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

**Part 2 - Response template**

## Your feedback

We would like to hear your perspectives on the proposed scope of the review. We will consider all the feedback we receive when shaping our proposals for change.

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| We are seeking feedback by 20 June 2025.Please provide your response, by email, as a word document or non-protected PDF document using this template to standardsreview@amc.org.au. |

## This template

This template provides questions related to major themes arising in the standards review. This template should be read in conjunction with the **Part 1 - Consultation on scope and direction for change**, which outlines the background and review process, along with the major drivers shaping the review.

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| **We recognise that not all questions (either in whole or in part) below will apply to all stakeholders, please only respond to those that are of relevance to you.** There are spaces for general comments. |

## Your information

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| Organisation (if relevant) |  |
| Name |  |
| Position  |  |
| Location (State/Territory/Region) |  |
| Email |  |
| Telephone number |  |
| I consent to my response being published on the AMC’s website |  |

## Consultation questions

The themes discussed in the consultation paper cover the entirety of the standards, each theme fits into one or both of the key aims of the review:

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

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| **Questions relating to the standards for specialist medical programs** |
| 1. **College inclusion of varied perspectives, experiences and expertise**

1A. What are the potential barriers for colleges to provide evidence to demonstrate who has a meaningful voice in governance and decision-making e.g. meaningful trainee representation? |
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| 1B. How could the standards increase emphasis on the contribution of Aboriginal and/or Torres Strait Islander and Māori people and consumers as experts in their experiences? |
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| 1C. What do you think are the opportunities and challenges for colleges in meeting strengthened standards? What are the expectations and measures that the standards should articulate? |
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| 1. **Collaboration across colleges and partnerships to support safety, quality and innovation**

2A. Trainees are learning in environments that are providing a healthcare service, which rests on partnerships between service providers and education providers. There is a joint responsibility across these providers for ensuring the quality of learning and the trainee experience. How could the standards support or enhance partnerships between colleges and employers? |
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| 2B. A clear theme in the review is the increase in accountability to the communities of Australia and Aotearoa New Zealand. This can be influenced by emphasising meaningful engagement and partnerships with groups such as Aboriginal and/or Torres Strait Islander and Māori community organisations and consumer organisations.What opportunities do you see in the standards to strengthen relationships between colleges and community groups, at national and localised levels? |
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| 2C. The review has also heard that there is an appetite for increased collaboration across colleges.What opportunities do you see in the standards to enhance and support greater collaboration and partnership? |
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| 1. **Selection into training and retention**

3A. There are legal requirements in Australia and Aotearoa New Zealand relating to recruitment processes. What do you think needs to be included within the accreditation standards over and above these legal requirements? |
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| 3B. The review has heard that there needs to be a balance between doing the right thing by the individuals that are suited to the program, and not setting people up to fail. What indicators could be referenced in the standards to provide quality assurance and accountability that colleges closely monitor selection and ensure compliance with policies? |
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| 3C. Selection into training can be managed centrally by the colleges or locally in line with workforce needs and other factors. How can the standards ensure the best principles and appropriate models of selection? |
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| 3D. There has been discussion about standardised use of data across colleges, including tracking recruitment and progression of diverse cohorts. What do you see as the obstacles for colleges in moving towards annual monitoring of, and reflection on, a standardised data set? What data do you see as valuable in monitoring recruitment, selection and retention? |
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| 1. **Curriculum content and graduate outcomes**

Colleges define what the trainee has to learn in order to become qualified as a consultant in their specialty. There are currently no set graduate outcomes for specialist training in Australia and Aotearoa New Zealand.4A. The review is exploring what non-specialty-specific outcomes might include e.g. professionalism, cultural safety, quality and safety, digital capability etc. What areas do you consider most important in this context?  |
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| 4B. What do you see as the obstacles and opportunities in developing common outcomes? |
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| 1. **S****pecialist International Medical Graduates’ (SIMGs) experience**

Colleges have a role in assessing the comparability of SIMGs to specialists who have completed their education and training in Australia and New Zealand.  This role can include providing additional education, training and/or supervision to prepare specialists trained overseas for practice in the Australian and New Zealand healthcare context. Environmental scanning and feedback to the review indicates that colleges’ processes need to be more transparent, supportive and quality assured.5A. How might the standards set expectations to achieve this? |
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| 5B. What might the standards include so that SIMGs are prepared for culturally safe practice in Australia in relation to Aboriginal and/or Torres Strait Islander and Māori health outcomes? |
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| 1. **Trainee support, wellbeing and connection into colleges**

On a day-to-day basis, the trainee experience is experienced at a local level. It is created by local individuals and the service provision in the area. There may be a disconnect with ‘college central’.The standards need to reflect where the trainee is learning, provide protection, and highlight where a trainee might go for support, regardless of setting, team or specialty.6A. What do you consider the most important aspects for trainee support at a local level? |
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| 6B. What do you see as the key obstacles to ensuring the provision of cultural and psychosocial safety of trainees at a local and a college level? |
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| 1. **Assessment**

The review has heard that being overly prescriptive about assessment methodology is less desirable than providing colleges the opportunity to rationalise their unique assessment strategy and approach. However, the review has also heard concerns about the burden of assessment, formats of assessment that aren’t perceived to be optimal practice and the robustness and fairness in the delivery of assessments.7A. There is significant variability in college assessment methods, what do you think are key components of assessment to ensure graduate outcomes, patient safety, emphasis on Aboriginal and/or Torres Strait Islander and Māori health, while still ensuring flexibility in assessment approaches between colleges? |
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| 7B. How might the standards require evidence of strategies to identify and support changing and diverse cohorts in considering the assessment program? |
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| 7C. How are colleges managing and/or incorporating changes in assessment methodology, e.g. OSCEs, programmatic assessment, impact of AI, while ensuring a robust, consistent and fair assessment to produce competent and independent medical practitioners? |
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| 1. **Training model reliant on supervisors**

To be responsive to community health needs, collective outcomes across colleges need to contribute to the development of a sustainable workforce model, in particular in regional, rural and remote areas. Traditionally, education of a future consultant has been provided by those with Fellowship in that specialty area. Stakeholder feedback to the review has highlighted the risk of the reliance on that model given the pressures of clinical provision in a complex system under pressure.8A. Who else could be involved in the training and support of trainees, or what additional models should be considered? |
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| 8B. What do you consider some opportunities and/or challenges of a model of interprofessional supervision, given that trainees work in multidisciplinary teams? |
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| 8C. How might the standards strengthen support for supervisors and therefore the experience of trainees within the current model? E.g. supervisor professional support/development, greater opportunities for feedback, recognition of prior training undertaken for other stages of the medical education continuum. |
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| 1. **Addressing issues at training sites**

A key piece of work influencing the revision of the standards is the Health Ministers’ Policy Directive and the implementation of the recommendations made by the National Health Practitioners Ombudsman (NHPO) related to college accreditation of training sites. The standards for specialist medical programs will require the implementation of the model standards developed as part of the Ombudsman’s work. Part of this work also includes the development of a Framework for managing concerns and complaints about accredited specialist medical training settings.9A. What do you see as barriers and enablers to ensuring trainees can safely report issues at a training site including issues regarding racism? |
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| **Questions relating to the model and cycle of AMC accreditation for specialist medical programs** |
| 1. **AMC accreditation cycle and process**

The review is considering a re-balancing of AMC accreditation and monitoring processes taking account of the complex environment, while being mindful of costs. The AMC is reviewing the current 10-year accreditation cycle to determine if 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.10A. What do you see as the potential benefits and drawbacks of a thematic approach to accreditation and monitoring, where each year focuses on a specific core area for all colleges, such as assessment, Aboriginal and/or Torres Strait Islander and Māori health, cultural safety, curriculum development etc.? |
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| 10B. What do you think the AMC can do to develop effective relationships with colleges and other stakeholders in the space? |
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| **Overall** |
| 1. **Any other comments**

11A. From your perspective, in your role or at your organisation, is there anything not covered in Part 1 – Consultation paper or in the consultation questions that you think needs to be a focus for the direction of changes to be made to the standards? Are there any additional opportunities you don’t think have been identified? |
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