

# Draft revised Standards for the Assessment and Accreditation of Specialist Medical Programs

## Specialist Medical Programs Standards Review

This document contains the proposed revisions to the Standards for the Assessment and Accreditation of Specialist Medical Programs. These proposals were developed by the Standards Review Working Group and AMC Aboriginal and/or Torres Strait Islander and Māori Committee Sub Group and were approved for consultation by the Specialist Accreditation Education Committee and the AMC Aboriginal and/or Torres Strait Islander and Māori Committee.

The proposals have been informed by the 2025 consultation on the scope of the review and direction for change. Development of standards related to Aboriginal and/or Torres Strait Islander and Māori health and cultural safety has been led by a Sub Group of the AMC Aboriginal and/or Torres Strait Islander and Māori Committee. Throughout this document, these standards are highlighted in [blue](#).

## Standard 1 – Purpose, context and accountability

This standard explores whether the education provider has appropriate resources and a framework to support training, including governance, staffing, finance, organisation structure/chart, relationships.

The relationships will be relevant to the national or binational context, appropriate to wherever training is occurring, and with evidence of meaningful engagement with partners. There will be clear consideration of the context in which training takes place and the local community. This approach will be coordinated and communicated to all stakeholders. The structures can be well understood and, as well as being inward facing to support the Fellows and trainees, there will be evidence of external facing, reflective approaches. The relationship that education and training have with the whole of the College will be positive and enable innovation. Colleges will be able to describe what they do and how, in relation to training, and provide rationale for how their approach helps deliver high quality training and promotes excellence. There is evidence of how thinking has changed, or different approaches have been taken as a result of broader input from stakeholders. Cultural safety and reflective practice will be evident across all levels of decision making, policy development and implementation.

The College strategy clearly sets out the education programs and their purpose. Aboriginal and/or Torres Strait Islander peoples of Australia and Māori of Aotearoa New Zealand and their health have been addressed in the purpose of the education programs.

### 1.1 Purpose and governance

Draft revised standards

1.1.1 The education provider's defined educational purpose is aligned to community need.

1.1.2 The education provider's purpose addresses Aboriginal and Torres Strait Islander peoples of Australia and/or Māori of Aotearoa New Zealand and their health.

1.1.3 The education provider's governance structures are appropriate for the provision of specialist medical programs and ensuring a culture of education and training that support the wellbeing of staff, fellows and trainees.

1.1.4 The education provider demonstrates how it advances health care needs and equity. This is informed by broad representation, including diversity across staffing, input from under-represented groups with relevant expertise who can influence decision making in relation to the delivery of specialist medical programs.

1.1.5 The education provider demonstrates how it furthers Aboriginal and/or Torres Strait Islander and Māori people's health equity.

The education provider actively seeks Aboriginal and/or Torres Strait Islander and Māori participation at all levels of the program and organisation.

1.1.6 The education provider's governance structures enable local, place-based management of training where appropriate. The education provider provides evidence of maintaining oversight and mitigating potential risks, for example, loss of accreditation for a specific site, lack of capacity to train in a certain region, the conflict of the supervisor being the employer.

1.1.7 Where the education provider delegates management of training, they provide evidence of consistency in approach across training programs. The education provider maintains oversight, accountability and transparency and ensures those with delegated responsibility for training are carrying out their responsibilities in line with the standards.

1.1.8 The education provider applies its documented policies to the declaration, management and public disclosure of relationships with industry, and to the competing interest of members and office holders.

1.1.9 The education provider applies its documented policies and processes to identify and manage interests of staff and others participating in education and training-related decision making that may conflict with their responsibilities to the program.

1.1.10 The education provider demonstrates how Aboriginal and/or Torres Strait Islander people participate in Australia and Māori participate in Aotearoa New Zealand. Their participation should be clearly represented at all levels in the education provider's governance structure and decision-making processes.

1.1.11 The education provider has publicly available and transparent reconsideration, review and appeals processes that provide for impartial review of decisions related to training and education functions. These processes, including any costs, are communicated clearly and transparently to trainees.

1.1.12 The education provider has a process for evaluating de-identified appeals and complaints to resolve systemic issues and this is regularly reviewed.

1.1.13 The training provider holds and operates a policy about data sovereignty, safety and security, with a particular focus on data requirements for Aboriginal and/or Torres Strait Islander people and Māori.

## 1.2 Education and training – resourcing, policies and information

Draft revised standards

1.2.1 The education provider has the financial resources, staffing and management capacity to sustain its education and training program. These resources are directed to achieve the provider's purpose, the training program's requirements and to build internal capacity to meet future challenges.

1.2.2 The education provider only awards qualifications if the program of study leads to the award of the qualification and all the requirements of the specialist medical program have been fulfilled.

1.2.3 Clear and accurate information about the education provider and its programs is publicly available and easily accessible.

### 1.3 Responsibility to community

Draft revised standards

1.3.1 The education provider has a clear methodology to define its priorities with respect to serving the community.

1.3.2 Education provider's programs are responsive and informed by diverse community need. The education provider has a methodology and process, and is resourced, to assess and respond to community need in relation to its training program. This need may include factors such as workforce distribution, access to services and generalism. The education provider changes and evaluates program outputs in response to this.

1.3.3 The education provider has mutually beneficial partnerships with consumers and/or community organisations, with consideration of equity groups, to:

- define the purpose and specialist medical program outcomes
- design and implement the curriculum and system of assessment
- evaluate the specialist medical program and outcomes of the program.

1.3.4 The education provider has mutually beneficial partnerships with Aboriginal and/or Torres Strait Islander and Māori people and/ or organisations, to:

- define the purpose and specialist medical program outcomes
- design and implement the curriculum and system of assessment
- evaluate the specialist medical program and outcomes of the program.

### 1.4 External engagement

Draft revised standards

1.4.1 There is evidence of effective engagement, partnerships and innovation with education and training setting providers, and other stakeholders. This will be around areas that include trainee and Fellow wellbeing, workforce planning and delivery of training at sites.

1.4.2 Colleges have clearly identified areas of mutual interest with other colleges and evidence of engagement with other colleges on these areas.

## Standard 2 – Specialist Medical Program structure and content

The programs respect the need for diversity and the importance of a focus on workforce need. Programs are designed recognition of the broad settings in which effective training can take place and the need to address healthcare disparities. There is a process to consult broadly and evidence of an external focus on program design. Trainees, Fellows, and supervisors can clearly see how program outcomes have been set out, understand the rationale and how specialty specific needs are included. The defined graduate outcomes include the breadth of aspects that support trainees in becoming ready to transition to the consultant role.

This standard ensures that there is a clear framework for the curricula for each of the specialty programs. This framework is publicly available and explicitly sets out what the specialty competencies are, including scientific knowledge, clinical skills, professionalism and being ready to navigate the healthcare system. The curriculum is framed to enhance the health and wellbeing of individuals and populations, taking account of broader issues such as climate change and the need for judicious use of resources. Trainees will see how they need to learn to be good supervisors in the future and be able to undertake research and leadership roles as required. There is evidence that the curriculum ensures development of culturally safe practice. The need to recognise prior learning is understood and managed well, and processes are fair and transparent. The College works closely with those providing the training settings, to encourage flexibility and an inclusive approach to supporting diverse cohorts of trainees.

The College programs are delivered using methods based on sound educational practice and there are examples of innovation and collaboration with other colleges and education providers. There is evidence that the program can be delivered in different ways across different settings and acceptance that trainees may experience comparable approaches in line with local needs or their interests. Consideration of what makes a trainee ready to transition to the consultant role is evident, and this could be in the form of a structured program in the later years of training to prepare for that role.

### 2.1 Graduate outcomes

Draft revised standards

2.1.1 The education provider has defined specialist graduate outcomes for each of its specialist medical programs including any subspecialty programs. These outcomes are based on the specialists' role in the delivery of health care and are responsive to community need. The education provider makes information on graduate outcomes publicly available.

2.1.2 The defined graduate outcomes fully encompass the common outcomes as set out in the [document title].

These cover learning relating to being a practitioner, professional and leader, health advocate, scientist and scholar. These are complemented with specialty specific outcomes and will ensure trainees are being prepared for their role as independent practitioners at consultant level.

2.1.3 Satisfactory completion of the graduate outcomes ensures readiness to transition to independent specialty practice.

**Note: The AMC is developing specialist medical program outcome statements that are common across specialties and will be consulted on in the coming months. See the Consultation paper for further details.**

### 2.2 Curriculum development and renewal

Draft revised standards

2.2.1 For each of its specialist medical programs, the education provider has developed a curriculum that is evidence-informed, contemporary and draws on broad consultation with internal and external stakeholders. The curriculum framework is publicly available.

2.2.2 Content covering Aboriginal and/or Torres Strait Islander and Māori health, history, colonial impact and culture is integrated throughout the curriculum, including specialty-level knowledge specific to the specialty program.

2.2.3 The integrated Aboriginal and/or Torres Strait Islander and Māori content has an evidence-based design in a strengths-based framework and is led and authored by Aboriginal and/or Torres Strait Islander and Māori health experts.

2.2.4 There is evidence that content related to *groups that experience health inequities* has been appropriately integrated throughout the curriculum. The provider demonstrates consultation with those groups to support the incorporation of any specialty-specific knowledge relevant to the training pathway.

2.2.5 The program of study demonstrates alignment between the graduate outcomes, teaching and learning methods and experiences and assessments.

2.2.6 There is evidence of an effective process for timely revision and renewal of the curriculum, based on broad consultation and evaluation data.

**Note: Existing standards related to specific curriculum content are now reflected within the draft specialist medical program outcome statements. As a result, these standards have been revised with their intent and content retained elsewhere and will be consulted on in the coming months.**

## 2.3 Curriculum delivery

Draft revised standards

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

2.3.2 The training is practice-based, involving the trainees' personal participation in appropriate aspects of health service across a range of clinical settings, including supervised direct patient care where relevant and working with interdisciplinary and interprofessional teams.

2.3.3 The program design promotes equity for trainees to have access to the resources required for completion of the program.

2.3.4 The training and education process facilitates trainees' development of an increasing degree of responsibility as they progress through the program. This progression is supported by appropriate provision of learning opportunities and training settings.

2.3.5 The training program offers appropriate flexibility to support the diverse needs of trainees, ensuring both equity and the ability to successfully complete the requirements of the training program.

2.3.6 The specialist medical program allows for part-time, interrupted and other flexible forms of training.

## Standard 3 – Assessment

The education provider has a program of assessment that is based on best educational practice and that assists trainees and their supervisors with directing learning and giving and receiving feedback. There is evidence of quality assurance of assessment, to allow for innovation and the trial of new approaches, to be flexible to the context and the stage of training, and to be inclusive of a diverse trainee cohort. Cultural safety is embedded in assessments and trainees can demonstrate being ready for culturally safe practice as consultants. The strategic approach to assessment is clearly communicated and understood and it is perceived as fair and transparent. Trainees are prepared for seeking meaningful feedback and their formal assessments provide them with good insights into their progress. Trainees are identified early, through assessments, when they are at risk of not progressing in a timely manner or are struggling with acquiring the capabilities and professionalism they will need for consultant level practice. The breadth of items assessed is appropriate for the specialty and the College presents clear rationale for what is being assessed and the methods used. The assessment methods used are delivered in such a way to minimise the chance of bias and relevant policies are in place to ensure trainees are assessed in ways that support their learning and avoid discrimination.

### 3.1 Assessment framework

Draft revised standards

3.1.1 The system of assessment enables progressive judgements to be made about preparedness for specialist practice and comprises a range of evidence-based, fit for purpose assessment methods, including outcomes-focused assessment of trainee performance in the workplace.

3.1.2 The system of assessment is equitable across cohorts and training settings and is designed to reduce the risk of bias, racism and discrimination.

3.1.3 The system of assessment demonstrates responsiveness to and inclusivity of the diversity of the Australian and Aotearoa New Zealand population and the settings in which training occurs.

3.1.4 The education provider demonstrates evidence of blueprinting processes that include cultural safety, to guide assessment across the specialist medical program.

3.1.5 The education provider uses evidence-informed approaches and evidence-based methods of standard setting across all assessments and demonstrates transparency in decisions around passing standards and progression decisions.

3.1.6 Assessment in Aboriginal and/or Torres Strait Islander and Māori health and trauma-informed culturally safe practice, is applicable to the specialty, integrated and blueprinting across the program, and informed by Aboriginal and/or Torres Strait Islander and Māori health experts.

3.1.7 The education provider demonstrates effective processes that afford trainees reasonable adjustments and/or special consideration in assessment as required.

3.1.8 The system of assessment drives positive educational experiences for trainees, and the system considers the potential impacts on trainee wellbeing.

### 3.2 Continuous improvement of assessment

Draft revised standards

3.2.1 The education provider regularly reviews the quality, consistency and fairness of assessment methods, their educational impact and feasibility, and responds accordingly.

3.2.2 The provider collaborates with others in the education and training sector and stakeholders to optimise current system of assessment taking an evidence-informed approach and adopts new methods as appropriate.

### 3.3 Assessors

Draft revised standards

3.3.1 The education provider has a range of assessors that are adequately skilled in assessment of a trainee's competence at the standard expected for that level of training.

3.3.2 The education provider provides training in assessment and feedback, aligned to the needs of those in assessment roles.

3.3.3 Assessments related to cultural safety are undertaken by or with significant input from Aboriginal and/or Torres Strait Islander people and Māori.

3.3.4 There are clear and transparent processes for reporting, managing and mitigating, real or perceived conflict of interest in assessment.

### 3.4 Feedback

Draft revised standards

3.4.1 The education provider facilitates timely, personalised feedback to trainees on their performance to guide learning.

3.4.2 The education provider has processes for identifying in a timely fashion trainees who are having difficulty meeting the requirements of the training program and implements appropriate measures to support learning.

3.4.3 The education provider has procedures to identify and deliver necessary trainee development, informed by information sharing between supervisors, employers and the education provider.

3.4.4 The education provider has procedures to inform employers and, where appropriate, the regulators, where patient safety concerns including culturally unsafe or unprofessional behaviour arise in assessment.

## Standard 4 – Education and training environment

The College can demonstrate effective partnerships with those who provide the training settings and ensures that there are resources to support achievement of learning outcomes. There is a clear framework to set out expectations of the providers of training settings and this is complemented with rigorous monitoring and quality assurance. There is evidence that the whole training setting is considered and that those who have formal and informal supervisory roles are supported to guide trainee learning. The processes ensure timely identification of any concerns with training settings, and ways to address concerns that protect trainees and other stakeholders. The complexity of providing training in clinical environments is recognised and the variability of settings is respected. The focus is on the outcomes of training in line with workforce need and, where possible, Colleges work together to build capacity for effective supervision and training across clinical settings. Data are collected to ensure knowledge of training experiences and any trends, and the capacity for breadth and depth of clinical learning can be monitored and feed into improvements where necessary. Frameworks and policies are inclusive of the diverse settings in which training can take place, across metropolitan and rural areas, across Australia and Aotearoa New Zealand, across public and private, and hospital and community.

### 4.1 Supervisors

Draft revised standards

4.1.1 The education provider ensures it has a range of supervisors that are adequately skilled in supporting trainees with their learning. This will include breadth of curriculum outcomes as appropriate including cultural safety, professionalism etc.

4.1.2 The education provider has a process for selecting supervisors involved in teaching that who have demonstrated appropriate capability for this role.

4.1.3 Supervisors and others with a role in training have access to professional development activities to support quality improvement in the specialist training program.

4.1.4 The education provider has an overview of supervisor capacity and wellbeing and actively manages this. The education provider demonstrates an appropriate level of oversight of the resourcing of supervision across training settings.

4.1.5 Supervisors are supported to promote the use of a breadth of resources, including the expertise of other health professionals, and networks to support their development in culturally safe practice.

4.1.6 The education provider ensures that supervisors have training in supervision, assessment and feedback, and cultural safety, including participating in regular professional development activities and quality improvement.

4.1.7 The education provider has effective processes for reporting, managing and mitigating, real or perceived conflict of interest in supervision. These processes need to be available and communicated to trainees.

4.1.8 Supervisors are selected, managed and developed based on evaluation data including feedback from trainees.

4.1.9 There is a system to support Directors of training and equivalent individuals who have oversight of supervision and training, with representation in education provider's governance structures. Those with a role in supervision and training are able to access peer support and other resources as needed.

## 4.2 Educational resources

Draft revised standards

4.2.1 The education provider uses educational expertise and best practice to inform its approaches to and management of learning, teaching and assessment as relevant to the specialty.

4.2.2 The education provider uses educational expertise of Aboriginal and/or Torres Strait Islander and Māori people in its approaches to and management of learning, teaching and assessment as relevant to the specialty.

4.2.3 The education provider has processes that are inclusive and appropriately resourced for recruiting and increasing capacity of patients and community members to participate in teaching and assessment, ensuring the engagement of community *groups that experience health inequities* and Aboriginal and/or Torres Strait Islander and Māori communities.

4.2.4 The education provider uses technologies effectively to support the program's learning, teaching, assessment and data collection.

4.2.5 The education provider ensures trainees have equitable access to the clinical and educational application software and digital health technologies to facilitate their learning.

## 4.3 Accreditation of training sites

Draft revised standards

4.3.1 The education provider has adopted and applies the *Model standards for specialist medical college accreditation of training settings* and *Model procedures for specialist medical college accreditation of training settings* in relation to the assessment, accreditation and monitoring of training sites.

4.3.2 The education provider's criteria for accreditation of training sites link to the outcomes of the specialist medical program and:

- promote the health, welfare and interests of trainees
- ensure trainees receive the supervision and opportunities to develop the appropriate knowledge and skills to deliver high-quality and safe patient care, in a culturally safe manner
- support training and education opportunities in diverse settings aligned to the curriculum requirements including rural and regional locations, and settings which provide experience of the provisions of health care to Aboriginal and Torres Strait Islander peoples in Australia and/or Māori in Aotearoa New Zealand
- ensure trainees have access to educational resources, including information communication technology applications, required to facilitate their learning in the clinical environment.

4.3.3 The education provider works with jurisdictions, as well as the private health system, to effectively use the capacity of the health care system for work-based training, and to give trainees experience of the breadth of the discipline.

4.3.4 The education provider collaborates with other education providers and stakeholders to enhance training opportunities, taking an evidence-informed approach and innovating as appropriate.

4.3.5 The education provider actively engages with other education providers to support common accreditation approaches and sharing of relevant information.

4.3.6 The education provider demonstrates how it monitors the cultural safety of training sites and appropriately responds.

4.3.7 The education provider has safe pathways, free from bias, racism and discrimination for reporting and addressing, any concerns about a particular trainee. This should include an appeals and/or escalation process. The education provider has effective partnerships with employers and local committees for timely resolution of concerns, and processes for ongoing monitoring and improvement.

## Standard 5 – Trainees

This standard recognises the importance placed on trainee learning and wellbeing and the need to respond to diverse cohorts of trainees in a range of settings and specialties. Selection into training programs must have a clear value proposition with fair and transparent processes, to support workforce need. Recruitment of, and support for, Aboriginal and/or Torres Strait Islander and Māori trainees is a priority and systems are in place for adequate resourcing. Any mandatory requirements around location of training must be defensible and sensitive to trainee circumstances. Trainee wellbeing is managed throughout the program and is based on a trusted relationship with those providing training settings. There are examples where the trainee voice in College governance has had an impact on decision making and trainees can see the value of being a partner in their learning. Trainees are able to navigate the central College systems and processes easily and have strong relationships with the local support and supervisors. There is evidence of being responsive to difficulties trainees may experience and that this is managed in a way that does not deter trainees from seeking help and provides timely support and resolution of any concerns.

### 5.1 Selection of trainees

Draft revised standards

5.1.1 The education provider has clear, published selection policies. The policies are based on principles of:

- capacity to train,
- responsiveness to community health needs and
- workforce needs.

5.1.2 The selection processes and criteria that align to the policy are:

- transparent and fair
- prevent racism, discrimination and bias, other than explicit affirmative action
- support the achievement of selection targets
- can be applied across the breadth of programs and training settings
- regularly reviewed to ensure principles of fairness and equity are maintained

5.1.3 The education provider has defined specialist workforce needs and has strategies for recruiting Aboriginal and/or Torres Strait Islander and Māori trainees, trainees with rural backgrounds and trainees from equity groups to support increased participation of these trainees in training programs.

5.1.4 The education provider demonstrates meaningful partnerships with training settings and employers to promote effective approaches to selection.

5.1.5 Any mandatory training/program requirements of the specialist medical program should be published so that trainees are aware of these requirements prior to application. The criteria and process for seeking exemption from any requirements are made clear. Changes to requirements are communicated in a timely manner and feedback is specifically sought on proposed changes to ensure existing trainees are not unfairly disadvantaged.

5.1.6 The education provider clearly discloses the cost, of training to applicants, including any associated costs e.g. for assessments, appeals and training and membership fees. Proposed changes to costs are communicated in a timely manner.

5.1.7 The education provider collects and reviews data related to selection and its impact upon progression, and implements changes as appropriate.

## 5.2 Trainee experience

Draft revised standards

5.2.1 The training program is designed with consideration of impacts of training on trainees including alternative pathways and flexibility around training, where appropriate, and ensures timely communication of any changes to requirements.

5.2.2 The education provider provides information relevant to the college about wellbeing supports and mentoring opportunities for trainees across all programs.

5.2.3 The education provider complements strategies for recruiting Aboriginal and/or Torres Strait Islander and Māori trainees, trainees with rural backgrounds and trainees from equity groups with infrastructure that addresses bias, racism and discrimination and has supports for trainee retention and completion.

5.2.4 The education provider has clear policies to effectively identify, address and prevent bullying, harassment, racism and discrimination.

5.2.5 The education provider has meaningful partnerships with employers and uses delegated local, place-based governance structures for timely resolution of concerns, and processes for ongoing monitoring and improvement.

The education provider has safe pathways, free from bias, racism and discrimination for reporting and addressing, any concerns about the training environment and/or about a particular trainee or supervisor, including concerns about cultural safety. The process for raising concerns should include an appeals and/or escalation process.

5.2.6 The provider recognises that Aboriginal and/or Torres Strait Islander and Māori trainees may have additional cultural obligations and has policies that ensure flexible processes to enable those obligations to be met. The provider has evidence of the policy being utilised.

5.2.7 Provision of trainee support is separated from decision-making processes about progression where possible, to ensure decisions about progress are not unduly influenced by any provision of support.

5.2.8 The education provider collects and reviews feedback and complaints from trainees and other data and implements and changes required in a timely fashion.

## Standard 6 – Evaluation and continuous improvement

Colleges have a significant responsibility in being reflective organisations, and to use data to evaluate and drive change. There is evidence of partnerships with other groups to ensure the outcomes of training are in line with expectations from communities and employers, and that program design is changed where necessary. There is a clear focus on innovation to meet changing needs and this is supported with an evaluation framework to enable continuous quality improvement. Monitoring training delivery and outcomes is routine practice for the College and timely, responsive approaches are resourced and communicated. Stakeholders can clearly see where their input has had an impact on program design and delivery.

### 6.1 Evaluation framework

Draft revised standards

6.1.1 The education provider demonstrates continual quality improvement and assurance of its education programs including alignment with:

- workforce and community need,
- trainee wellbeing,
- Aboriginal and/or Torres Strait Islander and Māori health equity and cultural safety across national and binational contexts as applicable.

6.1.2 The education provider enables opportunities for broad internal and external representation and influence in the evaluation of specialist medical programs. This could include trainees, supervisors, other health professionals, health consumer organisations and health consumers, SIMGs, training setting providers and educational and health workforce experts.

6.1.3 The education provider evaluates its specialist medical programs as it relates to Aboriginal and/or Torres Strait Islander and Māori people including content, outcomes, trainee wellbeing and progression. Evaluation activity is informed by data and reviewed by Aboriginal and/or Torres Strait Islander and Māori experts.

6.1.4 The evaluation strategy and activities are aligned to the education provider's stated purpose, education and training activities and program outcomes.

The evaluation strategy, or framework, ensures that the appropriate data are identified, routinely collected and analysed to influence decision-making, resource allocation and program improvements.

6.1.5 The education provider is responsive and appropriately resourced to take urgent action and change systems when required based on evaluation information.

6.1.6 The education provider highlights good practice, disseminates outcomes to stakeholders and supports broader enhancements as appropriate based on evaluation information.

### 6.2 Communication (internally and externally)

Draft revised standards

6.2.1 The education provider provides stakeholders with the results of evaluation and monitoring, demonstrating openness and accountability.

## Overall standard structure

<b>1. Purpose, context and accountability</b>	1.1 Purpose and governance 1.2 Education and training – resourcing, policies and information 1.3 Responsibility to community 1.4 External engagement	Educational purpose and Program outcomes from previous Standard 2 moved into new Standard 1. Continuous renewal moved from old Standard 1 to new Evaluation standard. Trainee participation in education provider governance now moved to revised Standard 1 with other standards related to meaningful representation in governance.
<b>2. Specialist medical program structure and content</b>	2.1 Graduate outcomes 2.2 Curriculum development and renewal 2.3 Curriculum delivery	To align with medical schools and prevocational structure, new Standard 2 combines previous: <ul style="list-style-type: none"> <li>• Standard 2: The outcomes of specialist training and education. Note: Educational purpose and Program outcomes moved into new Standard 1.</li> <li>• Standard 3: The specialist medical training and education framework</li> <li>• Standard 4: Teaching and learning. Teaching and learning covered in revised 2.3 Curriculum delivery.</li> </ul>
<b>3. Assessment</b>	3.1 Assessment framework 3.2 Continuous improvement of assessment 3.3 Assessors 3.4 Feedback	Impact of assessments and a focus on college collaboration further emphasised in revised Standard 3.
<b>4. Education and training environment</b>	4.1 Supervisors 4.2 Educational resources 4.3 Accreditation of training sites	The revised standards provide the authorising environment for the model standards/procedures for site accreditation.
<b>5. Trainees</b>	5.1 Selection of trainees 5.2 Trainee experience	Aiming to strengthen standards in relation to communication, transparency of processes, cultural safety, wellbeing and positive culture.  ‘7.2 trainee participation in education provider governance’ moved to revised Standard 1.
<b>6. Evaluation and continuous improvement</b>	6.1 Evaluation framework 6.2 Communication (Internally and externally)	Continuous renewal moved from Standard 1 to new Standard 6 under evaluation framework.

## Standards structure comparison table

Standards for Primary Medical Programs	Standards for Prevocational Training	Proposed standards for Specialist Medical Programs
<b>1. Purpose, context and accountability</b> 1.1 Purpose 1.2 Partnerships with communities and engagement with consumers 1.3 Governance 1.4 Medical program leadership and management	<b>1. Organisational purpose and context</b> 1.1 Organisational purpose 1.2 Outcomes of the prevocational training program 1.3 Governance 1.4 Program management 1.5 Relationships to support medical education 1.6 Reconsideration, review and appeals process	<b>1. Purpose, context and accountability</b> 1.1 Purpose and governance 1.2 Education and training – resourcing, policies and information 1.3 Responsibility to community 1.4 External engagement
<b>2. Curriculum</b> 2.1 Medical program outcomes and structure 2.2 Curriculum design 2.3 Learning and teaching	<b>2. Training program – structure &amp; content</b> 2.1 Program structure and composition 2.2 Training requirements 2.3 Assessment requirements 2.4 Feedback and supporting continuous learning 2.5 Improving performance	<b>2. Specialist medical program structure and content</b> 2.1 Graduate outcomes 2.2 Curriculum development and renewal 2.3 Curriculum delivery
<b>3. Assessment</b> 3.1 Assessment design 3.2 Assessment feedback 3.3 Assessment quality		<b>3. Assessment</b> 3.1 Assessment framework 3.2 Continuous improvement of assessment 3.3 Assessors 3.4 Feedback
<b>5. Learning environment</b> 5.1 Facilities 5.2 Staff resources 5.3 Staff appointment, promotion and development 5.4 Clinical learning environment 5.5 Clinical supervision	<b>3. Training program – delivery</b> 3.1 Work-based teaching and learning 3.2 Supervisors and assessors – attributes, roles and responsibilities 3.3 Supervisor training and support 3.4 Formal education program 3.5 Facilities 3.6 E-portfolio	<b>4. Education and training environment</b> 4.1 Supervisors 4.2 Educational resources 4.3 Accreditation of training sites
<b>4. Students</b> 4.1 Student cohorts and selection policies 4.2 Student wellbeing 4.3 Professionalism and fitness to practice 4.4 Student indemnification and insurance	<b>4. Training program- prevocational doctors</b> 4.1 Appointment to program and allocation to terms 4.2 Wellbeing and support 4.3 Communication with prevocational doctors 4.4 Resolution of training problems and conflicts	<b>5. Trainees</b> 5.1 Selection of trainees 5.2 Trainee experience
<b>6. Evaluation and continuous improvement</b> 6.1 Continuous review, evaluation and improvement 6.2 Outcome evaluation 6.3 Feedback and reporting	<b>5. Monitoring, evaluation and continuous improvement</b> 5.1 Program monitoring and evaluation 5.2 Evaluation outcomes and communication	<b>6. Evaluation and continuous improvement</b> 6.1 Evaluation framework 6.2 Communication (Internally and externally)