

Procedures for AMC Accreditation of Cosmetic Surgery Programs of Study

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Acknowledgement of country



The Australian Medical Council acknowledges Aboriginal, Torres Strait Islander Peoples and Māori Peoples as the Traditional Custodians of the lands the AMC works upon.

We pay respects to Elders past, present and emerging and acknowledge the ongoing contributions that Indigenous Peoples make to all communities. We acknowledge the government policies and practices that impact on the health and wellbeing of Indigenous Peoples and commit to working together to support healing and positive health outcomes.

The AMC is committed to improving outcomes for Aboriginal, Torres Strait Islander and Māori Peoples through its assessment and accreditation processes including equitable access to health services for First Nations Peoples.

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Introduction

The Registration standard: Endorsement of registration of registered medical practitioners for the approved area of cosmetic surgery

In February 2023, Australia's Health Ministers approved a new Medical Board of Australia (the Board) *Registration standard: Endorsement of registration of registered medical practitioners for the approved area of cosmetic surgery* which sets out the Board's minimum requirements for:

1. granting endorsement of registration of registered medical practitioners for the approved area of cosmetic surgery
2. granting renewal of endorsement of registration of registered medical practitioners for the approved area of cosmetic surgery.

The *Health Practitioner Regulation National Law* (the National Law), as in force in each state and territory provides for the endorsement of registration for an area of practice. Under section 15 of the National Law, the Ministerial Council has approved cosmetic surgery as an area of practice for which the registration of a medical practitioner may be endorsed.

The registration standard is effective from 1 July 2023.

Legislative framework

The AMC has been appointed to conduct accreditation functions under the National Law.

Under the Medical Board of Australia's *Registration standard: Endorsement of registration of registered medical practitioners for the approved area of cosmetic surgery*, registered medical practitioners can apply for endorsement of registration for cosmetic surgery if they have been awarded a qualification approved by the Board or another qualification that in the Board's opinion is substantially equivalent to, or based on similar competencies to, an approved qualification. Approved qualification means a program of study accredited by the Australian Medical Council and approved by the Board as providing a qualification for the purposes of endorsement for the approved area of cosmetic surgery.

This set of procedures relates to the following AMC functions:

- to improve health through advancing the quality and delivery of medical education and training associated with the provision of health services in Australia;
- to develop accreditation standards, policies and procedures for medical programs of study based predominantly in Australia;
- to assess programs of study based predominantly in Australia leading to registration of the graduates of those programs to practise medicine in Australia to determine whether the programs meet approved accreditation standards, and to make recommendations for improvement of those programs;
- to act as an external accreditation entity for the purposes of the Health Practitioner Regulation National Law;
- to advise and make recommendations to the Medical Board of Australia in relation to:
 - › matters concerning accreditation or accreditation standards for the medical profession;
 - › matters concerning the registration of medical practitioners.

The approved accreditation standards relevant to the assessment and accreditation of cosmetic surgery programs of study are at <https://www.amc.org.au/accreditation-and-recognition/accreditation-standards-and-procedures/>.

Figure 1.

Overview of the accreditation standards



Standard 1

Purpose context and accountability of the provider and 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.

Standard 2

Curriculum

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

Standard 3

Assessment of learning

This group of standards addresses the assessment of trainee's learning. 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.

Standard 4

Trainees

This group of standards addresses admission and selection policies, communication with trainees, and systems for trainee support.

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.

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.

The AMC has authority to accredit and refuse accreditation to programs of study; to monitor accredited programs; and to develop accreditation standards. The Medical Board of Australia makes decisions on approval of qualifications provided by these accredited programs of study for registration purposes, and on approval of accreditation standards.

The AMC accredits programs subject to the education provider continuing to demonstrate that it and the program of study meet the accreditation standards.

Education providers for accredited cosmetic surgery programs of study must act in accordance with the *Standards for Assessment and Accreditation of Cosmetic Surgery Programs of Study*.

The AMC will provide an annual update to the Medical Board of Australia on whether accredited cosmetic surgery programs of study continue to meet the accreditation standards.

Management of the accreditation process

Figure 2.

Groups involved in managing the accreditation process



Medical Board of Australia	<ul style="list-style-type: none"> • National regulator of the medical profession
AMC Directors	<ul style="list-style-type: none"> • Ensure the standards of education, training and assessment of the medical profession promote and protect the health of the Australian community • Make decisions on accreditation of programs of study on advice from its Accreditation Advisory Committee
AMC Cosmetic Surgery Accreditation Advisory Committee (AAC)	<ul style="list-style-type: none"> • Develops, monitors and reviews standards/outcome (capability) statements and procedures • Oversees AMC accreditation activities and makes recommendations for decisions on accreditation • Reports to AMC Directors
Accreditation assessors	<ul style="list-style-type: none"> • Be a member of an assessment team to complete an accreditation assessment of a program of study and its provider • Contribute to the monitoring of an accredited program of study • Be a member of an AMC advisory group.
Assessment team	<ul style="list-style-type: none"> • Appointed by AAC for each accreditation assessment • Assesses the program of study and its provider against the standards
AMC staff	<ul style="list-style-type: none"> • Implements the accreditation process including: <ul style="list-style-type: none"> › managing the work program › implementing policies and procedures › supporting accreditation committees and assessment teams
Advisory group	<ul style="list-style-type: none"> • Where required, AAC may recommend to AMC Directors that an advisory group be established • Works with the education provider to clarify requirements to be satisfied

1.1 The Australian Medical Council (AMC)

The AMC is a national standards and assessment body for medicine. Its purpose is to ensure that standards of education, training and assessment of the medical profession promote and protect the health of the Australian community. The AMC is appointed by the Medical Board of Australia as the accreditation authority for medicine.

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

1.2 AMC Cosmetic Surgery Accreditation Advisory Committee

The AMC has established a Cosmetic Surgery Accreditation Advisory Committee to oversee the establishment of the process for assessment and accreditation of programs of study leading to endorsement of registration for cosmetic surgery. The Committee performs functions in connection to standards of medical education and training, specifically cosmetic surgery programs of study.

The Committee includes members with experience in AMC accreditation, medical educational expertise, and members with a background in, and knowledge of, health consumer issues; and an Aboriginal and/or Torres Strait Islander member.

1.3 AMC accreditation assessors

The AMC selects accreditation assessors to contribute to the assessment and monitoring of programs of study and their providers. An assessor may be appointed to an assessment team to complete an accreditation assessment of a program of study and its provider, may contribute to the monitoring of an accredited program of study or may be appointed to an AMC advisory group.

Assessors work within the accreditation policy and guidelines of the AMC.

1.4 Assessment teams

The Cosmetic Surgery Accreditation Advisory Committee will constitute an assessment team to assess each education provider and its programs. Teams report to the Cosmetic Surgery Accreditation Advisory Committee. They work within the accreditation policy and guidelines of the AMC.

The AMC selects accreditation assessors to contribute to the assessment and monitoring of programs of study and their providers. An assessor may: be appointed to an assessment team to complete an accreditation assessment of a program of study and its provider; contribute to the monitoring of an accredited program of study; or be appointed to an AMC advisory group.

AMC assessors include medical and non-medical health practitioners from the private and public health sectors, hospital and community-based settings, scientists, educators, students/trainees, health consumers and community members, medical and/or health managers, regulators and Aboriginal and/or Torres Strait Islander peoples.

The assessment team is responsible for:

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

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

1.5 AMC staff

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

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

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

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

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

1.6 AMC advisory groups

There are circumstances where education providers require additional advice on AMC accreditation requirements. In these circumstances, with the agreement of the education provider, the Cosmetic Surgery Accreditation Advisory Committee may recommend to the AMC Directors the establishment of an advisory group.

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

The advisory group does not:

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

The advisory group determines the frequency and means of contact with the education provider.

The advisory group is required to keep the Cosmetic Surgery Accreditation Advisory Committee informed of any plans for meetings or site visits.

The conduct of the accreditation process

2.1 Purpose of AMC accreditation of cosmetic surgery programs

The purpose of AMC accreditation of cosmetic surgery programs of study is to ensure that the programs and their providers are robust, monitored and evaluated, and through the process:

- to enhance the safety and quality of care and to reassure the public there is high-quality training for medical practitioners involved in the provision of cosmetic surgery;
- to assure the public that there is a minimum standard of practitioner and allow patients to make informed choices by providing transparency about education and training standards and outcomes;
- enable the development and continuous improvement of educationally sound, high-quality training for medical practitioners involved in the provision of cosmetic surgery.

2.2 Scope of AMC accreditation

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

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

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

2.3 Timing of accreditations

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

The AMC sets an accreditation work program each year.

2.4 AMC conduct

The AMC will:

- i. recognise each education provider's autonomy to set its educational direction and policies;
- ii. in making decisions, gather and analyse information and ideas from multiple sources and viewpoints;
- iii. follow its documented procedures, and implement its accreditation process in an open and objective manner;
- iv. adopt mechanisms to ensure that contributors to its accreditation processes apply standards and procedures in a consistent and appropriate fashion;
- v. apply a code of conduct for contributors to its accreditation processes;
- vi. review its processes and the accreditation standards on a regular basis;
- vii. gather feedback on and evaluate its performance; and
- viii. work cooperatively with other accreditation authorities to avoid conflicting standards and to minimise duplication of effort.

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

In the accreditation of programs, the AMC:

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

2.5 Contribution of trainees to AMC accreditation processes

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

Opportunities for trainees to contribute to the accreditation process include:

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

2.6 Conflict of interest

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

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

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

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

The AMC requires proposed accreditation assessors to declare any personal or professional interest that may be perceived to conflict with their ability to undertake impartially their duties as an assessor. In establishing an accreditation assessment team, the AMC will disclose all the declared interests of the persons recommended to the education provider and seek the education provider's comments on the team membership. Having considered the interests declared and the provider's comments, the accreditation committee decides on the appointment of the team.

When the education provider's view on the suitability of an appointment conflict with the view of the Cosmetic Surgery Accreditation Advisory Committee, the committee will refer the appointment of the team to the AMC Directors for decision.

If a conflict of interest emerges for an assessor during an assessment, the AMC will determine an appropriate course of action within guidelines provided by the AMC. Any such conflicts, and the course of action taken, will be reported to the Cosmetic Surgery Accreditation Advisory Committee.

2.7 Confidentiality

To discharge its accreditation function, the AMC requires education providers to provide considerable information in accreditation submissions and subsequent monitoring submissions. This may include sensitive information and confidential information.

Education providers are advised to prepare their accreditation submission as a public document. To facilitate stakeholder consultation (see section 3.3.5) education providers must make their accreditation submission publicly available on their website. They may redact some information, for example financial information, that may not be publicly available. Where this is the case, it must be made clear on the published submission that content has been redacted and for what reason.

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

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

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

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

2.8 Public material

AMC accreditation reports are public documents. The AMC also publishes the current status of accredited programs and the date of the next accreditation assessment on the AMC website. Monitoring data may also be published.

The AMC expects that any public statement made by education providers about their accreditation status will be complete and accurate, and that organisations will provide the contact details of the AMC in any such public statement. The AMC will correct publicly any incorrect or misleading statements about accreditation actions or accreditation status.

2.9 Complaints

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

The AMC distinguishes between:

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

and

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

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

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

The complaints process relates to systemic complaints.

The AMC does not have a role in investigating the complaints of individual students, staff or trainees. It will not intervene on behalf of an individual complainant to address grievances relating to matters such as selection, recognition of prior learning/experience, training post allocation, assessment outcomes, or dismissal from a program. The accreditation standards require education providers accredited by the AMC to have processes for addressing grievances, complaints and appeals, and the AMC reviews these processes when conducting an accreditation assessment.

2.10 Fees and charges

The AMC undertakes accreditation assessments on a cost-recovery basis.

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

Fees for accreditations of cosmetic surgery programs of study are as follows. All fees are GST exclusive.

Initial accreditation: \$7,500

The fee covers the review of the submission. If an accreditation assessment, meetings and discussions are required, the provider seeking accreditation pays the direct cost of those events.

Assessment of material changes to programs and providers: \$7,500

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

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

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

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

Deposit: \$20,000

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

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

Accreditation extension submission: \$7,500

The fee covers the review and consideration of an accreditation extension submission and subsequent accreditation decision.

Advisory group

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

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

The administration of the accreditation assessment process

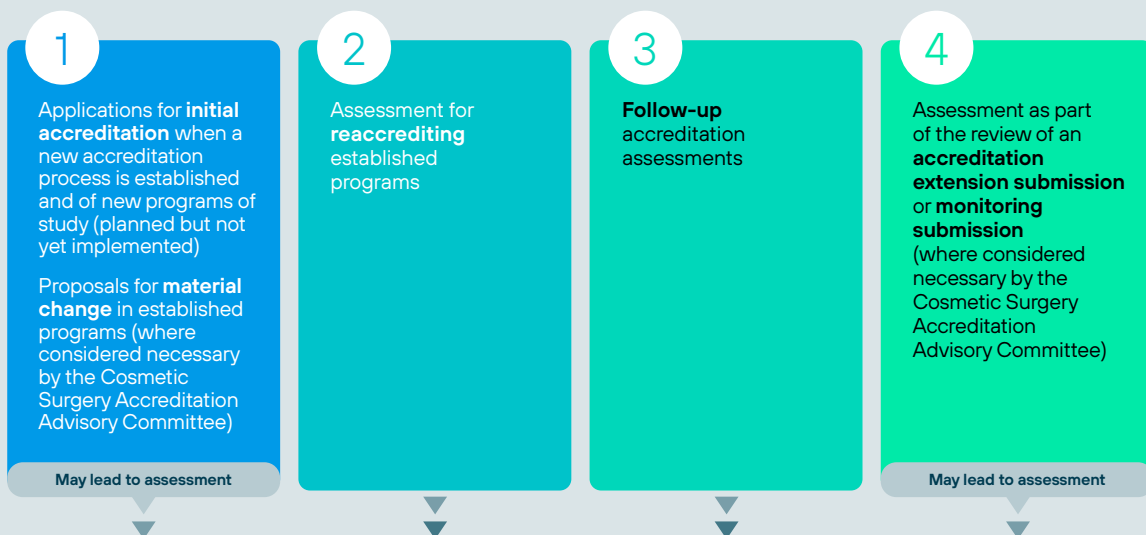
The AMC has developed standard procedures for assessing education providers and their programs of study against the approved accreditation standards and accrediting those programs that meet the standards.

Figure 3.

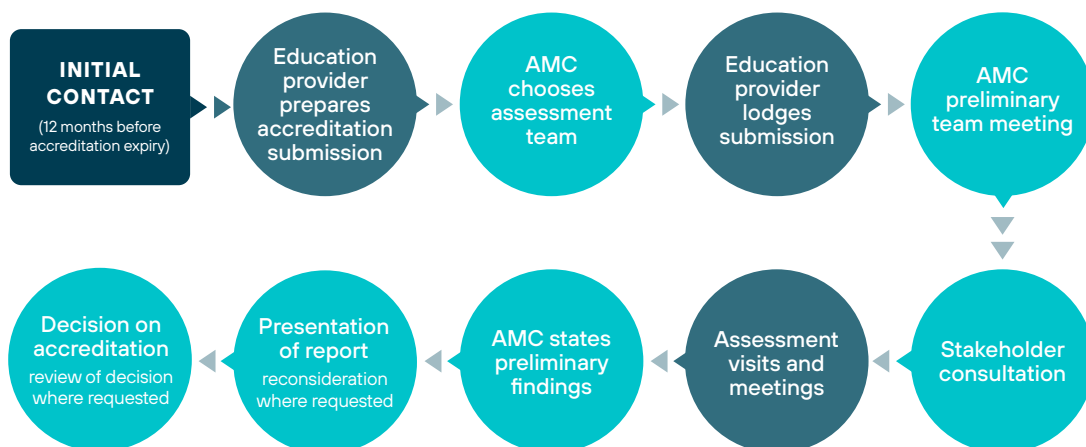
Assessment types including assessment of new developments and the assessment process



Types of assessments (3.1)



Assessment by an AMC team (3.3)



3.1 Types of assessments

The AMC undertakes assessments in the following circumstances:

- assessment of new developments including:
 - › **applications for initial accreditation** when a new accreditation process is established and when a new program of study is planned and before it is implemented
 - › assessment of a proposal for **material change** in established programs and their education providers
- assessment for the purposes of **reaccreditation** of established programs and their education providers
- **follow-up** accreditation assessments. The AMC may conduct a follow-up assessment when an education provider and its programs are found to substantially meet rather than meet the accreditation standards, and the AMC places conditions on accreditation that require an accreditation assessment and/or when it grants a limited period of accreditation
- where the Cosmetic Surgery Accreditation Advisory Committee considers it necessary, as part of an **accreditation extension submission** or **monitoring submission**.

For all assessments, the provider or potential provider must prepare a submission addressing the accreditation standards. The AMC provides detailed templates and guidance to preparing accreditation submissions.

Cosmetic surgery programs may be offered as a stream or component of another program of study that the AMC has accredited against a different set of accreditation standards, for example the Standards for Assessment and Accreditation of Specialist Medical Programs. The AMC will consider on a case-by-case basis whether it is possible to combine any elements of the assessment of the cosmetic surgery program of study against the Standards for Assessment and Accreditation of Cosmetic Surgery Programs of Study with any other AMC accreditation assessment processes.

3.2 Assessment of new developments

For new developments, the AMC will first assess the education provider's capacity to comply with the approved accreditation standards and its commitment to provide the program of study.

In its accreditation role, the AMC assures the quality of cosmetic surgery programs of study to ensure the programs and their providers are robust, monitored and evaluated. The AMC does not comment on the desirability or otherwise of new providers and programs of study.

3.2.1 Initial accreditation assessment

Providers require time to complete the process of self-assessment and critical review inherent in the development of an accreditation submission. By advising the AMC early of their intentions to seek initial accreditation, providers have access to general advice on the accreditation standards, and flexibility in negotiating the timing of the AMC assessment. The AMC expects to receive notification of an organisation's intention to seek accreditation at least four months in advance of lodgement of the initial accreditation submission.

Where an organisation is planning a new (not yet established and operating) cosmetic surgery program additional time for planning and interaction with the AMC is required. The AMC will appoint an assessment team to complete an accreditation assessment in advance of the program commencing. The AMC expects to receive notification of an organisation's intention when planning begins and at least 12 months in advance of intended program commencement.

Once the organisation has notified the AMC of its intention to seek initial accreditation, the AMC will provide an accreditation submission template. The submission must address each of the accreditation standards and provide the requested evidence.

The AMC grants accreditation if its assessment finds that the program and provider meet the accreditation standards, or that they substantially meet the standards and setting conditions will lead to all standards being met in a reasonable time.

The AMC will generally assess initial accreditation submissions within three months of their submission. This is subject to the meeting schedule of the Accreditation Advisory Committee. The dates of the meetings of the Committee are available from the AMC.

The Cosmetic Surgery Accreditation Advisory Committee will assess the submission, and may include desk top review; advice from expert accreditation assessors; considering reports, data and findings of other accreditation and regulatory bodies; structured consultations with program stakeholders; and meetings, discussions and observation of teaching and assessment events.

The Cosmetic Surgery Accreditation Advisory Committee may recommend one of the following to the AMC Directors:

- i. that the assessment indicates that the program and provider will meet the accreditation standards for cosmetic surgery programs of study and that initial accreditation of the program be granted. When the AMC grants initial accreditation to a program the AMC will also propose a date for the AMC team assessment of the program its provider. The procedures for these assessments are outlined in section 3.3.
- ii. that further information is necessary to make a decision;
- iii. that an accreditation assessment by an AMC assessment team (see section 3.3) is necessary to make a decision. The AMC will require assessment by an accreditation team for all new programs;
- iv. that the program and provider may not satisfy the standards and accreditation is not recommended. Where it has rejected a submission, the AMC may specify a period of time to lapse before it will consider a new submission.

3.2.2 Assessment of a material change in an established program

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

DEFINITION OF A MATERIAL CHANGE TO AN ACCREDITED PROGRAM

Any of the following might constitute a material change in an accredited program or education provider:

- a significant change in the objectives, educational approach, or emphasis of an existing program
- a change in program length
- a change in the resources available to support delivery of the program, including a change in the ownership or governance of the program
- significant changes linked to a major reduction in resources and an inability to achieve the purpose and/or outcomes of the program

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

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

When it considers the initial advice from an accredited education provider about planned changes, either through a specific notice of intent or through monitoring submissions, the Accreditation Advisory Committee will decide if it is a material change. If it is, the Committee will also decide whether the material change can be approved for introduction within the current accreditation of the program or is of comprehensive impact that would require reaccreditation of the whole program.

The Committee will advise the education provider of its decision, including whether the AMC will carry out the assessment by desk top review of an accreditation submission or by meetings and/or visit.

If the Committee decides to assess the change within the current period of accreditation, the Committee may require additional information or assessment activities by an AMC team before making a recommendation to the AMC Directors on accreditation of the program including any specific reporting requirements.

If the AMC decides to assess the changed program before it is introduced, the AMC may also require the education provider to first demonstrate that the planned program is likely to comply with the approved accreditation standards and that the provider is able to implement the program.

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

The Cosmetic Surgery Accreditation Advisory Committee may recommend one of the following to the AMC Directors:

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

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

The AMC will provide an accreditation submission template for completion.

AMC staff will provide advice on the date for lodging the submission.

3.3 Assessment by an AMC team

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

3.3.1 Initial contact

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

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

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

3.3.2 Documentation

The AMC provides an accreditation submission template to assist the education provider in preparing the accreditation submission, which is the basis for the assessment of the program. The guide outlines the requirement for self-assessment and critical analysis against the accreditation standards.

The AMC also provides to the assessment team copies of the education provider's monitoring submissions (see section 4) and relevant correspondence between the AMC and the education provider.

The AMC normally asks the education provider to submit its documentation four months ahead of the assessment. For a follow-up assessment, a shorter timeframe may apply.

3.3.3 Selection of the assessment team

For each assessment, the AMC appoints an assessment team. The Cosmetic Surgery Accreditation Advisory Committee appoints assessment teams following a review of the declared interests of proposed team members and an opportunity for the organisation being accredited to comment on the proposed membership.

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

An experienced AMC assessor is appointed as chair of the team. One member of the team is a staff member of the AMC, who is the executive officer. The chair has overall responsibility for the conduct of the assessment. The executive officer provides policy advice, organises the assessment with the education provider, supports and contribute to the team's assessment, collates and edits the team's report, and ensures the assessment process is evaluated.

The AMC maintains a database of potential team members, which includes nominations from stakeholder organisations. The AMC includes a mix of new and experienced members on each team.

Teams for follow-up assessments include some members of the original team and some new members.

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

3.3.4 The team's preliminary meeting

The assessment team holds a preliminary team meeting before any discussions with the education provider. At this meeting, the team identifies key issues and develops an outline of the accreditation program, the detailed program of activities. The members of the team divide the assessment task into specific responsibilities, depending on their expertise and interests. These responsibilities are directly linked to the contents of the final accreditation report.

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

3.3.5 Stakeholder consultation

The AMC invites stakeholder submissions on the program of study. The AMC may invite comment from stakeholders such as:

- other organisations with whom the education provider engages to develop, and/or implement its cosmetic surgery program of study;
- professional bodies for related health professions;
- Australian state and territory health departments; and
- health consumer groups.

The AMC asks the education provider to identify other relevant interest groups.

The AMC also gathers feedback from trainees and supervisors of the program of study. It may use surveys and/or interviews. The AMC has standard survey instruments. These are reviewed and customised for each assessment in consultation with the provider. AMC staff prepare surveys, arrange distribution, and manage the survey returns. For privacy reasons, the AMC requests that the education provider distributes the surveys.

For an assessment that is part of an accreditation extension/monitoring submission, the assessment team decides on the extent of the stakeholder consultation required, having considered the issues to be addressed in the assessment.

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

3.3.6 The team's assessment

An accreditation assessment will include the following:

- observation of learning sessions (including if relevant online activities) and assessment processes
- meetings between the team and the education provider's senior officers and committees, as well as trainees and supervisors
- meetings with senior executives and other health professionals at the provider's training and education sites.

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

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

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

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

3.3.7 Preliminary findings

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

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

The team makes no announcement concerning accreditation. This is a decision taken by the AMC Directors after considering recommendations from the Cosmetic Surgery Accreditation Advisory Committee.

3.3.8 Preparation of team's draft report

At the conclusion of the assessment, the team prepares a draft report presenting its findings against the accreditation standards. The report also provides recommendations to the education provider to improve program quality. AMC staff coordinate this process.

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

The team's draft report will include the team's recommendations to the Cosmetic Surgery Accreditation

Advisory Committee on proposed conditions on the accreditation. The AMC will provide an opportunity for the education provider to discuss with AMC staff and the team chair the timeframes for meeting any draft conditions.

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

The Accreditation Advisory Committee considers the team's draft report. It may seek additional information from the education provider or the team. The Committee decides on the final wording of the report to be presented to the AMC Directors and develops its recommendations on accreditation of the program.

3.3.9 Presentation of the Committee's report to the organisation

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

The education provider may:

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

3.3.10 Formal reconsideration of the Committee's report

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

Reconsideration is undertaken by the Cosmetic Surgery Accreditation Advisory Committee. The education provider must lodge a request for reconsideration in writing with the executive officer of the Committee within 14 days of receiving the Committee's report.

Within 30 days of receiving the Committee's report and accreditation recommendations, the education provider must identify the areas of concern, and provide a full explanation of the grounds for reconsideration and any additional material considered relevant to the reconsideration.

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

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

3.3.1 Decision on accreditation

Having considered the Committee's report and recommendations, the AMC Directors make the accreditation decision.

The AMC will determine an accreditation outcome generally in accordance with the possible accreditation outcomes in section 5.

The AMC notifies the organisation. If the decision is to refuse accreditation the organisation is advised of the reasons for the decision and that it may seek internal review. (See Section 5.5)

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

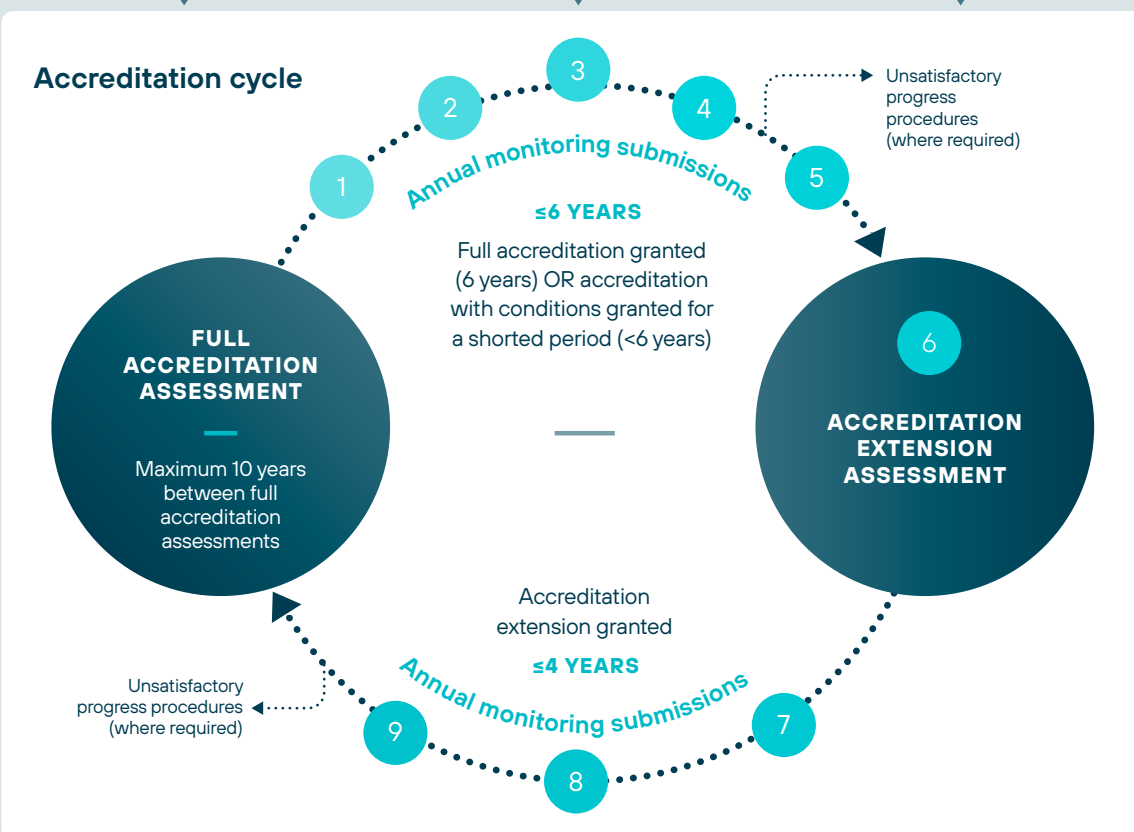
AMC monitoring of accredited programs

Figure 4.

Types of monitoring processes and the accreditation cycle



Types of monitoring processes



4.1 Purpose of AMC monitoring

Once it has accredited an education provider and its programs, the AMC monitors them to ensure they continue to meet the accreditation standards.

The principal monitoring mechanisms are structured monitoring submissions and the full accreditation assessment every six years.

Accredited education providers must also report to the AMC when a change happens that may affect the accreditation status of their programs, such as a change to capacity to meet the accreditation standards, or any change that may meet the definition of a material change to the program. (See 3.2)

If at any time the AMC has reason to believe that changes are occurring or planned in the program or provider that may affect the accreditation status of program or provider, it may seek information from the provider in writing.

4.2 Monitoring submissions

The aim of the monitoring submission is to enable the AMC to monitor accredited education providers and their programs between formal accreditation assessments. The reporting requirement is in no way intended to inhibit new initiatives or the gradual evolution of programs of study in response to ongoing review and evaluation by the education provider.

Providers submit annual monitoring submissions. More frequent reports may be required to address conditions on a program's accreditation.

In their monitoring submissions, accredited education providers:

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

AMC staff provide each education provider with a monitoring submission template at least four months before the report is due.

4.2.1 Consideration of monitoring submissions

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

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

4.2.2 Decision on monitoring submissions

The Accreditation Advisory Committee will determine whether:

- i. the report indicates that the program and provider continue to meet the accreditation standards including if accreditation conditions have been satisfied in the time period set by the AMC; or
- ii. further information is necessary to make a decision; or
- iii. the provider and program may be at risk of not satisfying the accreditation standards.

If the report is considered satisfactory, the education provider is advised. The AMC provides details of any matter to be addressed in the next monitoring submission or in supplementary information, and any conditions or recommendations which have been satisfied and do not need to be addressed again.

If the Committee needs more information to make a decision on the monitoring submission, it advises the education provider of the relevant accreditation standards, the information required and a date for submission. The Committee may decide that a meeting with representatives of the education provider is necessary to discuss the AMC's requirements.

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

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

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

4.3 Accreditation extension submission

Each AMC accreditation report indicates the year in which the accreditation of the cosmetic surgery program will expire. The accreditation report will also indicate if the provider is able to seek extension of the accreditation before the next reaccreditation assessment by an AMC team. The AMC considers requests for extension via an accreditation extension submission.

In the accreditation extension submission, the provider is expected to provide evidence that it continues to meet the accreditation standards. The submission also provides an appraisal of the developments since accreditation, and information on plans leading up to the next AMC reaccreditation.

The Cosmetic Surgery Accreditation Advisory Committee may decide that the review of the accreditation extension submission should entail discussions with the provider or an assessment by an AMC team.

If, on the basis of the submission, the Accreditation Advisory Committee decides that the program and provider meet or substantially meet the accreditation standards, it may recommend that the AMC Directors extend the accreditation of the program. The period of extension possible is usually three to four years, taking the accreditation to the full period which the AMC will grant between assessments, which is ten years. At the end of this extension, the program and provider undergo a reaccreditation assessment.

4.4 Unsatisfactory progress procedures

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

The AMC will investigate the concerns following the process outlined below. If this investigation leads the AMC to reasonably believe the program and the education provider no longer meet the accreditation standards, the AMC will either impose conditions on the accreditation or revoke the accreditation.

The AMC will inform the education provider of its concerns and the grounds on which they are based, and invite the education provider to respond to the statement of concerns. The AMC will inform the Medical Board of Australia of its concerns and the grounds on which they are based, and the process to be implemented.

A team comprising the Chair of the Cosmetic Surgery Accreditation Advisory Committee or nominee, one AMC accreditation assessor and an AMC staff member will normally investigate the concerns. Additional members with specific expertise may be appointed depending on the concerns.

The team's discussions with the education provider will focus on actions necessary to meet the accreditation standards in a defined period of time. The team may ask the education provider to arrange meetings with other relevant bodies as part of their discussions.

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

- i. that the concerns are being addressed. In this case, the AMC will accredit the program for a defined period subject to satisfactory monitoring submissions;
- ii. that the concerns can be addressed by imposing conditions on the accreditation. In this case, the AMC will accredit the program for a defined period subject to satisfactory monitoring submissions and to the conditions being met within this period; or
- iii. that the concerns are not being addressed and/or are unlikely to be addressed within a reasonable timeframe and the education provider and its program do not satisfy the accreditation standards. In this case the AMC will revoke the accreditation.

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

The AMC advises the education provider and the Medical Board of Australia of its decision.

Accreditation decisions

The options available to the AMC in granting accreditation are set out below. There are different options available following an initial accreditation assessment, the accreditation/reaccreditation of programs and providers, and material changes in established programs.

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

When the AMC Directors make an accreditation decision, the AMC notifies the education provider. If the decision is to refuse or revoke accreditation the education provider is advised of the reasons for the decision and that it may seek internal review in accordance with section 48(4) of the National Law. (See 5.5)

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

AMC accreditation reports are public documents. If the AMC has refused or revoked accreditation, the decision and report will not be made public until after the time has passed for seeking internal review, or if internal review is sought, until it is completed.

5.1 Initial accreditation of cosmetic surgery programs of study

The accreditation options are:

- i. Initial accreditation, subject to conditions being addressed within a specific period and depending on satisfactory monitoring. Accreditation will be for a period no longer than six years. The AMC may set a fixed period of accreditation, or may grant accreditation until the program and provider complete an accreditation assessment by an AMC assessment team.
- ii. Accreditation will be refused where the education provider has not satisfied the AMC that it can meet the accreditation standards. The AMC will give the provider written notice of the decision and its reasons, and the procedures available for review of the decision within the AMC. (See 5.5) Where the AMC refuses accreditation after an initial accreditation assessment, the provider may re-apply for accreditation. It must first satisfy the AMC that it has the capacity to address the AMC's concerns by completing a new accreditation submission.

5.2 Accreditation/reaccreditation of cosmetic surgery programs of study

The accreditation options are:

- i. Accreditation for a period of six years subject to satisfactory monitoring submissions. (See 4) Accreditation may also be subject to certain conditions being addressed within a specified period. (See 4)
- ii. Accreditation for shorter periods of time. Based on the conditions on the accreditation, the AMC may award accreditation for a period of less than six years. At the conclusion of this period, or sooner if the education provider requests, the AMC will conduct a follow-up review to consider extending the accreditation.
- iii. Accreditation may be revoked where the education provider has not satisfied the AMC that the accreditation standards can be met. The AMC would take such action after detailed consideration of the impact on the healthcare system and on individuals of withdrawal of accreditation and of other avenues for correcting deficiencies.

If the AMC revokes accreditation, it will give the education provider written notice of the decision, its reasons, and the procedures available for review of the decision within the AMC. (See 5.5)

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

5.3 Accreditation of material changes to accredited programs

The accreditation options are:

- i. Accreditation for a period of up to six years subject to satisfactory monitoring submissions. (See 4) Accreditation may also be subject to certain conditions being addressed within a specified period. (See 4)
- ii. Accreditation for shorter periods of time. Based on the conditions on the accreditation, the AMC may award accreditation for a period of less than six years. At the conclusion of this period, or sooner if the education provider requests, the AMC will conduct a follow-up review to consider extending the accreditation.
- iii. Accreditation of the new program will be refused where the education provider has not satisfied the AMC that it can implement and deliver the complete program at a level consistent with the accreditation standards. The AMC will give the education provider written notice of the decision and its reasons, and the procedures available for review of the decision within the AMC. (See 5.5)

Where the AMC refuses accreditation of a material change, the education provider may re-apply for accreditation of the change. It must first satisfy the AMC that it has the capacity to address the AMC's concerns about the proposed change by completing a new accreditation submission against the accreditation standards.

5.4 Procedures following the accreditation decision

After it has made its accreditation decision, the AMC provides a report to the Medical Board of Australia. Under the National Law the Board may approve, or refuse to approve, the accredited program of study as providing a qualification leading to endorsement of registration of medical practitioners for cosmetic surgery.

Having made a decision on accreditation of the program of study, the AMC keeps itself apprised of developments in the accredited program through regular monitoring submissions. This process is explained in Section 4.

The AMC has a separate series of procedures that relate to circumstances where the Cosmetic Surgery Accreditation Advisory Committee considers that the education provider's progress against its accreditation conditions is unsatisfactory and/or that the education provider may not satisfy one or more accreditation standards. These procedures are outlined in Section 4.4.

5.5 Internal review of a decision to refuse or revoke accreditation

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

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

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

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

The AMC will establish a review committee comprising members with appropriate qualifications and experience which will meet as required to consider any request for a review of a decision to refuse or revoke accreditation. The review committee will not include any person on the original assessment team.

The review committee will determine the process to be undertaken for the review and will inform the education provider of that process and the timeframe.

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

The review committee may recommend that Directors:

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

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

The AMC Directors consider the review committee's recommendation and make its decision on the accreditation. The AMC Directors notify the education provider and the Medical Board of Australia of the decision.

Review of accreditation standards and procedures

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

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

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

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

The AMC reviews the procedures in at least every five years. As this set of procedures is new, the AMC will review them more frequently.

The review of accreditation standards and/or procedures is completed by an AMC working group established for the process, which reports to the Accreditation Advisory Committee.

As required under the National Law, the AMC Directors submit changes to the accreditation standards and new standards to the Medical Board of Australia for approval.