the AMC should add notes in all areas. Stakeholders asked that the notes avoid a presentation that suggested a tick box or checklist, or that notes include considerations better suited to the standards.	The AMC will draft accompanying notes focused on best practice and implementation of standards after this round of consultation is complete. For some standards, the proposals in Attachment B include an indication of areas that the AMC intends to cover in the accompanying notes in the 'Notes on change' column.

Tell us what you think

We would like to hear your perspectives on the proposals for detailed change. We will consider all the feedback we receive when shaping our next iteration of proposals for change.

The consultation process will include a range of opportunities for providing feedback including:

- Written consultation: This consultation documentation sent to stakeholders requesting written feedback.
- Workshop sessions: Small group (Zoom or in-person) workshops will be organised based on stakeholder requests or where AMC sees benefit in requesting further detailed discussions.
- Yarning Circles of Aboriginal, Torres Strait Islander and Māori medical school staff: To reflect on challenges and opportunities facing Aboriginal, Torres Strait Islander and Māori people in medical programs.

If you or your organisation are interested in organising an opportunity to discuss the review, please email us at standardsreview@amc.org.au.

Aboriginal, Torres Strait Islander and Māori stakeholders

If you are an Aboriginal, Torres Strait Islander or Māori stakeholder, including a medical school staff member, and you wish to participate in a workshop or Yarning Circle, please contact Ms Belinda Gibb, AMC Manager, Indigenous Policy and Programs at belinda.gibb@amc.org.au.

We have provided questions about the changes proposed under each theme of the standards review in **ATTACHMENT C:** Consultation questions template – Review of Accreditation Standards for Primary Medical Programs proposals for detailed changes**.** The other relevant attachments for this consultation are:

ATTACHMENT A: Proposed Graduate Outcome Statements – Draft for consultation August 2022

ATTACHMENT B: Proposed Accreditation Standards for Primary Medical Programs – Draft for consultation August 2022

We are seeking feedback by **Monday 24 October 2022.**

Please provide your response, by email, as a Word document or non-protected PDF document using **ATTACHMENT C: Consultation questions template – Review of Accreditation Standards for Primary Medical Programs proposals for detailed changes** to standardsreview@amc.org.au.