

# Prevocational Standards Accreditation Committee

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Terms of reference, membership and operations

Diversity and inclusion are essential to the AMC's continued success. The AMC values diversity of thought and experience and believes that an inclusive and collaborative culture underpins the accreditation and assessment of medical education. We celebrate and promote diversity as a key strength of our organisation.

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# 1. Terms of reference

## 1.1 Role

The Prevocational Standards Accreditation Committee is a standing committee of the Australian Medical Council (AMC), established under the Constitution of the Australian Medical Council Limited to perform functions in connection with the standards of medical education and training, specifically prevocational medical education.

The committee's role relates to the following objects of the Company:

- (a) to improve health through advancing the quality and delivery of medical education and training associated with the provision of health services in Australia and Aotearoa New Zealand;
- (b) to develop accreditation standards, policies and procedures for medical programs of study based predominantly in Australia and Aotearoa New Zealand, for prevocational supervised practice in Australia, and for assessment of international medical graduates for registration in Australia;
- (c) to assess programs of study and/or supervised practice based predominantly in Australia and Aotearoa New Zealand leading to registration of the graduates or participants of those programs to practise medicine in Australia to determine whether the programs meet approved accreditation standards, and to make recommendations for improvement of those programs;
- (e) to assess authorities in other countries that conduct examinations for registration in medicine, or that accredit programs of study relevant to registration in medicine, to decide whether persons who successfully complete the examinations or programs of study conducted or accredited by those authorities should have the knowledge, clinical skills and professional attributes necessary to practise medicine in Australia;
- (f) to assess, or oversee the assessment of, the knowledge, clinical skills and professional attributes of overseas qualified medical practitioners who are seeking registration in medicine under the Health Practitioner Regulation National Law and whose qualifications are not approved qualifications under the Health Practitioner Regulation National Law for medicine;
- (h) to act as an external accreditation entity for the purposes of the Health Practitioner Regulation National Law;
- (i) to advise and make recommendations to Federal, State and Territory governments, the Australian Health Workforce Advisory Council, the Australian Health Practitioner Regulation Agency, the Medical Board of Australia and State and Territory boards of the Medical Board of Australia, and any other state and territory medical regulatory authorities in relation to:
  - (i) matters concerning accreditation or accreditation standards for the medical profession
  - (ii) matters concerning the registration of medical practitioners
  - (iii) matters concerning the assessment of overseas qualifications of medical practitioners;
  - (iv) matters concerning the recognition of overseas qualifications of medical practitioners
- (j) to work with international health, education, accreditation and testing authorities and

agencies to bring about improvement in standards of medical education and assessment.

## 1.2 Responsibilities

The Prevocational Standards Accreditation Committee:

- (i) Develops, monitors and reviews standards<sup>1</sup> and procedures relating to the accreditation of programs and the assessment of programs and their providers<sup>2</sup>. It:
  - recommends to Directors review of the approved accreditation standards and the terms of reference and scope of such reviews
  - recommends to Directors amendment to accreditation standards and procedures
  - contributes to AMC staff reviews of guidelines and templates for accreditation processes.
- (ii) Oversees the AMC's accreditation activities for programs and providers in the prevocational phase of medical education and training. It:
  - appoints AMC assessment teams
  - considers data and information gathered by AMC staff on feedback from AMC assessment teams and providers following each AMC accreditation assessment
  - considers reports and data in relation to the operation and application the accreditation standards and procedures and recommendations by AMC staff to improve processes and standards
  - considers reports of findings by AMC teams and reports, and makes decisions on accreditation, revocation of accreditation, and review and management of progress by accredited programs and their providers
  - monitors the continuing compliance of accredited programs and their providers with the approved accreditation standards
  - provides reports to Directors on accreditation work program, and related policy issues and risks.
- (iii) Supports improvement in medical education in Australia and Aotearoa New Zealand. It:
  - reviews and reports to Directors on achievement, performance and quality improvements in medical education and training
  - contributes to and advises the AMC on national and international developments and discussions concerning medical education
  - sponsors and undertakes activities that promote improvement in medical education that respond to evolving health needs and practices, and educational and scientific developments
  - cooperates and consults with other AMC standing committees on matters of mutual interest.

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<sup>1</sup> Standards includes national standards, and accreditation standards, domains and criteria

<sup>2</sup> Providers includes Prevocational training accreditation authorities, Workplace Based Assessment Program providers, Pre Employment Structured Clinical Interview providers

### 1.3 Governance

The committee will conduct business according to AMC policies, accreditation procedures approved by Directors, and the Accreditation Code of Conduct.

The committee:

- reports and makes recommendations to AMC Directors as required under section 1.2(i)
- makes decisions as required under section 1.2(ii)
- reports on its activities to each general meeting of the Members of the Council.

### 1.4 Delegated authority

The committee has authority to:

- (1) appoint accreditation teams
- (2) appoint members of any subcommittees
- (3) approve changes to any subcommittees' terms of reference
- (4) make decisions on accreditation, revocation of accreditation, and review and management of progress by accredited providers and programs
- (5) complete routine monitoring of providers and programs.

In the course of its activities, the committee may ask AMC staff to consult as needed with education and program providers, community organisations, professional organisations and student/trainee organisations. The committee may also ask staff to undertake formal public consultation when required.

The chair of the committee has authority to:

- (1) approve the membership of a panel for selection of a committee member
- (2) appoint substitute members of accreditation teams.

## 2. Membership

The Prevocational Standards Accreditation Committee consists of those persons (not less than 13 in number) from time to time appointed by the Directors.

The term of office of a member of the committee (other than the chair, in that capacity) may not exceed four consecutive years. The term of office of the chair of the committee may not exceed four consecutive years.

If the Directors are satisfied that it is in the best interests of the Australian Medical Council, the Directors may permit the chair or a member of the committee to hold office for a period or periods of more than four consecutive years, but in any event no more than 8 consecutive years.

An appointment to an established position on the committee takes effect from the date of the vacancy in the position. For a new position, appointment takes effect from the date Directors make the appointment.

A member's term of office ends at the annual general meeting of the Council for the relevant year.

The Committee will also include a technical advisor with expertise in medical registration and Medical Board of Australia requirements. The role holder is agreed between the AMC and the Medical Board of Australia and may be reviewed from time to time as, required. The technical advisor is not a voting member.

## 3. Chair

AMC Directors appoint the chair of the committee, who becomes ex officio a Director of the AMC. The AMC Directors will choose the chair through an open selection process.

The chair of the committee may nominate a member to be the deputy chair of the committee. The appointment as deputy chair ends when that member's term on the committee ends. Appointment as deputy chair does not lead automatically to appointment as chair.

## 4. Operations

### 4.1 Appointment of members

The membership provisions and appointment processes are shown in Appendix A.

For a position that is filled after seeking recommendations from a nominating body, the AMC will seek nominations at least three months before the term of office ends. Nominating bodies are asked to provide at least two and desirably three nominations for each vacant position, to enable the AMC to appoint a committee with appropriate diversity.

For positions filled by expression of interest, AMC staff will establish an open selection process, involving an invitation to submit expressions of interest against a position description, and short listing and interview by a selection panel chosen by the chair.

For consideration of standards, guidelines and policy relevant to accreditation of Workplace Based Assessment programs and providers, the Chair of the AMC WBA Results Panel and/or Chair of AMC Assessment Committee may attend as technical experts but are not voting members.

### 4.2 Meetings

AMC staff will set dates for committee meetings in consultation with committee members and based on the accreditation work program.

AMC staff will, in discussion with the committee chair, cancel meetings for which there is insufficient decision making items to warrant a meeting.

The committee will meet as required by a mix of face-to-face meetings and meetings by teleconference (or other technology-enhanced platform).

Papers will be distributed electronically by the AMC's portal for distribution of papers.

A member who wishes to have a matter discussed at a committee meeting should advise AMC staff ten days before the meeting (the deadline for agenda items). Sufficient background information must be provided to allow for adequate discussion.

### 4.3 Quorum

The quorum of the committee is the whole number which is the next number after dividing the total number of appointed members by two. Members present in person includes participation in the meeting through any electronic means approved by the chair of the meeting.

### 4.4 Determination of decisions/recommendations

**Voting:** Where voting on an item is required, decisions will be based on a simple majority of members present with abstentions not counted in the total number of votes. Voting will be by show of hands, with alternate provisions for members participating by teleconference.

**Items dealt with out of session by circular resolution:** If the committee needs to make a decision outside a regular meeting, AMC staff will circulate the resolution and background papers to members. A deadline for response to the resolution will be provided. Where there is no response by the deadline, and no indication that the member is unavailable to respond, it will be assumed the resolution is agreed. Decisions will be made on the basis of a simple majority of members.

### 4.5 AMC secretariat

The AMC will select a staff member to support the committee, who will be the contact point for members of the committee. This AMC staff member is responsible for:

#### *Supporting good practice and efficient decision making*

- providing training and induction on AMC systems and processes
- managing communication with the Medical Board of Australia and providers
- managing the flow of information and decision items between AMC committees

#### *Organising meeting*

- scheduling meetings and notifying committee members
- inviting specialists/subject experts to attended meetings when agreed by the Chair
- issuing notices of meeting

#### *Agenda papers*

- consulting the chair on agendas
- preparing agendas and supporting documentation
- distributing the agenda and meeting materials five working days prior to the meeting

#### *Meeting reports and follow up action*

- taking notes of proceedings and preparing minutes of meetings
- distributing the minutes no more than four weeks after the meeting.

A separate document sets out the AMC administrative responsibilities for organising travel and accommodation, and payment of fees.

## 5. Declarations of interest

Directors and members of AMC committees must complete AMC standing notices of interest and must update these regularly.

AMC staff will make declarations of interest available at each meeting of the committee and will list in the agenda conflicts identified.

The agendas for AMC committee meetings will begin with a 'declaration of interests', in which members are requested to declare any additional personal or professional interests which might, or might be perceived to, influence their capacity to undertake impartially their roles as members of the committee.

Members will not vote on matters on which they have a declared personal or professional interest.

The AMC will provide guidelines to each committee on the management of other common interests (e.g. faculty member or fellow of an accredited education provider). The committee will decide how each member's interest in a particular item will be managed, for example by exclusion from the meeting or from discussion of the relevant item, within AMC guidelines.

All declared interests will be recorded in the committee minutes, as will the committee's decision in relation to the interest.

Where the chair is the subject of the conflict of interest, the deputy chair or a temporary chair appointed for that purpose will lead the discussion on the relevant item(s) of business.

## 6. Evaluation and review

The committee will establish a regimen for review and acting on outcomes.

The committee will report annually to Directors on outcomes of its evaluation and review processes.

## APPENDIX A: Membership of Prevocational Standards Accreditation Committee

Members may fill more than one category of membership

Membership category	Selection process: Nominations/Expression of interest (EOI)
Chair	EOI – appointed by AMC Directors
Deputy Chair	Chosen by Chair from among the members
One member who is a successful candidate through the International Medical Graduate (WBA pathway)	EOI
Up to two members who are Directors of Clinical Training or similar, responsible for intern or prevocational training in a health service	EOI
One member from the primary medical education phase	Nomination by the Medical Deans Australia and New Zealand
One member who is a senior medical manager in a health service that is accredited for intern or prevocational training	EOI
Two members with experience in management of medical education and training and/or junior medical workforce in health services or jurisdictions	Nominations from jurisdictions
Two members from the prevocational training accreditation authorities accredited by the AMC	Nominations by the Confederation of Postgraduate Medical Education Councils
One member with a background in, and knowledge of, health consumer issues	EOI
One member is a prevocational doctor (PGY1 or PGY2) at the time of appointment	EOI
One member with expertise in assessment of international medical graduates	Nomination from the membership of the AMC Assessment Committee
At least two Aboriginal and/or Torres Strait Islander members	EOI
Up to two members with experience in the delivery of Workplace Based Assessment programs accredited by the AMC	EOI
Chair AMC Review of the National Framework for Medical Internship	Ex officio

The Committee will also include:

*A technical advisor with expertise in medical registration and Medical Board of Australia requirements. The role holder is agreed between the AMC and the Medical Board of Australia and may be reviewed from time to time as, required. The technical advisor is not a voting member.*



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