Accreditation Report: Australian National University, School of Medicine and Psychology

Medical School Accreditation Committee

May 2026

Australian Medical Council Limited

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Acknowledgement of Country

The AMC acknowledges the Aboriginal and/or Torres Strait Islander peoples as the original Australians, and Māori as tangata whenua (Indigenous peoples) of Aotearoa New Zealand.

We acknowledge and pay our respects to the Traditional Custodians of all the lands on which we live and work, and their ongoing connection to the land, water and sky. The Australian Medical Council offices are on the land of the Ngunnawal and Ngambri Peoples. The Acton (Canberra) campus of the Australian National University is located on the lands of the Ngunnawal and Ngambri Peoples, and the School of Medicine and Psychology operates across many lands across New South Wales and the Northern Territory.

We recognise the Elders of all these Nations past, present and emerging, and honour them as the Traditional Custodians of knowledge for these lands.

Executive Summary

Accreditation history

The Australian National University, School of Medicine and Psychology was first accredited by the AMC in 2003.

Year	Assessment type	Decision
2003	Accreditation	Accreditation granted to 31 December 2009 (MBBS)
2004 & 2005	Follow-up assessments	Accreditation confirmed to 31 December 2009 (MBBS)
2008	Accreditation extension submission	Extension of accreditation granted for four years to 31 December 2013
2013	Reaccreditation	Accreditation granted for five years to 31 December 2018 (MBBS – program withdrawn) Accreditation granted for six years to 31 December 2019 (MChD)
2014 – 2018	Monitoring submissions	2014 – 2018 submissions accepted MBBS concluded in 2018
2019	Accreditation extension submission	Extension of accreditation granted for four years to 31 March 2024
2020 & 2022	Monitoring submissions	2020 submission accepted (moved to biennial reporting) 2022 submission accepted
2023	Reaccreditation	Accreditation granted to 31 March 2028
2024	Self-assessment monitoring submission	Accepted
2025	Monitoring submission	Concerns raised; unsatisfactory progress procedures commenced

Accreditation process

According to the *Procedures for Assessment and Accreditation of Medical Schools by the Australian Medical Council 2024,* accredited medical education providers may seek reaccreditation when their period of accreditation expires. Accreditation is based on the medical program demonstrating that it satisfies the accreditation standards for primary medical education. The provider prepares a submission for reaccreditation. An AMC team assesses the submission and visits the provider and its clinical teaching sites.

When undertaking accreditations the AMC refers to the:

- *Standards for Assessment and Accreditation of Primary Medical Programs by the Australian Medical Council 2023* (the Standards)
- *Procedures for Assessment and Accreditation of Medical Schools by the Australian Medical Council 2024* (the Procedures)

Appendix 1 provides an overview of the AMC's accreditation process in Australia.

The goals of the report are to:

- Provide an assessment of the provider and program against the Standards, and the reasons behind the outcomes. This includes highlighting commendations, outlining conditions placed to ensure the provider and program meet the Standards within a reasonable time, and offering recommendations to support ongoing quality improvement.
- Give a brief overview of the accreditation context, including key program data, previous accreditation activity and provisions for future monitoring and accreditation activity.

This report presents the AMC's findings against the *Standards for Assessment and Accreditation of Primary Medical Programs by the Australian Medical Council 2023* (the accreditation standards).

2026 investigation visit

In 2025, through annual monitoring, the AMC identified areas of concern related to the Australian National University (ANU; the University) and its medical program, the Doctor of Medicine and Surgery (MChD), based in the School of Medicine and Psychology (SMP; the School). Due to significant developments occurring at the University—including the publication of Professor Christine Nixon's external review of culture and gender at the former ANU College of Health and Medicine (the Nixon Review), and the School's response to this, shared with the AMC—additional information was also provided to the AMC to evaluate these developments against the accreditation standards.

The additional information provided some assurance that the University was committed to supporting the development and delivery of the accredited medical program so that it meets the accreditation standards. However, this did not include a long-term model for the sustainable delivery of the program, encompassing both governance and financial aspects, and the forecasted budget timeline did not provide assurance of sustainable program delivery in 2027 and beyond.

The AMC's Medical School Accreditation Committee (the Committee) determined that the plans communicated in the additional information provided sufficient assurance for enrolment to continue in 2026. However, it determined that plans for enrolment of students for 2027 should not be made until the ANU has demonstrated implementation of the plans outlined in the additional information and provided a clear sustainable funding and staffing model for the accredited medical program.

Given the serious nature of the concerns, the AMC decided to undertake an investigation visit under the AMC Unsatisfactory Progress Procedures outlined in Section 4.4 of the Procedures.

An AMC team (the team) appointed by the Committee conducted an investigation visit in relation to the ANU. It met with staff (academic and operational), medical students, clinical supervisors and other groups involved in the delivery and support of the medical program. The team visited clinical training sites in Canberra and spoke with staff at other clinical sites via videoconference. The full team member composition is in Appendix 2.

The assessment focused on outstanding conditions from the 2023 reaccreditation assessment, and the additional conditions placed on the ANU in 2025. The team made recommendations to the Committee on the status of each condition. The Committee then determined the status of each condition and reconsidered the accreditation decision from 2023.

Decision on accreditation

Under the Health Practitioner Regulation National Law, the AMC may grant accreditation if it is reasonably satisfied that a program of study, and the education provider that provides it, meet the approved accreditation standards. It may also grant accreditation if it is reasonably satisfied that the provider and the program of study substantially meet the approved accreditation standards, and the imposition of conditions will ensure the program meets the standards within a reasonable time.

The AMC reports its accreditation decision to the Medical Board of Australia to enable the Board to make a decision on the acceptability of the qualification of the program of study for registration purposes.

The AMC's Medical School Accreditation Committee at their 19 May 2026 meeting resolved:

i. that the medical program of the Australian National University, School of Medicine and Psychology continues to substantially meet the accreditation standards; and

ii. that the medical program continues to be accredited to 31 March 2028; and

iii. that accreditation is subject to the monitoring requirements of the AMC and the below new and amended conditions contained in the accreditation report:

Condition	Condition status	AMC commentary	To be met by
Standard 1: Purpose, context and accountability			
Condition 19: *Set as part of the 2025 monitoring and investigation on concerns (due to be met 2026)* No new or Year 1 repeating students are enrolled from the academic year commencing in 2027 until the medical program has demonstrated to the Committee's satisfaction sustained funding and staffing that will assure development and delivery of the accredited medical program consistent with the accreditation standards.	Satisfied (2026)		N/A
Condition 1: *Set as part of the 2023 accreditation assessment (due to be met 2024)* Demonstrate that community groups and stakeholders are engaged in the curriculum review, represented in decision-making, and consulted on key issues including the program's purpose, curriculum, outcomes and governance. (Standards 1.2.1,1.2.2)	Progressing (2026)	**This condition has been extended and is due to be met by 2028.**	2028

Condition	Condition status	AMC commentary	To be met by
Condition 13: *Set as part of the 2025 monitoring and investigation on concerns (due to be met 2026)* Provide the budget model from 2026 to 2032, demonstrating assurance of ongoing financial capacity and resources to deliver the medical program for the identified number of students, and ensure the development and implementation of curriculum renewal in line with the accreditation standards. (Standard 1.4.1)	Satisfied (2026)	**New condition 20 imposed to ensure effective monitoring.**	N/A
Condition 20: **New – set as part of the 2026 investigation of concerns assessment** Demonstrate the financial commitments made to the medical program within the program budget are honoured as the University moves to a business-as-usual budgeting process, reporting annually until 2030. (Standard 1.4.1)	Not yet due		Report annually to 2030
Condition 14: *Set as part of the 2025 monitoring and investigation on concerns (due to be met 2026)* Provide a revised governance structure and evidence of processes that identify and support the roles and representation of Aboriginal and/or Torres Strait Islander staff, clinical supervisors and/or experts and how their participation will be supported at all levels. (Standard 1.3.5)	Satisfied (2026)		N/A
Condition 15: *Set as part of the 2025 monitoring and investigation on concerns (due to be met 2026)* To ensure appropriate expertise and resources for the development and implementation and delivery of Aboriginal and/or Torres Strait Islander health strategies within the medical program: a. include senior leadership roles with defined responsibilities covering Aboriginal and/or Torres Strait Islander health with appropriate allocation of authority, resources, and expertise.	Progressing (2026)	To enable evidence of stakeholder contributions and the Program's response to those contributions, **this condition has been extended and is due to be met by 2028.**	2028

Condition	Condition status	AMC commentary	To be met by
b. demonstrate strategies to increase Aboriginal and/or Torres Strait Islander participation in the medical program as staff, leaders, clinical supervisors, students and community members, formally engaged in planned learning and teaching activities. (Standards 1.4.4, 4.1.2, 5.2.4, 5.2.5)			
Condition 4: *Set as part of the 2023 accreditation assessment (due to be met by end of 2024)* Provide evidence of formal agreements with GP placement providers or otherwise demonstrate the sustainability of the general practice placement provision in the ACT. (Standard 1.2.2)	Progressing (2026)		2024
Condition 7: *Set as part of the 2023 accreditation assessment (due to be met 2025)* Demonstrate that there is an effective system in place for managing changes to the documentation of current learning outcomes and the management of learning materials on the LMS, particularly in Phase 2. (Standard 1.4.6)	Progressing (2026)		2025
Standard 2: Curriculum			
Condition 16: *Set as part of the 2025 monitoring and investigation on concerns (due to be met 2026)* The medical program demonstrates that the curriculum review project has clear implementation work plans and timelines, and considers: a. the integration of Aboriginal and/or Torres Strait Islander health curriculum and assessment across all disciplines and is led and authored by Aboriginal and/or Torres Strait Islander health experts. b. plans to include research and scholarship in medical education and Aboriginal and/or Torres Strait Islander health learning and teaching, with evidence that this work is led or co-led by Aboriginal and/or Torres Strait Islander experts.	Satisfied (2026)	**New condition 21 imposed to ensure effective monitoring.**	N/A

Condition	Condition status	AMC commentary	To be met by
c. plans to ensure learning and teaching is culturally safe and informed by Aboriginal and/or Torres Strait Islander and Māori knowledge systems and medicines. (Standards 2.2.2, 2.2.3, 2.2.4 and 2.3.7)			
Condition 21: **New – Set as part of the 2026 investigation of concerns assessment** The medical program demonstrates progress on the curriculum review: a. Providing updates on changes to project governance or workplan; b. Integration of the Aboriginal and/or Torres Strait Islander health curriculum throughout the program, led and authored by Aboriginal and/or Torres Strait Islander experts. (Standards 2.2.2, 2.2.3, 2.2.4 and 2.3.7)	Not yet due		Report annually to 2030
Standard 3: Assessment			
Condition 17: *Set as part of the 2025 monitoring and investigation on concerns (due to be met 2026)* Confirm implementation of the assessment management system and dashboard to identify and activate timely referral of underperforming students for support and performance improvement programs. (Standards 3.2.1, 3.2.2, 5.1.4)	Progressing (2026)	To provide assurance of implementation and uptake; **this condition has been extended and is due to be met by 2027.**	2027
Standard 4: Students			
Condition 11: *Set as part of the 2023 accreditation assessment (amended in October 2024) (due to be met 2025)* 1. Develop a framework to identify the disconnect between supports available and Aboriginal and/or Torres Strait Islander student perceptions of support. Implement and evaluate this framework; and 2. Develop a strategy to engage with Aboriginal and/or Torres Strait Islander communities to improve recruitment, support and retention of students.	Progressing (2026)	To enable demonstration of improved recruitment and retention strategies; **this condition has been extended and is due to be met by 2028.**	2028

Condition	Condition status	AMC commentary	To be met by
Implement and evaluate this strategy. (Standard 4.1.2)			
Standard 5: Learning environment			
Condition 12: *Set as part of the 2023 accreditation assessment (amended in October 2025) (due to be met 2026)* Confirm the student placements in clinical learning environments to enable the delivery of the program and demonstrate that students will have access to appropriate spaces for learning during and after completion of the redevelopments at the Canberra Hospital and North Canberra Hospital. (Standard 5.1.1, 5.1.2 and 5.1.3)	Progressing (2026)	**This condition has been extended and is due to be met by 2027.**	2027
Condition 18: *Set as part of the 2025 monitoring and investigation on concerns (due to be met 2026)* Provide assurance of ongoing staff capacity to deliver and develop the medical program with evidence supporting recruitment and continuing employment of professional, technical, academic, and clinical supervisory staff (including Aboriginal and/or Torres Strait Islander staff) to appropriately deliver the medical program. This should include roles identified previously and roles in partnership with Canberra Health Service. (Standards 5.2.1, 5.2.2)	Progressing (2026)	**This condition has been extended and is due to be met by 2027.**	2027
Standard 6: Evaluation and continuous improvement			
Condition 9: *Set as part of the 2023 accreditation assessment (due to be met 2025)* Demonstrate that the program outcomes are being evaluated in the context of a clear framework that engages stakeholders in determining whether ANU graduates are meeting the needs of local communities. (Standard 6.2.2)	Progressing (2026)		2025

Monitoring and next steps

Date	Accreditation activity
February 2027	School: Monitoring submission to the AMC reporting on conditions and significant changes.
	AMC: The Committee consider this submission and if found satisfactory, would be able to make a decision to extend the accreditation period by two years (and bring the School in line with the AMC's ten year cycle).
2028	School: Monitoring submission to the AMC reporting on conditions and significant changes.
	AMC: Provides outcome letter.
2029	School: Accreditation extension submission to the AMC – a comprehensive submission on delivery of the program for four years against the standards.
	AMC: If satisfactory, Committee could extend accreditation for up to four years.

Appreciation

The team is grateful to staff and students who prepared the accreditation submission and managed the preparations for the assessment. It recognises the significant work required in a short timeframe to demonstrate the continuing viability of the program.

The team acknowledges, with thanks, all staff in clinical sites who coordinated the site visits, and the assistance of those who hosted visits of team members.

Summaries of the program of meetings and visits for this assessment are provided at Appendix 3.

STANDARD 1: Purpose, context and accountability

Condition 19	To be met by: 2026
No new or Year 1 repeating students are enrolled from the academic year commencing in 2027 until the medical program has demonstrated to the Committee's satisfaction sustained funding and staffing that will assure development and delivery of the accredited medical program consistent with the accreditation standards.	
Finding	Satisfied.

The School has provided sufficient evidence of confirmed financial and staff resources to support current and ongoing medical program delivery, as well as resources to complete and implement the planned curriculum revision. Recruitment was progressing as reported.

The University has committed funding in budget forecasts to 2032, and there was evidence that the sustainability and development of the medical program is being embedded within the University's new Strategic Plan.

Accreditation conditions assessed at this visit are all now progressing and discussed further in this report.

Condition 1	To be met by: 2028 *(previously 2024)*
Demonstrate that community groups and stakeholders are engaged in the curriculum review, represented in decision-making, and consulted on key issues including the program's purpose, curriculum, outcomes and governance. (Standards 1.2.1, 1.2.2)	
Finding	1. Progressing – satisfactory foundational work now completed. 2. Timeframe extended to 2028 – to match the revised curriculum review timetable.

The School provided the AMC with a summary account of three advisory group and stakeholder consultation rounds related to the curriculum review during 2024–2026, the most recent of which occurred from November 2025 to February 2026. These groups were:

- the SMP Advisory Board
- the SMP Alumni Advisory Forum
- the SMP Community Engagement Group
- Biyamburruwalanha Aboriginal and Torres Strait Islander Governance Group.

There was also evidence of separate consultation meetings with staff, students and the Canberra Health Services (CHS) Clinical Directors Group.

These activities supported consultation with these stakeholder groups about both the current curriculum and the development of a new program. Their outcomes have been summarised in the submission and documented in reports related to each consultation round. The submission did not document the distribution of these reports or the communication strategy regarding outcomes of the consultations. Some of the stakeholders the team met expressed the view that communication after consultation could be improved.

The team noted that documented attendance in the minutes provided does not reflect the stated membership summarised in the SMP and Medical Program Stakeholder Engagement Plan 2026 for the formally constituted groups. In addition, many of the same SMP staff attended at meetings, raising questions about the current effectiveness of external stakeholder engagement. The team noted proposed new stakeholder engagement initiatives for 2026, including a new Medical Student Reference Group and student representation on the SMP Community Engagement Group and SMP Advisory Group. Another initiative, by the Rural Clinical School, involves exploring how to most effectively engage with the Southern and

Murrumbidgee Local Health Districts and communities. There are also plans to expand the membership of the Community Engagement Group.

Regarding Aboriginal and/or Torres Strait Islander engagement, the School contracted the Ngarra Group, a specialist consultancy, to develop an Aboriginal and Torres Strait Islander Community Engagement Strategy. The strategy has recently been finalised following research, stakeholder mapping and consultation to identify relevant community stakeholders and inform future engagement. Implementation of this strategy by the School, including engagement outcomes, should be reported in future monitoring.

As the curriculum review and renewal progresses it will be important to ensure the inclusion of the full range of stakeholders in the process, including community members and clinical partners, and to facilitate their attendance at meetings and participation in all consultations. The recruitment of professional staff members to coordinate and support the work of the various stakeholder groups is a positive step.

The team met with external stakeholders, all of whom were directly connected to health or education services. The School will need to demonstrate that consultation also includes a diversity of community and consumer representation. The team notes a robust structure for the implementation of the Indigenous Governance Group, and it will be important to ensure that there are similar governance structures surrounding other key stakeholder groups.

Condition 13	**To be met by: 2026**
Provide the budget model from 2026 to 2032, demonstrating assurance of ongoing financial capacity and resources to deliver the medical program for the identified number of students, and ensure the development and implementation of curriculum renewal in line with the accreditation standards. (Standard 1.4.1)	
Finding	1. Satisfied – budget model to 2032 provided with appropriate funds and staff to sustain the program. New condition 20 imposed to ensure effective monitoring. 2. **New condition (20):** Demonstrate the financial commitments made to the medical program within the program budget are honoured as the University moves to a business-as-usual budgeting process, reporting annually until 2030. (Standard 1.4.1)

The AMC received an updated budget model, that outlined significant resources to be available for the SMP. The University has confirmed its commitment to sustainable funding for the medical program, including the required uplift to the allocated budget described in the budget model 2026 – 2032 provided. It has further confirmed that this commitment will be maintained as institutional budget settings evolve and in the planned transition to new University-wide funding models in 2027. The team confirmed with the ANU Interim Vice-Chancellor and the School that the Director of the Medical Program has delegated authority to manage the program budget. It is noted that the external funding arrangement for the Rural Clinical School beyond 2026 will be finalised in the second half of 2026. The team confirmed, through interviews with University and School leadership, and Faculty staff, that the School plans to utilise the revised budget allocation to increase staffing and deliver the program into the future.

The team heard that the University will move from a controlled budget to a business-as-usual budget and financial management process from 2027. The Interim Vice-Chancellor gave assurances that the budget model provided will be preserved in the new University budgeting process.

While the condition set on accreditation has been satisfied as an adequate budget has now been provided, the University has previously not honoured budget commitments or communicated to the AMC regarding financial and staff resources. Given this history, the team recommends setting a new condition that requires the University to demonstrate that commitments within the revised budget will be upheld into the future.

Condition 14	To be met by: 2026
Provide a revised governance structure and evidence of processes that identify and support the roles and representation of Aboriginal and/or Torres Strait Islander staff, clinical supervisors and/or experts and how their participation will be supported at all levels. (Standard 1.3.5)	
Finding	1. Satisfied – revised governance structure provided. 2. The AMC will monitor the further development of governance structure in its regular monitoring process.

The team noted the considerable progress made in developing the governance structure as evidenced by the detailed submission information, which included governance and staff charts, and interviews with University and School leadership (Figure 1). It was also clear that progress is being made on recruiting the underpinning academic and professional staff to make the structures work.

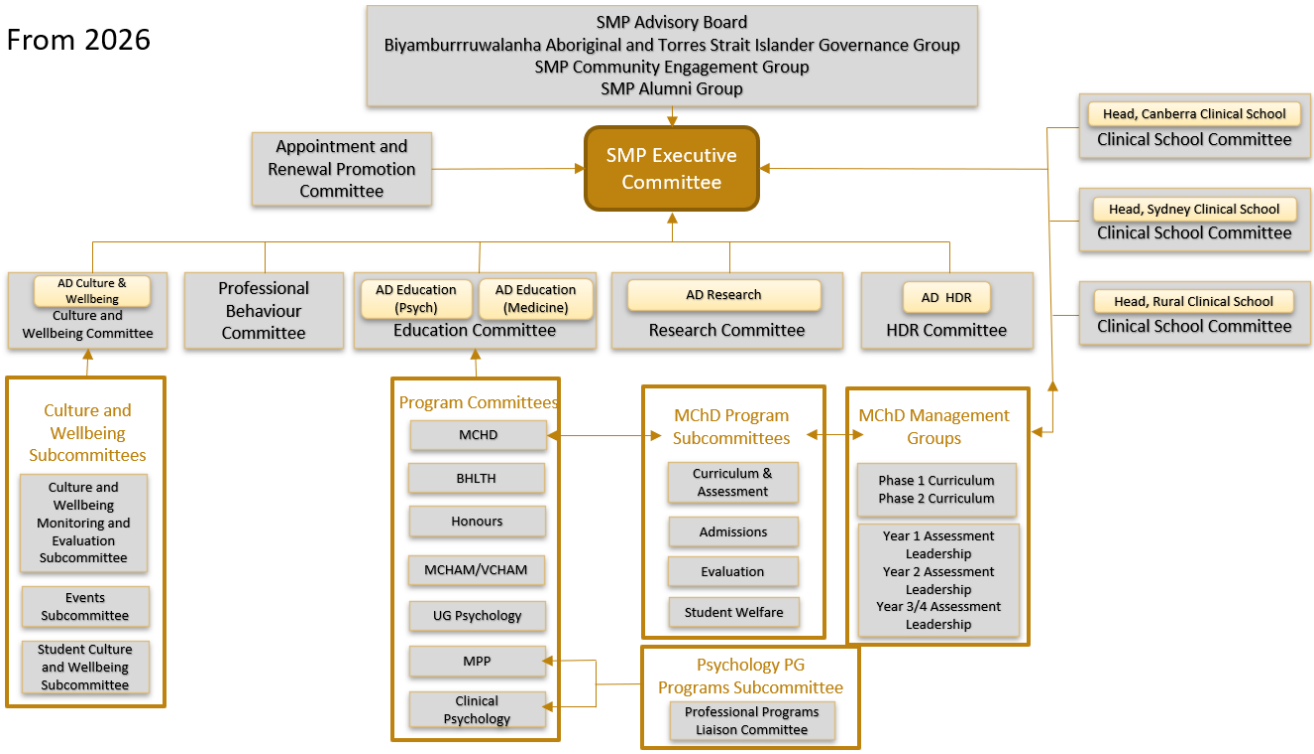

Figure 1: SMP Governance and Committee Structure, 2026

The academic oversight of the MChD program within the governance structure was described, including the oversight of the MChD Curriculum Review Taskforce. Students are represented on the MChD Program Committee and its subcommittees, except for the Admissions Subcommittee. Students can contribute to these decision-making processes via reports and papers tabled at the MChD Program Committee. There is Aboriginal and/or Torres Strait Islander representation on all committees and subcommittees as follows:

- the Head of Indigenous Health or their delegated representative sits on the MChD Program Committee and the Curriculum and Assessment Subcommittee
- a member of the Indigenous Health Team sits on the Admissions and Student Welfare Subcommittees
- the Evaluation Subcommittee includes an Aboriginal and/or Torres Strait Islander representative.

There are positive examples of previously identified fixed-term academic appointments that have now converted to continuing, most notably at the Canberra Clinical School. Several new appointments are in progress to strengthen both academic and professional staff support for the program. These include a Head of Student Development and Welfare, a Head of Faculty Development, and professional support staff in each of the following areas: assessment, evaluation, Aboriginal and/or Torres Strait Islander health, and Aboriginal and/or Torres Strait Islander student recruitment and support.

In addition, the University has established a new leadership position (Pro Vice-Chancellor, Health and Medicine) to strengthen governance, accreditation assurance and strategic partnerships across the University's health and medicine portfolio. The initial term of the position is two years, and the appointment of a highly experienced senior academic clinician into the role was finalised during the week of the accreditation visit.

It was evident from discussions with the Indigenous Health Team, Indigenous stakeholders and University and School leadership that there is commitment and a clear plan for the involvement of Aboriginal and/or Torres Strait Islander staff, clinical supervisors and experts in program governance, development and implementation. There was also evidence of positive engagement, which may result in the plans communicated to the AMC evolving, and the team considered this evolution would be very appropriate. The team considered that the plans and information provided are sufficient to satisfy this condition, noting that the support for and responsiveness to contributions of Aboriginal and/or Torres Strait Islander stakeholders will continue to be monitored under condition 15.

The School will need to provide updates in monitoring submissions about the developing governance structure and staff profile. The AMC will monitor for assurance of the further development of the governance structure in response to stakeholder feedback, as well as its functionality, support and the demonstration of outcomes in decision making.

Condition 15	**To be met by: 2028** *(Previously 2026)*
To ensure appropriate expertise and resources for the development and implementation and delivery of Aboriginal and/or Torres Strait Islander health strategies within the medical program: a. include senior leadership roles with defined responsibilities covering Aboriginal and/or Torres Strait Islander health with appropriate allocation of authority, resources, and expertise. b. demonstrate strategies to increase Aboriginal and/or Torres Strait Islander participation in the medical program as staff, leaders, clinical supervisors, students and community members, formally engaged in planned learning and teaching activities. (Standards 1.4.4, 4.1.2, 5.2.4, 5.2.5)	
Finding	1. Progressing – with a very good foundation and significant work still required. 2. Timeframe extended to 2028 – to enable evidence of stakeholder contributions and the Program's response to those contributions.

Investment in, and additional resources for, the development of Indigenous health within the program has supported progress of condition 15. The team heard positive sentiment about early plans, including the Indigenous Governance Group and non-Indigenous people talking about their responsibilities for allyship.

15a: The School is currently recruiting the following new identified positions to increase full-time equivalent (FTE) staff numbers for both academic and professional staff to the Indigenous Health Team:

- 10–15 part-time Indigenous Engagement Officers to provide lived experience and an Indigenous perspective to curriculum development, education delivery and assessment, and who will also support the School to engage broadly and authentically. These positions will form the Gabuga Ngamambinya Aboriginal and Torres Strait Islander Community Group to support Indigenous education across the medical program.
- a Community and Student Support Officer who will support community engagement through the Biyamburruwalanha Aboriginal and Torres Strait Islander Governance Group, the Gabuga Ngamambinya Aboriginal and Torres Strait Islander Community Group, and relationships with partner organisations (Regional ACCHOs [Aboriginal Community Controlled Health Organisations]). This position also supports student recruitment and retention, and integration with the ANU Tjabal Indigenous Higher Education Centre (Tjabal Centre).
- one full-time Level B/C Academic to focus on recruitment and retention of Aboriginal and/or Torres Strait Islander students (this position has been filled as of May 2026).

These add to the existing three academic positions in the Indigenous Health Team. The role of the Indigenous Health Program Coordinator has recently become vacant, and plans are being made to fill this vacancy.

There are four to five clinical educator (1.3 FTE) positions currently awaiting approval by the ANU Recruitment Oversight Committee. These positions will provide a formal link between the School and partner ACCHOs to support students on clinical placements, as well as service development and research. Several ANU alumni have expressed interest in the clinical educator–Indigenous roles, which is a positive endorsement for this aspect of the Indigenous Health program and the ongoing engagement of graduates. Additional funding has been allocated (non-salary) to support the Indigenous Health Teams work plan, student placements, consultations and the Biyamburruwalanha Aboriginal and Torres Strait Islander Governance Group. This additional funding will be managed by the Head, Indigenous Health.

15b: The School has indicated that further development of the Indigenous Health Team is planned. The Head, Indigenous Health (Level D) is a member of the SMP Executive Committee, and their academic level is congruent with that of other academic leaders in the MChD program. Information about the academic levels of Indigenous Health Team appointments has been provided and appears congruent with other units. An Indigenous Health Work plan has been developed, is comprehensive and appears designed to enable the condition to be met over time. The team noted that most of the activities have completion dates in 2026, and that the scope of work may be ambitious to complete within 12 months. Information provided on the development of culturally safe systems for measuring success, ensuring succession planning and supporting professional development for Aboriginal and/or Torres Strait Islander academic staff suggests this work is in planning or very early development, with some activities dependent on the broader University response to the Nixon Review.

The School recognises that cultural safety must underpin effective engagement with Aboriginal and/or Torres Strait Islander community members and health organisations, as well as their participation in program governance, curriculum development and implementation. The planned recruitment of an employed Chair of the Indigenous Governance Group, with strong relationships within ANU to the Tjabal Centre and externally with the ACCHOs, is expected to support culturally safe engagement. Implementation of the Aboriginal and Torres Strait Islander Community Engagement Strategy, developed by the Ngarra Group, will also assist this.

Over the last six months, the program has moved from a position of staff departures and limited support for the development of Indigenous health within the program to a solid foundation of community engagement, significant investment in consultant spend on strategy and a clear plan to embed Indigenous health across the program. This change is very significant, with ambitious plans, and the AMC looks forward to seeing progress as a result. Despite the potential for wider support from the Tjabal Centre and contributions from future Aboriginal and/or Torres Strait Islander academics recruited, there continues to be a large program of work resting on the small Indigenous Health Team. The potential for meaningful change in the curriculum is very high given the level of stakeholder engagement and structures supporting the curriculum review—this work should not be rushed. The School and the team are encouraged to keep the plans under review and to ensure that the timelines for delivery of the curriculum renewal support staff wellbeing. In this context, the team recommends that the timelines for the condition be extended to 2028.

Condition 4	**To be met by: 2024**
Provide evidence of formal agreements with GP placement providers or otherwise demonstrate the sustainability of the general practice placement provision in the ACT. (Standard 1.2.2)	
Finding	Progressing – formal agreements in place from 2025 with the majority of placement providers but not yet all.

The School provided evidence of formal agreements with most providers but some are yet to be completed. The new Head of General Practice began in 2025. The team heard that all urban practices in Canberra for the 2026 teaching year have formal agreements for clinical placements, and that there are several long-standing General Practice (GP) teaching practices in neighbouring New South Wales. Potential further capacity could also be developed across both the Australian Capital Territory and New South Wales.

The School is very close to closing this condition; all that remains is to provide a complete register of all GP placements, with evidence that the outstanding agreements are in place.

It will be important for the School to develop and implement a process for maintaining an up-to-date register of GP placement providers to ensure currency of all agreements.

The AMC is aware of some uncertainty about the ongoing ACT Health and Community Services Directorate funding for the Academic Unit of General Practice. This is particularly concerning given the need to resource it, and ensure GP and primary care is embedded into the curriculum review. The School will need to provide reassurance and evidence in monitoring submissions that the Academic Unit of General Practice has adequate academic and professional staff resources to support its function into the future.

Condition 7	**To be met by: 2025**
Demonstrate that there is an effective system in place for managing changes to the documentation of current learning outcomes and the management of learning materials on the LMS, particularly in Phase 2. (Standard 1.4.6)	
Finding	Progressing – not yet fully implemented.

The School has very recently transitioned to the University's new Learning Management System (LMS), Canvas, and full functionality is yet to be implemented. A full review of all learning outcomes and materials is underway and will continue through 2026. The School has responded to student feedback and created templates in Canvas to demonstrate curriculum alignment of session, block and course learning outcomes. The team heard from students that Canvas is not yet implemented or used as intended for all sessions, learning materials or by all educators. The AMC recognises that Canvas is in the early implementation stage.

To close this condition the School will need to provide evidence of full transition, that learning outcomes are fully managed in the system and user evaluations (students, educators, staff) are demonstrating functionality.

Additional information related to Standard 1

The team heard from the Interim Vice-Chancellor that a new Strategic Plan is in development and is expected to be signed off by University Council in the second half of 2026. The draft plan includes commitments to the sustainability of the medical program and to Indigenous health and communities.

Following the on-site assessment activities, the Chancellor resigned her position. The Pro-Chancellor has been appointed as Interim Chancellor and the Acting Pro-Chancellor role filled. The process of appointing a new Chancellor has commenced and a decision on the Vice-Chancellor position (currently interim), will follow confirmation of the new Chancellor.

The ANU is subject to review by TEQSA, including matters relating to governance. The University has undertaken to provide updates to the AMC as relevant to the accreditation of the medical program.

Monitoring requirements:

- Update on any changes to governance structures, including how Aboriginal and/or Torres Strait Islander staff, clinical supervisors and/or experts participate in all levels of governance. (Standard 1.3.5)
- Update on delivery of the budgeting process against condition 20 (February 2027). (Standard 1.4.1)
- An update on the timeline for the recruitment to the Chancellor and Vice-Chancellor positions (February 2027). (Standard 1)
- An update on the developing governance structure and staff profile. (Standard 1.3.1, 1.3.2 and 1.3.5)

STANDARD 2: Curriculum

Condition 16	To be met by: 2026
The medical program demonstrates that the curriculum review project has clear implementation work plans and timelines, and considers: a. the integration of Aboriginal and/or Torres Strait Islander health curriculum and assessment across all disciplines and is led and authored by Aboriginal and/or Torres Strait Islander health experts b. plans to include research and scholarship in medical education and Aboriginal and/or Torres Strait Islander health learning and teaching, with evidence that this work is led or co-led by Aboriginal and/or Torres Strait Islander experts. c. plans to ensure learning and teaching is culturally safe and informed by Aboriginal and/or Torres Strait Islander and Māori knowledge systems and medicines (Standards 2.2.2, 2.2.3, 2.2.4 and 2.3.7)	
Finding	1. Satisfied. 2. **New condition (21):** The medical program demonstrates progress on the curriculum review: a. Providing updates on changes to project governance or workplan; b. Integration of the Aboriginal and/or Torres Strait Islander health curriculum throughout the program, led and authored by Aboriginal and/or Torres Strait Islander experts. (Standards 2.2.2, 2.2.3, 2.2.4 and 2.3.7) Report annually until 2030.

The considerable amount of work that has been undertaken to deliver a plan and timeline for the curriculum review project was evident in the submission and discussions with the School. The team was impressed by the revitalised plans and the work completed to date. The School has now articulated a detailed Curriculum Revision Project Work Plan based on a published model and documenting planned work from the second half of 2025 to 2027 that includes:

Stage 1. Commands (completed August 2025)

Stage 2. Contextualisation (commenced second half 2025)

Stage 2a. Domains and top-level descriptors (completed September 2025)

Stage 2b. Subdomain learning outcomes (completed November 2025)

Stage 2c. Rotation planning, learning settings, learning and assessment approaches (in progress 2026)

Stage 3. Coordination (scheduled second half 2026)

Stage 3a. Common conditions lists

Stage 3b. Whole-of-year teaching and learning

Stage 3c. Rotation specific teaching and learning

Stage 3d. Portfolio

Stage 4. Assessment (scheduled 2027).

This plan includes some ‘retrofitting’ of the consultations already undertaken and of the Stage 1 requirements (Commands) completed in August 2025. Each stage has clear objectives, key activities, outputs and governance.

The work plan was well understood by the School academic leadership group, but less well by other stakeholders. Communication of the plan and its progress will be important to ensure alignment of expectations and optimal buy-in during the project.

Engagement with the curriculum review currently varies across the program's footprint. The Rural Clinical School, in particular, outlined comprehensive plans for community consultation in the context of the curriculum revision. The governance overview provided for the curriculum review and revision project represents an updated structure aligned with University, the College of Science and Medicine and medical program structures and includes relevant stakeholder groups for consultation, as well as the AMC—although the AMC is not identified in a regulatory role. A project risk register has been drafted and could be updated for clarity to provide a key to the assigned risk ratings and context regarding monitoring, as well as review timeframes and processes. The mapping of graduate outcomes is comprehensive, with plans in place to continue validation and consultation in 2026. The team heard positive feedback from clinicians and staff about their involvement in the learning outcomes mapping work. Continuous progress is necessary, but it is apparent that some aspects of the timeline will need to be modified. A slower, steady pace will support staff wellbeing, allow comprehensive ongoing stakeholder consultation, including stakeholder feedback and integration of new staff as they are appointed. It is important that meaningful consultation is undertaken with all staff, including the Indigenous Health Team, and with all other stakeholders.

16a: Additional time will be required to develop culturally safe consultation processes for Aboriginal and/or Torres Strait Islander stakeholders and authentic embedding of Aboriginal and/or Torres Strait Islander knowledges and ways of working. The School has engaged in a consultancy with the University of Otago on Indigenous health strategy, which is a positive step. Plans to increase resourcing to the Indigenous Health Team will also be essential to this process. The review of the curriculum conducted by ABSTARR Consulting (completed in January 2026), and the Aboriginal and Torres Strait Islander Community Engagement Strategy developed by the Ngarra Group, are useful adjuncts to the curriculum development.

16b: Information and evidence were provided to support the engagement of academic staff in the scholarship of education. Staff are encouraged and financially supported to attend education conferences and training. Information about the uptake and outcomes of these supported opportunities will be required in future monitoring. The School has engaged with the Collaborative Health, Education, Self and Society (CHESS) Lab, located in the Medical Education Group in the School to strengthen education research. The funding of additional academic appointments for the Indigenous Health Team is expected to underpin future scholarship in Aboriginal and/or Torres Strait Islander learning and teaching.

16c: The AMC is aware that the School is undertaking significant ongoing work to improve the cultural safety of Aboriginal and/or Torres Strait Islander students, staff and stakeholders. The medical program evaluation framework places cultural safety at the centre—noting that the framework is yet to be finalised and consultation with Aboriginal and/or Torres Strait Islander People is not yet concluded. The Indigenous Health Team has plans to engage with Aboriginal and/or Torres Strait Islander students to explore their experiences in learning settings and develop a structured process for obtaining ongoing feedback from these students. Further staff cultural safety education is planned for 2026. The School is relying on ANU processes to respond to and support students experiencing racism. The AMC notes that engagement is underway for a staff member to support the recruitment and retention of Aboriginal and/or Torres Strait Islander students and that this appointee will work closely with the Tjabal Centre.

Condition 16 is now satisfied. However, there is a substantial body of work planned to revise the curriculum to ensure medical program outcomes align with the accreditation standards, which includes responsiveness to community needs. Work is also planned to implement an approach of sustained engagement with staff, clinicians and community stakeholders that informs continuous development of the program. New condition 21 requires the School to demonstrate continued progress on curriculum renewal in future monitoring. The timeline is reflective of the work planned across each year of the program and the need to ensure the pace supports staff wellbeing and allows for meaningful stakeholder engagement.

STANDARD 3: Assessment

Condition 17	**To be met by: 2027** *(Previously 2026)*
Confirm implementation of the assessment management system and dashboard to identify and activate timely referral of underperforming students for support and performance improvement programs. (Standards 3.2.1, 3.2.2, 5.1.4)	
Finding	1. Progressing – risr/assess is in early implementation, and risr/advance is now fully implemented. 2. Timeframe extended to 2027 to provide assurance of implementation and uptake.

The team heard from staff and students about significant progress on assessment, particularly in relation to the Objective Structured Clinical Exam (OSCE). It was clear that dashboarding approaches to view students' progress across the assessment program are in development, although reliant on manual data entry. Similarly, staff are undertaking significant work to draw together disparate systems to identify underperforming students early.

Implementation of information technology (IT) platforms to support student assessment continues. In addition to the pre-existing risr/advance platform for the workplace-based assessment (WBA) portfolio, the risr/assess module to support written examinations has now been procured and is in early implementation, with plans to test the system for formative Year 1 and 2 assessments initially. These trial examinations are planned for Q1–Q3 2026 after importation of test items, staff training and testing. The adoption of risr/assess for all summative written examinations is planned for 2026, including the reporting functionality for feedback to students. Work will continue in 2027 to refine the use of the written examination module (e.g. creation of items within the platform). The School's Assessment Unit has identified enhancements to student written examination feedback and for item writers inherent in the risr/assess module. While the School has not yet procured the specific risr/assess module for OSCEs, improvements to the conduct of the OSCEs have already been introduced. These include electronic marking and improved feedback to students, item writers and the Assessment Committee. Concurrently, in 2025, an OSCE redesign occurred to enhance assessment quality. This included the introduction of the borderline regression method for standard setting, standardised writing guidelines and templates, and domain-based marking. The School has had positive feedback from staff and students about these changes, which was reinforced to the team.

The risr/advance portfolio platform for WBA documentation for Years 3 and 4 students is now fully implemented, with improvements in both student and faculty views and a decrease in the number of students not meeting portfolio milestones in 2025 compared to 2024. However, the level of improvement is unknown as numbers were not provided. The School has plans for ongoing refinements and for significant redesign of the portfolio for the new curriculum. The School reports that introducing the midyear review of progress against the three assessment hurdles has improved its ability to identify at-risk students and achieve timely remediation.

The School is continuing to explore IT-based options for developing a whole-of-program student dashboard. Options currently under consideration include a bespoke Microsoft Power BI dashboard and updating the risr/advance module when the dashboard enhancement is available. In the interim, students and staff have access to a system that relies on manual data input. Feedback from students and staff is positive regarding tracking individual progress, however, there are limitations to cohort-level tracking. Continued reliance on manual data entry introduces risks to the timely provision of information about student progress and may not be sustainable.

Assessment is one element in a system to identify at-risk students for early remediation and support. The School has procedures in place to refer students with borderline examination performance, or who are not meeting progress hurdle requirements, for formal support.

The AMC notes the current challenging procurement environment, however, it is clear that the School does not yet have a full suite of modern IT systems to support all aspects of its assessment.

This condition is progressing but ongoing monitoring of the implementation of these systems will be required.

STANDARD 4: Students

Condition 11	**To be met by: 2028** *(Previously 2025)*
1. Develop a framework to identify the disconnect between supports available and Aboriginal and/or Torres Strait Islander student perceptions of support. Implement and evaluate this framework; and 2. Develop a strategy to engage with Aboriginal and/or Torres Strait Islander communities to improve recruitment, support and retention of students. Implement and evaluate this strategy. (Standard 4.1.2)	
Finding	1. Progressing – new dedicated pathways for Aboriginal and/or Torres Strait Islander students, and new staff role to support student recruitment and retention. 2. Timeframe extended to 2028 to enable demonstration of improved recruitment and retention strategies.

There was evidence of clear progress towards meeting condition 11 including community engagement, plans for resourcing to increase with corresponding work areas planned and evidence of evaluation activity already underway.

There are currently three dedicated pathways for prospective Aboriginal and/or Torres Strait Islander students to enter the program. In response to a lack of Aboriginal and/or Torres Strait Islander student recruitment in 2023 and 2024, the School has strengthened the involvement of Aboriginal and/or Torres Strait Islander staff and community members in the admissions process and in the development of pathways and strategies to increase recruitment. As a result of stakeholder consultations, several changes have been implemented to position the ANU medical degree as focused on specific communities (point of difference). Other changes include smoothing and shortening entry pathways, removing competitive entry from the undergraduate degree articulated pathway and increasing accessibility for prospective applicants by maintaining multiple entry pathways.

The School reported that a new Indigenous student pathway implemented in 2025 has resulted in five applications, four offers and three enrolments for the 2026 medical program cohort, which is a remarkable change in a short period of time.

In 2026, the School has planned an evaluation of these admission pathways, and a comprehensive review of Aboriginal and/or Torres Strait Islander recruitment, support and retention.

Planned additional recruitment includes an identified Aboriginal and/or Torres Strait Islander academic staff member with a focus on Aboriginal and/or Torres Strait Islander student recruitment and retention. In addition, engagement of identified Aboriginal and/or Torres Strait Islander clinical educators with a focus on student support and mentorship is also planned. The team also heard of early-stage discussions with the Tjabal Centre in terms of their central University role in supporting students, as well as ongoing consultation with local communities.

To close this condition, the School will need to provide updates on the evaluation, demonstrate continuing engagement with community and provide evidence of continuing successful recruitment and retention of Aboriginal and/or Torres Strait Islander students. It will be important for the School to demonstrate that student recruitment processes are culturally safe, student support is effective and that it is responsive to barriers to student retention identified in evaluation.

STANDARD 5: Learning environment

Condition 12	**To be met by: 2027** *(Previously 2026)*
Confirm the student placements in clinical learning environments to enable the delivery of the program and demonstrate that students will have access to appropriate spaces for learning during and after completion of the redevelopments at the Canberra Hospital and North Canberra Hospital. (Standard 5.1.1, 5.1.2 and 5.1.3)	
Finding	1. Progressing – evidence of ample clinical placements and progress to increased coordination efforts. 2. Timeframe extended to 2027 to reflect the planning timeline for North Canberra Hospital.

A new tripartite Partnership Agreement between the ANU, ACT Health and Community Services Directorate, and CHS is being finalised and all parties expressed commitment to providing the required education facilities and experience for ANU medical program students. All three parties emphasised the potential benefits of supporting the growth of a locally trained medical workforce. There are stable agreements for placements at the Rural Clinical School and Sydney Clinical School. Placement agreements for General Practice are currently being formalised. Feedback from the School, Clinical Schools and students supports the conclusion that adequate placements are available for the current number of students.

Although the team saw no evidence of placement shortage, issues with professional staff turnover have impacted placement management at CHS sites. Detailed mapping of student rotations at these sites was not provided, and feedback from multiple students was that they are receiving 'just in time' confirmation of rotations and rosters. Student wellbeing, life administration and paid employment planning would benefit from the Clinical School providing detailed rotation and associated unit rosters well ahead of each placement commencement. The current model, which has students attached to an individual supervisor rather than a clinical unit or setting, is another factor contributing to late notice of student placements, due to delays in confirming supervision arrangements. There are plans to improve this by moving to unit- or setting-based placements in future.

The redevelopment at the Canberra Hospital has largely been completed and the School retains access to Building 4 for staff offices, and learning and teaching activities. Most of Year 1 and 2 clinical skills learning takes place in this building in addition to sessions for Years 3 and 4 students on placement. The Canberra Clinical School also has additional space available in building 8 that could be re-purposed to be used more effectively for the program. The North Canberra Hospital (NCH) redevelopment has not yet begun. The team heard of the plans and was assured that students will continue to have access to similar appropriate spaces in the interim and in the final build. The AMC will continue to monitor developments at this site to confirm this ongoing access.

To close this condition, the School will need to provide a copy of the executed tripartite Partnership Agreement, evidence of the yearly mapped student placements, updates on the adequacy of teaching space at the Canberra Hospital, and final building plans for the student facilities, teaching spaces and Clinical School administration on the redeveloped NCH site (along with interim arrangements).

Condition 18	To be met by: 2027: *(Previously 2026)*
Provide assurance of ongoing staff capacity to deliver and develop the medical program with evidence supporting recruitment and continuing employment of professional, technical, academic, and clinical supervisory staff (including Aboriginal and/or Torres Strait Islander staff) to appropriately deliver the medical program. This should include roles identified previously and roles in partnership with Canberra Health Service. (Standards 5.2.1, 5.2.2)	
Finding	1. Progressing – evidence of additional roles in recruitment and significant budget for increased academic and professional staff. 2. Timeframe extended to 2027 to account for confirmed recruitment.

In its submission, the School provided updated staff charts clearly indicating new and vacant positions, along with a revised SMP Recruitment Gannt Chart documenting the progress of recruitment to current vacant and new positions. This, with the 2024–2032 School budget, confirms a significant increase in academic and professional staff support for the medical program. Updated information also documents the transition of some fixed-term roles to continuing appointments. Recruitment for key leadership positions has been completed or is progressing. The team considered the revised staffing model against the program requirements and believes that the model does provide assurance that the program can continue to be delivered and developed in a way that meets the accreditation standards. In particular, the team believes that the important work on the curriculum and related community engagement can be achieved as planned.

Recruitment for new positions within the Indigenous Health Team is also progressing in line with the evolution of thinking about leadership in the Indigenous Health Team, the review of the Indigenous Health Work Plan in response to the ABSTARR Consulting curriculum review, and the Aboriginal and Torres Strait Islander Community Engagement Strategy. There are plans for further increases in capacity to support the work of the Indigenous Health Team.

Recruitment of the first two of eight senior clinical academic appointments based within the Canberra Health Service/Canberra Clinical School is still in discussion, noting that recruitment to these joint positions (ANU & CHS) for Psychiatry and Surgery is due in 2026. The submission refers to challenges to these joint appointments, with ANU and CHS reaching an agreement in late 2025 on how to manage them. The team observed that these roles are not included on the recruitment Gannt chart provided. The School has advised that the tripartite agreement between ACT Health and Community Services Directorate, CHS and the ANU has not yet been finalised. Therefore, the commencement of recruitment into jointly funded roles is pending. The team raised concerns about progress on these key appointments during interviews and was assured by both the School leadership and CHS about the commitment on both sides to work through the remaining details to meet the 2026 timeline. Substantive progress in recruitment to these appointments will need to be demonstrated in the next monitoring period.

During the accreditation visit, it was clear from discussions with School leadership, academics, professional staff and clinical supervisors that there have been challenges with retention. The subsequent loss of corporate knowledge due to professional staff turnover across multiple areas has put pressure on continuing professional staff. There was evidence of impact on parts of program delivery and coordination, for example, timetabling and communication of student clinical placements. The team heard of clear plans for the recruitment (underway) of two additional professional staff in specific roles that will increase capacity. The planned change in approach to student placement (to teams, rather than individual clinicians) is also likely to significantly ease the process for professional staff supporting student placements.

Close monitoring of progress towards meeting this condition is required. To satisfy this condition, the School must provide evidence that recruitment to all planned School roles is complete, support for the Academic Unit of General Practice is assured, appointments to joint positions in Psychiatry and Surgery have been made in 2026, and there is progress on recruitment to the CHS senior clinical academic positions consistent with the timeline provided. Monitoring submissions should also provide feedback from staff and students on whether the improvements to processes and professional staff capacity are successful.

STANDARD 6: Evaluation and continuous improvement

Condition 9	To be met by: 2025
Demonstrate that the program outcomes are being evaluated in the context of a clear framework that engages stakeholders in determining whether ANU graduates are meeting the needs of local communities. (Standard 6.2.2)	
Finding	Progressing – an evaluation framework is undergoing a final co-design and consultation stage.

The School has responded to the AMC's concerns that evaluation activity as a key input to the curriculum review and stakeholder engagement did not have sufficient staff resources. There is now a Head of Evaluation in place with a clear focus and time for evaluation activity. The draft evaluation framework is currently undergoing its final co-design and consultation stage with Aboriginal and/or Torres Strait Islander representatives, as outlined in a co-design workplan. Finalisation is planned for Q1 2027. There is allowance for extension of this timeframe if needed for genuine community engagement and endorsement. The AMC supports this approach.

Stakeholder consultation undertaken in 2025 has identified graduate outcomes that are important to community stakeholders, and these will be included in the evaluation of the medical program. There are also plans to develop graduate performance evaluations in collaboration with employers. The Evaluation Subcommittee has now been convened, chaired by the Head of Evaluation. Additional professional staff support for program evaluation have recently been recruited. The submission highlights that evaluations are informing the curriculum revision project.

While the evaluation framework is being finalised, work is underway to develop methods for communicating evaluation findings and outcomes to relevant stakeholders. Consideration should be given to developing a formal communication strategy to ensure all stakeholders are included for each evaluation and the engagement is planned and resourced appropriately.

Future monitoring submissions to the AMC will need to report on how the final evaluation framework is being implemented, as well as provide evidence that the School has engaged with all stakeholders, including the community it serves, and show how evaluation findings are applied for continuous program improvement.

Report on Nixon Review recommendations

While this investigation did not focus on the body of work that the University has underway to address recommendations in the Nixon Review (Nixon Review into matters of gender and culture at the ANU former College of Health and Medicine), the team received a summary of responses to the Nixon Review by the ANU and the School and discussed progress on the actions, many of which are University-wide. The team considered that it was positive that School staff are part of the range of working groups and one of these groups is led by the School Director.

The School will need to consider how responses are translated to all settings where students of the medical program are placed and provide assurances that the School-specific response to the Nixon Review is being disseminated to stakeholders, including students.

Appendices

Appendix 1: Accreditation in Australia and Aotearoa New Zealand

The purpose of the Medical Board of Australia (the Board) is to ensure that Australia's medical practitioners are suitably trained, qualified and safe to practise. The Board operates in accordance with the Health Practitioner Regulation National Law (the National Law), as in force in each state and territory. One of the objectives of the National Law is to facilitate the provision of high-quality education and training of health practitioners. The accreditation of programs of study and education providers is the primary way of achieving this. The Board has appointed the AMC as the accreditation authority for medicine to conduct accreditation functions under the National Law.

The AMC has responsibility for developing accreditation standards, assessing education providers and their programs of study for the medical profession, and accrediting programs that meet the standards. Accreditation standards are used to assess whether a program of study, and the education provider that provides the program, equips people who complete the program with the knowledge, skills and professional attributes necessary to practise the profession. The AMC develops accreditation standards, which the Board approves.

When the AMC assesses a program of study and the education provider against the approved accreditation standards and makes a decision to grant accreditation, the AMC provides its accreditation report to the Board. The Board makes a decision to approve or refuse to approve the accredited program of study as providing a qualification for the purposes of registration to practise medicine. The Board publishes on its website the accredited programs of study it has approved as providing a qualification for the purposes of general registration.

The Medical Council of New Zealand (MCNZ) is a statutory body operating under the Health Practitioners Competence Assurance Act 2003, which has as its principal purpose the protection of the health and safety of the public by providing for mechanisms to ensure that doctors are competent and fit to practise medicine. It is responsible for both registration of medical practitioners and accreditation of medical education in Aotearoa New Zealand.

The AMC and the MCNZ have a long history of cooperation to assist both organisations in setting standards for medical education and assessment that promote high standards of medical practice, and that respond to evolving health needs and practices, and educational and scientific developments. The AMC develops accreditation standards in consultation with the MCNZ, which adopts the standards.

The AMC and the MCNZ work collaboratively to assess Australian and New Zealand medical education providers and their programs. In the case of education providers offering programs of study in Aotearoa New Zealand, the accreditation assessment team will include at least one assessor from New Zealand, appointed after consultation with the MCNZ. The accreditation report is also provided to the MCNZ to make its accreditation and registration decisions.

The standards and procedures relevant to the assessment and accreditation of primary medical programs and underpinning the accreditation process and findings in this report are:

- *Standards for Assessment and Accreditation of Primary Medical Programs by the Australian Medical Council 2023* (the Standards)
- *Procedures for Assessment and Accreditation of Medical Schools by the Australian Medical Council 2024* (the Procedures)

Appendix 2: Membership of the 2026 AMC Assessment Team

Name	Role
Professor Gary Rogers (Chair) MBBS, MGPPsych, PhD, FANZAHPE, FAMEE, PFHEA	Dean, School of Medicine, Deakin University Deputy Chair, AMC Medical School Accreditation Committee
Associate Professor Jenepher Martin MBBS, MS, MEd, DEd, GAICD, FRACS	Associate Professor, Faculty of Medicine, Nursing and Health Sciences, Monash University Eastern Health Clinical School
Belinda Gibb	Director, Indigenous Policy and Programs, Australian Medical Council
Kirsty White	Chief Operating Officer, Australian Medical Council
Melissa Johnson	Cultural Strategic Facilitator, Indigenous Policy and Programs, Australian Medical Council
Esther Jurkowicz	Program Lead, Accreditation Assessments, Australian Medical Council

Appendix 3: Summary of the 2026 AMC Assessment Team's Accreditation Program

Meetings	Roles engaged with
Monday 16 March 2026 ***ANU School of Medicine and Psychology***	
<u>Medical Program leadership – all standards</u> • Updates since submission • Overview of assessment • Nixon report	SMP Director School Manager Associate Director Education (Medicine) Accreditation and Evaluation Manager CoSM Dean Acting CoSM GM CoSM ADE CosM AD HDR Director DVC Education Office
<u>Conditions 14, 15 and 16</u> • Aboriginal and/or Torres Strait Islander health curriculum • Aboriginal and/or Torres Strait Islander participation in governance, staffing and support • Resourcing and recruitment • Strategic plan	Head, Indigenous Health Lecturer, Indigenous Health Senior Lecturer, Indigenous Health SMP Director Head, Curriculum
Interim Vice-Chancellor	Interim Vice-Chancellor & President Deputy Vice-Chancellor (Education)
Students	ANUMSS representatives Variety of students from various year levels and cohorts
<u>Conditions 13 and 18</u> • Resourcing and budget • Financial sustainability	School Manager CoSM Dean Acting CoSM GM Director DVC Education Office CHS Executive Director, Research and Academic Partnerships
<u>Community engagement</u> • Conditions 1, 9 and 15b • Community engagement in the programs purpose and outcomes, curriculum design and delivery, evaluation • Discussion of examples to evidence progress	*External stakeholders* Canberra Region Medical Education Council (SMP Advisory Board) Canberra Health Services (Alumni Group) Director of Clinical Services - Mental Health, Justice Health, Alcohol & Drug Services (SMP Advisory Board)
<u>Curriculum</u> • Conditions 9, 16 and 18 • Curriculum review and resourcing	Head, Curriculum Associate Director Education (Medicine) Head, Evaluation

Meetings	Roles engaged with
• Learning and teaching	Head, Indigenous Health Interim Associate Director Research
<u>Assessment</u> • Condition 17	Head, Assessment Years 1 – 4 Course Convenors TELT Manager Acting TELT Manager
Debrief with Dean	SMP Director
Tuesday 17 March 2026 ***Canberra Hospital***	
Canberra Health Services Executive	Canberra Health Services CEO
ACT Health and Community Services Directorate	ACT HCSD Director-General ACT HCSD Deputy Director-General ACT HCSD Chief Medical Officer
<u>Conditions 12 and 18</u> • Clinical placement and supervision • Facilities	Head, Canberra Clinical School Manager Canberra Clinical School Head, General Practice Clinical Education Coordinator
<u>Canberra Hospital</u> • Clinical supervisors	Head, Canberra Clinical School Clinician Educator–Medicine Former ANU Academic Coordinator Clinical Skills CHS ED Research Director
Tour of Facilities	Head, Canberra Clinical School Manager Canberra Clinical School
North Canberra Hospital	
Sydney and Rural Clinical Schools	Head, Rural Clinical School Acting Rural Clinical School Manager A/Prof Rural Clinical School Lecturer, Rural Clinical School Head, Sydney Clinical School Manager, Sydney Clinical School SCS Clinical Education Coordinator SCS Senior Lecturer, Block Chair Women's Health and Newborn Care
Students	Students on placement
Tour of Facilities	Head, Canberra Clinical School
North Canberra Hospital Executives	North Canberra Hospital GM
Clinical Supervisors	Head, Canberra Clinical School Clinician Educator – Surgery Senior Lecturer, NCH Geriatrics

Meetings	Roles engaged with
	NCH Rehabilitation
Debrief with Dean	SMP Director
Wednesday 18 March 2026 ***ANU School of Medicine and Psychology***	
Meeting with Dean and School Leadership	SMP Director School Manager Associate Director Education (Medicine) Accreditation and Evaluation Manager Head, Canberra Clinical School Head, Rural Clinical School Head, Sydney Clinical School Head, Indigenous Health

Appendix 4: Glossary of Acronyms, Abbreviations and Terms

Term	Definition
ACCHOs	Aboriginal Community Controlled Health Organisations
ACT	Australian Capital Territory
AMC	Australian Medical Council
ANU	Australian National University
Canvas	The University's Learning Management System
CHESS	Collaborative Health, Education, Self and Society Lab
CHS	Canberra Health Services
FTE	Full-time equivalent
GP	General Practice
IT	Information technology
LMS	Learning Management System
MBBS	Bachelor of Medicine / Bachelor of Surgery
MChD	The Doctor of Medicine and Surgery
National Law	Health Practitioner Regulation National Law
NCH	North Canberra Hospital
OSCE	Objective Structured Clinical Exam
Risr/	Digital education and assessment management platform
SMP	School of Medicine and Psychology
TEQSA	Tertiary Education Quality and Standards Agency
Tjabal Centre	ANU Tjabal Indigenous Higher Education Centre
WBA	Workplace-based assessment

Australian
Medical Council Limited