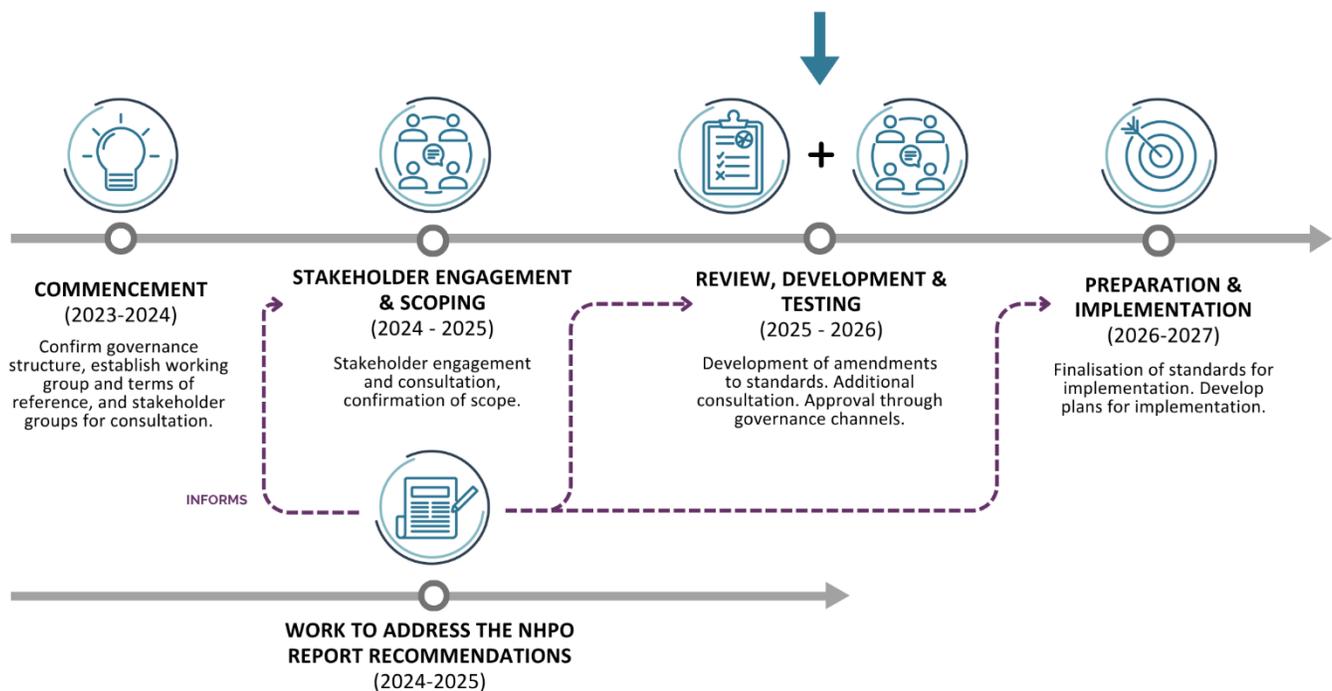


Review of the Standards for Specialist Medical Programs: consultation on detailed proposals for change

Part 1: Consultation paper

Review background and process

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



In accordance with the AMC's published [accreditation procedures](#), the AMC has constituted the following groups to lead the scoping, review and development work:

- a Working Group of the AMC Specialist Education Accreditation Committee (SEAC)
- a Sub Group of the AMC Aboriginal and/or Torres Strait Islander and Māori Committee

When developing and reviewing standards, the AMC considers Medical Board of Australia and Medical Council of New Zealand standards, codes, and guidelines, and other relevant national and international reports and policies relating to education and training in medicine. The standards review will maintain alignment with the objectives of the National Registration and Accreditation Scheme and other relevant legislation.

In the first stage of the review, the AMC consulted on the scope of the review and the direction of key changes. In this second formal consultation, the AMC is consulting on the specific proposals for change to the content and structure of the standards and related policy work. Proposals have been developed based on analysis of the feedback on the consultation on the scope of the review, discussions with stakeholders, policy research and mapping to other accreditation frameworks.

This consultation will run for six weeks until **1 May 2026**. The AMC remains committed to being responsive to stakeholder feedback and so will also conduct any additional testing with stakeholders after this consultation as required. It is intended that revised standards will come into effect in 2027.

This paper provides an overview of the review process and a high-level description of proposals for change. In addition to this consultation paper, there are two attachments:

- **ATTACHMENT A:** Draft Standards for Assessment and Accreditation of Specialist Medical Programs for consultation
- **ATTACHMENT B:** Response template - Standards for Assessment and Accreditation of Specialist Medical Programs detailed proposals for change

Detailed proposals for change

Proposed changes to the content and structure of the standards

The proposed changes to the standards have been shaped by feedback received during the consultation on the scope of the review, extensive engagement with stakeholders, targeted policy research, and mapping against comparable accreditation frameworks. Our engagement to date has provided valuable insights into current challenges and opportunities across the sector. It has also underscored the pressures facing education providers in an increasingly complex environment and highlighted a shared commitment to high-quality training and safe learning environments for trainees. A high-level summary of feedback received in the consultation on the scope of the review and direction for changes is available on the AMC website [here](#).

Throughout the review, the AMC has remained closely connected to other work and reforms in medical education, health workforce policy and regulatory settings. The proposed changes are the next evolutionary step for the standards which include:

- Strengthening alignment with the National Law, reflecting updates since the standards were last developed. The changes clarify that contribution to workforce is relevant for accreditation bodies within the National Law, this includes workforce development that promotes equitable access to services and a capable workforce across rural, regional and metropolitan settings in both Australia and Aotearoa New Zealand.
- Strengthening support during training, recognising that while providers are not responsible for workplace health and safety, they are expected to demonstrate responsiveness to concerns raised by trainees and others.
- Strengthening providers' role in serving their communities through education and training, including alignment with the needs of Aboriginal and/or Torres Strait Islander peoples and Māori and groups that health inequities, and incorporating considerations of planetary health.
- Responding to technological advancements, evolving models of care, and the changing expectations of trainees, Fellows and patients.
- Providing the authorising environment for new model standards developed as part of the work to implement the National Health Practitioner Ombudsman's report recommendations.

- Placing stronger emphasis on outcomes, offering clearer rationale to guide providers in demonstrating how their programs meet the intent of each requirement. The AMC will also develop guidance to support providers in understanding what types of evidence that may demonstrate a standard as being met.
- Revising the structure of the standards to align with those for primary medical programs and prevocational training, promoting greater consistency across the accreditation system. The structure of the standards has been revised to align with the standards for primary medical programs and prevocational training.

Specialist International Medical Graduates

The work the AMC undertakes on behalf of the Medical Board of Australia regarding oversight of specialist medical colleges assessment systems for applications from Specialist International Medical Graduates (SIMGs) is not work undertaken under Section 48 accreditation of programs of study, rather, this work supports the Board in its delivery of its registration functions. The accreditation process to date has incorporated SIMG assessment within the broader accreditation of specialist medical programs, simplifying requirements for providers and embedding SIMG expectations within broader assessment standards. The Medical Board of Australia is currently consulting on processes supporting the review of applications from SIMGs. In light of the Board's continuing work in this area, standards relating to SIMGs are not included in this consultation.

Development of specialist medical program outcome statements

Colleges define what the trainee has to learn in order to become qualified as a consultant in their specialty. As part of the work of this review, the AMC is developing specialist medical program outcome statements that are common across specialties. Colleges have done extensive work in this area, and the development of non-specialty specific statements does not diminish existing frameworks. The purpose of this work is to compare existing outcomes across colleges and identify commonality to provide a consistent level of expectations at the end point of all specialty programs. These draft outcome statements do not cross into the specialty-specific or technical skills space. 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.

Draft outcome statements across specialties include but are not limited to the areas of communication, collaboration and interprofessional practice, professionalism, leadership and supervision, culturally safe and ethical practice, quality and safety and reflective practice, resource stewardship, digital capability and socioeconomic awareness. The AMC will consult on the specialist medical program outcome statements in the coming months.

Future work

In addition to review work to develop and consult on detailed proposals for changes to the standards and outcome statements, the following related pieces of work have begun or will soon commence:

- The AMC has formally expanded the scope of this review to include the model and cycle of AMC accreditation assessment and monitoring.
- Development of a guidance document to support implementation of revised standards, and other resources as required.
- Development of a process to support AMC monitoring of revised curriculum standards.



High-level summary of key proposed changes by Standard

Standard and overview	Key proposed changes
<p>1. Purpose, context and accountability</p> <p>Explores whether the education provider has appropriate resources and a framework to support training, including governance, staffing, finance, organisation structure/chart, relationships.</p>	<ul style="list-style-type: none"> • Standard 1 reflects the educational purpose of colleges and their alignment with community needs. • Includes revised standards emphasising oversight of training where it is delegated to particular programs/craft groups or across geographical locations. • Greater emphasis on consideration of and responsiveness to community need. • Link evaluation processes to this standard. • Overall, the refinements aim to ensure Standard 1 promotes inclusivity, accountability, and flexibility across diverse college contexts. <p>Structural changes:</p> <ul style="list-style-type: none"> • Educational purpose and Program outcomes from previous Standard 2 moved into new Standard 1. • Continuous renewal moved from previous Standard 1 to new Standard 7 under monitoring. • Trainee participation in education provider governance now moved to revised Standard 1 with other standards related to meaningful representation in governance.
<p>2. Specialist Medical Program structure and content</p> <p>Ensures that there is a clear framework for the curricula for each of the specialty programs. The curriculum is responsive to the needs of the community (individuals and populations), taking account of broader issues such as climate change and the need for judicious use of resources.</p>	<ul style="list-style-type: none"> • Drafting outcome statements common across specialties that reflect readiness for independent practice while allowing flexibility for continued skill development. • For curriculum delivery, emphasise safety, growth, and equitable access to training opportunities, particularly in rural contexts. • Standard about ‘blueprinting outcomes to curriculum to assessment’ to form the basis for development of a process to support AMC monitoring of revised curriculum standards. <p>Structural changes:</p> <ul style="list-style-type: none"> • To align with medical schools and prevocational structure, new Standard 2 combines previous: <ul style="list-style-type: none"> ○ Standard 2: The outcomes of specialist training and education. Note: Educational purpose and Program outcomes moved into new Standard 1. ○ Standard 3: The specialist medical training and education framework. ○ Standard 4: Teaching and learning. Teaching and learning covered in revised 2.3 Curriculum delivery.
<p>3. Assessment</p> <p>Demonstrate 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.</p>	<ul style="list-style-type: none"> • Assessments to drive positive educational experiences, considerations of the impacts of assessment. • Importance of equitable assessment across cohorts and training settings, mitigating bias, racism, and discrimination. • Continuous improvement of assessment. <p>Structural changes:</p> <ul style="list-style-type: none"> • ‘Assessors’ now sits within the assessment standard, pulled out of the previous ‘supervisors and assessors’ standard.



<p>4. Education and training environment</p> <p>Demonstrate effective partnerships with those who provide the training settings and ensure that there are resources to support achievement of learning outcomes.</p>	<ul style="list-style-type: none">• Providing the authorising environment for NHPO model standards.• Strengthened supervisor support and professional development – supervisor training standard aligned to equivalent in prevocational training standards.• Consideration of COI in supervision.• New standard about Directors of training or equivalent being connected into the college governance structures.• New standard about increasing capacity of patients and community members to participate in teaching and assessment.• Emphasising equitable access to educational application software and digital health technologies.• Safe pathways for reporting concerns. Both concerns raised by those ‘inside’ the college (trainees, supervisors etc.) and those ‘outside’ the college (e.g. team member wanting to report concerns to the college about a trainee or supervisor). <p>Structural changes:</p> <ul style="list-style-type: none">• ‘Assessors’ now sits within the assessment standard, pulled out of the previous ‘supervisors and assessors’ standard.
<p>5. Trainees</p> <p>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.</p>	<ul style="list-style-type: none">• This standard focuses on strengthening clarity, consistency, and cultural safety across selection, training, and assessment processes. Including reflecting on data gathered about application, selection, retention, completion.• Strengthened standards about identifying, addressing and preventing bullying, harassment, racism and discrimination.• Wellbeing standard redrafted to move away from deficit-based language, focusing instead on proactive strategies that promote wellbeing and mentoring as distinct but related concepts.• Emphasises meaningful partnerships with employers. <p>Structural changes:</p> <ul style="list-style-type: none">• Previous Standard ‘7.2 trainee participation in education provider governance’ moved to revised Standard 1.
<p>6. Evaluation and continuous improvement</p> <p>Colleges have a significant responsibility in being reflective organisations, that use data to evaluate and drive change.</p>	<ul style="list-style-type: none">• Engagement with colleges showed large variability in how they conceptualise and prioritise evaluation in their educational role.• Overall approach to evaluation covered in Standard 6, specific examples of using data to monitor/improve processes etc. covered across the other standards.• Evaluation should engage a wide range of stakeholders inc. trainees, supervisors, SIMGs, and community representatives and use data to inform improvement, resource allocation, and sharing of good practice.• Evaluation standards reflect the need for providers to be able to identify issues and take action as required, as well as detect good practice changes and using that to drive broader change <p>Structural changes:</p> <ul style="list-style-type: none">• Continuous renewal moved from previous Standard 1 to revised Standard 6 under Evaluation framework.



Tell us what you think

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

We would like to hear your perspectives on the proposals for detailed change. During this formal consultation period, written responses to consultation questions are welcomed from all stakeholders. In addition, stakeholders can request a meeting with the AMC to discuss the review at any time.

We have identified questions about the changes proposed in **ATTACHMENT B: Response template - Standards for Assessment and Accreditation of Specialist Medical Programs detailed proposals for change**

We are seeking feedback by **1 May 2026**.

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