Australian Medical Council Limited

New Standards for Assessment and Accreditation of Cosmetic Surgery Programs of Study

ATTACHMENT B Draft Standards

Contents

> Note accreditation standards unique to this set of cosmetic surgery standards are shown in a blue box

Glossary

Assessment	The systematic process for measuring and providing feedback on the trainee's progress or level of achievement, against defined criteria.

Cultural safety

The AMC uses the following definitions:

A general definition of cultural safety (not specific to cultural safety for Indigenous people)

Cultural safety is the 'outcome of education that enables safe services to be defined by those who receive the service' Or Cultural safety is based on the experience of the recipient of care, and involves the effective care of a person or family from another culture by a healthcare professional who has undertaken a process of reflection on their own cultural identity and recognises the impact their culture has on their own practice

The National Registration and Accreditation Scheme's Aboriginal and Torres Strait Islander Health and Cultural Safety Strategy [1]

Objective: Cultural safety – a culturally safe health workforce through nationally consistent standards, codes and guidelines across all practitioner groups within the National Scheme

Definition of 'cultural safety'

Principles: The following principles inform the Ahpra definition of cultural safety:

- Prioritising COAG's goal to deliver healthcare free of racism supported by the National Aboriginal and Torres Strait Islander Health Plan 2013-2023
- Improved health service provision supported by the Safety and Quality Health Service Standards User Guide for Aboriginal and Torres Strait Islander Health
- Provision of a rights-based approach to healthcare supported by the United Nations Declaration on the Rights of Indigenous Peoples
- Ongoing commitment to learning, education and training

Definition

- Cultural safety is determined by Aboriginal and Torres Strait Islander individuals, families and communities.
- Culturally safe practise is the ongoing critical reflection of health practitioner knowledge, skills, attitudes, practising behaviours and power differentials in delivering safe, accessible and responsive healthcare free of racism.

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[1] See https://www.ahpra.gov.au/About-AHPRA/Aboriginal-and-Torres-Strait-Islander-Health-Strategy/health-and-cultural-safety-strategy.aspx

Curriculum	The AMC has applied the following definition of a curriculum[2]:
	A curriculum might be defined as a managerial, ideological and planning document that should:
	• tell the learner exactly what to expect including entry requirements, length and organisation of the program and its flexibilities, the assessment system and methods of trainee support,
	• advise the teacher what to do to deliver the content and support the learners in their task of personal and professional development,
	• help the education provider to set appropriate assessments of trainee learning and implement relevant evaluations of the educational provision,
	• tell society how the education provider is executing its responsibility to produce the next generation of doctors appropriately.
Distributed and distance learning	Distance learning implies that there is a central institution from which the trainees are distant.
	Distributed learning implies that both the trainee and the institution, including supervisors and/or academic staff, and administrative and technical staff, are distributed.
Education provider	Means the organisation or institution that provides the program of study.
Evaluation	The set of policies and processes by which an education provider determines the extent to which its training and education functions are achieving their outcomes.
Health consumer	The AMC has adopted the definition of the Australian Commission on Safety and Quality in Health Care which is 'Consumers and/or carers are members of the public who use, or are potential users, of health care services.'[3] When referring to consumers, the AMC is referring to patients, consumers, families, carers, and other support people. In Australia, health consumers include Aboriginal and Torres Strait Islander peoples of Australia and consumers from culturally and linguistically diverse backgrounds.
Industry	Industry refers to the full range of institutions and enterprises with a bearing on health care, distinguished from the actual work carried out by health professionals in their clinical and research practice.

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[2] Grant, J. (2019) Principles of contextual curriculum design. Chapter 5, pp 71-88. In: Swanwick,T., Forrest, K. and O'Brien, B.C. (eds) *Understanding Medical Education. Evidence, Theory and Practice*. Third edition. Wiley Blackwell, Oxford.

[3] Australian Commission on Safety and Quality in Health Care, *Safety and Quality Improvement Guide Standard 2: Partnering with Consumers,* October 2012, Sydney. ACSQHC, 2012.

Interest	An interest is a commitment, goal, obligation or value associated with a social relationship or practice. Where two or more distinct interests coexist in a particular decision-making setting, a duality of interests is said to exist. When a relationship or practice gives rise to two conflicting interests, a conflict of interest exists. The precise condition that defines the presence of a conflict of interest is that in relation to a specific decision or action, two opposing and contradictory interests, as defined above, coexist. A pecuniary interest refers to the possibility of financial or other material gain arising in connection with professional decision making. A non-pecuniary interest is a goal or benefit not linked directly with material gain.[4]
Notes	The notes included in these standards provide further explanation of the standards and/or guidance on contemporary good practice relevant to the standard. The notes are not standards. Not all standards are accompanied by notes.
Outcomes	The AMC defines *Graduate outcomes* for cosmetic surgery programs of study. These are the minimum learning outcomes that graduates of accredited program must achieve in terms of discipline-specific knowledge, discipline-specific skills (including generic skills required of all medical practitioners as applied in the discipline), and discipline-specific attributes and capabilities.
Program of study	In these standards means the curriculum, the content/syllabus, assessment and training that will lead to a registered medical practitioner being endorsed to practise cosmetic surgery. The program of study leads to an award certifying completion of the program.
Stakeholders	The term encompasses: • stakeholders internal to the education provider such as trainees and those contributing to the design and delivery of training and education functions including but not limited to supervisors, staff, members and committees • external partners who contribute directly to training and education such as training sites • other external stakeholders with an interest in the process and outcomes of medical training and education such as health workforce bodies, health jurisdictions, regulatory authorities, professional associations, other health professions and health consumers, Aboriginal and Torres Strait Islander peoples and organisations.

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[4] Royal Australasian College of Physicians Guidelines for ethical relationships between health professionals and industry 4th ed 2018

Supervisor	In these standards, supervisor refers to a health practitioner with the qualifications and training to guide the trainee's education and/or on the job training on behalf of the education provider. The supervisor's education and training role will be defined by the education provider, and may encompass educational, support and organisational functions.
	It refers to supervision in the educational context not to the workplace administrative or managerial function equivalent to a line manager.
Trainee	A medical practitioner completing a program of study.
Training sites	The organisation, health service or facility at which the trainee undertakes supervised workplace-based training and education.

Standard 1: Purpose, context and accountability of the provider and the program of study

This group of standards addresses the education provider's capacity for effective implementation of its educational, research, and quality assurance/evaluation activities to deliver the cosmetic surgery program of study. The standards set expectations for the education provider to:

- have the education of medical practitioners as an essential part of its purpose
- have the relationships necessary to deliver education and training
- effectively govern its activities, including its educational and research work
- conduct its activities with integrity
- have organisational and management structures to support effective academic oversight, management and delivery of the program of study
- have clear and accessible educational policies.

1.1 Educational purpose

1.1.1 The education provider has defined its educational purpose which includes setting and promoting high standards of education and practice for medical practitioners within the context of its community responsibilities.

Notes

Education providers will have both an organisational purpose and an educational or program purpose. While these may be similar, this standard addresses the educational purpose of the education provider.

The education provider's community responsibilities relate to addressing the health care needs of the communities it serves.

1.2 Stakeholder engagement and partnerships

1.2.1 The education provider supports the delivery of cosmetic surgery education and training by constructive relationships with other relevant agencies, facilities and services including with:
a. Community organisations
b. Health services
c. Health-related organisations, sectors of government and regulatory bodies
d. Aboriginal and Torres Strait Islander organisations.

1.2.2 The education provider engages internal and external stakeholders in:
a. Defining the purpose and program outcomes
b. Designing and implementing the curriculum and assessment system

c. Evaluating the program and outcomes.

Notes

Effective partnerships are underpinned by formal agreements, to support the education and training of trainees.

1.3 Governance

1.3.1 The education provider's governing body is informed and competent to govern the delivery of medical training and education.

1.3.2 The governing body takes responsibility for the education provider representing itself, its educational programs, recognition of the programs, and fees and charges, accurately both directly and through agents or other parties.

1.3.3 The education provider's governance structure achieves effective academic oversight of the program.

1.3.4 The education provider's governance structure supports the engagement of staff, teachers, supervisors, and those delivering the program of study in direction setting and decision-making processes.

1.3.5 The education provider has documented processes and structures that facilitate and support the involvement of trainees in the governance of their training.

1.3.6 The education provider applies its documented policies to the declaration, management and public disclosure of relationships with industry, and to the competing interests of members and office holders.

1.3.7 The education provider develops and applies standards and guidelines to promote high quality, ethical medical practice.

Notes

Governance structures typically include decision making committees, advisory groups and staff. Governance structures and the range of education functions vary from education provider to education provider. The AMC does not consider any particular structure is preferable but will consider the effectiveness of the structure over time.

The governance structures should be such that the education provider's governing body is informed of, and accepts ultimate responsibility for, new programs or significant program changes as well as for how the education provider represents itself and its programs.

1.4 Program management

1.4.1 The education provider has structures with the responsibility, authority and capacity to direct the following key functions:

    a. planning, implementing and evaluating the program of study

    b. setting policy and procedures related to the program of study

    c. certifying successful completion of the training and education programs.

1.4.2 The education provider uses medical, educational and information technology expertise in the development, management and continuous improvement of its training and education functions.

1.4.3 The education provider applies its document policy and proceses to identify and manage interests of staff and others participating in education and training related decision-making that may conflict with their responsibilities to the program.

Notes

The structures responsible for designing the curriculum and overseeing the delivery and evaluation of the program of study should include members of the medical profession, as well as those with knowledge and expertise in medical education and cosmetic surgery education and training.

1.5 Education policies and information

1.5.1 Clear and accurate information about the provider and its programs of study is publicly available and easily accessible.

1.5.2 Trainees, staff and supervisors have access to detailed policy and information concerning the program including: fees and charges, admission, the curriculum, recognition of prior learning, progression, assessment, special consideration, grading, completion, appeals and complaints, equity and diversity, withdrawal from or cancellation of enrolment, and services and support for trainees.

1.5.3 The education provider has complaints and appeals policies and processes that provide for timely review of education and training related decisions. These are applied consistently, fairly and without reprisal.

1.5.4 The education provider only awards a qualification if the program of study leads to the award of that qualification and all the requirements of the program of study have been fulfilled.

1.5.5 The program of study, component courses or units of study are not described as accredited until accreditation is obtained.

Notes

1.6 Continuous renewal for changing needs and evolving best practice

1.6.1 The education provider regularly reviews and updates its structures for and resource allocation to training and education functions to meet changing needs and evolving best practice.

Notes

The AMC expects each education provider to engage in a process of educational strategic planning and review, with medical, educational and other relevant input so that the program and curriculum reflect regulation of practice, changing models of care, developments in

healthcare delivery, medicine and medical science, and changing community needs and expectations.

These processes should also ensure that organisational structures continue to be effective to deliver the program of study leading to endorsement of registration of medical practitioners for cosmetic surgery.

Standard 2: Curriculum

This group of standards addresses the structure and design of the curriculum, and the educational methods chosen to support trainees achieve the program outcomes. The structure, content, and educational methods chosen are related to the provider's purpose, intended outcomes, and resources.

2.1   Program outcomes and structure

2.1.1   The education provider has defined outcomes for the program that are consistent with:

a. The AMC Graduate Outcome Statements for Cosmetic Surgery Programs (currently under development).

b. *Good Medical Practice: A Code of Conduct for Doctors in Australia"[5].*

c. Medical Board Guidelines *Guidelines for medical practitioners who perform cosmetic medical and surgical procedures*

d. The needs of the communities that the education provider serves.

2.1.2   The program of study includes an identifiable stream or core program of education, training and assessment in cosmetic surgery.

Notes

An endorsement of registration recognises that a person has additional qualifications and expertise in an approved area of practice. The training and education of medical practitioners leading to endorsement of registration for cosmetic surgery is postgraduate and builds on the outcomes of other phases of medical education and training.

It is the responsibility of the education provider to set program of study outcomes and put in place a curriculum that leads to graduates of the program achieving those outcomes and the AMC Graduate Outcomes.

In demonstrating achievement of these standards, the education provider will show how it has arrived at the program outcomes and curriculum, including how they have been informed by the comparison of the provider's program of study with other relevant programs.

2.2   Design

2.2.1   The provision of excellent care, delivered safely, is at the heart of the curriculum.

2.2.2   There is purposeful curriculum design based on a coherent set of educational principles and the nature of clinical practice in the area of endorsement.

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[5] Medical Board of Australia, *Good Medical Practice: A Code of Conduct for Doctors in Australia*, October 2020, http://www.medicalboard.gov.au/Codes-Guidelines-Policies/Code-of-conduct.aspx

2.2.3   The program of study demonstrates alignment between the outcomes of the program of study, curriculum, clinical experience, teaching and learning methods and assessments.

2.2.4   The curriculum enables trainees to apply and integrate knowledge, skills and professional attributes and behaviours resulting in a safe transition to unsupervised practise in the area of practice.

2.2.5   The curriculum design enables graduates to demonstrate achievement of all program of study outcomes and the AMC Graduate Outcomes.

2.2.6   The duration of the program is sufficient for graduates to acquire the scientific and theoretical learning, skills, supervised clinical practice and reflective practice capabilitites to be safe practitioners in cosmetic surgery.

2.2.7   There is articulation between the cosmetic surgery program and other stages of medical education and training.

Notes

These standards reflect the view that graduates of cosmetic surgery programs of study should to be trained initially in a broad scope of the area of practice. It is recognised that practitioners' scope of practice will change depending on the context and location in which they practise, as well as their interests and career stage.

Other stages of education and training include the continuing professional development phase.

2.3   Content

The outcome (capability) statements define the knowledge, skills and professional behaviours expected of medical practitioners who graduate from an accredited cosmetic surgery program.

The AMC considers that this may replace the need for specific accreditation standards concerning curriculum content. The AMC is seeking feedback on whether additional statements about the content of the curriculum are required and if so, what.

Some sample statements include:

Curriculum content in all areas should be sufficient to enable the trainee to achieve the intended outcomes of the program, and to progress safely to the next stage of practice and life long learning after graduation.

The curriculum builds on knowledge, skills and experience of medical practitioners and includes theoretical knowledge and clinical practice of cosmetic surgery to produce graduates who understand the scientific and evidence base of cosmetic surgerical practice.

The curriculum prepares graduates to contribute to the effectiveness and efficiency of the health care system and cosmetic surgery industry, by building on knowledge and

understanding of the issues associated with the delivery of safe, high-quality and cost-effective health care within the Australian health system[6].

Trainees 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 and/or Torres Strait Islander patients.

2.4 Educational methods

2.4.1 The education program employs a variety of educational methods and experiences to ensure that trainees achieve the program outcomes.

2.4.2 The program involves the trainees' personal participation in cosmetic surgery procedures and direct patient care.

2.4.3 Learning and teaching methods promote safe, quality care in partnership with patients.

2.4.4 Trainees work with and learn from and about other health professionals, including through experience of interprofessional learning and learning in interprofessional teams.

2.4.5 The program employs adjuncts to learning in a clinical setting such as simulated learning environments and skills laboratories.

Notes

Educational methods and experiences include techniques for teaching and learning designed to deliver the stated outcomes, and to support trainees in their own learning. In national training programs, distance and distributed learning approaches are important to enable all trainees to access learning materials and sessions.

In most postgraduate medical education and training, learning occurs in and through the work environment. This is supplemented by an accessible formal education program that is relevant to the trainees' learning needs including the acquisition of new skills and knowledge in the area of practice.

2.5 Research and scholarship

2.5.1 The education provider is active in research and scholarship and this research informs teaching, learning and assessment.

Notes

Areas of expected research and scholarshiop include: medical practice, cosmetic surgery and and medical education.

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[6] The Australian Commission on Quality and Safety in Healthcare's National Safety and Quality Health Service Standards set minimum requirements for safety and quality in health services where clinicians practice.

Standard 3: Assessment of learning

This group of standards addresses the assessment of trainee's learning. Assessment assures, drives, guides, creates, and optimises learning while providing feedback. In the context of a cosmetic surgery program, a system of assessment must exist, which incorporates multiple assessments that achieve the purposes of the program.

3.1 Assessment design

3.1.1 The program of study uses a documented system of assessment that applies the principles of validity, reliability and fairness.

3.1.2 The system of assessment enables trainees to demonstrate progress towards applying knowledge, skills, and professional attributes described in the outcomes for the program of study over the length of the program.

3.1.3 The system of assessment is blueprinted across the program of study to teaching and learning activities and to the program outcomes.

3.1.4 The education provider uses validated methods of standard setting.

3.1.5 Assessment in culturally safe practice is integrated across the program and informed by Aboriginal and Torres Strait Islander health experts.

Notes

The system of assessment should be responsive to the educational purpose and mission of the provider, its specified educational outcomes, the resources available, and the context.

3.2 Assessment methods

3.2.1 The program of study uses a variety of assessment methods and formats that are consistent with the learning outcomes being assessed.

Notes

Methods of assessment should be chosen on the basis of validity, reliability, feasibility, cost effectiveness, opportunities for feedback, and impact on learning[7].

The assessment methods used should include methods that are appropriate for assessment of knowledge, skills and professional attributes.

Assessment includes both summative assessment, for judgements about progression, and formative assessment, for feedback and guidance. The education provider's assessment documents should outline the balance between formative and summative elements, the

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[7] van der Vleuten, CPM., 'The assessment of professional competence: developments, research and practical implications'. *Advances in Health Science Education,* vol. 1, 1996, pp. 41-67.

number and purpose of assessments, and make explicit the criteria and methods by which judgments about assessment performance are made.

Assessment programs are constructed through blueprints or assessment matrices which match assessment items or instruments with outcomes. The strength of an assessment program is judged at the overall program level rather than on the psychometric properties of individual instruments.

3.3   Performance feedback

3.3.1   The education provider facilitates regular and timely feedback to trainees on performance to guide learning.

3.3.2   The education provider gives supervisors information on their trainees' assessment performance.

3.3.3   The education provider identifies trainees who are not performing at the expected level and implements appropriate and timely measures in response.

3.3.4   The program has clear, timely procedures to address any concerns about patient safety related to trainees' performance, including procedures to inform the employer and the regulator, where appropriate.

Notes

Trainees need to be assessed regularly for the purposes of providing feedback to guide their learning.

The education provider's systems to monitor the trainees' progress should identify at an early stage trainees experiencing difficulty and, where possible, assist them to complete their program successfully using measures such as remedial work, performance improvement programs, re-assessment, supervision and counselling.

There may be times where the trainee's performance means it is not appropriate to offer remediation or the remediation and assistance offered is not successful. For these circumstances, the education provider must have clear policies on matters such as periods of unsatisfactory training and limits on duration of training time.

The requirement under Standard 3.3.4 to address concerns about patient safety may require additional action such as withdrawing a trainee from the clinical setting. Education providers must be aware of the Health Practitioner Regulation National Law, which requires registered health practitioners and employers to notify about registered medical practitioners who have engaged in 'notifiable conduct' as defined in the National Law.

3.4   Assessment decision making

3.4.1   The education provider's system of assessment:

a. informs decisions on progression and graduation

b.can confirm that all specified learning outcomes are achieved and that grades awarded reflect the level of trainee attainment

c. includes appeals mechanisms regarding assessment results.

> **3.4.2** The education provider applies its published policies to assess trainees' prior learning, for the purpose of making decisions on granting credit for units of study within the program of study or toward the completion of the qualification. Decisions are recorded.
>
> **3.4.3** The education provider grants credit towards completion of the program of study through recognition of prior learning if:
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> a. trainees granted credit are not disadvantaged in achieving the expected program outcomes or qualification, and
>
> b. the integrity of the program of study and the qualification are maintained.

Notes

Assessment for decision-making is essential to the safety of patients and their trust in the capability of their medical practitioner. It is also essential to institutional accountability. These assessments must be fair to trainees and, taken together as a group, they must attest to all aspects of competence. To accomplish these ends, assessments must meet standards of quality (see 3.5).

3.5 Assessment quality

3.5.1 The education provider regularly reviews and updates 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.

Notes

The provider should employ a range of review methods using both quantitative and qualitative data including psychometric analyses, benchmarking, analysis of passing and attrition rates, surveys and trainee feedback.

Standard 4: Trainees

This group of standards addresses admission and selection policies, and systems for trainee support. These policies and systems are important for educational quality, management and outcomes, and for the wellbeing of trainees. The standards set expectations for the education provider to:

- select only the number of trainees that can be supported to complete the program
- have clear, transparent and fair selection processes
- communicate with trainees about training related activities and
- have processes to support trainees to deal with disputes with supervisors.

4.1 Admission policy and selection

4.1.1 The education provider defines the size of the trainee intake in relation to its capacity to resource all stages of the program of study.

4.1.2 The education provider has documented admission policies and principles that are designed to ensure that trainees admitted to the program of study have the academic and clinical preparation needed to participate.

4.1.3 The processes for selection into the program:

  a. use published criteria based on the education provider's selection principles

  b. are evaluated with respect to validity, reliability and feasibility

  c. are transparent and fair

  d. prevent racism, discrimination, and bias, other than explicit affirmative action.

  4.1.3 The processes for selection into the program:

4.1.4 The education provider implements its defined strategies for recruiting trainees from under-represented groups to the program.

Notes

The AMC recognises that there is no one agreed method of selecting trainees and supports diverse approaches that include both academic and vocational considerations.

4.2 Communication with trainees

4.2.1 The education provider has mechanisms to inform trainees in a timely manner about the activities of its decision-making structures.

4.2.2 The education provider provides timely and correct information to trainees about their training status to facilitate their progress through training requirements.

Notes

Education providers are expected to interact with their trainees in a timely, open and transparent way. Standard 1.5.2 addresses the policies and processes and information that should be available to all trainees and staff.

This should be supplemented by systems that assist individual trainees to access accurate and up to date information on their own progression.

4.3 Resolution of training problems and disputes

4.3.1 The education provider supports trainees in addressing problems with training supervision and requirements, and other professional issues. The education provider's processes are transparent and timely, and safe and confidential for trainees.

4.3.2 There are policies and safe reporting mechanisms for all learning environments that effectively identify, address and prevent bullying, harassment, racism and discrimination.

Notes

Supervisors and their trainees have a particularly close relationship, which has benefits, but which may also lead to unique problems. Trainees need clear advice on what to do in the event of conflict with their supervisor or any other person intimately involved in their training.

In setting policies and procedures, education providers need to address disincentives to trainees raising concerns, such as the timeliness of any review process.

Trainees can raise difficulties safely in processes that give them confidence that the education provider will act fairly and transparently, that they will not be disadvantaged by raising legitimate concerns, and that their complaint will be acted upon in a timely manner.

Standard 5: Resources to deliver the program of study

This group of standards addresses the academic and teaching staff, including supervisors, the technical and administrative staff, and the educationally and contextually appropriate physical, clinical, and information resources to deliver a program of study for endorsement for cosmetic surgery. The resources include resources provided directly by the education provider, and facilities and people provided by other organisations such as training sites to support trainees' learning, so they achieve the graduate outcomes.

5.1 Staff and financial resources

5.1.1 The education provider has the financial resources to sustain the program of study and these resources are directed to achieve its purpose and the requirements of the program of study.

5.1.2 The program of study has sufficient staff to meet the educational, academic support and administrative needs of trainee cohorts undertaking the program.

Notes

The delivery of programs of study requires financial resources, human resources, learning resources, information and records systems. In the context of this standard staff includes professional and administrative staff as well as supervisors of training (see section 5.4 on supervisors). Depending on the education provider, staff may include academic staff.

5.2 Facilities, and teaching and learning resources and systems

5.2.1 The education provider has the educational facilities and infrastructure to deliver the program and achieve the program outcomes.

5.2.2 The education provider maintains systems for secure, confidential and accurate recording and reporting of trainee enrolment, academic progress and completion, and for managing the program.

5.2.3 The education provider ensures trainees and staff have access to safe and well-maintained physical facilities and educational resources in its teaching and learning sites to achieve the outcomes of the program.

5.2.4 The education provider ensures trainees have equitable access to the information communication applications and digital health technology to facilitate their learning and support their practice.

5.2.5 Information services available to staff, supervisors and trainees include library resources, support staff and a reference collection adequate to meet learning, teaching and research needs in all learning sites.

Notes

Trainees should have access to facilities and educational resources to support self-learning activities as well as a structured educational program. Access to library, journals, an electronic learning environment and other learning facilities are required to support learning.

5.3 Clinical and work-based learning environment

5.3.1 The education provider defines the required clinical practice and work-based training requirements of the program of study which are linked to the program's outcomes.

5.3.2 The education provider assesses, monitors and approves sites for trainees' clinical and work-based training based on the sites demonstrating that they provide safe care, and support trainees to meet the program outcomes.

> 5.3.3 When any parts of a program of study are delivered through arrangements with another party or parties, the education provider remains accountable for the program of study.

5.3.4 The education provider publishes the standards and process it uses to make decisions on approval of facilities and posts as training sites.

Notes

The quality of clinical experice and work-based training delivered in training sites is a shared responsibility between the education provider and the training sites, underpinned by constructive relationships with relevant agencies, facilities and services (see standard 1.2), and clear processes to select and approve sites for training.

Education providers should make as explicit as possible the expectations of training sites, including clinical and other experience, education activities and resources, and expectations of flexible training options. The education provider must verify that this experience is available in training sites seeking approval for training and must monitor and evaluate the trainees' experience in those sites.

Education providers' policies and criteria for approval need to respond to jurisdictional differences in the regulation of the healthcare and health facilities and services that are used for medical education and training.

5.4 Teachers and supervisors

5.4.1 The program of study has the profile of the supervisors, teachers and assessors needed to meet the educational, practical learning and assessment needs of trainee cohorts.

5.4.2 The education provider facilitates the training and professional development of supervisors and assessors. It ensures that educational supervisors have access to training in supervision, assessment and the use of relevant health education technologies.

5.4.3 The education provider routinely evaluates supervisor and assessor performance including seeking feedback from trainees.

5.4.4   All the education provider's administrative, technical and academic staff, supervisors and trainees have training in cultural safety.

Notes

Education providers will need to demonstrate that they have access to teachers, supervisors and assessors to deliver the program, including access to medical practitioners with the knowledge, skills, and qualification or experience to support trainees' practical learning.

All those who teach, supervise, counsel, employ or work with doctors in training are responsible for patient safety. Patient safety will be protected through explicit and accountable supervision. Education providers should have clear and explicit supervision requirements, including processes for removing supervisors where necessary.

Supervisors should have skills in adult learning, providing constructive feedback to trainees, and responding appropriately to concerns. They need clear guidance on their responsibilities to the trainee and to patient safety in the event that the trainee is experiencing difficulty.

The teachers and supervisors should include medical practitioners with clinical experience relevant to the program and to contemporary medical practice. Other members of the healthcare team may also contribute to supervision (see definition of supervisor).

Assessors engaged in assessments should understand the education provider's curriculum and training requirements, be proficient in making judgements concerning the trainee's performance, and skilled in providing feedback.

Standard 6: Monitoring, evaluation and reporting

This group of standards addresses the education provider's approach to monitoring and evaluating its educational activities including the cosmetic surgery program of study. Evaluation of the provider's educational activities will ensure that the activites are effective and meeting outcomes, as well as supporting ongoing quality improvement of the programs.

6.1 Monitoring and evaluation of the program of study

6.1.1 The education provider conducts a regular comprehensive review of the program of study, includes the design and content of each course or unit of study, the program outcomes, the methods for assessment of those outcomes, the extent of trainees' achievement of program outcomes, and takes account of emerging developments in the area of practice, modes of delivery, the changing needs of trainees and identified risks to the quality of the program of study.

6.1.2 The education provider collects, maintains and analyses both qualitative and quantitative data on its graduate outcomes.

6.1.3 The education provider supports and informs comprehensive reviews with regular monitoring of its program of study including the quality of teaching and supervision, trainee progress and the overall delivery of subjects/units within the program.

6.1.4 Supervisors contribute to monitoring and to program development. The education provider systematically seeks, analyses and uses supervisor feedback in monitoring, review and program development.

6.1.5 All trainees have opportunities to provide feedback on their education experiences. The education provider systematically seeks, analyses and uses trainees' feedback for monitoring, review and program development. Trainee feedback is specifically sought on proposed changes to the program of study to ensure that existing trainees are not unfairly disadvantaged by such changes.

Notes

While the education provider is expected to evaluate the whole program of study regularly, there needs also to be mechanisms to review and make more gradual changes to the program and its components.

Education providers should develop methods for evaluating that the graduates can perform safe cosmetic surgery. This may include self-assessment of the graduates' preparedness for practice and other multi-source feedback mechanisms.

6.2 Feedback, reporting and action

6.2.1 The education provider reports the outcomes of evaluation, improvement and review processes through its governance structures.

6.2.2   The education provider makes evaluation results available to stakeholders and considers their views in continuous renewal of program.

6.2.3   The education provider manages concerns about, or risks to, the quality of any aspect of its program of study effectively and in a timely manner.

Notes