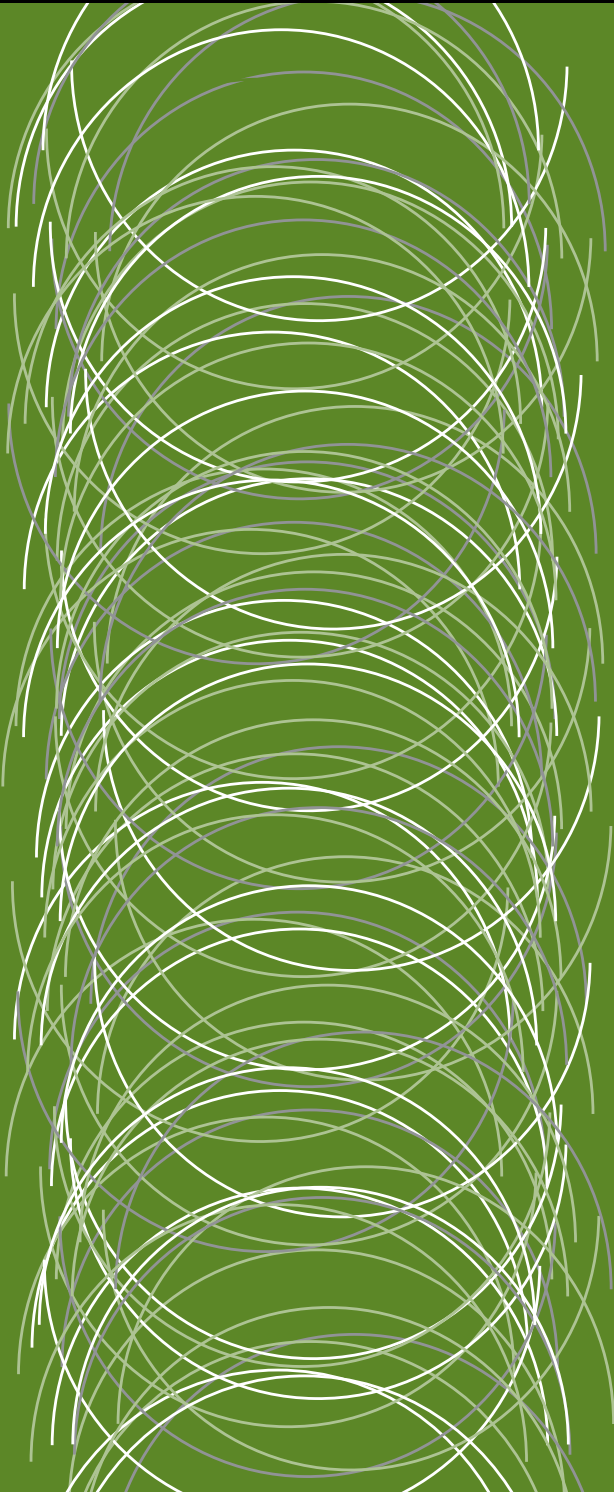


Australian Medical Council Limited

Accreditation Report:  
The Australian Medical Acupuncture College  
Course Part 1

AMC



Specialist Education Accreditation Committee  
February 2024

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## Acknowledgement of country

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The Australian Medical Council acknowledges the Aboriginal and Torres Strait Islander peoples as the original Australians, and Māori as the original peoples of Aotearoa New Zealand.

We acknowledge and pay our respects to the Traditional Custodians of all the lands on which we live, and their ongoing connection to the land, water and sky.

We recognise the Elders of all these Nations past, present and emerging, and honour them as the Traditional Custodians of knowledge for these lands.

## Executive summary: The Australian Medical Acupuncture College

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The Australian Medical Council (AMC) document, *Procedures for assessment and accreditation of programs leading to endorsement of registration of Medical Practitioners for Acupuncture 2022*, describes AMC requirements for accreditation of programs leading to endorsement of medical practitioners for acupuncture and their education providers.

The AMC first assessed the education and training of the Australian Medical Acupuncture College (AMAC) Course Part 1, leading to the Part 1 Fellowship of the College in November 2018. The AMC's Specialist Education Accreditation Committee assessed a written submission by the College against the *Accreditation standards for programs of study leading to endorsement of registration of medical practitioners for acupuncture*. On the basis of this initial assessment, the AMC granted initial accreditation of the Course Part 1 of the College.

In 2023, an AMC team completed the review of the College's Course Part 1, considering the progress against the submission made for initial accreditation in 2018. The team reported to the 7 February 2024 meeting of the Specialist Education Accreditation Committee.

The Committee considered the draft report and made recommendations on accreditation to AMC Directors within the options described in the AMC accreditation procedures.

This report presents the Committee's recommendation on accreditation, as presented to the AMC Directors on 21 March 2024, and the detailed findings against the accreditation standards.

### Decision on accreditation

Under the *Health Practitioner Regulation National Law*, the AMC may grant accreditation if it is reasonably satisfied that a program of study and the education provider meet an approved accreditation standard. It may also grant accreditation if it is reasonably satisfied that the provider and the program of study substantially meet an approved accreditation standard, and the imposition of conditions will ensure the program meets the standard within a reasonable time. Having made a decision, the AMC reports its accreditation decision to the Medical Board of Australia to enable the Board to make a decision on the approval of the program of study for registration purposes.

In 2023, the AMC team reviewed a range of AMAC Course Part 1 activities and met with College staff and trainees. The following accomplishments and initiatives were of note:

- the robust commitment and dedication from very experienced College staff, mentors, teachers, supervisors and training coordinators to deliver high-quality education and training within this specialised field
- the establishment of corporate governance structures in the Constitution demonstrate well-established clinical and educational governance structures
- the inclusion of an Aboriginal and/or Torres Strait Islander doctor providing advice in the Part 1 Course teaching team and member of the Education Committee
- Coassemble, the College's learning management system (LMS) is a well-received resource by trainee

- the diverse range of teaching and learning approaches utilised to support education and training
- the introduction of Trainee representation on the Education Committee is notable and significant development.

From the 2023 assessment, the AMC team determined a few areas for the College to focus its attention on, including:

- addressing the potential risk of a limited number of custodians by considering the establishment of contingency plans
- enhancing relationships with diverse sectors of the health community, enabling active formal input into the curriculum
- enhancing collaboration with Aboriginal and/or Torres Strait Islander organisations and individuals to ensure College trainees apply culturally safe practice when treating Aboriginal and/or Torres Strait Islander patients.

### *Findings*

The team's findings were presented to the Specialist Education Accreditation Committee on 7 February 2024 and the Committee's recommendation on accreditation was then provided to AMC Directors to make decision on accreditation on 21 March 2024.

### ***Decision on accreditation***

The AMC's finding is that it is reasonably satisfied that the Course Part 1 of the Australian Medical Acupuncture College **substantially meets** the *AMC Accreditation Standards for Programs of Study Leading to Endorsement of Registration of Medical Practitioners for Acupuncture*.

The AMC Directors resolved that the Australian Medical Acupuncture College Course Part 1 **be granted accreditation for 6 years until 31 March 2030**, subject to AMC monitoring requirements including monitoring submissions and addressing accreditation conditions and timelines set out in this report.

Standard	Conditions	To be met by
<b>Standard 1</b>	1 Develop and implement mechanisms to ensure a diverse governance membership to enhance transparent and functional decision-making with contemporary practice. The mechanisms should include governance contingency planning and ensuring education policy formulation is well-guided by medical education expertise. (1.1, 1.2 and 1.4)	2025
	2 Develop and implement formally documented mechanisms, that are publicly available, to enable the impartial review of consideration of progressive assessments. (1.3)	2025
	3 Articulate constructive relationships with various sectors of the health community to ensure there is formal and widespread input from relevant stakeholders and experts to inform the further development of the Part 1 Course. This includes incorporating formal mechanisms for RACGP and ACRRM to provide input into the curriculum. (1.5 and 3.2)	2026
<b>Standard 2</b>	4 Develop and implement specific graduate outcomes (and associated curriculum) to ensure capability in cultural	2026

Standard	Conditions	To be met by
	safety practice, especially in managing the care of Aboriginal and/or Torres Strait Islander patients. (2.2 and 3.2)	
<b>Standard 3</b>	5 Provide evidence that related curriculum elements for the Part 1 Course are updated and aligned with the most recent WHO benchmarks for the practice of acupuncture. (3.2)	2026
<b>Standard 4</b>	6 Develop and implement ways to monitor the range of practical clinical skills available to each individual trainee at different training site with consideration for the implementation of minimum clinical hours attached to each significant clinical skill. (4.1 and 4.2)	2025
<b>Standard 5</b>	7 Develop, implement and document decision-making procedures in relation to special consideration and disadvantage. (5.1.3)	2025
	8 Develop and implement formal blueprinting procedures for clinical and written examinations to demonstrate alignment to the Part 1 Course graduate outcomes, curriculum, and assessment. (5.2 and 5.4)	2026
	9 Develop and implement formal and evidence-based standard setting procedures including: i. ensuring robust of post-examination analysis and result ratification ii. specific detail of how pass/fail decisions are determined and delivered. (5.2 and 5.4)	2026
<b>Standard 6</b>	10 Develop regular monitoring and evaluation reports describing how feedback was evaluated, actions taken and how improvement goals were met. (6.1, 6.2 and 6.3)	2026
	11 Develop and implement systematic and safe evaluation methods for trainees to provide feedback on the program using appropriate reporting mechanisms. (6.2 and 6.3)	2026
	12 Report the outcomes of monitoring and evaluation activities to all relevant College committees, and internal and external stakeholders. (6.3)	2025
	13 Develop and implement a live Risk Register that captures existing and emerging risks relevant to the delivery of the Part 1 Course, monitored by the governing body. (6.3 and 1.1)	2025
<b>Standard 7</b>	14 Document and make public selection policy and procedures to ensure validity, reliability, and consistent application. The selection criteria and weighting should be clearly indicated and publicly available. (7.1)	2025
<b>Standard 8</b>	15 Formalise processes for regular performance evaluation of supervisors and assessors. (8.3)	2025

This accreditation decision relates to the Australian Medical Acupuncture College Course Part 1 leading to Part 1 Fellowship of the College..

***Monitoring and next steps***

In 2029, before this period of accreditation ends, the College may submit an accreditation extension submission for extension of accreditation. The submission should address the accreditation standards and outline the College's development plans for the next four years. See section 4 of the accreditation procedures for a description of the review of the accreditation extension submission.

The AMC will consider this submission and, if it decides the College is continuing to meet the accreditation standards, the AMC Directors may extend the accreditation by a maximum of four years until 2034, taking accreditation to the full period which the AMC may grant between assessments, which is ten years. At the end of this extension, the College and its programs will undergo a reaccreditation assessment by an AMC team.

## Overview of findings

The following summarises the findings of the education provider's training and education program against the *AMC Accreditation Standards for Programs of Study Leading to Endorsement of Registration of Medical Practitioners for Acupuncture*.

### Findings against the AMC standards

The findings against eight accreditation standards are summarised below.

Conditions imposed by the AMC to enable the College to meet the accreditation standards are listed in the accreditation decision (pages 2 to 3). The team's commendations of areas of strength and recommendations for improvement are listed under each standard in the body of the report (pages 17 to 39).

In the tables below, M indicates a standard is met, SM indicates a standard is substantially met and NM indicates a standard is not met.

1. The context of training and education				This set of standards is SM
<i>governance</i>	SM	<i>interaction with health sector</i>	SM	
<i>program management</i>	SM	<i>continuous renewal</i>	M	
<i>reconsideration, review appeals</i>	SM			
<i>educational expertise</i>	SM			
2. The outcomes of specialist training and education				This set of standards is SM
<i>educational purpose</i>	SM	<i>graduate outcomes</i>	SM	
3. The specialist medical training and education framework				This set of standards is SM
<i>curriculum framework</i>	M	<i>continuum of training</i>	M	
<i>content</i>	SM	<i>structure of the curriculum</i>	M	
4. Teaching and learning				This set of standards is SM
<i>approach</i>	SM	<i>methods</i>	SM	
5. Assessment of learning				This set of standards is SM
<i>approach</i>	SM	<i>performance</i>	M	
<i>methods</i>	SM	<i>quality</i>	SM	

6. Monitoring and evaluation				This set of standards is SM
<i>monitoring</i>	SM	<i>feedback, reporting and action</i>	SM	
<i>evaluation</i>	SM			

7. Trainees				This set of standards is SM
<i>admission policy and selection</i>	SM	<i>Communication with trainees</i>	M	
<i>trainee participation in provider governance</i>	M	<i>resolution of training problems and disputes</i>	M	
<i>communication with trainees</i>	M			

8. Educational resources				This set of standards is SM
<i>educational resources</i>	M	<i>supervisors</i>	SM	
<i>physical facilities and resources</i>	M			

## Introduction: the AMC accreditation process

---

The AMC is the accreditation authority for medicine under the Health Practitioner Regulation National Law Act 2009 (the National Law) and is the national standards and assessment body for medicine. Its purpose is to ensure the standards of education, training and assessment of the medical profession promote and protect the health of the Australian community.

### AMC accreditation of acupuncture programs

Under the National Law, the Medical Board of Australia can 'endorse' the registration of suitably qualified practitioners. An endorsement of registration recognises that a person has additional qualifications and expertise in an approved area of practice. Medical practitioners who wish to use the title "acupuncturist" must either have their registration endorsed for acupuncture by the Medical Board of Australia or be registered by the Chinese Medicine Board of Australia.

The approved accreditation standards for acupuncture programs are the *AMC Accreditation Standards for Programs of Study Leading to Endorsement of Registration of Medical Practitioners for Acupuncture 2017*.

### Accreditation outcomes

Under the National Law, the AMC may grant accreditation if it is reasonably satisfied that a program of study, and the education provider that provides it, meet the approved accreditation standards. It may also grant accreditation if it is reasonably satisfied that the provider and the program of study substantially meet the approved accreditation standards and the imposition of conditions will ensure the program meets the standards within a reasonable time. Having made a decision, the AMC reports its accreditation decision to the Medical Board of Australia. The accreditation options are:

- i. **Accreditation for a period of five years subject to satisfactory monitoring submissions.** Accreditation may also be subject to certain conditions being addressed within a specific period and to satisfactory monitoring submissions.
- ii. **Accreditation for a shorter period of time.** If significant deficiencies are identified or there is insufficient information to determine that the program satisfies the accreditation standards, the AMC may award accreditation with conditions and for a period of less than five 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. The education provider may request either:
  - a full accreditation assessment with a view to granting accreditation for a further period of five years
  - or a more limited review, concentrating on the areas where deficiencies were identified with a view to extending the current accreditation to the maximum period (five years since the original accreditation assessment).
- iii. **Accreditation may be withdrawn where the education provider has not satisfied the AMC that the complete program is or can be implemented and delivered at a level consistent with the accreditation standards.** The AMC would take such action after detailed consideration of the impact on the healthcare system and on individuals of withdrawal on accreditation and of other avenues for correcting deficiencies.

If the AMC withdraws 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. 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 Stage 1 accreditation submission.

## **Assessment of the Part 1 Course of the Australian Medical Acupuncture College program**

In 2023, the AMC began preparations for the accreditation assessment of the Australian Medical Acupuncture College programs. Professor Alan Sandford AM was appointed to chair the 2023 assessment of the College's programs. The AMC and the College commenced discussions concerning the arrangements for the assessment by an AMC team.

The AMC assesses specialist medical education and training using a standard set of procedures.

A summary of the steps followed in this assessment follows:

- the AMC asked the College to lodge an accreditation submission encompassing the areas covered by AMC accreditation standards: the training pathway to completing the Part 1 Course of the Australian Medical Acupuncture College
- the AMC appointed an assessment team (called 'the team' in this report) to complete the assessment after inviting the College to comment on the proposed membership. A list of the members of the team is provided as Appendix One
- the team met on 4 September 2023 to consider the College's accreditation submission and to plan the assessment
- the AMC gave feedback to the College on the team's preliminary assessment of the submission, the additional information required, and the plans for visits to accredited training sites and meetings with College committees
- the AMC surveyed trainees and supervisors of training of the College. The AMC also surveyed specialist international medical graduates whose qualifications had been assessed by the College in the last three years
- the AMC invited other specialist medical colleges, medical schools, health departments, professional bodies, medical trainee groups, and health consumer organisations to comment on the College's programs
- the team met by videoconference on 4 September 2023 to finalise arrangements for the assessment
- the assessment concluded with a series of virtual meetings with the College office bearers and committees from Thursday 5 – Friday 6 October 2023
- on the 14 November 2023, the team provided its preliminary finding report to College representatives.

## **Appreciation**

The team is grateful to the fellows and staff who prepared the accreditation submission and managed the preparations for the assessment. It acknowledges with thanks the support of fellows and staff who coordinated the site visits.

The AMC also thanks the organisations that made a submission to the AMC on the College's training programs. These are listed at Appendix Two.

Summaries of the program of meetings and visits for this assessment are provided at Appendix Three.

## Section A Summary description of the education and training programs of the Australian Medical Acupuncture College

### A.1 History and management of its programs

The Australian Medical Acupuncture Society (AMAS) originated in 1973 and became The Australian Medical Acupuncture College (AMAC; also referred to in this report as 'the College') in 1998. The College is responsible for conducting educational and training programs tailored to medical and dental professionals in Australia and has made substantial contribution to the teaching and recognition of the art and science of medical acupuncture in Australia. The College provide the following programs required for registration:

- The Australian Medical Acupuncture College Course Part 1 (Part1 Course)
- The Australian Medical Acupuncture College Course FAMAC Part 2 (FAMAC Part 2).

### Australian Medical Council accreditation

The College's specialised education and training program, **Part 1 Course** in medical acupuncture for medical and dentistry professionals, underwent its initial evaluation by the AMC in 2018. The assessment findings were presented to the Specialist Education Accreditation Committee on 15 November 2018. Following this inaugural evaluation, the Australian Medical Council (AMC) extended its initial accreditation to the Part 1 Course offered by the College.

The College is a company limited by guarantee, with a Constitution (available on the College [website](#)) defining the composition of governing bodies and membership of the College. Guiding the management and conduct of the College are the AMAC Regulations, which provide procedures and references to relevant policies in the following areas:

### The College's vision, mission

The College's vision is to be Australia's leading authority in medical acupuncture, advancing healthcare through evidence-based practice. Along with this, they add value to medical acupuncture as a treatment tool utilised in the context of evidence-based medicine and good medical practice.

The College's mission encompasses two primary objectives. First, the College aims to advance the utilisation of acupuncture by medical practitioners as a safe, effective and unique modality of treatment within the context of Western medicine, with the ultimate goal of enhancing the health outcomes of all Australians. Second, the College strives to foster elevated standards of professional practice and ethical conduct in the application of medical acupuncture through comprehensive training and ongoing education.

### Fellowship and membership categories

The College has nine membership categories: fellows, graduates, trainees, associate members, honorary fellows, trainee members, overseas fellows, overseas members and overseas associate members, with approximately 600 members in total.

**Table 1: Membership category**

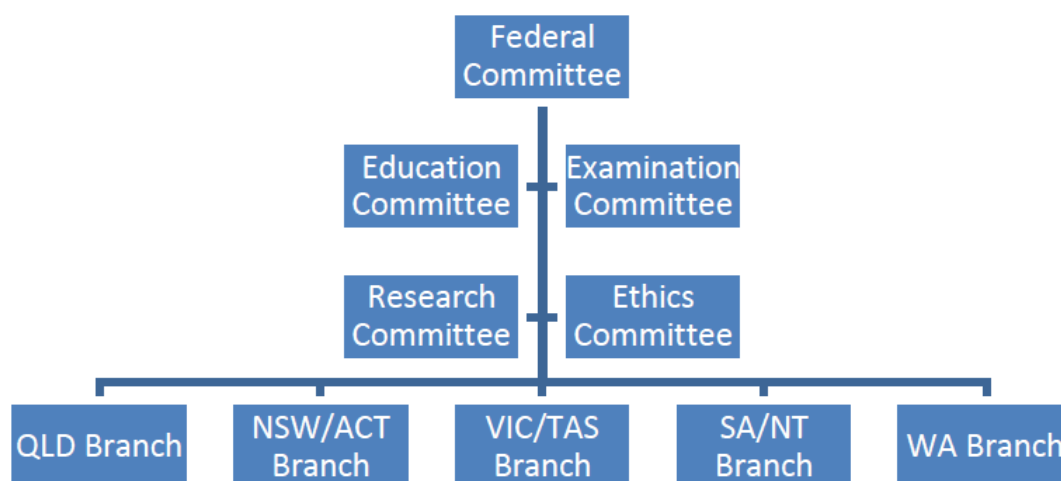
Membership Category	Total
Members (graduates of the Part 1 Course or equivalent)	396
Fellows (graduates of the FAMAC Part 2 Course)	142
Associate members	0

<b>Honorary Fellows</b>	<b>0</b>
<b>Trainee Members (trainees of the Part 1 Course)</b>	<b>38</b>
<b>Overseas Fellows</b>	<b>0</b>
<b>Overseas Members</b>	<b>0</b>
<b>Overseas Associate Members</b>	<b>0</b>
<b>TOTAL</b>	<b>576</b>

### Governance structure

The College is an ASIC incorporated company limited by guarantee, with an elected Board (Federal Committee) overseeing the various sub-committees and state and territory branches.

**Figure 1: AMAC organisational chart**



### *Federal committee*

The Federal Committee is responsible for financial management through its governance, finance and risk management policies; employing and managing staff, assessing the College's performance against the strategic plan, annual business plan and budget, ensuring risk management systems are in place; approving policy framework under the College and Board, who must operate to meet organisational objectives; ensuring compliance with relevant laws; and managing identified risk.

The Federal Committee delegates authority to the various sub-committees, such as the Education Committee. The Federal Committee comprises the following:

- elected Federal President
- elected Federal Vice President
- elected Federal Treasurer
- elected Federal Secretary
- the State Presidents, who have been elected by their respective State Branches
- Chair of Education

- Chair of Examination
- Chair of Ethics
- Chair of Research
- Immediate Past President.

### **Management of conflicts of interest and confidentiality**

The College has a Conflict of Interest Policy to provide guidance for identifying, declaring and managing real or perceived conflicts of interest involving the College and its activities. This policy is publicly available on the College [website](#).

### **Reconsideration, review and appeals and complaints management framework**

The College has existing processes in place referring to the Reconsideration, Reviews and Appeals Policy. This policy is publicly available on the College [website](#). This policy aims to support trainees addressing difficulties in completing any compulsory course requirements due to unforeseen circumstances.

#### *Complaints management framework*

The Student Complaints Policy available on the College's ePortfolio aims to support a process in handling of trainee complaints about any aspect of the Part 1 Course.

### **A.2 Outcomes of The Australian Medical Acupuncture College Course Part 1**

The College has articulated the graduate outcomes for the Part 1 Course on the [College website](#) and within the Course curriculum document available on the College ePortfolio. Trainees in the Part 1 Course program receive defined clinical and educational experience in hospitals and private clinics. In addition to previous medical or dental education of the trainees, on completion of the Part 1 Course training, trainees should be competent to:

- utilise acupuncture for a wide range of acute, chronic and pain conditions in daily practice
- identify the limitations of medical or dental practices, as well as medical acupuncture, in treating various conditions
- exhibit the knowledge, skills and professionalism required for independent medical or dental acupuncture practice
- utilise the biopsychosocial model of care for medical decision making and patient treatment discussions
- administer safe and effective acupuncture treatment for appropriate indications
- comprehend neurophysiological principles in patients with pain conditions
- identify and manage potential complications of acupuncture treatment
- acquire skills for precise needle placement and low-level laser stimulation on acupuncture points
- apply Traditional Chinese Medicine (TCM) principles to medical practice
- employ specific acupuncture points and meridian systems for diverse medical and dental conditions
- contribute to enhancing and standardising professional medical and dental acupuncture training and practice
- adhere to Medicare and Australian Health Practitioner Regulation Agency (Ahpra) requirements in clinical practice.

### A.3 The Australian Medical Acupuncture College Course Part 1

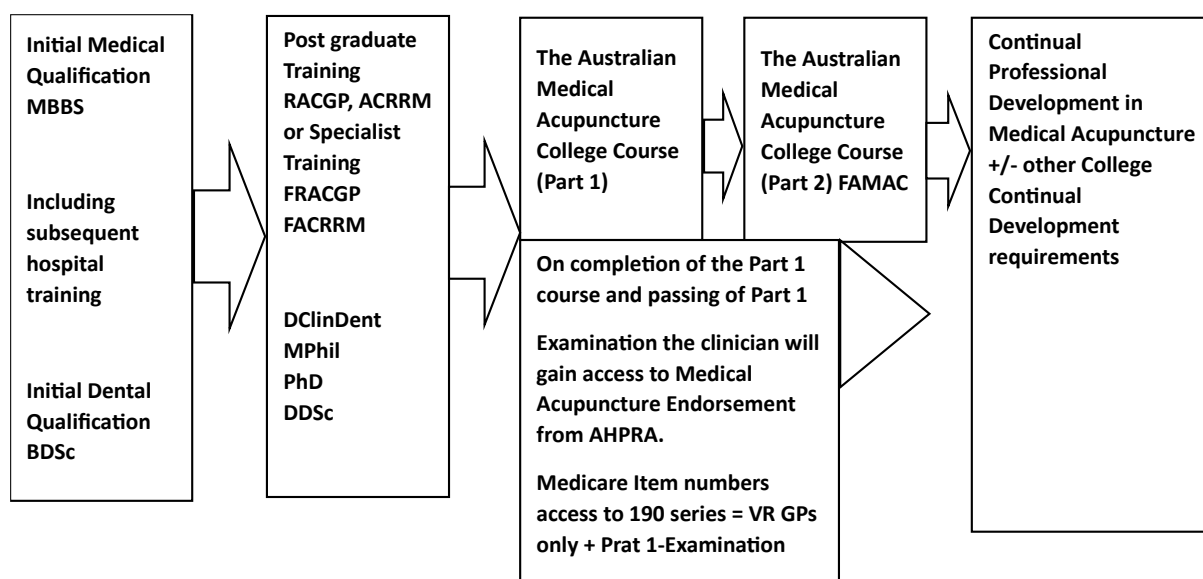
The College's Part 1 Course training program is 300 hours over a one-year structured program leading to the eligibility for Ahpra endorsement of acupuncture for registered medical practitioners in Australia. The Part 1 Course training program comprises:

- 48 hours of formal online lectures/webinars
- approximately 180 hours, or 15 hours per month, of self-directed learning
- 25 hours of mentorship
- three compulsory weekend workshops of 48 hours in total
- three summative assessments
- a final written exam at the end of October each year.

The Part 1 Course training must be completed within a maximum of one year. The AMAC Part 1 Course curriculum and timetable are publicly available on the College's website. The Part 1 Course curriculum is reviewed at the end of each academic year and was last updated in early 2021.

The curriculum provides the educational framework and plan for attaining the requirements and characteristics to continue into the FAMAC Part 2 Course, a pathway to Fellowship. The continuum of training is represented in the following diagram:

**Figure 2: Continuum of training for The Australian Medical Acupuncture College courses (Parts 1 and 2)**



The AMAC Part 1 Course comprises 10 modules:

- Module 1: History of medical acupuncture in Australia, Medicare and Ahpra requirements for medical acupuncturists and requirements of ongoing education
- Module 2: Anatomy of Meridians and Points
- Module 3: Scientific Evidence for Medical Acupuncture
- Module 4a: The Neurophysiology of Pain
- Module 4b: The Neurophysiology of Acupuncture
- Module 5: Safety and Precautions in the Practice of Acupuncture
- Module 6: Basic Traditional Chinese Medicine (TCM) Principles in Acupuncture

- Module 7: Microsystems – focus on Auricular Acupuncture
- Module 8: Acupuncture Modalities: Needles, Laser, Electroacupuncture
- Module 9: Medical Acupuncture Treatment Principles
- Module 10: Clinical Skills in Medical Acupuncture

The learning outcomes, topics covered, learning methods, and reading materials are described within the AMAC Part 1 Course curriculum document.

#### **A.4 Teaching and learning**

The Part 1 Course program continues to use a range of learning and teaching approaches, including online lectures and webinars, face-to-face demonstrations workshops, clinical practice mentorship and self-directed learning. Standard 5 of the AMAC Part 1 Course Accreditation Standards aims to provide comprehensive education for trainees, including various teaching sessions, lectures and discussions.

##### *Part 1 Course training*

The curriculum is guided by outcomes defined in the training curriculum covering ten main topic areas. Various strategies such as online webinars, supplemented reading material and topic quizzes, and topic revision in face-to-face workshops are used to offer learning opportunities.

##### *Clinical setting training*

Part 1 Course training includes mentoring sessions when trainees attend the mentor's clinical practice, or the mentor attends the trainee's clinical practice. Face-to-face weekend workshops are compulsory, in which trainees practise needling skills and the use of different acupuncture modalities.

#### **A.5 Program assessment**

The College's Part 1 Course program is assessed through a portfolio of formative, summative and barrier assessments. All trainees have a program consisting of face-to-face weekend workshops, assignments, a mid-year exam, clinical assessment, and the end-of-year written examination. The Part 1 Course has three methods of assessment: open book, closed book written, and clinical assessment.

##### *Governance*

The Examination Committee reviews summative assessments twice a year, meets at the end of each academic year to analyse pass rates in each exam, and meets biannually to set new questions and model answers for the summative assessments. The clinical assessment process is reviewed annually, and standards are set against the graduate outcomes. The Examination Committee is responsible for certifying the successful completion of the training program.

Questions and model answers are reviewed against the curriculum and course content by the Chair of Examination and Chair of Education.

The examiners appointed by the Chair of Examination, are responsible for delivering assessments and ensuring the integrity, validity and reliability of individual and collective examination and assessment components and related programs.

##### *Assessment methods*

The Part 1 Course training program has a range of assessment methods to assess knowledge and competence over the one year training program. The Part 1 Course assessment map details the assessment and requirements with learning outcomes listed in the curriculum document/

The assessment used to assess trainee performance include formative, summative and barrier assessments.

**Table 2: Summary of Part 1 Course program examinations and structure**

Program	Assessment Task	Eligibility	Structure
Part 1 Course	Assignments		20% weighting towards final mark
	Mid-year written examination on acupuncture points	Take place at the second face-to-face workshop. Must be completed within the same year as the final examination.	Short-answer questions on acupuncture point locations, meridian anatomy, and safety.
	Medical acupuncture clinical examination	Must have completed 25 hours of mentoring time and a clinical assessment.	The clinical examination is both a summative (pass/fail) and barrier assessment – students must pass this assessment (in addition to passing the written assessments) to pass the Part 1 Course.
	Final written examination	Must have completed the clinical examination.	Short-answer questions on acupuncture point locations, meridian anatomy, safety, and short answer questions based on clinical case scenarios. 3 hours examination time

The written examination and the clinical examination may be attempted a maximum of two times. All trainees can access the AMAC Adverse Circumstances Policy and Procedures for all assessments undertaken during their training. Trainees may also access the Reconsideration, Reviews and Appeals Policy.

#### **A.6 Monitoring and evaluation**

The College has multiple mechanisms for evaluating its education and training program. The review process addresses curriculum content, teaching and learning, supervision, assessment, and trainee progress. This includes:

- annually reviewing the AMAC program
- distributing evaluation forms to both trainees and teachers after each face-to-face workshop
- distributing evaluation forms to trainees for webinars at the end of each year
- distributing evaluation forms about the whole course after the final examination to all trainees this is compulsory
- inviting mentors to provide informal feedback about issues and their experiences
- regularly reviewing curriculum evaluation and evaluation of learning material.

Monitoring of trainee progress occurs through the performance feedback mechanisms. A tabular breakdown of performance feedback is available on the ePortfolio.

- Opportunities for performance feedback

- Person Responsible
- Feedback Format
- What happens to students identified as not meeting the course outcomes.

#### *Trainees*

Evaluation forms are used to obtain feedback on trainee experience across several domains: face-to-face workshops, webinars and lectures, and the whole course experience. Responses are provided on a rating scale and there are also opportunities for free-text responses to obtain qualitative data. Feedback from trainees is taken into consideration and used for monitoring and program development.

#### *Educators and mentors*

Informal feedback is provided by educators and mentors about their mentoring issues and experiences during the course. Feedback is discussed at the Education Committee meeting.

### **A.7 Trainee selection and support**

The training program application process mandates that eligible applicants must have completed a relevant medical course (MBBS, MBCHB or MD) and possess one of the following:

- FRACGP/FARGP/FACRRM
- other medical specialty training program
- vocational registration as a General Practitioner
- completion of undergraduate dental course or postgraduate dental course (BDSC).

In addition, eligible applicants must:

- be currently actively practising chosen medical/dental specialty
- have a current unconditional medical/dental registration with Ahpra.

Admission requirements are clearly stated in the curriculum and in the AMAC Part 1 Course Registration Form. An online registration form was trialled in 2022 and found to improve the process of trainee enrolment and was used again in 2023.

#### *Trainee representation*

The Education Committee has trainee representation to address training, assessment and related issues. Trainees are encouraged to communicate any concerns or questions regarding the course to the Part 1 Student Representative, Course Convenor, the State Education Representatives, and the Education Chair. Any issues unable to be resolved at the Education Committee level are taken by the Education Chair to the next Federal Committee meeting, and the outcome is communicated to the relevant trainee by letter in an email.

Additionally, trainees are informed in multiple ways regarding College decisions. Information is provided via the website, written information on joining the course, emails, communication through the Learning Management System (LMS) and face-to-face communication with educators and mentors. The main mechanism for communication with trainees is through email.

### **A.8 Supervisory and training roles and training post accreditation**

#### **Supervisory and training roles**

##### *Part 1 Course training program*

Trainees are supported by approved training mentors. There are approximately 40 mentors with a ratio of one educator per three trainees for the face-to-face workshops and two educators for each webinar. Clinical mentoring sessions are mostly held on a one-to-one basis. The training

educator position description is outlined in the Course Management and Assessment Procedure Manual.

### **Supervisor training and evaluation**

All teachers, mentors and examiners must hold a Fellowship of the AMAC (FAMAC) or equivalent. All mentors and teachers are experienced medical acupuncturists who are registered practising medical or dental practitioners.

Teachers and mentors are selected via an application process open to AMAC members who meet the minimum academic, professional and currency-of-practice requirements outlined in the application form. Applicants must provide two references and the Education Chair may discuss each application with the referees. The application is submitted to the next scheduled Federal Committee meeting for approval.

Trainees can provide feedback on training supervisor performance through an evaluation form.

### **Examiners**

Examiners are appointed by the Examination Chair and must have a minimum of two years of experience as an AMAC educator-and/or mentor.

### **Reconsideration, review and appeals**

The College's Reconsideration, Reviews and Appeals Policy is available to applicants and information can be found on the College's website.

## **Section B Assessment against standards for endorsement of registration of medical practitioners for acupuncture**

### **B.1 The context of training and education**

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#### **1.1 Governance**

- The education provider's corporate governance structures are appropriate for the delivery of medical training and education.
- The education provider has structures and procedures for oversight of the program of study. The structures and processes are understood by those delivering the program.
- The education provider's governance structures allow all relevant groups to be represented in decision-making.
- The education provider's governance structures give appropriate priority to its educational role relative to other activities, and its educational role is defined in its corporate governance structures.

##### **1.1.1 Team findings**

The Australian Medical Acupuncture College (AMAC) is responsible for conducting medical acupuncture education and training programs tailored to medical and dental professionals in Australia. The College has made a substantial contribution to the teaching and recognition of the art and science of medical acupuncture in Australia. The College is an ASIC incorporated company limited by guarantee and organised into four levels (Figure 1), including an elected Board (Federal Committee) overseeing the Education Committee, Examination Committee, Research Committee, Ethics Committee, and has state branches for all states and territories. These organisational layers have functional relationships with each other. While the size of the College is small, it has a clear corporate governance structure as detailed within the Constitution. Conscientious and engaged members provide expertise and guidance relating to education and training within this specialised field. This includes an Aboriginal and/or Torres Strait Islander doctor that advises the College, and is involved in the Part 1 teaching team and a member of the Education Committee (1.1)

##### *College member representation*

The governance structure ensures representation of College members. There are nine College membership categories: fellows, graduates, trainees, associate members, honorary fellows, trainee members, overseas fellows, overseas members and overseas associate members. Diligence and diversity within membership will promote fair, transparent and functional decision-making processes that may be executed without bias and incorporate contemporary practice. By incorporating a solid educational base, melded with ongoing professional evidence-based practice, the course structure and function as articulated in the Course Management and Assessment Manual can be developed. These can reflect program changes and developments under the guidance of the governing body and its delegated and authorised subcommittees.

##### *Trainee representation*

There is a trainee representative on the Education Committee to address training, assessment and related issues. Additionally, trainees are encouraged to communicate any concerns or questions regarding the course to the Course Convenor, the State Education Representatives, and/or the Education Chair. Trainees are also encouraged to raise concerns regarding the training program at the Federal Committee meeting and the outcome is communicated to all trainees in an email.

### *Inclusion of a health consumer representative in evaluation processes*

The team met many enthusiastic patients and consumers of medical acupuncture during the assessment; however, the team observed the absence of a formal process for patients to actively engage and welcomes the addition of a patient representative on the Federal Committee. It is recommended that a comprehensive role description be developed for the patient representative, along with providing necessary information about the College, applicable standards and its governance to enable effective functioning in this role.

### *Conflict of interest policy*

The College has an appropriate Conflict of Interest Policy to guide College activities. The policy helps in identifying, declaring and managing real or perceived conflicts of interest involving the College and its activities. This policy is publicly available on the College website. The College's available Student Complaints Policy aims to support a process in handling of trainee complaints about any aspect of The Australian Medical Acupuncture College Course Part 1 (Part 1 Course hereafter).

There is some risk associated with the integrity of the program having few custodians and perhaps a reliance on specific individuals. Consideration and contingency planning may be in place but is not apparent. Renewal of training capacity using train-the-trainer type processes will ensure ongoing sustainability and refresh of trainer capacity and may assist in the induction of new trainers.

## **1.2 Program management**

- The education provider has structures with the responsibility, authority and capacity to direct the following key functions:
  - planning, implementing and evaluating the program of study and the curriculum, and setting relevant policy and procedures
  - certifying successful completion of the training and education programs.

### **1.2.1 Team findings**

While the College is invested in the small number of providers, the clinical and educational governance structures upon which the functions are based are sound. Harnessing of further formal educational expertise will allow the College to strengthen the necessary planning and evaluation embedded within this standard. Dynamic and contemporary policy and procedure formulation overseen by the governing body and guided by the educational expertise will ensure effective program management.

The Australian Medical Acupuncture College Course FAMAC Part 2 (FAMC Part 2 Course hereafter) was outside the remit of this review, but the team noted that successful completion of Part 1 of the College program provides those doctors with Ahpra endorsement to claim acupuncture-related Medical Benefits Schedule (MBS) items. Noting a pass of Part 1 affects rebatable items. It was not clear to the team why a two-part approach to gaining fellowship is in place and why endorsement takes place after completion of Part 1, recognising the College's advice the naming of Part 1 and Part 2 Courses are approved by Ahpra.

## **1.3 Reconsideration, review and appeals processes**

- The education provider has reconsideration, review and appeals processes that provide for impartial review of training-related decisions. It makes information about these processes publicly available.

### **1.3.1 Team findings**

The College's Reconsideration, Reviews and Appeals Policy aims to support trainees by addressing difficulties in completing any compulsory course requirements due to unforeseen

circumstances. The approach to this standard is detailed in the Course Management and Assessment Manual (clauses 225-237), noting this relates to the final result only.

#### **1.4 Educational expertise and exchange**

- The education provider uses educational expertise in the development, management and continuous improvement of its training and education functions.
- The education provider compares its program of study with other relevant programs.

##### ***1.4.1 Team findings***

The team found that while the executive members of the College have vast and longstanding experience and have built on the legacy of others it would be prudent to incorporate formal educational expertise to bring increased rigour into the development, management and ongoing improvement processes utilised in the established training and education modules. The team recommends specific expertise particularly in the area of assessment but also curriculum development.

#### **1.5 Interaction with the health sector**

- The education provider supports the delivery of acupuncture education by constructive relationships with other relevant agencies and facilities.

##### ***1.5.1 Team findings***

The College is a leading educational and training provider in medical acupuncture. In order to continue fulfilling this aim, the College acknowledges the need to build and maintain effective relationships across the sectors. Members of the governance committees are derived from sections of the medical acupuncture profession, ensuring an existing interface with the sector more broadly. Enhancement by way of more detail to articulate constructive relationships with sectors of the health community such as Joint Consultative Committee on Medical Acupuncture (JCCMA) which was dissolved in April 2023, Royal Australian College of General Practitioners (RACGP) and Australian College of Rural and Remote Medicine (ACRRM) along with other key agencies (some of which are mentioned such as The Alfred, Balmain and Austin hospitals), would strengthen the intent of this standard. In addition, broadening engagement with health services would serve to extend the role of medical acupuncture in medicine to a wider community.

As the complementary nature of the field is key to comprehensive care, further detail relating to articulating constructive relationships with sectors of the health community will capture the intent of this standard. This may include facilities/organisations, colleges or sections and subspecialties.

#### **1.6 Continuous renewal**

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

##### ***1.6.1 Team findings***

The College demonstrates a strong commitment to some good examples of improvement and renewal of its governance structure, education and training programs, and related policies. These include:

- development of a handbook: Acupuncture points location guide for trainees (2021)
- development of Adverse Circumstances Policy and Procedures (2022)
- significant revision of face-to-face workshops in response to trainee feedback (2021)
- webinar recording of mentor roles and responsibilities uploaded to Basecamp (2020)

- webinar recordings now available via Coassemble for trainee revision (2020)
- State Education Representatives now receive regular updates on trainee progress via Part 1 Convenor reports
- an excellent online platform provided via Coassemble, which is modern, professional and easy to use.

The substantial challenges of the COVID-19 have yielded a “silver lining” by way of forcing an approach to renewal and realignment, all fostering innovative thinking and planning. There is evidence provided of discussions and evaluations, that would be further strengthened by a detailed summary of introduced innovation and tracked renewal examples. The College may wish to consider developing a systematic structure to support continuous improvement of its programs.

## 2024 Commendations, conditions and recommendations

<i>Commendations</i>	
A	There are sound educational governance structures upon which clinical function of training in medical acupuncture are based. (1.2)
B	The approach to renewal, realignment and fostering innovative thinking and planning, especially demonstrated during the challenges of the COVID-19 pandemic. (1.6)
<i>Conditions to satisfy accreditation standards</i>	
1	Develop and implement mechanisms to ensure a diverse governance membership to enhance transparent and functional decision-making with contemporary practice. The mechanisms should include governance contingency planning and ensuring education policy formulation is well-guided by medical education expertise. (1.1, 1.2 and 1.4)
2	Develop and implement formally documented mechanisms, that are publicly available, to enable the impartial review of consideration of progressive assessments. (1.3)
3	Articulate constructive relationships with various sectors of the health community to ensure there is formal and widespread input from relevant stakeholders and experts to inform the further development of the Part 1 Course. This includes incorporating formal mechanisms for RACGP and ACRRM to provide input into the curriculum. (1.5 and 3.2)
<i>Recommendations for improvement</i>	
AA	Develop a role description for the patient/consumer representative and provide information about the College and its governance system to enable them to function effectively in the role. (1.1)

## **B.2 Educational purpose and outcomes of the program of study**

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### **2.1 Educational purpose**

- The education provider has defined its educational purpose which includes setting and promoting high standards of practice for medical practitioners who seek endorsement to practise acupuncture, within the context of its community responsibilities.
- In defining its educational purpose, the education provider has consulted internal and external stakeholders.

#### **2.1.1 Team findings**

The College defines its educational purpose and mission in their Constitution (2007) as follows:

- a. to promote the value and use of medical acupuncture in Australia
- b. to advance the scientific study and research of medical acupuncture in Australia
- c. to promote high standards of professional practice and ethics in the use of medical acupuncture through training and continuing education
- d. to promote the dissemination of knowledge about medical acupuncture throughout the medical profession and the general community
- e. to promote, maintain, protect, and advance the general and social interests of the members of the College by representing their views to persons who influence the practice of medical acupuncture in Australia.

The team found that the Part 1 Course provided by the College is designed to achieve the stated educational aims. The curriculum has been developed by a very experienced and highly committed group of medical acupuncturists.

As yet the College's plans for input from the RACGP and the ACRRM have not been implemented formally. It is recommended that the College consults meaningfully with stakeholders such as other relevant experts (e.g. anaesthetists and pain medicine specialists), health authorities and patient groups. Incorporating input from external as well as internal stakeholders will be helpful to its development (as discussed under Standards 1.4 and 1.5) as the College expands.

### **2.2 Graduate outcomes**

- The education provider has defined graduate outcomes for the program. These outcomes recognise and build on the outcomes of other phases of medical education. The outcomes are related to community need and to the requirements to practise acupuncture safely and effectively.
- The overall goals of the program of study include building on the knowledge, skills, and competence of medical practitioners to produce acupuncturists who:
  - have acquired knowledge of the theories that underpin and enable the safe application of acupuncture
  - have demonstrated the knowledge, skills and professional qualities necessary for independent acupuncture practice
  - can carry out acupuncture treatment for appropriate indications in a safe and effective manner
  - are prepared by their training for collaborative practice
  - are prepared to provide care to all patients according to "Good Medical Practice: A Code of Conduct for Doctors in Australia".
- The education provider makes information on graduate outcomes publicly available.

### 2.2.1 Team findings

The team found that the College has clearly stated the graduate outcomes for the Part 1 Course, and these are available on the website.

Eligibility to study this course requires a medical degree, specialist medical qualification and to be a practising doctor (or dentist) but it would be inadvisable to assume that all trainees already possess the range of attributes and skills to be a clinician. To ensure that graduates can provide safe acupuncture, more specificity is required; for example in the outcome: 'Demonstrate the knowledge, skills and professional qualities necessary for independent medical and dental acupuncture practice'.

A specific graduate outcome referring to the need for cultural safety and capability in managing the care of Aboriginal and/or Torres Strait Islander patients will need to be considered. This may provide a framework to detail additional outcomes for graduates to provide culturally sensitive and safe medical acupuncture practice to peoples from a variety of cultures represented in Australian society. Good medical practice: a code of conduct for doctors in Australia (2020) includes Aboriginal and Torres Strait Islander health and cultural safety as well as cultural safety for all communities. This document could help inform the College as to how to promote and teach cultural safety within their program, in addition to consultation with Aboriginal and/or Torres Strait Islander communities about cultural safety in relation to First Nations Peoples of Australia. Given the College's existing working relationships with ACRRM and RACGP, collaborating on shared outcomes regarding cultural safety will be a holistic approach.

### 2024 Commendations, conditions and recommendations

<i>Commendations</i>	
C	The defined educational purpose and mission in the College Constitution, promoting medical acupuncture. (2.1)
D	The clearly stated graduate outcomes for the Part 1 Course are available on the College website. (2.2)
<i>Conditions to satisfy accreditation standards</i>	
4	Develop and implement specific graduate outcomes (and associated curriculum) to ensure capability in cultural safety practice, especially in managing the care of Aboriginal and/or Torres Strait Islander patients. (2.2 and 3.2)
<i>Recommendations for improvement</i>	
Nil.	

## **B.3 The training and education program**

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### **3.1 Curriculum framework**

- The education provider has a framework for the curriculum organised according to the defined graduate outcomes. The framework is publicly available.

#### **3.1.1 Team findings**

The College provides a framework of the curriculum structure and requirements, assessment requirements and graduate outcomes for The Australian Medical Acupuncture College Course Part 1. This is available on the College [website](#). The framework details requirements for enrolment to the course and the continuum of medical acupuncture training, with an indication of the number of course hours trainees should expect to commit to in order to complete the Part 1 Course.

The team found that successful applicants are provided with a more detailed curriculum, in which each teaching module is mapped to graduate outcomes. A description of the required learning activities and details of specific assessment requirements is given.

### **3.2 The content of the curriculum**

- The curriculum content aligns with all of the graduate outcomes.
- The curriculum content takes account of the requirements of Good Medical Practice.
- The curriculum builds on knowledge, skills and experience of medical practitioners and includes theoretical knowledge and clinical practice of acupuncture to produce graduates who understand the scientific and evidence base of acupuncture as part of medical practice.
- The curriculum builds on communication, clinical, diagnostic, management and procedural skills to enable safe patient care.
- The curriculum prepares program graduates to contribute to the effectiveness and efficiency of the health care system, by building on knowledge and understanding of the issues associated with the delivery of safe, high-quality and cost-effective health care within the Australian health system.

#### **3.2.1 Team findings**

The team noted that the curriculum prepares program graduates to contribute to the effectiveness and efficiency of the health-care system by building on their existing knowledge and understanding of the issues associated with the delivery of safe, high-quality and cost-effective health care within the Australian health system. As indicated earlier, improving formal consultation with various stakeholders and experts, especially the RACGP and ACRRM, will support further development of the curriculum and align it with contemporary medical education and clinical practice.

The curriculum is designed to guide and enable trainees to meet all stated graduate outcomes for the Part 1 Course. It builds on the existing skills, knowledge and experience of medical practitioners and is provided very much in the context of Good Medical Practice. An example of this is the strong focus on person-centred care.

The team noted that in addition to the theoretical knowledge provided to trainees, there are compulsory face-to-face practical workshops focused on practical skills acquisition. The mentorship requirements of the course provide the opportunity for clinical practice in acupuncture with experienced medical acupuncturists and this is highly valued by trainees.

Safety and quality are an element of the Part 1 Course curriculum and are apparently developed in the more advanced FAMAC Part 2 Course curriculum. While the latter is outside the scope of this assessment, it would be helpful to consider the content together, especially as practitioners can bill for acupuncture items after passing Part 1. This was also discussed in Standard 1.2.

We understand that while the Part 1 Course deals with musculoskeletal matters and pain, there are some areas which are not taught until the FAMAC Part 2 Course. The trainees the team spoke to indicated that they found the two-part structure and nomenclature of the fellowship training confusing. The College may wish to consider rethinking this split structure in future.

The team's notes the College presently employs the 1999 World Health Organization (WHO) guidelines on basic training and safety in acupuncture. Recent updates have been made to the WHO benchmarks for the practice of acupuncture in 2021. A review of the College curriculum is recommended to ensure that it aligns with the updated WHO guidelines.

### **3.3 Continuum of training, education and practice**

- Program completion requirements recognise demonstrated knowledge and skills acquired in earlier phases of medical training and education.

#### **3.3.1 Team findings**

The team found that to be eligible to enrol in Part 1 of the College course, applicants must be trained as doctors (or dentists) and currently working clinically. Eligible applicants must have completed a relevant medical course (MBBS, MBCHB or MD) and possess one of the following:

- FRACGP/FARGP/FACRRM
- other medical specialty training program
- vocational registration as a General Practitioner
- completion of undergraduate dental course or postgraduate dental course (BDSC).

In addition, eligible applicants must:

- be actively practising their chosen medical/dental specialty
- have a current, unconditional medical/dental registration with Ahpra.

Admission requirements are clearly stated in the curriculum and in the AMAC Part 1 Course Registration Form. AMAC will trial an online registration form from 2023 to improve the process of trainee enrolment. The knowledge and clinical skills from successful applicants' primary medical (or dental) degree are assumed for the course and are built on as they learn new knowledge and skills in medical acupuncture.

### **3.4 Structure of the curriculum**

- The curriculum articulates what is expected of trainees at each stage of the program of study.
- The duration of the program is sufficient for graduates to acquire the theoretical learning and supervised clinical practice to perform unsupervised and safely as acupuncturists.

#### **3.4.1 Team findings**

The team noted that the Part 1 curriculum is clearly articulated to trainees through descriptions of intended outcomes, content, learning resources and assessment requirements. It would be beneficial to provide an overview of Part 2 in addition to Part 1 at the start of the course. Since Part 1 focuses mainly on the musculoskeletal system, a whole-of-fellowship description would help trainees to see that other uses of acupuncture that they may experience during mentorship sessions are dealt with in the advanced course. Trainees also voiced a desire to have an overview of the whole fellowship curriculum from the start. They felt that this would reduce concerns about their proficiency.

The program of theoretical knowledge comprises 48 hours of online lectures/webinars and 180 hours, or 15 hours per month, of self-directed learning, three summative assignments and case studies. This is supplemented by three compulsory in-person practical weekend workshops of 48

hours in total and 25 hours of supervised practice which provides adequate opportunity for knowledge acquisition and for skills development in acupuncture. Part 1 is completed with a final written exam at the end of October each year. Trainees commented on the nurturing environment provided by teachers and mentors, and this is commendable.

The Part 1 Course training must be completed within a maximum of one year. The AMAC Part 1 Course curriculum and timetable are publicly available on the College's website. The Part 1 Course curriculum is reviewed at the end of each academic year and was last updated in early 2021. The Curriculum provides the educational framework and plan for attaining the requirements and characteristics to continue into the FAMAC Part 2 Course, a pathway to fellowship.

More detailed information of Part 2 provided to commencing trainees would help their understanding of the entire training program.

## 2024 Commendations, conditions and recommendations

<i>Commendations</i>	
E	The Part 1 Course curriculum framework and content is comprehensive and developed by a very experienced and highly committed group of medical acupuncturists. (3.1 and 3.2)
F	The mentorship requirements of the Part 1 Course provide the opportunity for clinical practice with experienced medical acupuncturists, and this is highly valued by trainees. (3.2)
<i>Conditions to satisfy accreditation standards</i>	
5	Provide evidence that related curriculum elements for the Part 1 Course are updated and aligned with the most recent WHO benchmarks for the practice of acupuncture. (3.2)
<i>Recommendations for improvement</i>	
BB	Consider ways for safety and quality, as critical content in both the Part 1 Course and FAMAC Part 2 Course, to be delivered as a combined element. (3.2)

## **B.4 Teaching and learning**

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### **4.1 Teaching and learning approach**

- The program employs a range of teaching and learning approaches, mapped to the curriculum content to meet the graduate outcomes.

#### **4.1.1 Team findings**

The team found that there is strong evidence of an appropriate range of teaching and learning approaches, which include online lectures or webinars, face-to-face demonstrations workshops, clinical practice mentorship and self-directed learning. Standard 5 of the AMAC Part 1 Course Accreditation Standards aims to provide comprehensive education for trainees, including various teaching sessions, lectures and discussions.

##### *Part 1 Course training*

The curriculum is guided by outcomes defined in the training curriculum by the ten main topic areas. Various strategies such as online webinars, supplemented reading material and topic quizzes, and topic revision in face-to-face workshops are used to offer learning opportunities.

##### *Clinical setting training*

Part 1 Course training includes mentoring sessions when trainees attend the mentor's clinical practice, or the mentor attends the trainee's clinical practice. Face-to-face weekend workshops are compulsory, in which trainees practise needling skills and the use of different acupuncture modalities.

### **4.2 Teaching and learning methods**

- The program includes appropriate theoretical instruction.
- The program involves the trainees' personal participation in relevant aspects of direct patient care.
- The program includes appropriate adjuncts to learning in a clinical setting.

#### **4.2.1 Team findings**

The team found that the program includes sufficient and appropriate theoretical content, within appropriate theoretical content within the session outlines, as well as direct trainee involvement in patient care and support for the trainees learning in a clinical setting. However, a range of preferences is noted with some mentors practising almost exclusively with the use of laser, potentially limiting trainees' exposure to the use of needles. This may further affect trainee learning in a variety of clinical skills that fall under the outcomes of the Part 1 Course and may result in patient safety concerns if inadequately developed. The College has begun to mitigate this with trainees being allocated to more than one mentor on occasion. The College may wish to consider the implementation of minimum clinical hours or sessions attached to each significant clinical skill.

Patients spoke highly of the process of consent before allowing trainees in the consultation room giving the patient autonomy in their decision to allow the student to observe or not. The patients agreed the process for teaching students during patient appointments is professional and patients feel confident and comfortable having students involved.

The College is to be commended on the clarity and comprehensive nature of the information provided to trainees via the Learning Management System (LMS), Coassemble. All trainees have access to, Coassemble, and examination preparation resources. This is extremely positive and contributes to equity of learning for all the trainees. Trainees the team spoke with confirmed they found the LMS to be helpful in their training.

## 2024 Commendations, conditions and recommendations

<i>Commendations</i>	
G	The clarity and comprehensive nature of the information provided to all trainees via the LMS supports learning and examination preparation.
H	The process of enabling patient consent in allowing trainee observers supports patient autonomy and good clinical practice.
<i>Conditions to satisfy accreditation standards</i>	
6	Develop and implement ways to monitor the range of practical clinical skills available to each individual trainee at different training site with consideration for the implementation of minimum clinical hours attached to each significant clinical skill. (4.1 and 4.2)
<i>Recommendations for improvement</i>	
Nil.	

## **B.5 Assessment of learning**

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### **5.1 Assessment approach**

- The education provider has a program of assessment aligned to the outcomes and curriculum of the program of study.
- The education provider documents its assessment and completion requirements. The documented requirements are accessible to staff, supervisors and trainees.
- The education provider has policies relating to disadvantage and special consideration in assessment.

#### **5.1.1 Team findings**

The assessment team was impressed with the work the College team has put into updating and documenting the assessment system and related policies. Recent changes to the clinical exam have now been implemented and are in the process of being finalised. The College has a comprehensive program of assessment leading to the successful completion of the AMAC Part 1 Course with a mixture of formative, summative and barrier assessments.

The team found that there is alignment between assessment requirements and the stated graduate outcomes. The College also provides comprehensive information on the assessment requirements to trainees on the LMS and in teacher information sessions. Information is also available to examiners and teachers, and the College has a program of assessor training and calibration for clinical examiners.

The College's Adverse Circumstances Policy and Procedures support special consideration for adverse circumstances that impact on performance in the course assessment. The Reasonable Adjustment Policy is used specifically for doctors with disability to access AMAC assessments, with reasonable adjustments made for circumstances beyond their control. It is recommended that the Federal and Examination Committees continue to refine and document their procedures in relation to special consideration and disadvantage. The team considers capturing intent is key to ensuring fairness and a responsive organisation approach to decision making. This can be incorporated in the Examination Committee's revised documentation.

### **5.2 Assessment methods**

- The assessment program contains a range of methods that are fit for purpose.
- The education provider has a blueprint to guide assessment through each phase of the program of study.

#### **5.2.1 Team findings**

The team found that the Part 1 Course assessment program includes written examination, written assessments and a clinical assessment with three methods of assessments: open book, closed book written, and clinical assessment. The mid-year written assessment consists of short answer questions on acupuncture points, meridian pathways, and safety. The clinical assessment is both a summative and barrier assessment. The final written examination is similar to the mid-year assessment and includes short-answer question based on clinical case scenario stems. The team had the opportunity to observe clinical examination in Brisbane, Sydney and Melbourne and congratulates the College on the smooth running over several sites.

#### *Mid-year and final Written examinations*

The examination pass mark is set at 60 per cent and more robust standard-setting procedures are required. There is a basic outline of key topics which will be assessed but the College needs to develop more formal blueprinting of their examinations that is more informed by formal educational protocol or approach.

### *Written assessment*

Until 2022, 100 per cent of the weighting for written assessment was on the examination, with completion of assignments serving as an eligibility criterion to sit the exam. Since 2022, the assignments contribute 20 per cent to the final mark. The College has developed policies and procedures to deal with issues of late submission of assignments and adverse circumstances.

### *Clinical assessment*

The team found that trainees undergo a clinical assessment which they must pass to complete Part 1. Team members had the opportunity to observe the clinical assessment and were impressed by the smooth running over several sites. This included pre-examination calibration. Examiners use a standard rubric to assess candidates which promotes consistency across sites. The current practice of examiners providing a pass or fail result to the candidate on completion of the examination is unusual, as a meeting of an Examinations Board to check consistency, moderate and ratify results should be standard procedure.

## **5.3 Performance feedback**

- The education provider facilitates regular and timely feedback to trainees on performance to guide learning.
- The education provider gives supervisors information on their trainees' assessment performance.
- The education provider has processes for early identification of trainees who are not meeting the outcomes of the program and implements appropriate measures in response.

### **5.3.1 Team findings**

The team noted that the provision of regular feedback to trainees is evident in the program. Trainees receive detailed feedback on assignments, and both the practical workshops and mentorship program enable provision of feedback. Trainees highlighted that during mentorship days there is always adequate and immediate feedback provided to trainees.

The team also found that the Education Committee has introduced measures to identify and support trainees in difficulty and the service provided is excellent. This is currently possible because of the relatively small number of trainees and may become more challenging as the College grows and more of the senior experienced supervisors and teachers retire.

## **5.4 Assessment quality**

- The education provider regularly reviews the quality, consistency and fairness of assessment methods, their educational impact and their feasibility. The provider introduces new methods where required.

### **5.4.1 Team findings**

The team found that the Education Committee reviews pass rates as well as trainee and assessor feedback. The team is impressed by the efforts put into ensuring fairness and consistency in assessment and the thought given to educational impact, feasibility and assessment quality.

The format of the written examination with mixed multiple-choice questions and short-answer questions, along with the relatively small number of candidates, makes meaningful analysis of the quality of questions challenging for the Education Committee. The College is encouraged to further develop their post-exam analysis as well as develop formal blueprinting and standard-setting procedures.

## 2024 Commendations, conditions and recommendations

<i>Commendations</i>	
I	The comprehensive information on the assessment requirements provided to trainees, supervisors, examiners, and assessors across various platforms. (5.1)
J	The evidence of regular and detailed feedback provided to trainees on assignments, practical workshops, and the mentorship program. (5.3)
K	The measures to identify and support trainees in difficulty by experienced supervisors and mentors are notably excellent within the small training cohort.
<i>Conditions to satisfy accreditation standards</i>	
7	Develop, implement and document decision-making procedures in relation to special consideration and disadvantage. (5.1.3)
8	Develop and implement formal blueprinting procedures for clinical and written examinations to demonstrate alignment to the Part 1 Course graduate outcomes, curriculum, and assessment. (5.2 and 5.4)
9	Develop and implement formal and evidence-based standard setting procedures including: <ul style="list-style-type: none"> <li>i) ensuring robust post-examination analysis and result ratification</li> <li>ii) specific detail of how pass/fail decisions are determined and delivered. (5.2 and 5.4)</li> </ul>
<i>Recommendations for improvement</i>	
Nil.	

## **B.6 Monitoring and evaluation**

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### **6.1 Monitoring**

- The education provider regularly reviews its program of study. Its review processes address curriculum content, teaching and learning, supervision, assessment and trainee progress.
- Supervisors contribute to monitoring and to program development. The education provider systematically seeks, analyses and uses supervisor feedback in the monitoring process.
- Trainees contribute to monitoring and to program development. The education provider systematically seeks, analyses and uses their confidential feedback. Trainee feedback is specifically sought on proposed changes to the training program to ensure that existing trainees are not unfairly disadvantaged by such changes.

#### **6.1.1 Team findings**

##### *Data collection and monitoring methods*

The College has a well-established internal process to gather data for its education and training program. Systematic feedback is routinely sought from both trainees and mentors. Data collected and regularly monitored encompasses:

- voluntary surveys
- one compulsory survey for students
- one invited survey for mentors.

##### *Trainee and mentors' participation in monitoring*

In direct response to trainee feedback, the College has demonstrated a commitment to enhancing aspects of its program including course delivery, educator responsiveness and practice modalities. Notably, the College has increased the number of face-to-face practical workshops per year from two to three. The team noted, when a trainee alerted the College to an error in an assignment due date where the date fell during mid-year exam studies, a process for assessing and addressing this oversight was rapidly implemented, contributing to the improvement of the training program. The College's positive response to feedback and handling of issues raised is commendable.

To further enhance the response rate for voluntary surveys, the team encourages the College to explore ways to effectively communicate the direct correlation between changes and improvements made based on feedback previously provided by trainees and mentors.

In fostering better communication channels, trainees are afforded the opportunity to be represented on the Education Committee through an appointed student representative. The Education Committee, reporting directly to the Federal Committee, has proven to be instrumental in facilitating effective communication between trainees and staff. This process ensures matters raised by trainees receive prompt attention from College personnel.

The team understands that there is currently no standardised method for all mentors to directly provide feedback to the College. Consideration might be given to establishing a mandated system that enables all mentors to contribute their valuable insights directly to the College.

### **6.2 Evaluation**

- The education provider develops standards against which its outcomes are evaluated.
- The education provider collects, maintains and analyses both qualitative and quantitative data on its graduate outcomes.
- Stakeholders contribute to evaluation processes.

### **6.2.1 Team findings**

The standards against which program and graduate outcomes are discussed under Standard 2.

#### *Evaluating trainees, teachers, mentors and examiners*

The College systematically evaluates educational outcomes against graduate outcomes, actively monitoring trainee performance across a spectrum of assessment tasks and conducting a thorough analysis of results. Written feedback on all activities is regularly sought through surveys, generating both quantitative and qualitative data.

The College has indicated a forthcoming project aimed at more formally tracking Part 1 Course graduates' outcomes, a commendable initiative that the team strongly encourages. This project holds significant potential as a valuable source of information for the College to monitor trainee progress throughout the program. The AMC looks forward to receiving information from the College on the implementation and results of this project.

Encouraging an open and constructive feedback culture, the College invites feedback from trainees and teachers at any time, fostering an atmosphere conducive to open communication. Additionally, teachers, mentors and examiners are welcomed to Education Committee meetings as a means of receiving feedback and sharing insights about the program.

To further enhance feedback processes, the team encourages the College to establish robust mechanisms for addressing complaints. For trainees to feel safe to raise sensitive concerns, it is critical there be a confidential avenue to do so. Anonymity should be preserved, preventing feedback from being traced back to individual trainees and mentors. When seeking general feedback, it is also important to clearly communicate who will have access to information provided.

#### *Stakeholder survey*

The team observed limited external stakeholder involvement in the evaluation process. The team encourages the College to actively cultivate stronger relationships with consumers and community organisations to enhance and fortify its evaluation processes.

## **6.3 Feedback, reporting and action**

- The education provider reports the results of monitoring and evaluation through its governance structures.
- The education provider makes evaluation results available to stakeholders and considers their views in continuous renewal of its program.
- The education provider manages concerns about, or risks to, the quality of any aspect of its program of study effectively and in a timely manner.

### **6.3.1 Team findings**

#### *Internal stakeholders*

The Education Committee communicates the outcomes of Part 1 Course evaluations to the Federal Committee. While it seems that supervisors, teachers, mentors, examiners and a representative from Chronic Pain Australia have the opportunity to share their comments and perspectives at Education Committee meetings, it is observed this opportunity is not widely utilised, nor is it clear how this is systematically achieved.

#### *External stakeholders*

The team has considered the extent to which the College engages with external stakeholders and encourages the College to engage further with external stakeholders such as health services to contribute to continual renewal of the program, (as indicated in Standard 1.5). The team notes evaluation results may not yet be widely shared with external stakeholders, including its supervisors and teachers. To facilitate more effective renewal of the program, the team suggests

the College consider how this may be achieved in a systematic way. Developing and implementing a workable process while the Part 1 Course is still of a manageable size will set the College up well for future development.

#### *Managing concerns*

The College currently has procedures in place to address concerns regarding the quality of the program promptly and effectively. This includes a comprehensive Risk Management Policy and Procedure document encompassing general and static risks. The team encourages the College to expand this framework to incorporate emerging risks, such as the self-identified risk of succession planning for mentors and committee members. This adjustment aims to capture both inherent and emerging risks for assessment by the College.

#### **2024 Commendations, conditions and recommendations**

<i>Commendations</i>	
L	The commitment to active monitoring and evaluation, using various methods for trainees, supervisors, and mentors to provide feedback on the Part 1 Course, and evidence of willingness to make changes based on this feedback.
<i>Conditions to satisfy accreditation standards</i>	
10	Develop regular monitoring and evaluation reports describing how feedback was evaluated, actions taken and how improvement goals were met. (6.1, 6.2 and 6.3)
11	Develop and implement systematic and safe evaluation methods for trainees to provide feedback on the program using appropriate reporting mechanisms. (6.2 and 6.3)
12	Report the outcomes of monitoring and evaluation activities to all relevant College committees, and internal and external stakeholders. (6.3)
13	Develop and implement a live Risk Register that captures existing and emerging risks relevant to the delivery of the Part 1 Course, monitored by the governing body. (6.3 and 1.1)
<i>Recommendations for improvement</i>	
Nil.	

## **B.7 Trainees**

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### **7.1 Admission policy and selection**

- The education provider has documented selection policies and principles that are fit for purpose and can be implemented and sustained in practice.
- The processes for selection into the program:
  - o use published criteria based on the education provider's selection principles
  - o are evaluated with respect to validity, reliability and feasibility
  - o are transparent and fair and are capable of standing up to external scrutiny

#### **7.1.1 Team findings**

The College has clear and documented selection requirements that are publicly accessible via the College website. The selection process mandates that eligible applicants must have completed a relevant medical course (MBBS, MBCHB or MD) and possess one of the following:

- FRACGP/FARGP/FACRRM
- other medical specialty training program
- vocational registration as a General Practitioner
- completion of undergraduate dental course or postgraduate dental course (BDSC).

In addition, eligible applicants must:

- be actively practising their chosen medical/dental specialty
- have a current, unconditional medical/dental registration with Ahpra.

Since 2022, the application process has been facilitated through an online registration form, easily accessible by applicants on the College website. Applicants are selected by the Education Committee after the weighting of applications and based on their current credentials. Documentation related to specific selection criteria and weighting, extensive selection policy or procedure is not available on the website.

The team considers the requirements and general approach are transparent, fair and reasonable however, it is important for a selection policy to be developed with related procedures, such as decision making and timelines for review, and against graduate outcomes. In addition, when developing a selection policy, the College should consider criteria against the outcomes developed against *'Good Medical Practice: A Code of Conduct for Doctors in Australia'*. This may include developing specific policy to select Aboriginal and/or Torres Strait Islander doctors or doctors in rural areas.

### **7.2 Trainee participation in education provider governance**

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

#### **7.2.1 Team findings**

The team found that the College has formal processes for involving trainees in the governance of the program. An enthusiastic trainee representative has been appointed on the Education Committee to address training, assessment and other issues. Feedback is regularly sought about the quality and delivery of individual training activities. Trainees are encouraged to communicate any concerns or questions regarding the course to the Course Convenor, the State Education Representatives and the Education Chair. Trainees are also encouraged to raise concerns regarding the training program at the Federal Committee meeting and the outcome is communicated to all trainees by email.

The team recommends that the College engage trainees in the decision making or governance activities of the Part 1 program. As has been shown in the previous year, relying on one trainee representative may mean limited representation. It is recommended that, in addition to trainee involvement at the committee level, the College establish a process for canvassing broader feedback about the course. This should be broader than just specific feedback about content.

### **7.3 *Communication with trainees***

- The education provider has mechanisms to inform trainees in a timely manner about the activities of its decision-making structures.
- The education provider provides clear and easily accessible information about the program of study, costs and requirements, and any proposed changes.
- The education provider provides timely and correct information to trainees about their training status to facilitate their progress through training requirements.

#### **7.3.1 *Team findings***

The team noted that the College has clear mechanisms for communicating with trainees. Trainees are informed in multiple ways regarding College decisions. These include formal and informal processes. Information is provided on the website, written information on joining the course, emails, communication through the LMS and face-to-face communication with educators and mentors. The main mechanism for communication with trainees is through email.

The team found that the website is easily accessible and clear about the structure of the Part 1 Course of the training program. The team also found that trainees are provided with timely and accurate information about their progression through the training program.

### **7.4 *Resolution of training problems and disputes***

- The education provider supports trainees in addressing problems with training supervision and requirements and other professional issues. The education provider's processes are transparent and timely, and safe and confidential for trainees.
- The education provider has clear impartial pathways for timely resolution of training-related disputes between trainees and supervisors or trainees and the education provider.

#### **7.4.1 *Team findings***

The team found that feedback from trainees clearly indicates there are safe and accessible ways for members to raise any concerns they have. There has been no suggestion of any issues with the working culture of the College or inappropriate behaviour reported of any members of the College. The collegial interactions observed by the team demonstrate that the College treats its trainees with respect. The trainees also confirmed that if there is inappropriate behaviour from mentors, the College is approachable and quick to respond. There are email and mobile contact details of College administration available for the trainees. In two previous incidents with lecturers, the College has been very responsive.

The College recently introduced a formal Student Complaints Policy along with an existing AMAC Student Misconduct Policy). This mechanism empowers trainees to express any grievance or pose questions related to their mentors, educators or assessors. This inclusive approach allows trainees to actively contribute to the evaluation of teaching effectiveness, fostering transparency and accountability within the educational framework. The formalised policy not only provides a structured avenue for addressing concerns but also signifies the College's commitment to continuous improvement and ensures a positive and constructive learning experience for all trainees.

While the College demonstrates responsiveness to manage training problems and disputes, these are largely informal and undocumented. The team strongly recommends that the College clearly defines the policy as the mechanism through which trainees can formally escalate any concerns

about the training program (or the conduct of those involved in facilitating the program). These processes should cover general complaints, bullying and workplace health and safety. The mechanisms developed should be confidential, impartial, and timely. The small size of the College means that the processes developed should pay particular attention to impartiality and respecting the privacy of anyone raising an issue.

## **2024 Commendations, conditions and recommendations**

<i>Commendations</i>	
M	The inclusion of trainee representation in the Education Committee and providing trainee feedback through the Federal Committee.
N	The provision of clear information to applicants on the College website and timely communication to trainees via the LMS, emails and in person contact to support them through their training.
O	The commitment and response by the College to support trainees to resolve training issues and disputes.
<i>Conditions to satisfy accreditation standards</i>	
14	Document and make public selection policy and procedures to ensure validity, reliability, and consistent application. The selection criteria and weighting should be clearly indicated and publicly available. (7.1)
<i>Recommendations for improvement</i>	
CC	Evaluate the effectiveness of the Student Complaints Policy as a formal mechanism for trainees to safely escalate concerns about general complaints and training disputes directly to the College. (7.4)
DD	Identify ways beyond current mechanisms to ensure the trainee voice has wider representation in the decision making and governance activities of the Part 1 Course. (7.2)

## **B.8 Educational resources**

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### **8.1 Educational resources**

- The education provider has the resources to sustain and deliver the program of study.
- The education provider has autonomy to direct resources in order to achieve its purpose and the program outcomes.
- The education provider has sufficient staff to meet program outcomes.

#### **8.1.1 Team findings**

The College demonstrates robust financial stability and managerial proficiency, as evidenced by examining the Annual Report and financial statements. These documents provide comprehensive insights into the institution's financial health, revealing the availability of ample financial resources and effective management. This capacity ensures the sustainable operation of the program of study over the long term, fostering confidence in the College's financial viability and organisational resilience.

The College has various systems for recording and reporting on trainee enrolment and progression and for managing the program, and is committed to ensuring the security and confidentiality of its information systems.

The College's autonomy is underpinned by its legal structure as an incorporated company limited by guarantee. This status provides a robust foundation for independent decision making and governance, with the Federal Committee having the authority to appoint teachers and mentors. This structural autonomy reinforces the College's capacity to make strategic decisions and effectively manage its operations, contributing to its overall organisational independence and resilience.

Presently, the College has a well-balanced team of academic and administrative staff, including a full-time permanent administrative officer, strategically aligned to meet the specified program outcomes. This includes individuals with diverse expertise and responsibilities, covering the spectrum of overseeing financial transactions, providing administrative and course assistance, academic delivery, and clinical mentoring. The current staffing configuration ensures that the College can effectively manage and deliver on the objectives outlined in the program, promoting a robust and comprehensive operational framework. The Course Management and Assessment Procedure Manual detail the roles and responsibilities of staff and teachers. This approach supports the institution in maintaining a high standard of education delivery and administrative efficiency in alignment with the program purpose and requirements.

### **8.2 Physical facilities and resources**

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

#### **8.2.1 Team findings**

Despite not having ownership of physical facilities, the College has displayed noteworthy leadership in adopting alternative strategies. This involves the adept utilisation of commercial teaching rooms, meeting spaces within hospitals, and general practitioner clinics, offering a diverse array of venues for face-to-face teaching and assessment purposes. The choice of such alternatives reflects the College's commitment to innovative and resourceful solutions, ensuring that the learning environment aligns seamlessly with real-world healthcare settings. This College ensures a meaningful and practical educational experience is provided through strategic venue selection.

The College evaluates both formal and informal feedback from trainees regarding the resources and facilities used in the Part 1 Course as part of determining the adequacy or the need for change in its resources and facilities.

As a national program of learning, it is deemed fitting to deliver webinars through an online platform. These webinars are conducted in real time and also recorded for future reference. The College employs the LMS, Coassemble, as the central hub for hosting these recordings, ensuring accessibility to all program participants. This approach aligns with the program's commitment to inclusivity, allowing learners from various locations to engage in the content at their convenience while leveraging a modern and effective learning management infrastructure. The use of Coassemble further enhances the overall educational experience for trainees.

### **8.3 Supervisors**

- The education provider selects supervisors and assessors who have demonstrated appropriate capability for these roles. It facilitates the training and professional development of supervisors and assessors.
- The education provider has defined the responsibilities of health practitioners who contribute to program delivery and the provider's responsibilities to these practitioners.
- The education provider routinely evaluates supervisor and assessor effectiveness including feedback from trainees.

#### **8.3.1 Team findings**

##### *The selection and recruitment of supervisors and assessors*

Every mentor and teacher within the College's academic team possesses extensive experience as a medical acupuncturist. Notably, each holds the status of Fellow of the College (FAMAC) or holds equivalent qualifications, affirming their high level of expertise and proficiency in the field. This rigorous qualification standard ensures that the educational team comprises seasoned professionals with a comprehensive understanding of medical acupuncture, contributing to the delivery of the Part 1 Course program. The College has appropriate processes in place for the selection and recruitment of candidates. These processes are thoughtfully facilitated and guided by the governance structure within the College.

##### *Defined responsibilities of health practitioners*

Annually, the College reaches out to every mentor to assess their availability for mentoring Part 1 trainees in the upcoming academic year. Mentors indicating unavailability are then removed from the mentor list provided to trainees. This proactive approach ensures the mentor list presented to trainees accurately reflects current availability and commitment of mentors, facilitating an efficient and transparent mentoring process. The team notes the College's self-identified need to focus on developing a succession plan to address the loss of experienced supervisors, mentors and committee members, especially for those approaching retirement, and encourages the College to prioritise this planning.

##### *Evaluation of supervisor and assessor effectiveness*

The team notes the practice of including a FAMAC qualified Observer at clinical exams to 'examine the examiner' as part of quality assurance efforts. The College indicates trainees provide formal and informal feedback on supervisors and/or mentors through various mechanisms including voluntary evaluations following workshops, and webinars, and a compulsory evaluation following final examinations.

The recently implemented Student Complaints Policy (currently named the AMAC Student Misconduct Policy) has been identified as a formal mechanism to facilitate communication of grievances about mentors, educators and assessors, which are raised with the Course Convenor or the Education Chair.

It is unclear to the team how collated feedback, formal and informal, is evaluated on a regular basis, nor how feedback is provided to specific members of the academic team. Due to the size of the program, this may be currently done on an informal basis; however, the College may wish to formalise this process to evaluate the performance of its supervisors and assessors on a regular basis.

## **2024 Commendations, conditions and recommendations**

<i>Commendations</i>	
P	The high degree of commitment by academic and administrative teams dedicated to the governance and delivery of the Part 1 Course.
Q	Trainees consider the course to be well run and feel supported and nurtured in the program. The mentoring program, in particular is highly regarded.
R	The commitment and opportunities provided to assess and review the performance of supervisors, mentors and assessors.
<i>Conditions to satisfy accreditation standards</i>	
15	Formalise processes for regular performance evaluation of supervisors and assessors. (8.3)
<i>Recommendations for improvement</i>	
EE	Explore investing in formal partnerships with health services to assist with provision of physical facilities for teaching into the future. (8.2)
FF	To ensure consistently high standards of education, facilitate structured onboarding, training and professional development of academic and administrative teams. (8.3)

## **Appendix One      Membership of the 2023 AMC assessment team**

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**Professor Alan Sandford AM (Chair)**, MBBS, B.Med Sc (Hons), Dip RACOG, MHA, FRACMA, FACHSM, GAICD, FHKCCM (Hon), FRSM

Director of Regional Medical Pathway, Central Queensland and Wide Bay Hospital and Health Service.

**Mr Toni Andary**, BAppSc, Dip Sustainable Living, GradCert EHealth

Senior Musculoskeletal Physiotherapist, Wollongong Hospital, Illawarra Shoalhaven Local Health District.

**Emerita Professor Kirsty Foster OAM**, BSc, MBChB, FRCGP, DRCOG, MEd, PhD

Emerita Professor, Faculty of Medicine, University of Queensland.

**Ms Liat Watson**, Dip Human Resource Management, GradCert Health Service Management (Safety & Quality), GradCert Consumer and Community Engagement, Cert IV Government Investigations.

Independent Consumer Representative and Patient Safety Investigator, Patient Safety Investigator, Safer Care Victoria, Member, Ahpra Community Advisory Council Member, Victorian Perioperative Consultative Council.

**Ms Juliana Simon**

Manager, Specialist Medical Program Assessment, Australian Medical Council

**Ms Chelsea Evans**

Accreditation Policy Officer, Accreditation Assessments, Australian Medical Council

**Ms Georgie Cornelius**

Program Coordinator, Accreditation Assessments, Australian Medical Council

**Ms Marguerite Smith**

Program Coordinator, Accreditation Assessments, Australian Medical Council

## **Appendix Two     List of stakeholder submissions on the Australian Medical Acupuncture College Part 1 Course**

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ACT Health

Australasian College of Dermatologists

Australasian College of Sport and Exercise Physicians

Australian and New Zealand College of Anaesthetists

Australian College of Rural and Remote Medicine

Australian Commission on Safety and Quality in Health Care

Australian Government Department of Health

Australian Medical Association

Australian Medical Association Council of Doctors in Training

CHOICE

Chronic Pain Australia

Consumers' Health Forum of Australia

COTA Australia

Department for Health and Wellbeing South Australia

Department of Health Northern Territory

Department of Health Tasmania

Department of Health Victoria

Department of Health Western Australia

Health & Community Services Complaints Commission, NT

Health & Community Services Complaints Commissioner, SA

Health and Disability Services Complaints Office, WA

Health CAN SA

Health Care Complaints Commission NSW

Health Complaints Commissioner, TAS

Health Consumer Council Western Australia

Health Consumers NSW

Health Consumers Queensland

Health Consumers Tasmania

Health Issues Centre Victoria

Health Services Commission, ACT

Healthcare Consumers Association of the ACT Inc.

International Committee for Monitoring Assisted Reproductive Technologies

NSW Ministry of Health

Office of Health Services Commissioner, VIC

Office of the Health Ombudsman, QLD

Queensland Health

Royal Australasian College of Dental Surgeons

Royal Australasian College of Physicians

Royal Australian and New Zealand College of Obstetricians and Gynaecologists

Royal Australian College of General Practitioners

## Appendix Three Summary of the 2023 AMC team's accreditation program

Location	Site
<i>Saturday 30 September 2023 Examination Observations</i>	
<b>Brisbane, Queensland</b>	MyHealth Smith Collective - Parklands Raceway, Shop C4&C5 / 2 Nexus Way, Southport, QLD
<b>Sydney, New South Wales</b>	Pymble Clinic – Level 2, 37 Ryde Road, Pymble, NSW
<b>Melbourne, Victoria</b>	Dr Katrina Watson - 23 Vicarage Road, Leopold, VIC

### AMC Team Meetings with the Australian Medical Acupuncture College Committees and Staff

#### Thursday 5 – Friday 6 October 2023

Professor Alan Sandford AM (Chair), Emerita Professor Kirsty Foster OAM, Mr Toni Andary, Ms Liat Watson, Ms Juliana Simon (AMC Staff), Ms Chelsea Evans (AMC Staff), Ms Georgie Cornelius (AMC Staff), Mrs Marguerite Smith (AMC Staff)

Meeting	Attendees
<i>Thursday 5 October 2023</i>	
Meeting with patients and consumer groups	Patients and Consumers
Meeting with Federal Committee & State/Territory Branches	Federal President
	Immediate Past President & President of Victoria State Branch
	Honorary Federal Secretary & President of SA State Branch
	Federal Vice President & Immediate Past President NSW State Branch
	Chair of Examination & Immediate Past President QLD State Branch
	Chair of Education & NSW State Branch Committee Member
Meeting with Education and Examination Committees	Chair of Examination
	Chair of Education
	Educator, Examiner Mentor, VIC State
	Education Representative & VIC CPD Representative
	Educator, Examiner Mentor & VIC CPD Representative

	Educator, Examiner Mentor & QLD State Education Representative
	President WA State Branch, Educator
	Examiner Mentor & WA State Education Representative
<i>Friday 6 October 2023</i>	
Meeting with trainees	2023 Part 1 Course Student Representative Trainees based in Queensland, New South Wales and Victoria

## Appendix Four    Summary of figures and tables in section A

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