Structured learning

Guidance to support the assessment of criterion 3.1.2 of the *Model Standards for specialist medical college accreditation of training settings*

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Australian Medical Council Limited

1. Purpose

1.1 This document sets out guidance on how colleges will assess the structured learning requirements of standard 3.1, criterion 3.1.2 of the *Model Standards for specialist medical college accreditation of training settings* (the model standards) in relation to Australian training settings:

> *Trainees have the opportunity to engage in structured and unstructured learning activities to achieve the training program outcomes.*

1.2 This document provides guidance to assist colleges and training settings in assessing whether the outcome in criterion 3.1.2 regarding structured learning is being met. Satisfying the criterion does not depend on compliance with this guidance, but on whether the training setting facilitates learning opportunities sufficient to achieve the training program outcomes. Reasons for accreditation decisions should be based on this outcome.

2. Structured learning vs other types of learning

2.1 Criterion 3.1.2 makes a distinction between:

- **structured learning**, which involves didactic or structured education, learning or training sessions; and
- **unstructured learning**, which involves "on-the-job" learning (sometimes referred to as experiential learning) and learning through related experiences, such as interactions with peers and colleagues (sometimes called social learning).

2.2 Both structured and unstructured learning are an essential part of specialist medical training. One is not a substitute for the other.

3. What is included in structured learning?

3.1 Colleges should make reasonable decisions as to what constitutes structured learning for the purposes of assessing criterion 3.1.2. However, colleges should, at a minimum, consider the following to constitute structured learning:

- lectures, tutorials, case presentations, online learning modules and other formal teaching;
- college-provided/mandated training;
- external courses related to training program outcomes;
- simulation learning; and
- grand rounds, formal patient presentations and similar activities.

Within the context of their specialty, colleges may consider other activities to also constitute structured learning.

3.2 Structured learning opportunities may be provided by colleges, training settings, third-party providers, or a combination of these. All these structured learning opportunities should be included in the assessment of criterion 3.1.2. Training settings facilitate access to structured learning even if it is not provided by them, and this is part of their compliance with the criterion.

3.3 Structured learning may be available through a range of formats appropriate to different training settings, including in-person and remote methods (telehealth, and other digital or virtual platforms).

4. Relevant considerations in assessing structured learning opportunities

4.1 Structured learning should be of an appropriate quality. It should add value and be relevant to training.

4.2 Structured learning opportunities should be flexible to accommodate and support learning in the full range of accredited training settings, including regional, rural and remote settings, smaller practices and private settings. Colleges should exercise flexibility in assessing structured learning opportunities so that otherwise suitable training settings are not excluded from being accredited. However, trainees should not be disadvantaged in comparison to their peers in the same training program, merely because of their location or type of training setting. Within a specialty, all trainees should have equitable structured learning opportunities, even if they take different forms in different types of training settings. Where trainees rotate through training settings, structured learning should be assessed holistically, taking into account that trainees may be exposed to different types of structured learning opportunities in different rotations.

4.3 Where appropriate and available, colleges and training settings should consider supporting access to structured learning opportunities through networking, partnering with other settings, hub and spoke models and similar arrangements.

4.4 Reasonable opportunities for structured learning should be accommodated within trainee working hours, for example, through rostering time for structured learning sessions.

4.5 Structured learning should be arranged to reasonably accommodate shift work patterns of trainees, so that trainees are not continually missing opportunities to undertake structured learning because of shift work. Training settings may use flexible approaches to accommodate shift work, such as recording learning sessions, virtual learning and scheduling learning at different times. This should not, however, result in trainees continually catching up on structured learning outside of working hours.

4.6 Structured learning should be accessible to part-time trainees, acknowledging that their opportunities will be commensurate with their part-time working hours.

4.7 Reasonable opportunities for structured learning should be provided where the trainee is free from clinical duties, with exceptions where reasonably necessary for emergencies or urgent patient care demands. Settings should make arrangements to facilitate these opportunities, for example: through arranging appropriate clinical cover for trainees (such as consultant coverage); accommodating structured learning in rostering arrangements (such as rostering learning sessions at times of low clinical activity, rostering to ensure the same trainees do not always miss learning opportunities).

5. Evidence of structured learning opportunities

5.1 The evidence required to demonstrate that a training setting has met the requirement for structured learning in criterion 3.1.2 may differ from college to college and may include:

- Attendance lists. Attendance lists are not mandatory. However, attendance lists, when kept by either colleges or training settings, are a form of evidence that demonstrates the provision of structured learning opportunities and their accessibility. It is noted, however, that trainees are adult learners and some may choose not to avail themselves of opportunities to attend non-college-mandated structured learning sessions, even if those sessions are rostered, free from clinical duties and provided at reasonable times.
- Feedback from trainees and supervisors. Colleges should consider any feedback from trainees, supervisors and other staff at the training setting on the quality, availability and accessibility of structured learning, including feedback from relevant surveys.
- Rosters/timetable or similar. These may be used as evidence to demonstrate that reasonable opportunities are provided within working hours to accommodate shift work patterns, and where trainees are free from clinical duties. Evidence that rostered/planned opportunities were actually delivered would also be relevant.
- Information from the training setting. Colleges should consider any verbal or written information and feedback provided by the training setting, which demonstrates the provision of structured learning opportunities provided at, or facilitated by, the training setting.

6. Hours-based benchmarks or guidelines

6.1 Some colleges endorse the 70-20-10 model of learning[1], which states that learning is maximised where 70% of learning time is spent in experiential learning, 20% in social learning and 10% in structured learning. Ten percent of a full-time equivalent (FTE) trainee's working hours is approximately four hours per week.

6.2 The AMC does not mandate or advocate any particular model of learning and acknowledges that there are other learning models that may be relevant to colleges.

6.3 Colleges may wish to provide guidance to training settings on factors that they will consider in assessing the structured learning component of criterion 3.1.2. This guidance may be in the form of expected hours of structured learning to be provided or facilitated. For example, a college may provide guidance that an average of four hours of structured learning per week for an FTE trainee is sufficient. However, such statements are to be used as guidance only, for example, as a possible starting point in assessing the provision of structured learning. Some colleges may also choose to provide guidance as to what quantity of structured learning should be reasonably free from clinical duties.

6.4 However, colleges that use hours-based guidance must allow training settings the flexibility to demonstrate that they have otherwise provided structured learning opportunities as required by criterion 3.1.2, even where the guidance for the number of hours has not been met.

6.5 An hours-based guidance is not a standard or criterion and will not be approved as a college-specific requirement. Non-compliance with an hours-based guidance is not, in and of itself, a reason to assess criterion 3.1.2 as "not met". However, it may be evidence to indicate that trainees are not receiving adequate structured learning opportunities to achieve the training program outcomes. In this situation, it is expected that other evidence would confirm this finding, such as trainee and supervisor feedback, lack of roster or timetable evidence, and lack of examples of learning opportunities.

6.6 Some training settings may be under industrial obligations regarding the provision of learning and/or study time. Any hours-based guidance should be used flexibly to allow training settings to meet their industrial obligations.

6.7 It is noted that accreditation standards and industrial obligations are separate matters. The same evidence may be used to demonstrate compliance with both an industrial obligation and criterion 3.1.2. However, complying with an industrial obligation is not an alternative to meeting criterion 3.1.2. If compliance with an industrial obligation does not result in the provision of structured learning opportunities as required by criterion 3.1.2, then a training setting may need to take further steps to meet that criterion.

7. Managing non-compliance

7.1 Where a college is of the view that a training setting is not complying with the requirements of criterion 3.1.2, the college should follow the same process as for non-compliance with other standards. That is, there should be discussion between the college and the training setting about the issue with the aim of resolving the matter. If the matter cannot be resolved, the risk framework set out in the *Model Procedures for specialist medical college accreditation of training settings* is to be used in determining any accreditation decisions, such as the imposition of a condition.

7.2 The college, the training setting and the relevant health department should comply with the *Communication Protocol: Accreditation of specialist medical training sites/posts in Australian public hospitals and health facilities*, which places obligations on all parties (colleges, training settings and Australian health departments) to act in good faith to achieve the common purpose of ensuring high-quality training and to facilitate appropriate, responsive and constructive engagement with each other.

[1] Lombardo MM, Eichinger RW (1996). *The Career Architect Development Planner*. Minneapolis, MN: Lominger International

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