

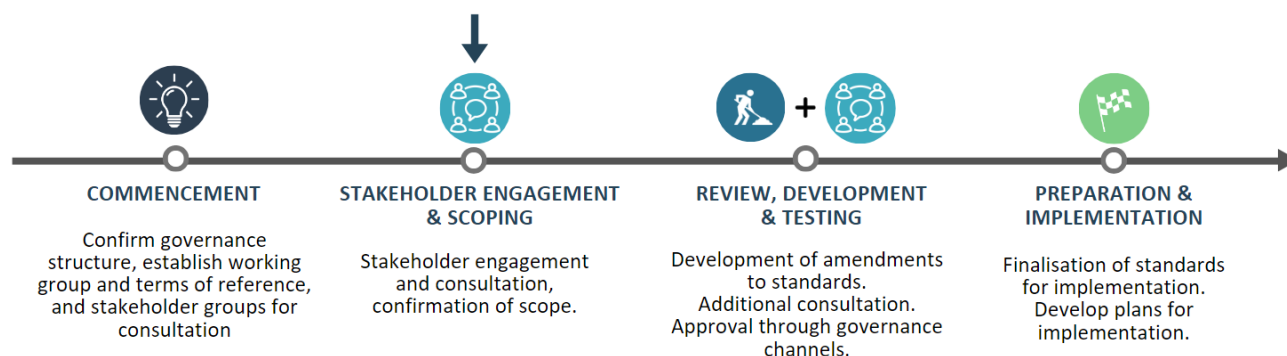
# Review of the Standards for Specialist Medical Programs: consultation on scope and direction for change

## Part 1: Consultation paper

### Review background and process

In 2024, the AMC commenced a review of the Standards for Assessment and Accreditation of Specialist Medical Programs. These standards relate to specialist medical programs that are delivered binationally, across Australia and Aotearoa New Zealand, as well as those programs delivered only in Australia. Details about the governance of the review can be accessed on the AMC website [here](#).

The Review process is outlined below.



In accordance with the AMC's published [accreditation procedures](#), the AMC has constituted a Standards Review Working Group, chaired by Professor Alison Jones to lead the scoping, review and development work.

#### Values underpinning the work of the Standards Review Working Group

-  *Striving for excellence*
-  *Cultural safety*
-  *Collaboration and collegiality*
-  *Integrity and authenticity*
-  *Openness and accountability*
-  *Innovation and creativity*
-  *Equity*

#### Value proposition of the revised standards

*To enhance the safety and quality of care for all communities and to reassure the public there is high-quality training for specialist medical practitioners.*

*By providing robust accreditation standards and processes, all people of Australia and Aotearoa New Zealand can be assured that there is a process in place to produce a diverse group of high-quality specialist practitioners as part of a sustainable medical workforce.*

*This project acknowledges the complexity of the training environment, and in collaboration with a broad range of stakeholders, will develop revised accreditation standards that support the education providers to drive excellence and innovation.*

## Overview of key drivers for the review

The themes listed below each fit into one or both key aims of the review:

1. Education and training programs responsive to community needs
2. Promoting and protecting high quality training that supports trainee and supervisor wellbeing

The standards review will maintain alignment with the objectives of the National Registration and Accreditation Scheme and other relevant legislation.

	<b>Alignment with community needs</b> Ensuring education training programs are designed to meet the current and future health needs of all communities across Australia and Aotearoa New Zealand. Meaningful engagement and development of partnerships.
	<b>Aboriginal and/or Torres Strait Islander and Māori health equity and cultural safety</b> Cultural safety for Aboriginal and/or Torres Strait Islander and Māori doctors, patients, families and carers, and community. Development of standards identified as related to this will be led by Aboriginal and/or Torres Strait Islander and Māori People. There may be references to Aboriginal and/or Torres Strait Islander and Māori health equity and cultural safety across all standards and themes.
	<b>Governance</b> Ensuring robust educational governance and decision making and meaningful representation.
	<b>Selection and retention</b> How recruitment, selection and retention can support strategic priorities related to workforce needs in Australia and Aotearoa New Zealand.
	<b>Curriculum and reviewing requirement for graduate outcomes</b> Reviewing the requirement for core capabilities across specialties, and ensuring curricula are responsive to the changing needs of the community.
	<b>Trainee wellbeing and training culture</b> The role of specialist medical colleges in trainee and supervisor support and wellbeing, and the culture of specialist medical training.
	<b>Specialist International Medical Graduates (SIMGs)</b> Informed by the Independent Review of Australia's Regulatory Settings Relating to Overseas Health Practitioners by Ms. Robyn Kruk AO.
	<b>Assessment and progression</b> Effective assessment for learning as part of a longitudinal training pathway.
	<b>College accreditation of training sites</b> Informed by the work to address the <a href="#">NHPO report recommendations</a> and the <a href="#">Communication Protocol</a> .
	<b>Quality and Safety</b> Addressing good medical practice and key areas of community concern.
	<b>Rural and regional training opportunities</b> How the standards can support expansion of training into rural and regional areas and not stifle innovation.
	<b>Digital capability</b> How colleges and consultant-ready trainees adapt to and effectively utilise changing systems and technology.
	<b>Sustainability</b> Promoting planetary health and emphasising the environmental sustainability of the health care system.
	<b>Model and cycle of AMC accreditation of specialist training programs</b> Reviewing the need to re-balance AMC monitoring and accreditation activities, while being mindful of costs.

# Proposed scope of the review

## A. Proposals for updating the standards for specialist medical programs

The AMC proposes updates to the standards for specialist medical programs in the following major areas. In most cases, these proposals build on developments in the healthcare and education sector to ensure that the standards remain fit for purpose. Content is being reviewed in a thematic way to encourage innovative reflection on areas for development across the standards. It is important to review the accreditation processes alongside the content of the standards, to ensure they remain aligned and fit for purpose. Processes are discussed in **Section B** of this paper.

Area	Initial thinking on direction of change
<b>Alignment with community needs</b>	<p><i>What the review has heard</i></p> <ul style="list-style-type: none"> <li>• Desire for more transparently responsive education and training programs that are designed to meet the current and future health needs of Australia and Aotearoa New Zealand.</li> <li>• Broadly, alignment with community needs refers to: <ul style="list-style-type: none"> <li>○ Communities' health needs and health inequity</li> <li>○ Community engagement</li> <li>○ Healthcare workforce strategies</li> </ul> </li> <li>• Feedback has indicated the importance of building stronger partnerships with trainees, particularly in the context of co-designing education and training programs.</li> <li>• Consumer feedback provided to the review strongly suggests the inclusion of consumers in the training process so that real life experiences shape training design and learning. Consumers suggested colleges should be more connected to the leading consumer groups for their specialty.</li> <li>• As education providers, colleges need to be responsive to community needs, and responsive to system disruption. The review has heard feedback about the tension between the multiple roles of the college; as well as its role as an education provider, which is the focus of the AMC standards, the college is also a membership organisation that needs to function as a sustainable organisation.</li> <li>• Colleges should be forming meaningful, reciprocal partnerships with Aboriginal and/or Torres Strait Islander and Māori organisations to foster mutual benefit and growth. Partnerships should consider the broader context of health challenges facing Aboriginal and/or Torres Strait Islander and Māori communities, ensuring that outcomes provide significant value back to these communities. Innovation is needed, especially in how professionals can contribute to improving health outcomes for Aboriginal and/or Torres Strait Islander and Māori communities.</li> </ul> <p><i>Direction for change</i></p> <ul style="list-style-type: none"> <li>• Standards with regards to Aboriginal and/or Torres Strait Islander and Māori peoples need to be significantly strengthened to acknowledge the gap in health outcomes, the impact of colonising cultures and racism embedded into everyday society.</li> <li>• The AMC's initial thinking includes developing standards that align with strategic priorities related to workforce needs in Australia and Aotearoa New Zealand, this includes workforce sustainability, geographical distribution, and proportionate training positions across specialties for the future needs of the community.</li> <li>• <i>Partnerships and community engagement</i>: There needs to be greater emphasis on meaningful engagement of colleges with local community groups and health services, including the value of longer-term partnership models and collaborative networks.</li> </ul>

	<p>The standards will be reviewed to address, as appropriate, the current challenges of partnerships between service providers and education providers.</p> <ul style="list-style-type: none"> <li>Standards and relevant guidance documentation will be reviewed to: <ul style="list-style-type: none"> <li>Emphasise that colleges are national and binational organisations, that they are not ‘place-based’ in the same way other education providers are. That colleges will have overarching national principles and outcomes related to community needs and need to ensure they have clear methods and policies to meet place-based requirements locally. This will include important considerations with regard to accrediting local training sites.</li> <li>Focus on concepts such as mutual benefit, shared goals, and sustained support to build and sustain effective partnerships.</li> <li>Emphasise being a reflective organisation, how have partnerships challenged the thinking and led to a change in e.g. process or priorities?</li> </ul> </li> <li><i>Regional, rural and remote training:</i> The AMC is proposing that revisions to standards will not stifle innovation and will support expansion of training into rural and regional areas as appropriate e.g. alternative supervision models, network-focused accreditation models, definitions or classifications of regional, rural and remote training sites that are appropriate in a binational context. It is acknowledged that there are valuable experiences to be learned in different settings.</li> </ul>
<b>Aboriginal and/or Torres Strait Islander and Māori health and cultural safety</b>	<p><i>What the review has heard</i></p> <ul style="list-style-type: none"> <li>Standards related to Aboriginal and/or Torres Strait Islander and Māori health and cultural safety need to be significantly strengthened across the standards and build on standards set for other stages along the medical education continuum.</li> </ul> <p><i>Direction for change</i></p> <ul style="list-style-type: none"> <li>Significantly strengthen standards related to Aboriginal and/or Torres Strait Islander and Māori health and cultural safety across the standards. The increased focus on Aboriginal and/or Torres Strait Islander health is a feature amongst many standards and requirements already in existence, including: <ul style="list-style-type: none"> <li>National Law (Schedule — Health Practitioner Regulation National Law Part 1, 3A Guiding principles)</li> <li>Criteria for AMC Accreditation of CPD Homes (Criteria 1.4, 2.3 and 3.1)</li> <li>Standards for Assessment and Accreditation of Primary Medical Programs (all domains and standards)</li> <li>National standards and requirements for prevocational (PGY1 and PGY2) training programs and terms (all standards)</li> <li>National Safety and Quality Health Service (NSQHS) Standards and the User guide for Aboriginal and Torres Strait Islander health</li> </ul> </li> <li>Development of standards identified as related to Aboriginal and/or Torres Strait Islander and Māori health and cultural safety will be led by Aboriginal and/or Torres Strait Islander and Māori people, and all other standards may also be contributed to, as part of this process.</li> <li>Content related to Aboriginal and/or Torres Strait Islander and Māori health and cultural safety will build on what is expected in primary and prevocational training programs i.e. translating knowledge to specialist level care.</li> <li>The review is seeking feedback on the current challenges for colleges in meeting Aboriginal and/or Torres Strait Islander and Māori related standards, and what the additional challenges might be to meet strengthened standards.</li> <li>The AMC’s initial thinking includes increasing emphasis on the standards addressing both Australia and Aotearoa New Zealand contexts. The cultures in both countries are unique and while they both may be First Nations, the care needs, cultural impacts and history are different and need to be addressed as such.</li> </ul>

	<ul style="list-style-type: none"> <li>○ While standards may refer to Aboriginal and/or Torres Strait Islander and Māori health and cultural safety, accreditation and monitoring processes for Australian-only colleges will require reporting on these standards as it relates to Aboriginal and/or Torres Strait Islander people.</li> <li>○ Binational colleges will require separate reporting for standards as they relate to Aboriginal and/or Torres Strait Islander people as well as Māori people.</li> <li>● There appears to be a strong appetite for supplementary guidance to the standards. These documents would not specify how standards should be met, but rather support sharing of practice and innovation across colleges, and support understanding of the context of the strengthened standards.</li> </ul>
<b>Governance</b>	<p><i>What the review has heard</i></p> <ul style="list-style-type: none"> <li>● Ensuring robust educational governance and decision making has been a theme within AMC accreditation and monitoring activities in recent years.</li> <li>● Important considerations arising in stakeholder discussions include what voices are included and privileged in college governance structures, how these structures are outward-facing and reflective and how they can afford colleges the chance to do future-focused work.</li> </ul> <p><i>Direction for change</i></p> <ul style="list-style-type: none"> <li>● The AMC's initial thinking includes development of outcomes-focused standards highlighting meaningful representation of trainee, consumer, Aboriginal and/or Torres Strait Islander and Māori and community voices in governance structures and processes, and to ensure these structures and processes represent national contexts and remain robust in a complex regulatory environment, and with limited resources.</li> <li>● The standards will be reviewed with consideration of language to ensure a strengths-based approach that values the contribution of Aboriginal and/or Torres Strait Islander and Māori people and consumers as experts in their experiences.</li> <li>● The review is considering the types of evidence that may demonstrate the meeting of standards e.g. evidence of how educational decision making has been influenced by community and trainee engagement in governance processes, evidence direct from community and trainee partners.</li> <li>● The AMC's initial thinking includes developing standards that emphasise that colleges are national and binational organisations, that they are not 'place-based' in the same way other education providers are. That colleges will have overarching national principles and outcomes related to community needs and need to ensure they have clear methods and policies to meet place-based requirements locally.</li> <li>● The AMC is proposing that standards will emphasise coordinated governance systems across nations, states and territories and faculties, so that colleges can ensure that local processes are running effectively, and outcomes are being addressed at these different levels.</li> </ul>
<b>Selection and retention</b>	<p><i>What the review has heard</i></p> <ul style="list-style-type: none"> <li>● Feedback to the review has indicated inconsistency in implementation of college processes, including data collection, transparency and alignment to strategic workforce priorities.</li> <li>● There is ongoing work occurring across jurisdictions regarding recruitment and selection into specialist medical programs.</li> </ul> <p><i>Direction for change</i></p> <ul style="list-style-type: none"> <li>● The AMC is proposing that revised standards will: <ul style="list-style-type: none"> <li>○ Have a greater emphasis on fairness, anti-racism, transparency and consistency of processes, and elimination of bias, with consideration of what/who is being</li> </ul> </li> </ul>

	<p>privileged in these processes, how to ensure delegated processes are occurring as intended in college policies and how this can be validated.</p> <ul style="list-style-type: none"> <li>○ Acknowledge that there are multiple selection models in existence across colleges and jurisdictions, and while the AMC is not intending to be prescriptive about a particular model, there is an opportunity for increased streamlining and quality assurance in the role of colleges.</li> <li>○ Support increased collection and reporting of standardised application, selection, retention and completion data of diverse cohorts, including collection and reflection on Aboriginal and/or Torres Strait Islander and Māori application, selection, retention and completion data.</li> <li>○ Emphasise culturally safe processes related to selection and retention, including but not limited to, processes for escalating issues, complaints or disputes and Aboriginal and/or Torres Strait Islander and Māori representation on selection panels.</li> <li>○ Align selection and retention with strategic priorities related to workforce needs in Australia and Aotearoa New Zealand. <ul style="list-style-type: none"> <li>● <a href="#">National Medical Workforce Strategy 2021-2031</a> (Australia)</li> <li>● <a href="#">Health workforce plan 2023/24</a> (Aotearoa New Zealand)</li> </ul> </li> </ul>
<b>Curriculum, Graduate outcomes</b>	<p><i>What the review has heard</i></p> <ul style="list-style-type: none"> <li>● The system needs standards relating to curriculum that are aligned to community needs, are ‘future-proofed’, do not stifle innovation and encourage a cycle of renewal.</li> <li>● It is problematic that descriptions of a ‘consultant-ready trainee/specialist training graduate’ are not transparent and easily accessible</li> <li>● Feedback from quality and safety agencies have called for more transparent information on how key aspects of quality and safety are included in curricula</li> <li>● Initial consumer feedback to the review has indicated a preference for the following to be included and emphasised in all curricula: <ul style="list-style-type: none"> <li>○ Communication between patient and specialist. Creating a respectful safe space for the patient and making sure the patient understands the provided information. Communication skills include the ability to interact with people from different backgrounds.</li> <li>○ Information sharing between different specialists, and between specialists and trainees within the same team.</li> <li>○ Assisting patients to find support outside of their specialty e.g. support groups</li> </ul> </li> </ul> <p><i>Direction for change</i></p> <ul style="list-style-type: none"> <li>● The AMC is proposing that revised standards will increase emphasis on curriculum development that is responsive to changing needs of patients and the community, acknowledging there is a tension between the needs for sub specialisation and generalist skills.</li> <li>● The AMC’s initial thinking includes evidence-informed and strengths-based frameworks for Aboriginal and/or Torres Strait Islander and Māori health curricula, led and authored by Aboriginal and/or Torres Strait Islander and Māori health experts.</li> <li>● Revisions to standards will acknowledge rapid technological and system advancements, which will likely outdate current approaches within the lifetime of the revised standards.</li> <li>● The review will explore the generation of guidance to support systematic renewal of curriculum including templates, curriculum development process and how content is determined.</li> <li>● <i>Consultant ready trainees:</i> The AMC is reviewing the requirement for common graduate outcomes, core capabilities or competencies across specialties addressing good medical practice and key areas of community concern e.g. quality and safety,</li> </ul>



	<p>cultural safety, professionalism, digital capability, communication. Initial analysis of the existing program outcomes for specialist medical programs shows there is already a lot of cross-over in themes covered by each specialty. These existing themes align with the existing domains for AMC graduate outcomes across medical schools and prevocational training.</p> <ul style="list-style-type: none"> <li>• One area to be explored when reviewing the requirement for graduate outcomes is the concept of the specialist doctor as a ‘system navigator’, the ability to practice beyond the direct therapeutic relationship with the patient – to recognise the additional relationships and dependencies throughout the system and community, to work within a multi-disciplinary healthcare team and navigate the complexities of the broader healthcare system.</li> <li>• Other areas related to graduate outcomes that the review will consider include: <ul style="list-style-type: none"> <li>○ Who has the responsibility for signing off on a trainee’s readiness to become a consultant including judgments about a trainee’s ability to work in a team, speak up, and navigate and influence healthcare systems</li> <li>○ Processes for discussing ‘consultant readiness’ with trainees, and the need in some circumstances for more time in training.</li> <li>○ A framework for managing the challenge of trainees following different training pathways within a specialty and equivalence of outcomes</li> <li>○ How outcomes such as culturally safe practice and health advocacy can be assessed including who assesses what is culturally safe, how training and assessment systems are designed and how this is navigated at national and local levels.</li> </ul> </li> </ul>
<b>Trainee wellbeing and training culture</b>	<p><i>What the review has heard</i></p> <ul style="list-style-type: none"> <li>• It is clear that current workforce and resource limitations put a strain on culture. Trainees often experience conflicting demands between meeting the quality of their training and fulfilling service delivery requirements, particularly in environments with limited resources or cultural issues.</li> <li>• There are many factors that affect trainee wellbeing and training culture however there are large areas of a trainee’s experience that are within the college’s influence. Feedback has indicated a desire to focus on approaches that will encourage trainees to thrive, as opposed to just survive.</li> <li>• Stakeholder feedback has indicated the importance of transition points in training pathways and emphasised the need for a graded introduction to the consultant role.</li> </ul> <p><i>Direction for change</i></p> <ul style="list-style-type: none"> <li>• The AMC is proposing to strengthen standards relating to wellbeing of trainees, as well as supervisor engagement and support. Many colleges have devolved models of trainee support, one example of this is state-based training committees. It is expected that the standards will continue to support locally led initiatives but emphasise the college’s role on quality assurance and ensuring some degree of consistency in support.</li> <li>• The AMC is proposing to align supervisor support and training requirements to the requirements within the prevocational standards, emphasising recognition of prior learning, giving and receiving feedback and Aboriginal and/or Torres Strait Islander and Māori endorsed cultural safety training.</li> <li>• <u>Medical Training Survey data</u> shows that bullying and harassment is prevalent in medical training, standards will be reviewed to support addressing harmful behaviour. The AMC is proposing to strengthen standards relating colleges’ role in consulting, coordinating and cooperating with health services and other training providers so that there are appropriate policies and supervision structures in place to support trainees. Culturally safe reporting and escalation channels will be emphasised, including</li> </ul>

	<p>whether channels are being promoted and utilised, whether reports are being acted upon and whether there are any progression repercussions for reporting.</p> <ul style="list-style-type: none"> <li>• The AMC's initial thinking includes revising standards to emphasise flexible participation by trainees with a variety of backgrounds and needs e.g. trainees with dependents and care responsibilities. The review is seeking feedback on whether there is value in considering other education models.</li> <li>• Content of revised standards will align with legislation across both countries regarding colleges' and employers' concurrent duties for workplace health and safety (including psychosocial safety), including collaborative work between colleges and employers on how to 'consult, cooperate and coordinate' their activities.</li> </ul>
<b>Specialist international medical graduates (SIMGs)</b>	<p><i>What the review has heard</i></p> <ul style="list-style-type: none"> <li>• Review of the relevant standards will be informed by the <a href="#">Independent review of Australia's regulatory settings relating to overseas health practitioners</a> undertaken by Ms Robyn Kruk AO.</li> <li>• International medical graduates play a critical role in the health care and in the life of Australian communities and make important contributions across a range of areas. Colleges have a role in assessing the comparability of SIMGs. Environmental scanning and feedback to the review indicates that colleges' processes need to be more transparent, supportive and quality assured.</li> <li>• AMC monitoring and complaints processes commonly feature issues related to the existing SIMG standards.</li> </ul> <p><i>Direction for change</i></p> <ul style="list-style-type: none"> <li>• The AMC is proposing strengthening of standards in relation to transparency of processes and communication with SIMGs, data and information streamlining across organisations and SIMG support.</li> <li>• The AMC initial thinking includes emphasising that SIMGs are expected to apply their specialist level knowledge to the context in Australia and Aotearoa New Zealand. This includes acknowledging Australian and New Zealand specific healthcare needs, historical context and the requirement to operate in a culturally safe way as it relates to Aboriginal and/or Torres Strait Islander and Māori people.</li> <li>• The original rationale for the SIMG standard being included within the standards for specialist medical programs is that it provides external oversight of the assessment process and creates clear links to the expectations on training and assessment within the other standards and management of complaints.</li> <li>• The AMC's initial thinking also includes strengthening of accreditation monitoring processes to seek feedback from SIMGs and data and feedback from the Medical Board of Australia.</li> </ul>
<b>Assessment, Progression, Feedback</b>	<p><i>What the review has heard</i></p> <ul style="list-style-type: none"> <li>• Colleges invest significant resources into the design and delivery of assessments. However, over the last accreditation cycle, there have been many conditions relating to assessment burden, methods, consistency of access to and quality of preparatory materials. Concerns raised by trainees also include perceived bias in exam delivery.</li> <li>• Initial discussions regarding what effective assessment looks like in practice have indicated a need for increased focus on validity and reliability as well as authenticity and feasibility. There was also a desire for a system of assessment that is more inclusive, safe, supports learning and considers wellbeing.</li> <li>• The biggest concern that trainees reported in the <a href="#">Medical Training Survey</a> was lack of timely and quality feedback on exams.</li> </ul> <p><i>Direction for change</i></p>



	<ul style="list-style-type: none"> <li>• The review will investigate the perceptions of trainees, fellows, colleges and health services about the design of feedback within the system of assessment, as well as desired elements of an effective system of assessment, including appropriate assessment methods such as examinations, workplace-based assessments, etc.</li> <li>• Standards on assessment will be reviewed to: <ul style="list-style-type: none"> <li>○ Focus on competency attainment</li> <li>○ Support a diverse cohort of trainees and continue to be responsive to cohort changes</li> <li>○ Allow for regional variation of methods</li> <li>○ Promote reflective practice, self-regulated learners and empower trainees to seek and take action on meaningful feedback</li> <li>○ Strengthen assessment and recognition of prior learning and experience</li> <li>○ Emphasise culturally safe and appropriate assessment, including appropriate assessors and assessor training</li> <li>○ Be acceptable to stakeholders and supported by the college Fellows as stakeholders</li> </ul> </li> </ul>
<b>College accreditation of sites</b>	<p><i>What the review has heard</i></p> <ul style="list-style-type: none"> <li>• In 2022 and 2023, the National Health Practitioner Ombudsman (NHPO) undertook a review of specialist medical college policies, procedures, and practices for accreditation of specialist training sites. In November 2023, the Ombudsman published a report setting out recommendations for colleges and the AMC, <a href="#">Part one: A roadmap for greater transparency and accountability in specialist medical training site accreditation</a>.</li> <li>• The Review is being informed by the work to address the NHPO report recommendations and the <a href="#">Communication Protocol</a> approved by Ministers in 2023. An update on the joint project can be accessed <a href="#">here</a>.</li> </ul> <p><i>Direction for change</i></p> <ul style="list-style-type: none"> <li>• The AMC standards for specialist medical programs will provide the authorising environment for the effective implementation of the collaborative work the AMC and colleges have undertaken in response to the <a href="#">Ministerial Policy Direction 2023-01: Medical College Accreditation of Training Sites</a>. This includes the model standards, the common terminology, data reporting, accreditation procedures, and approach for responding to concerns about training settings.</li> <li>• The AMC is proposing revised standards align with legislation across both countries regarding colleges' and employers' concurrent duties for workplace health and safety (including psychosocial safety).</li> <li>• Protecting Aboriginal and/or Torres Strait Islander and Māori trainees is crucial, especially when they face racism or discrimination. The standards will be strengthened with consideration of the colleges' role in assessing whether health services and other training providers have appropriate policies and supervision structures in place to protect trainees long-term.</li> </ul>
<b>Quality and safety</b>	<p><i>What the review has heard</i></p> <ul style="list-style-type: none"> <li>• Feedback to the review indicates there is a need to emphasise the assessing and embedding of skills that apply across different contexts (such as communication and teamwork) that are often under assessed and are common sources of quality and safety issues. Standards may help colleges increase focus on the assessment of these skills.</li> <li>• It is acknowledged colleges have a role in fostering a cultural change in healthcare.</li> </ul> <p><i>Direction for change</i></p>

- The review will work with colleges to identify best practices for cultural change, including setting expectations for partnerships with jurisdictions, other colleges and stakeholders. For example, initiatives that encourage psychological safety, such as models for speaking up, addressing bullying culture, and empowering trainees and other staff.
- The AMC is proposing standards be strengthened to increase emphasis on:
  - openness, transparency and reflective practice
  - working beyond the focus of a single discipline and working effectively within an interprofessional team, highlighting the importance of cross-specialty cooperation to encourage collaboration.
- The AMC will review its standards and processes to identify opportunities to acknowledge colleges' quality and safety initiatives and commend innovation. This includes sharing innovations that may not have worked well but have resulted in learning.

## B. Proposals for updating the structure of the standards and the model and cycle of AMC accreditation for specialist medical programs

### Structure

The AMC has developed a common structure for the accreditation standards across the phases of medical education, with separate national standards for each phase.

The AMC has recently reviewed the [Standards for Assessment and Accreditation of Primary Medical Programs](#) and the [National standards and requirements for prevocational \(PGY1 and PGY2\) training programs and terms](#). Both sets of revised standards are being implemented in 2024. Alignment of the high-level standards was maintained as part of these reviews and stakeholders were consulted extensively on the structure of the revised standards.

Structural changes to the standards for specialist medical programs will be made to maintain alignment across the continuum. There is flexibility where training and environmental contexts differ, to support the unique requirements of specialist medical programs. Based on the review of the standards for Primary Medical Programs, it is expected that references to Aboriginal and/or Torres Strait Islander and Māori health outcomes and cultural safety and the ongoing impacts of colonialism will appear across all areas of these revised standards.

### Model and cycle of AMC accreditation

It is important to review the accreditation processes alongside the content of the standards, to ensure they remain aligned and fit for purpose. A key theme of the review is looking at processes and whether there needs to be a re-balancing of monitoring and accreditation activities, while being mindful of costs.

#### Model and cycle of AMC accreditation

##### *What the review has heard*

- Stakeholder feedback has indicated the cost of the accreditation process is high and that the 10 year-cycle creates peaks and troughs of activity rather than promoting a continuous improvement approach. The AMC acknowledges the resource limitations within colleges, in particular smaller colleges, and will consider how accreditation processes can be more flexible and supportive while ensuring that standards are maintained.
- Relatedly, the AMC has received feedback that monitoring of colleges' processes and outcomes needs to be strengthened.

- Feedback has indicated there is inconsistency in information and data collection and sharing across colleges and that a process that encourages colleges to demonstrate innovative approaches is welcomed.

#### *Direction for change*

##### Accreditation cycle

- The AMC is reviewing the current 10-year accreditation cycle to explore whether a more frequent, less intensive process would be more efficient. One option for consideration is a shorter cycle e.g. 5 years, with targeted reviews focusing on critical standards and community needs.
- This model could require a risk-based approach to theme selection. There are benefits and drawbacks of pre-determining themes. Flexibility will allow for responsiveness to emerging issues and variability among colleges, ensuring the accreditation process remains relevant and adaptable though determining themes in advance would allow colleges to better plan their responses and engage their stakeholders.

##### Monitoring

- Approaches to monitoring that meaningfully incorporate stakeholder feedback may increase transparency and incentivise engagement while strengthening the range of perspectives the AMC considers in the monitoring processes.
- Building on the collaborative work with colleges on data reporting related to training setting accreditation, the review will consider implementing an annual census date for monitoring, allowing for the collection of quantitative data aligned with the academic calendar. Focusing monitoring on business-as-usual activities may facilitate relationship building and accountability.
- The AMC's initial thinking includes increasing emphasis on the standards addressing both Australia and Aotearoa New Zealand contexts. The cultures across both countries are unique and while they both may be First Nations, the care needs, cultural impacts and history is incredibly different and needs to be addressed as such. While standards may refer to Aboriginal and/or Torres Strait Islander and Māori health and cultural safety, accreditation and monitoring processes for Australian only colleges will require reporting on these standards as it relates to Aboriginal and/or Torres Strait Islander people. Binational colleges will require separate reporting for standards as they relate to Aboriginal and/or Torres Strait Islander people as well as Māori people.

##### Inclusion of stakeholder voices in accreditation processes

- The review will explore greater use of direct feedback during the accreditation process, allowing input from various stakeholders, including trainees, communities, and external bodies, to create a more well-rounded evaluation of colleges' performance and areas for improvement.
- The review will evaluate how accreditation processes are responsive and adaptable to the needs of trainees, Aboriginal and/or Torres Strait Islander and Māori people, community groups, and other stakeholders.

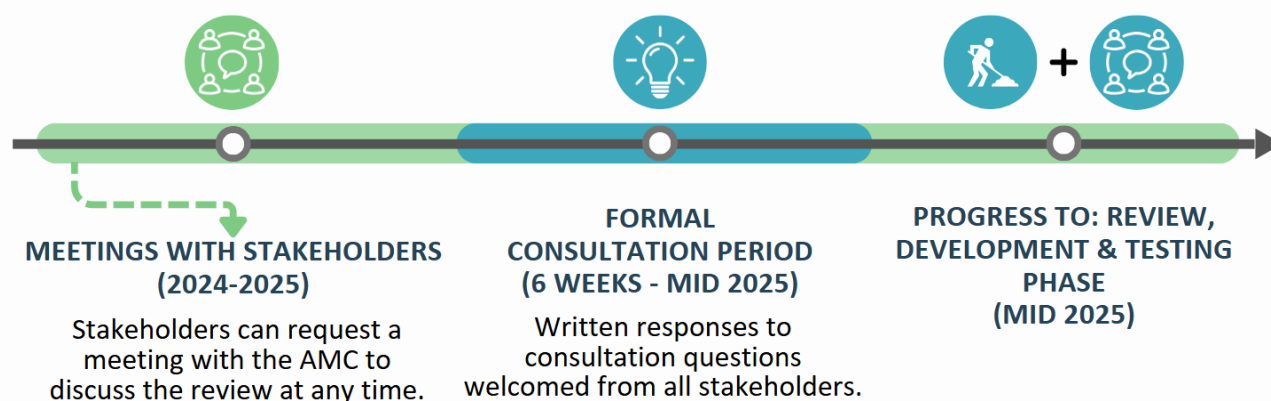
##### Information sharing

- Establishing regular, scheduled conversations between AMC and colleges, as modelled in Aotearoa New Zealand, has been identified in review feedback to foster collaboration while maintaining the AMC's accreditation role, particularly as colleges adjust to the revised standards.
- The review will explore how the standards can encourage opportunities for sharing resources and strategies between colleges to help address common challenges.
- An aspect that proponents of more standardised data sets highlight is the potential for greater sharing and learning when using common terminology and data.

- The AMC acknowledges it is on its own journey of learning and understanding in the Aboriginal and/or Torres Strait Islander and Māori health and cultural safety space. The AMC is committed to future strengthening of these requirements within the standards as well as encouraging a collaborative continuous improvement environment.

## How you can respond to the consultation

We would like to hear **your views** on the proposed scope and direction for change. Has **what matters to you** been included? We will consider all the feedback we receive when shaping the detailed proposals for change.



The AMC's primary responsibility is to ensure that standards of education, training and assessment of the medical profession promote and protect the health of the Australian community, and the final content of the standards must reflect this.

We have identified questions about the changes proposed in in **Part 2 - Consultation on scope and direction for change - response template**.

We are seeking feedback by **20 June 2025**.

Please provide your response, by email, as a **word document** or non-protected PDF document using the attached template to [standardsreview@amc.org.au](mailto:standardsreview@amc.org.au).