

Revised Guidelines

Developing first drafts of college-specific requirements and additions to intent statements

Final v1.0

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Australian
Medical Council Limited

1. Purpose

The *Model Standards for specialist medical college accreditation of training settings* (model standards) allow colleges to add college-specific requirements (CSRs) and extra wording to intent statements. **CSRs and additions to intent statements are optional and are considered by exception.** This document assists colleges to understand when CSRs and additions to intent statements are appropriate and provides guidance on their content.

2. Application

The AMC approves CSRs and additions to intent statements for application in **Australian** training settings only. Colleges should refer to the Medical Council of New Zealand for information regarding CSRs and additions to intent statements in Aotearoa New Zealand.

3. Process

The process for development of CSRs and additions to intent statements for approval by the AMC is outlined in the document *Guidelines: Developing first drafts of college-specific requirements* to support the model standards, which is available from the AMC.

In considering draft CSRs and additions to intent statements, the AMC will exercise its discretion to make an independent decision, considering all relevant factors. These factors include, but are not limited to:

- consistency with these guidelines, the model standards and other relevant AMC documents such as *Assessing supervision: Guidance to support the model standards for specialist medical college accreditation of training settings*;
- submissions made by the college proposing the CSR/addition;
- consultation feedback on the CSR/addition provided by Australian health departments and training settings.

4. An outcomes-based approach

The model standards are outcomes based. The standards articulate an outcome that a training setting must achieve to meet a standard, not the process by which the setting is required to achieve it. This was a key recommendation of the National Health Practitioner Ombudsman in the report: *Processes for progress, Part one: A roadmap for greater transparency and accountability in specialist medical training site accreditation*.

Outcomes-based standards provide training settings with the flexibility to meet accreditation requirements in a way that best suits their environment, resources and individual circumstances, without compromising training outcomes. In particular, they facilitate training in a variety of locations, including rural and remote settings.

The model standards have been developed in consultation with colleges, jurisdictions and training settings to cover all relevant outcomes of specialist medical training. They can be applied in the context of each specialty training program, with each college collecting evidence relevant to its requirements. Accordingly, **CSRs and additions to intent statements are considered by exception**, rather than as a matter of course. Some colleges have already determined that they do not require CSRs or additions to intent statements.

5. Are CSRs/additions to intent statements necessary?

Colleges are strongly encouraged to consider whether CSRs and additions to intent statements are necessary. Colleges will be required to provide a rationale for each proposed CSR and addition to an intent statement that is submitted to the AMC for approval.

Useful questions for colleges to consider when drafting CSRs and additions to intent statements include:

- Could the CSR/addition be covered through examining the evidence that settings provide to support the criterion (see 8.2)?
- Is the requirement in the CSR already contained in the college curriculum/training program outcomes (see 8.3)?
- Is the CSR/addition an advisable “benchmark” that aims to give guidance to settings on how the setting could satisfy a criterion, rather than an accreditation requirement (see 8.4)?
- Is the CSR/addition already covered by the criterion as written or by another AMC guidance document (see 8.5)?
- Does the CSR unnecessarily limit the flexibility of how a setting may achieve the outcome stated in the criterion (see 8.7)?

If the answer to any of the above questions is ‘yes’, the college should reconsider the need for a CSR/addition to an intent statement.

6. Review of CSRs and additions to intent statements

The AMC recognises that implementation of the model standards is at an early stage and colleges and training settings are balancing some competing priorities during this initial period, including conditions that the AMC may have previously imposed on colleges. It is also noted that colleges and settings will need time to fully adjust and adapt their processes to the new outcomes-based approach of the model standards. The AMC will apply the guidelines flexibly and take a practical approach where competing issues arise. It has therefore approved CSRs in compelling circumstances, including where:

- there has been an AMC condition on a college to uplift training in a certain area (and the CSR relates to that condition);
- there has been a compelling reason to manage a patient safety risk during the implementation period.

The AMC has approved additions to intent statements where they clarify terminology that is unique to a college or where there is another compelling reason for the addition.

However, the AMC intends to undertake a review of approved CSRs and/or additions to intent statements after the initial implementation period by the college has concluded. This review will occur no earlier than 12 months after approval is given.

The aim of such a review will be to determine if approved CSRs and additions to intent statements are still required once an outcomes-based assessment process is embedded. Any review will involve consultation with the relevant college. Further information will be provided closer to the review date.

7. Hierarchy

The table below demonstrates how CSRs and additions to intent statements fit within the hierarchy of the model standards. Each CSR and addition to an intent statement should sit under a specific criterion within the model standards.

Domain	The type of matters addressed by the standards.
Standard	The outcome that must be achieved at the training setting.
Criterion	The measurable component of a standard.
Intent statement	Clarification of the criterion and examples of application.
College-specific requirements - optional	Requirements that are specific to a college and training program that supplement a criterion.
College addition to intent statement (if approved) - optional	Clarification of the criterion and examples of the application of the criterion , necessary in the context of the college’s individual training program(s).

8. The Guidelines

8.1 CSR or addition to the intent statement?

CSRs are appropriate to impose a requirement on a setting, where non-compliance with that requirement may lead to the imposition of a condition or other accreditation action.

Additions to intent statements are appropriate to clarify the meaning of a criterion in a way that is specific to a college (for example, by explaining how language in the criterion relates to language used only by that college), or to provide examples of the application of the criterion, necessary in the context of the college's individual training program(s).

The model intent statements may not be amended. Only additions are permitted.

8.2 CSR or evidence?

CSRs and additions to intent statements should not generally be used to prescribe evidence. Colleges should consider a range of evidence when assessing compliance with the model standards, but the required evidence need not be listed in the standards.

Colleges are encouraged to consider clarifying evidence requirements as an alternative to CSRs and additions to intent statements. For example, training settings could be provided with lists of evidence that the college will consider when assessing compliance with the standards. See the section *Evidence supporting assessments and decisions* in the model standards. Colleges may wish to use the Evidence collection template to outline expectations for training settings.

Practice examples of CSRs that would not be approved

Criterion 1.1.1	<i>Effective processes are implemented for trainees to raise concerns, grievances and complaints about matters affecting their training. Trainees are informed of these and feel safe to use them.</i>
Example CSR that would <u>not</u> be approved	The setting must have written policies that effectively manage bullying, discrimination, harassment and racism of trainees. These must be provided to trainees at orientation and supported by training of supervisors and relevant managers.
Rationale	The example CSR specifies evidence that goes towards meeting the criterion. A range of evidence might support the criterion, such as the setting's policies on complaint handling, staff training on how to make complaints, manager training on responding to complaints, a complaints register, an advice line, or a range of other options. Trainees may be informed of these in a variety of ways, including at orientation, via online training, or through provision of written material. The college should request and consider all relevant evidence from the setting that goes towards meeting the criterion. This example CSR would also limit the setting's flexibility as to how it meets the criterion: see 8.7
Criterion 3.2.3	<i>Trainees are supported to complete their training program assessments in a timely manner.</i>
Example CSR that would <u>not</u> be approved	Trainees must have access to the college online assessment platform.
Rationale	The example CSR specifies evidence that goes towards meeting the criterion. If trainees are unable to access the necessary technology to complete college assessments, then the criterion would not be met.

Criterion 1.1.10	<i>Trainees have access to resources that support their health and welfare.</i>
<i>The intent statement supporting this criterion states</i>	<i>Colleges should assess whether there are a range of resources that are appropriate to the size and nature of the training setting to support trainee health and welfare, and that trainees are aware of, and are able to access, those resources. Examples of resources include training on workplace hazards relevant to the specialty.</i>
Example of CSR that would <u>not</u> be approved	Settings have protocols and training on the prevention and handling of needlestick and sharps injuries.
Rationale	The example CSR specifies evidence which the intent statement already highlights to settings. The college may consider whether appropriate protocols are in place as part of its assessment of the criterion.

8.3 Curriculum requirements and training program outcomes

Several of the standards contain requirements that facilitate trainees' achievement of the 'training program outcomes.' This statement encompasses meeting the requirements of the college curriculum. CSRs that repeat curriculum requirements are unnecessary.

There may be exceptions to this guideline in certain circumstances, for example, if the CSR/addition will clarify a demonstrated misunderstanding between the college and training settings. The AMC, in considering all the relevant factors, will use its discretion in making a decision that is appropriate in the circumstances.

Practice example of a CSR that would not be approved

Criterion 3.1.1	<i>Trainees are provided with a clinical caseload and casemix to achieve the training program outcomes.</i>
Example of CSR that would <u>not</u> be approved	The trainee must have sufficient exposure to critically ill patients requiring respiratory support.
Rationale	The curriculum would already require the trainee to develop skills to manage critically ill patients. It is not necessary to repeat the curriculum requirement in the standards.

8.4 Guidance documents

Colleges are free to provide guidance to settings on how the setting may achieve a criterion. This may include college guidance or benchmarks that are exemplars of good practice. However, non-compliance with such guidance or benchmarks is not, of itself, a reason for assessing a criterion as not met. It must be demonstrated that the outcome of the criterion has not been achieved.

Practice example of a CSR that would not be approved

Criterion 3.1.1	<i>Trainees are provided with a clinical caseload and casemix to achieve the training program outcomes.</i>
Example of CSR that would <u>not</u> be approved	Settings must ensure that trainees participate in a minimum of three consultant supervised outpatient clinics per fortnight.
Rationale	The intent of the example CSR is to ensure that trainees have adequate exposure to treating outpatients, which is an aspect of ensuring they have an appropriate caseload and casemix to achieve the training program outcomes. While the CSR would not be approved, the college is free to provide guidance to settings on how many outpatient clinics the college would generally expect trainees to attend in order to meet the criterion. An example might be a guidance document that states "The college recommends that trainees participate in three consultant supervised outpatient clinics per fortnight in order to meet training program outcomes. Where this is not achieved, the setting should provide evidence that the trainee has other opportunities to assess the full range of outpatient presentations to meet college curriculum requirements." If, in assessing a setting, the college found that the outpatient exposure was insufficient and wished to impose a condition, the reason for doing so would be that trainees have not been provided with sufficient experience in outpatient presentations in their caseload and casemix to meet training program outcomes, not that the setting has failed to provide three consultant supervised outpatient clinics per fortnight.

8.5 Repetition

CSRs and additions to intent statements should not repeat or restate information that is in a criterion, intent statement, or other relevant guidance documents issued by the AMC.

Practice examples of CSRs that would not be approved

Criterion 3.1.4	<i>Trainees are given experience working and learning in multi-disciplinary teams and/or settings.</i>
Example of CSR that would <u>not</u> be approved	Trainees must be involved in the assessment and treatment of patients by other members of the multi-disciplinary care team, including pain management, psychological assessments and trauma support.
Rationale	This CSR merely restates the criterion in a way that does not add significant value. The criterion already covers experience in the kinds of multi-disciplinary teams that are relevant to the specialty.
Criterion 4.1.2	<i>Trainees have access to educational resources that support their learning.</i>
Example of CSR that would <u>not</u> be approved	The unit must offer on-site access to adequate specialty care educational resources including electronic and internet-based resources, textbooks, journals, management guidelines and protocols or clinical care pathways.
Rationale and AMC guidance	The example CSR merely repeats the criterion and specifies evidence that would be considered when assessing the criterion. The AMC document <i>Assessing supervision: Guidance to support the model standards for specialist medical college accreditation of training settings</i> states: <i>Supervision arrangements should be flexible to accommodate and support learning in rural, regional and remote settings, smaller practices, and private settings, while still maintaining safety and achieving training outcomes. Flexible models incorporating face-to-face and remote supervision should be supported by the training setting as appropriate to the setting, the specialty and the trainee.</i>
Example of CSR that would <u>not</u> be approved	The setting must have flexible supervision models to accommodate rural and remote trainees.
Rationale	The example CSR merely restates guidance contained in <i>Assessing supervision: Guidance to support the model standards for specialist medical college accreditation of training settings</i>

8.6 Alignment

CSRs and additions to intent statements should not contradict or seek to override a criterion or intent statement.

Practice example of a CSR that would not be approved

Criterion 1.1.5	<i>Risks to trainees associated with fatigue and volume of work are identified, managed and recorded.</i>
The intent statement supporting this criterion states	<i>Colleges should assess the actual outcome for trainees rather than impose blanket rules on training settings (such as the number of shifts to be worked in a given period).</i>
Example of CSR that would <u>not</u> be approved	Trainees must not work more than X night shifts in a row.
Rationale	The CSR contradicts the intent statement. Colleges should assess the outcomes for trainees rather than prescribe inflexible rules. The CSR may also conflict with industrial instruments that are binding on the setting.

8.7 Flexibility

The model standards are outcomes based, requiring colleges to assess outcomes, not prescriptive inputs. Colleges should assess the model standards considering all relevant evidence provided by the setting that supports achievement of the outcomes. CSRs or additions to intent statements that seek to restrict or prescribe how a setting reaches an outcome will generally not be acceptable.

Practice examples of CSRs that would **not** be approved

Criterion 4.1.1	<i>Trainees have access to an appropriate quiet space with adequate computer and internet access for their learning.</i>
Example of CSR that would <u>not</u> be approved	Trainees must have access to offices with an internet connection that allow access to electronic educational materials.
Rationale	The training setting must have flexibility as to how trainees are given appropriate facilities for their learning. This may or may not be through the provision of office space. The college should assess the facilities the setting provides and make a decision as to whether the outcome has been met.
Criterion 2.2.5	<i>Supervisors are supported in meeting their education and training responsibilities.</i>
Example of CSR that would <u>not</u> be approved	Supervisors must be provided with an office that has secure storage for trainee records and adequate space to conduct trainee interviews.
Rationale	The training setting must have flexibility as to how supervisors are supported. This may or may not include the provision of an office. The college should examine all relevant evidence to assess whether the facilities provided by the setting are sufficient for supervisors to carry out their role.

8.8 Equipment

In general, availability of equipment will be evidence of compliance with criterion 4.2.1. However, specification of particular equipment may be acceptable if there is a compelling argument by the college that the equipment is necessary for a trainee to attain a specified training program outcome and the setting may not otherwise be aware of the requirement for this equipment. Procedural specialties are most likely to propose such a CSR.

CSRs or additions to intent statements that compel a training setting to upgrade equipment where it is not necessary for a trainee to meet the required training program outcome are not acceptable. The situation where equipment is old and no longer fit for purpose, such that trainee learning is unacceptably compromised, is covered by the criterion as written.

Practice example of a CSR that would **not** be approved

Criterion 4.2.1	<i>Clinical or other equipment needed for trainees to achieve the training program outcomes are available, acceptable and fit for purpose.</i>
Example of CSR that would <u>not</u> be approved	A CSR that lists standard equipment needed for trainees to meet training program outcomes.
Rationale	Equipment availability and the extent to which the available equipment supports trainees in achieving the training outcomes would be considered as evidence when assessing this criterion.

8.9 Supervision and supervisor ratios

A supervisor ratio is any requirement that a setting should have a certain number of fellows/supervisors to a certain number of trainees. Supervisor ratios are a proxy measure for effective supervision outcomes and are not permitted. The AMC guidance document, *Assessing supervision: Guidance to support the model standards for specialist medical college accreditation of training settings*, has been developed in conjunction with colleges and Australian health departments, and sets out elements of effective supervision and examples of the evidence colleges may use to assess it.

Colleges may provide guidelines to settings about benchmarks for supervision (and other matters) to assist settings in understanding college expectations. However, the imposition of conditions or revocation of accreditation cannot be based solely on non-compliance with such guidelines. It must be based on the setting not meeting the outcome set out in the relevant criterion.

The AMC may approve other CSRs/additions to intent statements in relation to supervision if there is a compelling patient safety or trainee safety reason for doing so, and it will assist colleges and settings in navigating the implementation period. Approval of these CSRs/additions will depend on all the circumstances of the case, and the AMC will carefully consider the rationale put forward by colleges to support CSRs/additions of this kind.

Practice example of a CSR that would not be approved

Criterion 2.2	<i>Trainees receive appropriate and effective supervision.</i>
<i>Example of CSR that would <u>not</u> be approved</i>	Supervisors shall be responsible for no more than four trainees at any time.
<i>Rationale</i>	<p>The example CSR contravenes the rule against the proxy measure of supervisor ratios. However, the college is free to give guidance to settings on appropriate arrangements that it would consider useful in meeting the criterion. For example, guidance could state that <i>'Supervisors should not have more than four trainees if effective supervision is to be provided. Where this benchmark is unable to fulfilled, the setting should provide evidence that the trainee is provided with appropriate and effective supervision through other arrangements.'</i></p> <p>If, in assessing a setting, the college finds that supervisors are regularly supervising a large number of trainees and are unable to provide, for example, effective feedback or safe levels of clinical supervision, the reason for any accreditation action would be that trainees are not being provided with appropriate and effective supervision, not that the setting is failing to meet the benchmark of four trainees per supervisor.</p>

8.10 Other proxy measures

In line with the position on supervisor ratios, CSRs and additions to intent statements that include other proxy measures are not acceptable. For example, requirements regarding a minimum number of hours spent in a particular activity or location, or a minimum number of patients to be seen, are generally a proxy measure for ensuring that trainees are provided with suitable experience and a range of learning opportunities, matters which are already covered in the model standards.

Practice examples of CSRs that would not be approved

Criterion 3.1.1	<i>Trainees are provided with a clinical caseload and casemix to achieve the training program outcomes.</i>
<i>Example of CSR that would <u>not</u> be approved</i>	The setting must limit the time a trainee spends in [x department] to no more than [X hours/shifts] per week.
<i>Rationale</i>	This is a proxy measure designed to ensure that one type of experience does not dominate the trainees' time at the expense of other necessary experience. This is already covered by the model standards, such as standard 3.1 which states that trainees are provided with the appropriate depth, volume and variety of clinical and other learning experiences.
<i>Example of CSR that would <u>not</u> be approved</i>	Service provision demands are not prioritised over training.
<i>Rationale</i>	This is a proxy measure designed to ensure that meeting service demands through activities that have limited training value does not dominate the trainees time at the expense of other necessary experience. This is already covered by the model standards, such as standard 3.1 (see above).

8.11 Protected teaching/training time

The AMC supports reasonable structured training time during which trainees are free from clinical duties. However, the AMC does not support the use of the phrase “protected time” as the exact meaning of this phrase is unclear.

The AMC also considers that the specification of hours, including the number of hours that must be free from clinical duties to undertake structured learning, is problematic at this time. The AMC will continue to work with colleges and jurisdictions in early 2026 to develop a common guidance document on assessing structured learning under the model standards. Colleges wishing to include CSRs or additions to intent statements about structured learning while this guidance is being finalised should consult with the AMC project team.

8.12 Specialist accreditations

CSRs that require accreditation by external bodies are acceptable provided they:

- relate to a particular training program rather than most/all training programs; and
- are integral to achieving training program outcomes.

As accreditation under the National Safety and Quality Health Service (NSQHS) Standards is required by training settings for most college training programs, it is not necessary to require this accreditation in a CSR. However, if a setting has failed to achieve this accreditation, the college may examine the reasons for that failure and determine whether they are relevant to the setting’s ability to meet the model standards.

Practice example of a CSR that would be approved

Criterion 2.1.6	<i>The training provider/setting has been accredited by relevant accreditation bodies.</i>
Example of CSR that would be approved	The training setting is accredited by the National Association of Testing Authorities (NATA) or equivalent.
Rationale	The required accreditation is specific to one training program and is integral to the setting meeting accreditation requirements.

8.13 Conciseness

CSRs and additions to intent statements should be concise, ideally no more than two or three sentences. They should not contain descriptive narratives, or reasons for the CSR or addition. There is provision for colleges to separately outline the reasons for inclusion of CSRs and additions to intent statements when completing the AMC submission form.

