

# *Implementation of Standards for Assessment and Accreditation of Specialist Medical Programs and Professional Development Programs 2016*

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The AMC document, *Implementation of Standards for Assessment and Accreditation of Specialist Medical Programs and Professional Development Programs by the Australian Medical Council 2016* lists the standards and shows their implementation from 2016.

The revised accreditation standards will be implemented from 1 January 2016. A staged implementation is planned. The changes to the standards and the 2016 implementation plan are set out below:

1. A majority of the standards are the same or similar to the 2010 accreditation standards. The AMC has edited standards to improve clarity and consistency. Overlaps and duplications have been removed. Standards that covered two or more issues have been split into separate standards. Education providers are expected to meet this group of standards in 2016. These standards are highlighted in green.
2. There are 14 new standards that align with other requirements such as Medical Board of Australia or Medical Council of New Zealand requirements, trainee wellbeing and patient safety. Education providers are expected to meet these standards in 2016. These standards are highlighted in red.
3. There are 20 other new standards not covered by (1) and (2). For these new standards, in 2016 education providers may indicate how they plan to address the requirements of each standard over the next 12 months. These standards are highlighted in yellow.

## 1. The context of training and education

1.1	Governance	New or in ref to 2010 standards	AMC Category (as per page 1)
1.1.1	The education provider's corporate governance structures are appropriate for the delivery of specialist medical programs, assessment of specialist international medical graduates and continuing professional development programs.	New (partly covered under 1.1.1)	1
1.1.2	The education provider has structures and procedures for oversight of training and education functions which are understood by those delivering these functions. The governance structures should encompass the provider's relationships with internal units and external training providers where relevant.	1.1.1	1
1.1.3	The education provider's governance structures set out the composition, terms of reference, delegations and reporting relationships of each entity that contributes to governance, and allow all relevant groups to be represented in decision-making.	1.1.2	1
1.1.4	The education provider's governance structures give appropriate priority to its educational role relative to other activities, and this role is defined in relation to its corporate governance.	1.1.3	1
1.1.5	The education provider collaborates with relevant groups on key issues relating to its purpose, training and education functions, and educational governance.	New (partly covered in notes under 1.4)	3
1.1.6	The education provider has developed and follows procedures for identifying, managing and recording conflicts of interest in its training and education functions, governance and decision-making.	New	2
1.2	Program management	New or in ref to 2010 standards	AMC Category (as per page 1)
1.2.1	The education provider has structures with the responsibility, authority and capacity to direct the following key functions: <ul style="list-style-type: none"> <li>○ planning, implementing and evaluating the specialist medical program(s) and curriculum, and setting relevant policy and procedures</li> <li>○ setting and implementing policy on continuing professional development and evaluating the effectiveness of continuing professional development activities</li> <li>○ setting, implementing and evaluating policy and procedures relating to the assessment of specialist international medical graduates</li> <li>○ certifying successful completion of the training and education programs.</li> </ul>	1.2.1	1
		2.2.4 & 3.2.2	1

1.3	Reconsideration, review and appeals processes	New or in ref to 2010 standards	AMC Category (as per page 1)
1.3.1	The education provider has reconsideration, review and appeals processes that provide for impartial review of decisions related to training and education functions. It makes information about these processes publicly available.	7.4.3	1
1.3.2	The education provider has a process for evaluating de-identified appeals and complaints to determine if there is a systems problem.	7.4.4	1

1.4	Educational expertise and exchange	New or in ref to 2010 standards	AMC Category (as per page 1)
1.4.1	The education provider uses educational expertise in the development, management and continuous improvement of its training and education functions.	1.3.1	1
1.4.2	The education provider collaborates with other educational institutions and compares its curriculum, specialist medical program and assessment with that of other relevant programs.	1.3.2	1

1.5	Educational resources	New or in ref to 2010 standards	AMC Category (as per page 1)
1.5.1	The education provider has the resources and management capacity to sustain and, where appropriate, deliver its training and education functions.	New	3
1.5.2	The education provider's training and education functions are supported by sufficient administrative and technical staff.	1.2.2	1

1.6	Interaction with the health sector	New or in ref to 2010 standards	AMC Category (as per page 1)
1.6.1	The education provider seeks to maintain effective relationships with health-related sectors of society and government, and relevant organisations and communities to promote the training, education and continuing professional development of medical specialists.	1.4.1	1
1.6.2	The education provider works with training sites to enable clinicians to contribute to high-quality teaching and supervision, and to foster professional development.	1.4.2	1
1.6.3	The education provider works with training sites and jurisdictions on matters of mutual interest.	New (covered in notes under 1.4)	1
1.6.4	The education provider has effective partnerships with relevant local communities, organisations and individuals in the Indigenous health sector to support specialist training and education.	New	3

1.7 Continuous renewal	New or in ref to 2010 standards	AMC Category (as per page 1)
1.7.1 The education provider regularly reviews its structures and functions for and resource allocation to training and education functions to meet changing needs and evolving best practice.	1.5.1	1

## 2 The outcomes of specialist training and education

2.1	Educational purpose	New or in ref to 2010 standards	AMC Category (as per page 1)
2.1.1	The education provider has defined its educational purpose which includes setting and promoting high standards of training, education, assessment, professional and medical practice, and continuing professional development, within the context of its community responsibilities.	2.1.1	1
2.1.2	The education provider's purpose addresses Aboriginal and Torres Strait Islander peoples of Australia and/or Māori of New Zealand and their health.	New	3
2.1.3	In defining its educational purpose, the education provider has consulted internal and external stakeholders.	2.1.2	1
2.2	Program outcomes	New or in ref to 2010 standards	AMC Category (as per page 1)
2.2.1	The education provider develops and maintains a set of program outcomes for each of its specialist medical programs, including any subspecialty programs that take account of community needs, and medical and health practice. The provider relates its training and education functions to the health care needs of the communities it serves.	New (Based on 2.2.1 but applied to program outcomes)	1
2.2.2	The program outcomes are based on the role of the specialty and/or field of specialty practice and the role of the specialist in the delivery of health care.	2.2.2	1
2.3	Graduate outcomes	New or in ref to 2010 standards	AMC Category (as per page 1)
2.3.1	The education provider has defined graduate outcomes for each of its specialist medical programs including any subspecialty programs. These outcomes are based on the field of specialty practice and the specialists' role in the delivery of health care and describe the attributes and competencies required by the specialist in this role. The education provider makes information on graduate outcomes publicly available.	2.2.1 & 2.2.3	1

### 3 The specialist medical training and education framework

3.1	Curriculum framework	New or in ref to 2010 standards	AMC Category (as per page 1)
3.1.1	For each of its specialist medical programs, the education provider has a framework for the curriculum organised according to the defined program and graduate outcomes. The framework is publicly available.	3.1.1	1
3.2	The content of the curriculum	New or in ref to 2010 standards	AMC Category (as per page 1)
3.2.1	The curriculum content aligns with all of the specialist medical program and graduate outcomes.	3.2.1	1
3.2.2	The curriculum includes the scientific foundations of the specialty to develop skills in evidence-based practice and the scholarly development and maintenance of specialist knowledge.	Covered in goals of specialist training, partly covered under 3.3	1
3.2.3	The curriculum builds on communication, clinical, diagnostic, management and procedural skills to enable safe patient care.	New (Covered in goals of specialist training, partly covered under 3.2.1 and 3.2 notes)	1
3.2.4	The curriculum prepares specialists to protect and advance the health and wellbeing of individuals through patient-centred and goal-orientated care. This practice advances the wellbeing of communities and populations, and demonstrates recognition of the shared role of the patient/carer in clinical decision-making.	New (partly covered under 3.2.1)	3
3.2.5	The curriculum prepares specialists for their ongoing roles as professionals and leaders.	New (Covered in goals of specialist training, partly covered under 3.2.1)	1
3.2.6	The curriculum prepares specialists to contribute to the effectiveness and efficiency of the health care system, through knowledge and understanding of the issues associated with the delivery of safe, high-quality and cost-effective health care across a range of health settings within the Australian and/or New Zealand health systems.	New (Covered in goals of specialist training, partly covered under 3.2.1)	1
3.2.7	The curriculum prepares specialists for the role of teacher and supervisor of students, junior medical staff, trainees, and other health professionals.	New (Covered in goals of specialist training, partly covered under 3.2.1)	1

3.2.8	The curriculum includes formal learning about research methodology, critical appraisal of literature, scientific data and evidence-based practice, so that all trainees are research literate. The program encourages trainees to participate in research. Appropriate candidates can enter research training during specialist medical training and receive appropriate credit towards completion of specialist training.	3.3.1 & 3.3.2	1
3.2.9	The curriculum develops a substantive understanding of Aboriginal and Torres Strait Islander health, history and cultures in Australia and Māori health, history and cultures in New Zealand as relevant to the specialty(s).	New	3
3.2.10	The curriculum develops an understanding of the relationship between culture and health. Specialists are expected to be aware of their own cultural values and beliefs, and to be able to interact with people in a manner appropriate to that person's culture.	New	3

3.3	Continuum of training, education and practice	New or in ref to 2010 standards	AMC Category (as per page 1)
3.3.1	There is evidence of purposeful curriculum design which demonstrates horizontal and vertical integration, and articulation with prior and subsequent phases of training and practice, including continuing professional development.	3.5.1	1
3.3.2	The specialist medical program allows for recognition of prior learning and appropriate credit towards completion of the program.	Covered under 3.4.2	1

3.4	Structure of the curriculum	New or in ref to 2010 standards	AMC Category (as per page 1)
3.4.1	The curriculum articulates what is expected of trainees at each stage of the specialist medical program.	3.2.1	1
3.4.2	The duration of the specialist medical program relates to the optimal time required to achieve the program and graduate outcomes. The duration is able to be altered in a flexible manner according to the trainee's ability to achieve those outcomes.	New (partly covered under 3.2.1)	3
3.4.3	The specialist medical program allows for part-time, interrupted and other flexible forms of training.	3.4.1	1
3.4.4	The specialist medical program provides flexibility for trainees to pursue studies of choice that promote breadth and diversity of experience, consistent with the defined outcomes.	Covered under 3.4.2	1

## 4 Teaching and learning

4.1	Teaching and learning approach	New or in ref to 2010 standards	AMC Category (as per page 1)
4.1.1	The specialist medical program employs a range of teaching and learning approaches, mapped to the curriculum content to meet the program and graduate outcomes.	New (partly covered under 4.1.2)	1

4.2	Teaching and learning methods	New or in ref to 2010 standards	AMC Category (as per page 1)
4.2.1	The training is practice-based, involving the trainees' personal participation in appropriate aspects of health service, including supervised direct patient care, where relevant.	4.1.1	1
4.2.2	The specialist medical program includes appropriate adjuncts to learning in a clinical setting.	Covered under 4.1.2	1
4.2.3	The specialist medical program encourages trainee learning through a range of teaching and learning methods including, but not limited to: self-directed learning; peer-to-peer learning; role modelling; and working with interdisciplinary and interprofessional teams.	Covered under 4.1.2	3
4.2.4	The training and education process facilitates trainees' development of an increasing degree of independent responsibility as skills, knowledge and experience grow.	4.1.3	1



## 5 Assessment of learning

5.1	Assessment approach	New or in ref to 2010 standards	AMC Category (as per page 1)
5.1.1	The education provider has a program of assessment aligned to the outcomes and curriculum of the specialist medical program which enables progressive judgements to be made about trainees' preparedness for specialist practice.	5.1.1 & 5.1.2	1
5.1.2	The education provider clearly documents its assessment and completion requirements. All documents explaining these requirements are accessible to all staff, supervisors and trainees.	New (covered under 7.3.2)	1
5.1.3	The education provider has policies relating to special consideration in assessment.	5.1.3	1

5.2	Assessment methods	New or in ref to 2010 standards	AMC Category (as per page 1)
5.2.1	The assessment program contains a range of methods that are fit for purpose and include assessment of trainee performance in the workplace.	5.1.2	1
5.2.2	The education provider has a blueprint to guide assessment through each stage of the specialist medical program.	New (covered in the notes under 5.1)	1
5.2.3	The education provider uses valid methods of standard setting for determining passing scores.	New (covered in notes under 5.1)	3

5.3	Performance feedback	New or in ref to 2010 standards	AMC Category (as per page 1)
5.3.1	The education provider facilitates regular and timely feedback to trainees on performance to guide learning.	5.2.2	1
5.3.2	The education provider informs its supervisors of the assessment performance of the trainees for whom they are responsible.	5.2.3	1
5.3.3	The education provider has processes for early identification of trainees who are not meeting the outcomes of the specialist medical program and implements appropriate measures in response.	5.2.1	1
5.3.4	The education provider has procedures to inform employers and, where appropriate, the regulators, where patient safety concerns arise in assessment.	New	2

5.4 Assessment quality	New or in ref to 2010 standards	AMC Category (as per page 1)
5.4.1 The education provider regularly reviews the quality, consistency and fairness of assessment methods, their educational impact and their feasibility. The provider introduces new methods where required.	5.3.1	1
5.4.2 The education provider maintains comparability in the scope and application of the assessment practices and standards across its training sites.	New (covered in notes under 5.3)	3

## 6 Monitoring and evaluation

6.1	Monitoring	New or in ref to 2010 standards	AMC Category (as per page 1)
6.1.1	The education provider regularly reviews its training and education programs. Its review processes address curriculum content, teaching and learning, supervision, assessment and trainee progress.	6.1.1	1
6.1.2	Supervisors contribute to monitoring and to program development. The education provider systematically seeks, analyses and uses supervisor feedback in the monitoring process.	6.1.2	1
6.1.3	Trainees contribute to monitoring and to program development. The education provider systematically seeks, analyses and uses their confidential feedback on the quality of supervision, training and clinical experience in the monitoring process. Trainee feedback is specifically sought on proposed changes to the specialist medical program to ensure that existing trainees are not unfairly disadvantaged by such changes.	6.1.3	1

6.2	Evaluation	New or in ref to 2010 standards	AMC Category (as per page 1)
6.2.1	The education provider develops standards against which its program and graduate outcomes are evaluated. These program and graduate outcomes incorporate the needs of both graduates and stakeholders and reflect community needs, and medical and health practice.	New (mentioned in notes under 6.2)	3
6.2.2	The education provider collects, maintains and analyses both qualitative and quantitative data on its program and graduate outcomes.	6.2.1	1
6.2.3	Stakeholders contribute to evaluation of program and graduate outcomes.	6.2.2	1

6.3	Feedback, reporting and action	New or in ref to 2010 standards	AMC Category (as per page 1)
6.3.1	The education provider reports the results of monitoring and evaluation through its governance and administrative structures.	New	3
6.3.2	The education provider makes evaluation results available to stakeholders with an interest in program and graduate outcomes, and considers their views in continuous renewal of its program(s).	New	3
6.3.3	The education provider manages concerns about, or risks to, the quality of any aspect of its training and education programs effectively and in a timely manner.	New	3

## 7 Trainees

7.1	Admission policy and selection	New or in ref to 2010 standards	AMC Category (as per page 1)
7.1.1	The education provider has clear, documented selection policies and principles that can be implemented and sustained in practice.	7.1.1	1
	The policies and principles support merit-based selection, can be consistently applied and prevent discrimination and bias.	New (partly covered under 7.1.1)	3
7.1.2	The processes for selection into the specialist medical program: <ul style="list-style-type: none"> <li>○ use the published criteria and weightings (if relevant) based on the education provider's selection principles</li> <li>○ are evaluated with respect to validity, reliability and feasibility</li> <li>○ are transparent, rigorous and fair</li> <li>○ are capable of standing up to external scrutiny</li> <li>○ include a process for formal review of decisions in relation to selection which is outlined to candidates prior to the selection process.</li> </ul>	7.1.2 & 7.1.3	1
7.1.3	The education provider supports increased recruitment and selection of Aboriginal and Torres Strait Islander and/or Māori trainees.	New	3
7.1.4	The education provider publishes the mandatory requirements of the specialist medical program, such as periods of rural training, and/or for rotation through a range of training sites so that trainees are aware of these requirements prior to selection. The criteria and process for seeking exemption from such requirements are made clear.	7.1.4	1
7.1.5	The education provider monitors the consistent application of selection policies across training sites and/or regions.	7.1.5	1
7.2	Trainee participation in education provider governance	New or in ref to 2010 standards	AMC Category (as per page 1)
7.2.1	The education provider has formal processes and structures that facilitate and support the involvement of trainees in the governance of their training.	7.2.1	1
7.3	Communication with trainees	New or in ref to 2010 standards	AMC Category (as per page 1)
7.3.1	The education provider has mechanisms to inform trainees in a timely manner about the activities of its decision-making structures, in addition to communication from the trainee organisation or trainee representatives.	7.3.1	1
7.3.2	The education provider provides clear and easily accessible information about the specialist medical program(s), costs and requirements, and any proposed changes.	7.3.2	1

7.3.3	The education provider provides timely and correct information to trainees about their training status to facilitate their progress through training requirements.	7.3.3	1
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7.4	Trainee wellbeing	New or in ref to 2010 standards	AMC Category (as per page 1)
7.4.1	The education provider promotes strategies to enable a supportive learning environment.	New	2
7.4.2	The education provider collaborates with other stakeholders, especially employers, to identify and support trainees who are experiencing personal and/or professional difficulties that may affect their training. It publishes information on the services available.	New	2

7.5	Resolution of training problems and disputes	New or in ref to 2010 standards	AMC Category (as per page 1)
7.5.1	The education provider supports trainees in addressing problems with training supervision and requirements, and other professional issues. The education provider's processes are transparent and timely, and safe and confidential for trainees.	7.4.1	1
7.5.2	The education provider has clear impartial pathways for timely resolution of professional and/or training-related disputes between trainees and supervisors or trainees and the education provider.	7.4.2	1

## 8 Implementing the program – delivery of education and accreditation of training sites

8.1	Supervisory and education roles	New or in ref to 2010 standards	AMC Category (as per page 1)
8.1.1	The education provider ensures that there is an effective system of clinical supervision to support trainees to achieve the program and graduate outcomes.	New (partly covered in notes under 8.1)	3
8.1.2	The education provider has defined the responsibilities of hospital and community practitioners who contribute to the delivery of the specialist medical program and the responsibilities of the education provider to these practitioners. It communicates its program and graduate outcomes to these practitioners.	8.1.1	1
8.1.3	The education provider selects supervisors who have demonstrated appropriate capability for this role. It facilitates the training, support and professional development of supervisors.	8.1.2	1
8.1.4	The education provider routinely evaluates supervisor effectiveness including feedback from trainees.	8.1.3	1
8.1.5	The education provider selects assessors in written, oral and performance-based assessments who have demonstrated appropriate capabilities for this role. It provides training, support and professional development opportunities relevant to this educational role.	8.1.4	1
8.1.6	The education provider routinely evaluates the effectiveness of its assessors including feedback from trainees.	8.1.5	1

8.2	Training sites and posts	New or in ref to 2010 standards	AMC Category (as per page 1)
8.2.1	The education provider has a clear process and criteria to assess, accredit and monitor facilities and posts as training sites. The education provider: <ul style="list-style-type: none"> <li>○ applies its published accreditation criteria when assessing, accrediting and monitoring training sites</li> <li>○ makes publicly available the accreditation criteria and the accreditation procedures</li> <li>○ is transparent and consistent in applying the accreditation process.</li> </ul>	8.2.1 & 8.2.2	1
8.2.2	The education provider's criteria for accreditation of training sites link to the outcomes of the specialist medical program and: <ul style="list-style-type: none"> <li>○ promote the health, welfare and interests of trainees</li> </ul>	New (partly covered under 8.2.2 & 8.2.3)	2
	<ul style="list-style-type: none"> <li>○ ensure trainees receive the supervision and opportunities to develop the appropriate knowledge and skills to deliver high-quality and safe patient care, in a culturally safe manner</li> </ul>	8.2.2 & 8.2.3	1

<ul style="list-style-type: none"> <li>○ support training and education opportunities in diverse settings aligned to the curriculum requirements including rural and regional locations, and settings which provide experience of the provisions of health care to Aboriginal and Torres Strait Islander peoples in Australia and/or Māori in New Zealand</li> </ul>	New (partly covered under 8.2.2 & 8.2.3)	3
<ul style="list-style-type: none"> <li>○ ensure trainees have access to educational resources, including the information communication technology applications, required to facilitate their learning in the clinical environment.</li> </ul>	8.2.2 & 8.2.3	1
8.2.3 The education provider works with jurisdictions, as well as the private health system, to effectively use the capacity of the health care system for work-based training, and to give trainees experience of the breadth of the discipline.	8.2.4	1
8.2.4 The education provider actively engages with other education providers to support common accreditation approaches and sharing of relevant information.	New	3

## 9 Continuing professional development, further training and remediation

9.1	Continuing professional development	New or in ref to 2010 standards	AMC Category (as per page 1)
9.1.1	The education provider publishes its requirements for the continuing professional development (CPD) of specialists practising in its specialty(s).	Partly covered under 9.1.2	1
9.1.2	The education provider determines its requirements in consultation with stakeholders and designs its requirements to meet Medical Board of Australia and Medical Council of New Zealand requirements.	9.1.2	1
9.1.3	The education provider's CPD requirements define the required participation in activities that maintain, develop, update and enhance the knowledge, skills and performance required for safe and appropriate contemporary practice in the relevant specialty(s), including for cultural competence, professionalism and ethics.	9.1.1	1
9.1.4	The education provider requires participants to select CPD activities relevant to their learning needs, based on their current and intended scope of practice within the specialty(s). The education provider requires specialists to complete a cycle of planning and self-evaluation of learning goals and achievements.	New	2
9.1.5	The education provider provides a CPD program(s) and a range of educational activities that are available to all specialists in the specialty(s).	New	2
9.1.6	The education provider's criteria for assessing and crediting educational and scholarly activities for the purposes of its CPD program(s) are based on educational quality. The criteria for assessing and crediting practice-reflective elements are based on the governance, implementation and evaluation of these activities.	9.1.3	1
9.1.7	The education provider provides a system for participants to document their CPD activity. It gives guidance to participants on the records to be retained and the retention period.	9.1.4	1
9.1.8	The education provider monitors participation in its CPD program(s) and regularly audits CPD program participant records. It counsels participants who fail to meet CPD cycle requirements and takes appropriate action.	New (partly covers 9.1.6)	1
9.2	Further training of individual specialists	New or in ref to 2010 standards	AMC Category (as per page 1)
9.2.1	The education provider has processes to respond to requests for further training of individual specialists in its specialty(s).	9.2.1	1



9.3 Remediation	New or in ref to 2010 standards	AMC Category (as per page 1)
9.3.1 The education provider has processes to respond to requests for remediation of specialists in its specialty(s) who have been identified as underperforming in a particular area.	9.3.1	1

## 10 Assessment of specialist international medical graduates<sup>1</sup>

10.1	Assessment framework	New or in ref to 2010 standards	AMC Category (as per page 1)
10.1.1	The education provider's process for assessment of specialist international medical graduates is designed to satisfy the guidelines of the Medical Board of Australia and the Medical Council of New Zealand.	5.4.1	1
10.1.2	The education provider bases its assessment of the comparability of specialist international medical graduates to an Australian- or New Zealand- trained specialist in the same field of practice on the specialist medical program outcomes.	5.4.1	1
10.1.3	The education provider documents and publishes the requirements and procedures for all phases of the assessment process, such as paper-based assessment, interview, supervision, examination and appeals.	New	2
10.2	Assessment methods	New or in ref to 2010 standards	AMC Category (as per page 1)
10.2.1	The methods of assessment of specialist international medical graduates are fit for purpose.	New	2
10.2.2	The education provider has procedures to inform employers, and where appropriate the regulators, where patient safety concerns arise in assessment.	New	2
10.3	Assessment decision	New or in ref to 2010 standards	AMC Category (as per page 1)
10.3.1	The education provider makes an assessment decision in line with the requirements of the assessment pathway.	Covered under 5.4.1	1
10.3.2	The education provider grants exemption or credit to specialist international medical graduates towards completion of requirements based on the specialist medical program outcomes.	New	2
10.3.3	The education provider clearly documents any additional requirements such as peer review, supervised practice, assessment or formal examination and timelines for completing them.	New	2
10.3.4	The education provider communicates the assessment outcomes to the applicant and the registration authority in a timely manner.	New	2

<sup>1</sup> This standard aligns with the Medical Board of Australia's good practice guidelines which take effect from November 2015. While some of the standards in this area are new, education providers will need to meet the standards by November 2015, when the Medical Board's new guidelines take effect.

10.4 Communication with specialist international medical graduate applicants	New or in ref to 2010 standards	AMC Category (as per page 1)
10.4.1 The education provider provides clear and easily accessible information about the assessment requirements and fees, and any proposed changes to them.	Covered under 7.3.2	1
10.4.2 The education provider provides timely and correct information to specialist international medical graduates about their progress through the assessment process.	Covered under 7.3.3	1