Standards for Assessment and Accreditation of Primary Medical Programs
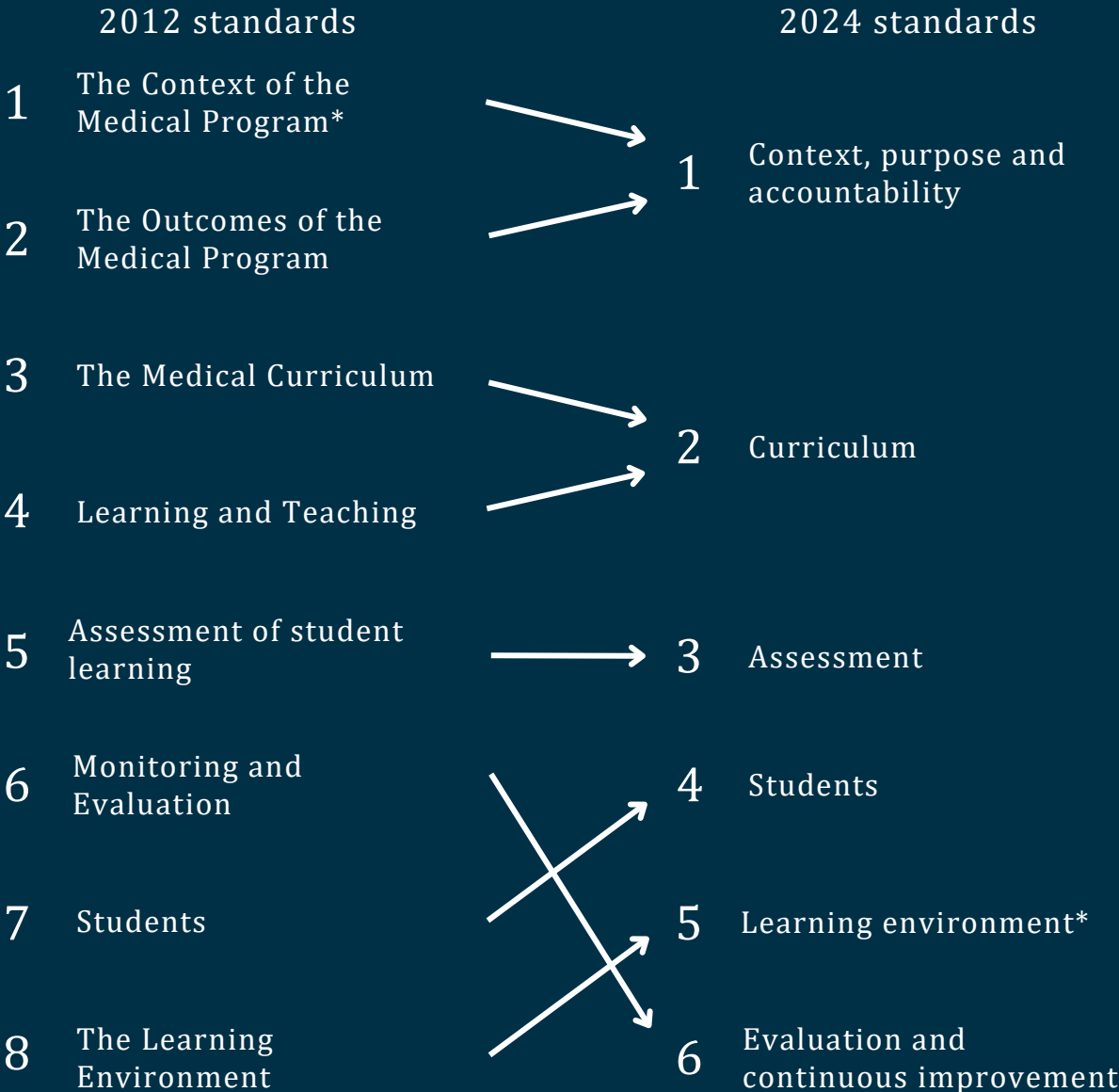
Mapping the 2012 standards to the 2024 standards

High-level mapping

2012 standards

1 The Context of the Medical Program*

2 The Outcomes of the Medical Program

3 The Medical Curriculum

4 Learning and Teaching

5 Assessment of student learning

6 Monitoring and Evaluation

7 Students

8 The Learning Environment

2024 standards

1 Context, purpose and accountability

2 Curriculum

3 Assessment

4 Students

5 Learning environment*

6 Evaluation and continuous improvement

* The standards related to 'staff resources' and 'staff appointment, promotion and development' have moved from 2012 standard 1: The Context of the Medical Program to 2024 standard 5: Learning environment.

Australian
Medical Council Limited

User guidance:

1) In this mapping document, the 2024 medical school standards are mapped to the 2012 standards. Given that the 2024 standards have been reordered substantially to reduce duplication and ease reporting, the 2024 standards mapping does not include the titles of standards (e.g. standard 1: Context, purpose and accountability) or sub-standards (e.g. 1.1 Purpose).
2) Where relevant, the AMC has included a high-level note with the 2024 standard. This is indicated by 'Note:'.
3) When a 2024 standard is formatted in *italics*, this indicates that the standard maps to another 2012 standard earlier in the document.

2012 medical school standards	2024 medical school standards
Standard 1. The Context of the Medical Program	
1.1 Governance	
1.1.1 The medical education provider's governance structures and functions are defined and understood by those delivering the medical program, as relevant to each position. The definition encompasses the provider's relationships with internal units such as campuses and clinical schools and with the higher education institution.	1.3.1 The medical education provider has a documented governance structure that supports the participation of organisational units, staff and people delivering the medical program in its engagement and decision-making processes.
1.1.2 The governance structures set out, for each committee, the composition, terms of reference, powers and reporting relationships, and allow relevant groups to be represented in decision-making.	
1.1.3 The medical education provider consults relevant groups on key issues relating to its purpose, the curriculum, graduate outcomes and governance.	1.2.1 The medical education provider engages with stakeholders, including community groups who experience health inequities and Aboriginal and/or Torres Strait Islander and Māori people and organisations, to: • define the purpose and medical program outcomes • design and implement the curriculum and assessment system • evaluate the medical program and outcomes of the medical program.
	1.3.5 Aboriginal and/or Torres Strait Islander and Māori academic staff and clinical supervisors participate at all levels in the medical education provider's governance structure and in medical program decision-making processes. **NEW**
	1.3.6 The medical education provider applies defined policies and processes to identify and manage interests of staff and others participating in decision-making processes that may conflict with their responsibilities to the medical program. **NEW**
1.2 Leadership and Autonomy	
1.2.1 The medical education provider has autonomy to design and develop the medical program.	1.3.3 The medical education provider's governance structure achieves effective academic oversight of the medical program.

2012 medical school standards	2024 medical school standards
1.2.2 The responsibilities of the academic head of the medical school for the medical program are clearly stated.	1.4.2 There is a dedicated and clearly defined academic head of the medical program who has the authority and responsibility for managing the medical program.
	1.4.3 The head of the medical program is supported by a leadership team with dedicated and defined roles who have appropriate authority, resources and expertise. **NEW**
1.3 **Medical Program Management**	
1.3.1 The medical education provider has a committee or similar entity with the responsibility, authority and capacity to plan, implement and review the curriculum to achieve the objectives of the medical program.	1.3.2 The medical education provider's governance structure provides the authority and capacity to plan, implement, review and improve the program, so as to achieve the medical program outcomes and the purpose of the medical education provider.
1.3.2 The medical education provider assesses the level of qualification offered against any national standards.	1.4.5 The medical education provider assesses the level of qualification offered against any national standards.
	1.4.6 The medical education provider ensures that accurate, relevant information about the medical program, its policies and its requirements is available and accessible to the public, applicants, students, staff and clinical supervisors. This includes information necessary to support delivery of the program. **NEW** Note: 2012 standards 5.1.1, 5.1.2, and 7.2.4 do set requirements to communicate key assessment and selection information.
1.4 **Educational Expertise**	
1.4.1 The medical education provider uses educational expertise, including that of Indigenous peoples, in the development and management of the medical program.	1.4.4 The medical program leadership team includes senior leadership role/s covering responsibility for Aboriginal and/or Torres Strait Islander and Māori health with defined responsibilities, and appropriate authority, resources and expertise.
	5.2.4 The medical education provider uses educational expertise, including that of Aboriginal and/or Torres Strait Islander and Māori people, in developing and managing the medical program.

2012 medical school standards	2024 medical school standards
1.5 **Educational Budget & Resource Allocation**	
1.5.1 The medical education provider has an identified line of responsibility and authority for the medical program.	*1.4.2* *There is a dedicated and clearly defined academic head of the medical program who has the authority and responsibility for managing the medical program.*
1.5.2 The medical education provider has autonomy to direct resources in order to achieve its purpose and the objectives of the medical program.	1.4.1 The medical education provider has the financial resources to sustain its medical program and these resources are directed to achieve the provider's purpose and the medical program's requirements.
1.5.3 The medical education provider has the financial resources and financial management capacity to sustain its medical program.	
1.6 **Interaction with Health Sector and Society**	
1.6.1 The medical education provider has effective partnerships with health-related sectors of society and government, and relevant organisations and communities, to promote the education and training of medical graduates. These partnerships are underpinned by formal agreements.	1.2.2 The medical education provider has effective partnerships to support the education and training of medical students. These partnerships are supported by formal agreements and are entered into with: • community organisations • health service providers • local prevocational training providers • health and related human service organisations and sectors of government.
1.6.2 The medical education provider has effective partnerships with relevant local communities, organisations and individuals in the Indigenous health sector to promote the education and training of medical graduates. These partnerships recognise the unique challenges faced by this sector.	1.2.3 The medical education provider has mutually beneficial partnerships with relevant Aboriginal and/or Torres Strait Islander and Māori people and organisations. These partnerships: • define the expectations of partners • promote community sustainability of health services.
1.7 **Research and Scholarship**	
1.7.1 The medical education provider is active in research and scholarship, which informs learning and teaching in the medical program.	2.2.4 The medical education provider is active in research and scholarship, including in medical education and Aboriginal and/or Torres Strait Islander and Māori health learning and teaching, and this research and scholarship informs learning, teaching and assessment.
1.8 **Staff Resources**	
1.8.1 The medical education provider has the staff necessary to deliver the medical program.	5.2.1 The medical education provider recruits and retains sufficient academic staff to deliver the medical program for the number of students and the provider's approach to learning, teaching and assessment.
1.8.2 The medical education provider has an appropriate profile of administrative and technical staff to support the implementation of the medical program and other activities, and to manage and deploy its resources.	5.2.2 The medical education provider has an appropriate profile of professional staff to achieve its purpose and implement and develop the medical program.

2012 medical school standards	2024 medical school standards
1.8.3 The medical education provider actively recruits, trains and supports Indigenous staff.	5.2.3 The medical education provider implements a defined strategy for recruiting and retaining Aboriginal and/or Torres Strait Islander and Māori staff. The staffing level is sufficient to facilitate the implementation and development of the Aboriginal and/or Torres Strait Islander and Māori health curriculum, with clear succession planning.
1.8.4 The medical education provider follows appropriate recruitment, support, and training processes for patients and community members formally engaged in planned learning and teaching activities.	5.2.5 The medical education provider recruits, supports and trains patients and community members who are formally engaged in planned learning and teaching activities. The provider has processes that are inclusive and appropriately resourced for recruiting patients and community members, ensuring the engagement of community groups who experience health inequities and Aboriginal and/or Torres Strait Islander and Māori communities.
1.8.5 The medical education provider ensures arrangements are in place for indemnification of staff with regard to their involvement in the development and delivery of the medical program.	5.2.6 The medical education provider ensures arrangements are in place for indemnification of staff with regard to their involvement in the development and delivery of the medical program.
1.9 Staff Appointment, Promotion & Development	
1.9.1 The medical education provider's appointment and promotion policies for academic staff address a balance of capacity for teaching, research and service functions.	5.3.1 The medical education provider's appointment and promotion policies for academic staff address a balance of capacity for teaching, research and service functions. The appointment and promotion policies include a culturally safe system for measuring success of Aboriginal and/or Torres Strait Islander and Māori staff.
1.9.2 The medical education provider has processes for development and appraisal of administrative, technical and academic staff, including clinical title holders and those staff who hold a joint appointment with another body.	5.3.2 The medical education provider appraises and develops staff, including clinical title holders and staff who hold a joint appointment with another body.
	5.3.3 The medical education provider provides Aboriginal and/or Torres Strait Islander and Māori staff with appropriate professional development opportunities and support. Aboriginal and/or Torres Strait Islander and Māori staff have formal opportunities to work together in teams and participate in mentoring programs across the medical program and higher education institution. **NEW**
	5.3.4 The medical education provider ensures that staff, clinical supervisors and students have training in cultural safety and participate in regular professional development activities to support ongoing learning in this area. **NEW**

2012 medical school standards	2024 medical school standards
Standard 2. The Outcomes of the Medical Program	
2.1 **Purpose**	
2.1.1 The medical education provider has defined its purpose, which includes learning, teaching, research, societal and community responsibilities.	1.1.1 The medical education provider has defined its purpose, which includes learning, teaching, research, social and community responsibilities.
2.1.2 The medical education provider's purpose addresses Aboriginal and Torres Strait Islander peoples and/or Māori and their health.	1.1.4 The medical education provider commits to furthering Aboriginal and/or Torres Strait Islander and Māori people's health equity and participation in the program as staff, leaders and students.
2.1.3 The medical education provider has defined its purpose in consultation with stakeholders.	*1.2.1 The medical education provider engages with stakeholders, including community groups who experience health inequities and Aboriginal and/or Torres Strait Islander and Māori people and organisations, to:* • *define the purpose and medical program outcomes* • *design and implement the curriculum and assessment system* • *evaluate the medical program and outcomes of the medical program.*
2.1.4 The medical education provider relates its teaching, service and research activities to the health care needs of the communities it serves.	1.1.2 The medical education provider contributes to meeting healthcare needs, including the place-based needs of the communities it serves, and advancing health equity through its teaching and research activities.
2.2 **Medical Program Outcomes**	
2.2.1 The medical education provider has defined graduate outcomes consistent with the AMC Graduate Outcome Statements and has related them to its purpose.	2.1.1 The medical program outcomes for graduates are consistent with: • the Australian Medical Council (AMC) graduate outcome statements • a safe transition to supervised practice in internship in Australia and Aotearoa New Zealand • the needs of the communities that the medical education provider serves, including community groups who experience health inequities and Aboriginal and/or Torres Strait Islander and Māori communities.
2.2.2 The medical program outcomes are consistent with the AMC's goal for medical education, to develop junior doctors who are competent to practise safely and effectively under supervision as interns in Australia or New Zealand, and who have an appropriate foundation for lifelong learning and for further training in any branch of medicine.	1.1.3 The medical education provider commits to developing doctors who are competent to practice safely and effectively under supervision as interns in Australia or Aotearoa New Zealand, and who have the foundations for lifelong learning and further training in any branch of medicine.
2.2.3 The medical program achieves comparable outcomes through comparable educational experiences and equivalent methods of assessment across all instructional sites within a given discipline.	2.1.2 Students achieve assessment outcomes, supported by equitable access to learning and supervisory experiences of comparable quality, regardless of learning context. These outcomes are supported by appropriate resources in each learning environment.

2012 medical school standards	2024 medical school standards
Standard 3. The Medical Curriculum	
3.1 **Duration of the medical program** The medical program is of sufficient duration to ensure that the defined graduate outcomes can be achieved. **3.2** **The content of the curriculum** The curriculum content ensures that graduates can demonstrate all of the specified AMC graduate outcomes.	2.2.8 The curriculum design and duration enable graduates to demonstrate achievement of all medical program outcomes and AMC graduate outcome statements.
3.2.1 Science and Scholarship: The medical graduate as scientist and scholar The curriculum includes the scientific foundations of medicine to equip graduates for evidence-based practice and the scholarly development of medical knowledge. 3.2.2 Clinical Practice: The medical graduate as practitioner The curriculum contains the foundation communication, clinical, diagnostic, management and procedural skills to enable graduates to assume responsibility for safe patient care at entry to the profession. 3.2.3 Health & Society: The medical graduate as a health advocate The curriculum prepares graduates to protect and advance the health and wellbeing of individuals, communities and populations. 3.2.4 Professionalism and Leadership: The medical graduate as a professional and leader The curriculum ensures graduates are effectively prepared for their roles as professionals and leaders.	Note: Removed because these standards duplicate the content of the graduate outcome statements.
3.3 **Curriculum design** There is evidence of purposeful curriculum design which demonstrates horizontal and vertical integration and articulation with subsequent stages of training.	2.2.1 There is purposeful curriculum design based on a coherent set of educational principles and the nature of clinical practice. 2.2.6 The curriculum enables students to apply and integrate knowledge, skills and professional behaviours to ensure a safe transition to subsequent stages of training.
3.4 **Curriculum description** The medical education provider has developed and effectively communicated specific learning outcomes or objectives describing what is expected of students at each stage of the medical program.	2.2.9 The curriculum outlines the specific learning outcomes expected of students at each stage of the medical program, and these are effectively communicated to staff and students.

2012 medical school standards	2024 medical school standards
3.5 **Indigenous Health** The medical program provides curriculum coverage of Indigenous Health (studies of the history, culture and health of the Indigenous peoples of Australia or New Zealand).	2.2.2 Aboriginal and/or Torres Strait Islander and Māori health content is integrated throughout the curriculum, including clinical aspects related to Aboriginal and/or Torres Strait Islander and Māori health across all disciplines of medicine.
	2.2.3 The Aboriginal and/or Torres Strait Islander and Māori health curriculum has an evidence-based design in a strengths-based framework and is led and authored by Aboriginal and/or Torres Strait Islander and Māori health experts. **NEW**
3.6 **Opportunities for choice to promote breadth and diversity** There are opportunities for students to pursue studies of choice that promote breadth and diversity of experience.	2.2.10 There are opportunities for students to pursue studies of choice that promote breadth and variety of experience.

2012 medical school standards		2024 medical school standards	
Standard 4. Learning and Teaching			
4.1	The medical education provider employs a range of learning and teaching methods to meet the outcomes of the medical program.	2.3.1	The medical education provider employs a range of fit-for-purpose learning and teaching methods.
4.2	The medical program encourages students to evaluate and take responsibility for their own learning, and prepares them for lifelong learning.	2.2.7	The curriculum enables students to evaluate and take responsibility for their own learning, and prepares them for lifelong learning.
4.3	The medical program enables students to develop core skills before they use these skills in a clinical setting.	2.3.4	Students develop and practise skills before applying them in a clinical setting.
4.4	Students have sufficient supervised involvement with patients to develop their clinical skills to the required level and with an increasing level of participation in clinical care as they proceed through the medical program.	2.3.5	Students have sufficient supervised involvement with patients to develop their clinical skills to the required level, and have an increasing level of participation in clinical care as they proceed through the medical program.
4.5	The medical program promotes role modelling as a learning method, particularly in clinical practice and research.	*2.2.1*	*There is purposeful curriculum design based on a coherent set of educational principles and the nature of clinical practice.*
4.6	Learning and teaching methods in the clinical environment promote the concepts of patient centred care and collaborative engagement.	2.3.2	Learning and teaching methods promote safe, quality care in partnership with patients.
4.7	The medical program ensures that students work with, and learn from and about other health professionals, including experience working and learning in interprofessional teams.	2.3.3	Students work with and learn from and about other health professionals, including through experience of interprofessional learning to foster collaborative practice.
		2.3.6	Students are provided with opportunities to learn about the differing needs of community groups who experience health inequities and Aboriginal and/or Torres Strait Islander and Māori communities. Students have opportunities to learn how to address systemic disadvantage, power differentials and historical injustices in their practice so as to increase the inclusivity of health services for these groups. **NEW**
		2.3.7	The medical education provider ensures that learning and teaching is culturally safe and informed by Aboriginal and/or Torres Strait Islander and Māori knowledge systems and medicines. **NEW**
		2.3.9	Students undertake a pre-internship program. **NEW**

2012 medical school standards	2024 medical school standards
Standard 5. Assessment of student learning	
5.1 **Assessment Approach**	
	2.2.5 There is alignment between the medical program outcomes, learning and teaching methods and assessments.
5.1.1 The medical education provider's assessment policy describes its assessment philosophy, principles, practices and rules. The assessment aligns with learning outcomes and is based on the principles of objectivity, fairness and transparency.	3.1.2 The system of assessment enables students to demonstrate progress towards achieving the medical program outcomes, including described professional behaviours, over the length of the program.
	3.1.1 Students are assessed throughout the medical program through a documented system of assessment that is: • consistent with the principles of fairness, flexibility, equity, validity and reliability • supported by research and evaluation information evidence.
5.1.2 The medical education provider clearly documents its assessment and progression requirements. These documents are accessible to all staff and students.	*3.1.1 Students are assessed throughout the medical program through a documented system of assessment that is:* • *consistent with the principles of fairness, flexibility, equity, validity and reliability* • *supported by research and evaluation information evidence.*
5.1.3 The medical education provider ensures a balance of formative and summative assessments.	Note: Removed in line with the aim of avoiding the appearance of prescribing particular pedagogical approaches to assessment in the standards.
	3.1.6 Assessment in Aboriginal and/or Torres Strait Islander and Māori health and culturally safe practice is integrated across the program and informed by Aboriginal and/or Torres Strait Islander and Māori health experts. **NEW**
5.2 **Assessment Methods**	
5.2.1 The medical education provider assesses students throughout the medical program, using fit for purpose assessment methods and formats to assess the intended learning outcomes.	3.1.4 The system of assessment includes a variety of assessment methods and formats which are fit for purpose.
5.2.2 The medical education provider has a blueprint to guide the assessment of students for each year or phase of the medical program.	3.1.3 The system of assessment is blueprinted across the medical program to learning and teaching activities and to the medical program outcomes. Detailed curriculum mapping and assessment blueprinting is undertaken for each stage of the medical program.
5.2.3 The medical education provider uses validated methods of standard setting.	3.1.5 The medical education provider uses validated methods of standard setting.

2012 medical school standards	2024 medical school standards
5.3 **Assessment Feedback**	
5.3.1 The medical education provider has processes for timely identification of underperforming students and implementing remediation.	3.2.2 Students who are not performing to the expected level are identified and provided with support and performance improvement programs in a timely manner.
5.3.2 The medical education provider facilitates regular feedback to students following assessments to guide their learning.	3.2.1 Opportunities for students to seek, discuss and be provided with feedback on their performance are regular, timely, clearly outlined and serve to guide student learning.
5.3.3 The medical education provider gives feedback to supervisors and teachers on student cohort performance.	3.2.3 The medical education provider gives feedback to academic staff and clinical supervisors on student cohort performance.
5.4 **Assessment Quality**	
5.4.1 The medical education provider regularly reviews its program of assessment including assessment policies and practices such as blueprinting and standard setting, psychometric data, quality of data, and attrition rates.	3.3.1 The medical education provider regularly reviews its system of assessment, including assessment policies and practices such as blueprinting and standard setting, to evaluate the fairness, flexibility, equity, validity, reliability and fitness for purpose of the system. To do this, the provider employs a range of review methods using both quantitative and qualitative data.
5.4.2 The medical education provider ensures that the scope of the assessment practices, processes and standards is consistent across its teaching sites.	3.3.2 Assessment practices and processes that may differ across teaching sites but address the same learning outcomes, are based on consistent expectations and result in comparable student assessment burdens.

2012 medical school standards	2024 medical school standards
Standard 6. Monitoring and Evaluation	
6.1 **Monitoring**	
6.1.1 The medical education provider regularly monitors and reviews its medical program including curriculum content, quality of teaching and supervision, assessment and student progress decisions. It manages quickly and effectively concerns about, or risks to, the quality of any aspect of medical program.	6.1.1 The medical education provider continuously evaluates and reviews its medical program to identify and respond to areas for improvement and evaluate the impact of educational innovations. Areas evaluated and reviewed include curriculum content, quality of teaching and supervision, assessment and student progress decisions. The medical education provider quickly and effectively manages concerns about, or risks to, the quality of any aspect of the medical program.
6.1.2 The medical education provider systematically seeks teacher and student feedback, and analyses and uses the results of this feedback for monitoring and program development.	6.1.2 The medical education provider regularly and systematically seeks and analyses the feedback of students, staff, prevocational training providers, health services and communities, and uses this feedback to continuously evaluate and improve the program.
6.1.3 The medical education provider collaborates with other education providers in monitoring its medical program outcomes, teaching and learning methods, and assessment.	6.1.3 The medical education provider collaborates with other education providers in the continuous evaluation and review of its medical program outcomes, learning and teaching methods, and assessment. The provider also considers national and international developments in medicine and medical education.
6.2 **Outcome Evaluation**	
6.2.1 The medical education provider analyses the performance of cohorts of students and graduates in relation to the outcomes of the medical program.	6.2.1 The medical education provider analyses the performance of student cohorts and graduate cohorts to determine that all students meet the medical program outcomes.
6.2.2 The medical education provider evaluates the outcomes of the medical program.	6.2.2 The medical education provider analyses the performance of student cohorts and graduate cohorts to ensure that the outcomes of the medical program are similar.
6.2.3 The medical education provider examines performance in relation to student characteristics and feeds this data back to the committees responsible for student selection, curriculum and student support.	6.2.3 The medical education provider examines student performance in relation to student characteristics and shares these data with the committees responsible for student selection, curriculum and student support.
	6.2.4 The medical education provider evaluates outcomes of the medical program for cohorts of students from equity groups. For evaluation of Aboriginal and/or Torres Strait Islander and Māori cohorts, evaluation activity is informed and reviewed by Aboriginal and/or Torres Strait Islander and Māori education experts. **NEW**

2012 medical school standards	2024 medical school standards
6.3 **Feedback & Reporting**	
6.3.1 The results of outcome evaluation are reported through the governance and administration of the medical education provider and to academic staff and students.	6.3.1 The outcomes of evaluation, improvement and review processes are reported through the governance and administration of the medical education provider and shared with students and those delivering the program.
	3.2.3 The medical education provider gives feedback to academic staff and clinical supervisors on student cohort performance.
6.3.2 The medical education provider makes evaluation results available to stakeholders with an interest in graduate outcomes, and considers their views in continuous renewal of the medical program.	6.3.2 The medical education provider makes evaluation results available to stakeholders with an interest in graduate outcomes, particularly prevocational training providers, and considers their views in the continuous evaluation and improvement of the medical program.

2012 medical school standards	2024 medical school standards
Standard 7. Students	
7.1 Student Intake	
7.1.1 The medical education provider has defined the size of the student intake in relation to its capacity to adequately resource the medical program at all stages.	4.1.1 The size of the student intake is defined in relation to the medical education provider's capacity to resource all stages of the medical program.
7.1.2 The medical education provider has defined the nature of the student cohort, including targets for Aboriginal and Torres Strait Islander peoples and/or Māori students, rural origin students and students from under-represented groups, and international students.	4.1.2 The medical education provider has defined the nature of the student cohort, including targets and strategies for recruiting Aboriginal and/or Torres Strait Islander and Māori students, students with rural backgrounds and students from equity groups to support increased participation of these students in medical programs.
7.1.3 The medical education provider complements targeted access schemes with appropriate infrastructure and support.	4.1.3 The medical education provider complements targets and strategies for recruiting Aboriginal and/or Torres Strait Islander and Māori students, students with rural backgrounds and students from equity groups with infrastructure and supports for student retention and graduation.
7.2 Admission Policy and Selection	
7.2.1 The medical education provider has clear selection policy and processes that can be implemented and sustained in practice, that are consistently applied and that prevent discrimination and bias, other than explicit affirmative action.	4.1.5 The selection policy and admission processes are transparent and fair, and prevent racism, discrimination and bias, other than explicit affirmative action, and support the achievement of student selection targets.
7.2.2 The medical education provider has policies on the admission of students with disabilities and students with infectious diseases, including blood-borne viruses.	4.1.4 The medical education provider supports inclusion of students with disabilities.
7.2.3 The medical education provider has specific admission, recruitment and retention policies for Aboriginal and Torres Strait Islander peoples and/or Māori.	*4.1.2 The medical education provider has defined the nature of the student cohort, including targets and strategies for recruiting Aboriginal and/or Torres Strait Islander and Māori students, students with rural backgrounds and students from equity groups to support increased participation of these students in medical programs.*
7.2.4 Information about the selection process, including the mechanism for appeals is publicly available.	Note: Removed because general access to information is covered in 2024 standard 1.4.6. Additionally, the specific requirements around mechanisms for appeals are considered under other sets of standards, in particular (in Australia), the Higher Education Standards Framework (Threshold Standards).

2012 medical school standards	2024 medical school standards
7.3 **Student Support**	
	4.2.1 The medical education provider implements a strategy across the medical program to support student wellbeing and inclusion. **NEW**
7.3.1 The medical education provider offers a range of student support services including counselling, health, and academic advisory services to address students' financial, social, cultural, personal, physical and mental health needs.	4.2.2 The medical education provider offers accessible services, which include counselling, health and learning support to address students' financial, social, cultural, spiritual, personal, physical and mental health needs.
7.3.2 The medical education provider has mechanisms to identify and support students who require health and academic advisory services, including: • students with disabilities and students with infectious diseases, including blood-borne viruses • students with mental health needs • students at risk of not completing the medical program	4.2.3 Students who require additional health and learning support, or reasonable adjustments/accommodations, are identified and receive these in a timely manner.
	4.1.4 The medical education provider supports inclusion of students with disabilities.
7.3.3 The medical education provider offers appropriate learning support for students with special needs including those coming from under-represented groups or admitted through schemes for increasing diversity.	*4.2.3 Students who require additional health and learning support, or reasonable adjustments/accommodations, are identified and receive these in a timely manner.*
	4.1.4 The medical education provider supports inclusion of students with disabilities.
7.3.4 The medical education provider separates student support and academic progression decision making.	4.2.6 The provision of student support is separated from decision-making processes about academic progression.
	4.2.4 The medical education provider: • implements a safe and confidential process for voluntary medical student self-disclosure of information required to facilitate additional support and make reasonable adjustments/accommodations within the medical program • works with health services to facilitate medical student self-disclosure of this information through safe and confidential processes before and during the transition to internship. These processes are voluntary for medical students to participate in, unless required or authorised by law. **NEW**
	4.2.5 The medical education provider implements flexible study policies relevant to the students' individualised needs to support student success. **NEW**

2012 medical school standards		2024 medical school standards	
		4.2.7	There are clear policies to effectively identify, address and prevent bullying, harassment, racism and discrimination. The policies include safe, confidential and accessible reporting mechanisms for all learning environments, and processes for timely follow-up and support. The policies, reporting mechanisms and processes support the cultural safety of learning environments. **NEW**
7.4	**Professionalism and Fitness to Practise**		
7.4.1	The medical education provider has policies and procedures for managing medical students whose impairment raises concerns about their fitness to practise medicine.	4.3.1	The medical education provider implements policies and timely procedures for managing medical students with an impairment when their impairment raises concerns about their fitness to practise medicine or their ability to interact with patients, including in a culturally safe way.
7.4.2	The medical education provider has policies and procedures for identifying and supporting medical students whose professional behaviour raises concerns about their fitness to practise medicine or ability to interact with patients.	4.3.2	The medical education provider implements policies and timely procedures for identifying, managing and/ or supporting medical students whose professional behaviour raises concerns about their fitness to practise medicine or their ability to interact with patients, including in a culturally safe way.
7.5	**Student Representation**		
7.5.1	The medical education provider has formal processes and structures that facilitate and support student representation in the governance of their program.	1.3.4	Students are supported to participate in the governance and decision making of their program through documented processes that require their representation.
7.6	**Student Indemnification and insurance**		
7.6.1	The medical education provider ensures that medical students are adequately indemnified and insured for all education activities.	4.4.1	The medical education provider ensures that medical students are adequately indemnified and insured for all education activities.

2012 medical school standards	2024 medical school standards
Standard 8. The Learning Environment	
8.1 Physical Facilities	
	5.1.1 The medical education provider has the educational facilities and infrastructure to deliver the medical program and achieve the medical program outcomes. **NEW**
8.1.1 The medical education provider ensures students and staff have access to safe and well-maintained physical facilities in all its teaching and learning sites in order to achieve the outcomes of the medical program.	5.1.2 Students and staff have access to safe and well-maintained physical facilities in all learning and teaching sites. The sites support the achievement of both the medical program outcomes and student and staff wellbeing, particularly for students and staff with additional needs.
	5.1.3 The medical education provider works with training sites and other partners to provide or facilitate access to amenities that support learning and wellbeing for students on clinical placements. This includes accommodation near placement settings that require students to be away from their usual residence. **NEW**
8.2 Information Resources and Library Services	
8.2.1 The medical education provider has sufficient information communication technology infrastructure and support systems to achieve the learning objectives of the medical program.	5.1.4 The medical education provider uses technologies effectively to support the medical program's learning, teaching, assessment and research.
8.2.2 The medical education provider ensures students have access to the information communication technology applications required to facilitate their learning in the clinical environment.	5.1.5 The medical education provider ensures students have equitable access to the clinical and educational application software and digital health technologies to facilitate their learning and prepare them for practice.
8.2.3 Library resources available to staff and students include access to computer-based reference systems, support staff and a reference collection adequate to meet curriculum and research needs.	5.1.6 Information services available to students and staff, including library and reference resources and support staff, are adequate to meet learning, teaching and research needs in all learning sites.
8.3 Clinical Learning Environment	
8.3.1 The medical education provider ensures that the clinical learning environment offers students sufficient patient contact, is appropriate to achieve the outcomes of the medical program and to prepare students for clinical practice.	5.4.1 The medical education provider works with health services and other partners to ensure that the clinical learning environments provide high-quality clinical experiences that enable students to achieve the medical program outcomes.

2012 medical school standards	2024 medical school standards
8.3.2 The medical education provider has sufficient clinical teaching facilities to provide clinical experiences in a range of models of care and across metropolitan and rural health settings.	2.3.8 Students undertake an extensive range of face-to-face experiential learning experiences through the course of the medical program. Experiential learning is: • undertaken in a variety of clinical disciplines • relevant to care across the life cycle • situated in a range of settings that include health promotion, prevention and treatment, including community health settings • situated across metropolitan, regional, rural and, where possible, remote health settings.
8.3.3 The medical education provider ensures the clinical learning environment provides students with experience in the provision of culturally competent health care to Aboriginal and Torres Strait Islander peoples and/or Māori.	5.4.2 There are adequate and culturally safe opportunities for all students to have clinical experience in providing health care to Aboriginal and/or Torres Strait Islander and Māori people.
8.3.4 The medical education provider actively engages with other health professional education providers whose activities may impact on the delivery of the curriculum to ensure its medical program has adequate clinical facilities and teaching capacity.	5.4.3 The medical education provider actively engages with co-located health profession education providers to ensure its medical program has adequate clinical facilities and teaching capacity.
8.4 Clinical Supervision	
8.4.1 The medical education provider ensures that there is an effective system of clinical supervision to ensure safe involvement of students in clinical practice.	5.5.1 The medical education provider ensures that there is an effective system of clinical supervision to ensure safe involvement of students in clinical practice.
8.4.2 The medical education provider supports clinical supervisors through orientation and training, and monitors their performance.	5.5.2 The medical education provider ensures that clinical supervisors are provided with orientation and have access to training in supervision, assessment and the use of relevant health education technologies.
	5.5.3 The medical education provider monitors the performance of clinical supervisors.
8.4.3 The medical education provider works with health care facilities to ensure staff have time allocated for teaching within clinical service requirements.	5.5.4 The medical education provider works with healthcare facilities to ensure staff have time allocated for teaching within clinical service requirements.
8.4.4 The medical education provider has defined the responsibilities of hospital and community practitioners who contribute to the delivery of the medical program and the responsibilities of the medical education provider to these practitioners.	5.5.5 The medical education provider has defined the responsibilities of hospital and community practitioners who contribute to delivering the medical program and the responsibilities of the medical education provider to these practitioners.