Consultation Attachment 2: Draft Revised Standards for Assessment and Accreditation of Specialist Medical Education Programs and Professional Development Programs by the Australian Medical Council

AMA Suggested Changes
Draft revisions: February 2015

Contents

Standard 1: The context of training and education

1.1 Governance

Accreditation standards

1.1.1 The education provider's corporate governance structures are appropriate for the delivery of specialist medical programs, assessment of overseas trained specialists and continuing professional development programs.

1.1.2 The education provider has implemented structures and procedures for oversight of training and education functions. The structures and processes are understood by those delivering the programs and encompass the provider's relationships with internal units, such as branches or regions, as well as chapters, faculties and societies and external training providers where relevant.

1.1.3 The education provider 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.

1.1.4 The education provider's governance structures give appropriate priority to its educational role relative to other activities and are defined in relation to its corporate governance.

1.1.5 The education provider consults relevant groups on key issues relating to its purpose, specialist medical training and education functions, the curriculum, program and graduate outcomes and educational governance.

Notes

Education providers have governance structures that relate to organisational or corporate governance, as well as operational governance structures for training and education, assessment of overseas-trained specialists and continuing professional development. The corporate governance structures should be such that the education provider has adequate resources and autonomy to manage and deliver training and education functions and programs, assess overseas trained specialists and oversee continuing professional development.

Structures would include committees, groups and staff. The AMC recognises that the governance structures and the range of functions vary from education provider to education provider. The AMC does not consider any particular structure is preferable, and supports diversity where the structure can be demonstrated to function effectively over time.

The governance structures should provide for new programs or program changes (including changes in settings) to be reviewed and approved before they are implemented.

The education provider should represent itself, its educational offerings and fees accurately.

Relevant groups include program directors, supervisors, trainees, scientific societies, health service managers, professional associations and health consumer representatives. Education providers are encouraged to include appropriate health consumer representation, including Aboriginal and Torres Strait Islander peoples and Māori, on decision-making bodies.

1.2 Program management

Accreditation standards

1.2.1 The education provider has established structures with the responsibility, authority and capacity to direct the following key functions:

- planning, implementing and evaluating the specialist medical program(s) and curriculum and setting relevant policy and procedures

- setting, implementing and evaluating policy and procedures relating to the assessment of overseas-trained specialists
- setting and implementing policy on continuing professional development and evaluating the effectiveness of continuing professional development activities
- certifying successful completion of the training and education programs.

Notes

The structures responsible for designing the specialist medical program and curriculum, and overseeing its delivery should include those with knowledge and expertise in medical education. Program and curriculum design should be informed by knowledge of local and national needs in health care and service delivery, and national health priorities.

1.3 Educational expertise and exchange

Accreditation standards

1.3.1 The education provider uses educational expertise in the development, management and continuous improvement of its training and education functions and programs.

1.3.2 The education provider collaborates with other educational institutions and compares its curriculum, specialist medical program and assessment with that of other relevant programs.

Notes

Educational expertise would include clinicians with experience in medical education and educationalists.

Collaboration implies a cooperative arrangement in which two or more parties work jointly towards a common goal.

1.4 Educational resources

Accreditation standards

1.4.1 The education provider has the resources and management capacity to sustain and, where appropriate, deliver its training and education functions and programs.

1.4.2 The education provider's training and education functions and programs are supported by sufficient administrative and technical staff.

Notes

The resources required in the delivery of training and education functions and programs comprise financial resources, human resources, learning resources, information and records systems, and physical facilities. Information systems should be maintained securely and confidentially. The AMC recognises that training sites provide many of the resources required to deliver specialist medical programs; and in some cases that training is delivered by external providers; and thus education providers may not have direct control over these resources. This reinforces the importance of the development and maintenance of effective external relationships in the delivery of specialist medical training and education.

1.5 Interaction with the health sector

Accreditation standards

1.5.1 The education provider seeks to maintain constructive working relationships with relevant health-related sectors of society and government, and relevant organisations and communities to promote the training, education and continuing professional development of medical specialists.

1.5.2 The education provider works with healthcare institutions to enable clinicians to contribute to high-quality teaching and supervision, and to foster peer review and professional development.

1.5.3 The education provider consults effectively with healthcare institutions, and national, state and territory health departments on matters of mutual interest, including teaching, research, patient safety, ~~and~~ clinical service and trainee wellbeing. This should include discussion of capacity to train, flexible training options and of substantial proposed changes to specialist medical programs and trainee requirements.

1.5.4 The education provider has effective relationships with relevant local communities, organisations and individuals in the Indigenous health sector to promote specialist training and education.

Notes

While the education provider sets the educational requirements for completion of the specialist medical program, trainees are also part of the training and service delivery system of the health service that employs them. Effective management of specialist medical programs requires education providers to understand the intersection of their policies and the requirements of the employer and the implications for specialist medical training and education – for example in supervision, ~~and~~ trainee welfare and bullying and sexual harassment.

The duties, working hours and supervision of trainees should be consistent with the delivery of high-quality, safe, patient care. Ensuring trainees can meet their educational goals and service delivery requirements within safe hours of work is the responsibility of all parties.

Likewise, educational providers and employers can work together to provide trainees with a range of flexible work options to ensure diversity in participation in a training program as well as meeting demand for service delivery.

The education provider's relationships with local communities, organisations and individuals in the Indigenous health sector should recognise and address the unique challenges faced by this sector. An example of such a relationship is the Collaboration Agreement between the Australian Indigenous Doctors' Association and the Committee of Presidents of Medical Colleges[1].

Specialist medical training and education depends on strong and supportive publicly funded and private healthcare institutions and services. Many benefits accrue to healthcare institutions and health services through involvement in medical training and education. Teaching and training, appraising and assessing medical practitioners and students are important functions for the care of patients now and the development of a highly skilled workforce to care for patients in the future.

The AMC considers it essential that the institutions and health services involved in medical training and education are appropriately resourced to provide educational experience and supervision in these settings. It recognises this is not a matter over which individual education providers have control.

Equally, many education providers do not have control over trainee intake, but in working with health departments and health services should contribute to explaining relationships and drawing attention to problems such as imbalances between intake and education capacity.

Effective consultation should include a formal mechanism for establishing high-level agreements concerning the expectations of the respective parties, and should extend to regular communication with the national, state and territory health departments.

[1] http://natsim.cpmc.edu.au/

1.6 Continuous renewal

Accreditation standard

1.6.1 The education provider regularly reviews its structures and functions for and resource allocation to education, training and continuing professional development programs to meet changing needs and evolving best practice.

Notes

The AMC expects each education provider to engage in a process of educational strategic planning, with appropriate input, so that its training and education programs, curriculum, assessment of overseas-trained specialists and continuing professional development programs reflect changing models of care, developments in healthcare delivery, medical education, medical and scientific progress and changing community needs.

It is appropriate that review of the overall program leading to major restructuring occurs from time to time, but there also needs to be mechanisms to evaluate, review and make more gradual changes to the curriculum and its components.

Standard 2: The outcomes of specialist training and education

2.1 Educational purpose

Accreditation standards

2.1.1 The education provider has defined its educational purpose which includes setting and promoting high standards of training and education, professional and medical practice, and continuing professional development, within the context of its community responsibilities.

2.1.2 The education provider's purpose addresses Aboriginal and Torres Strait Islander peoples and/or Māori and their health.

2.1.3 In defining its educational purpose, the education provider has consulted internal and external stakeholders.

Notes

Education providers will have both an organisational purpose and an educational or program purpose. While these may be similar, this standard addresses the educational purpose of the education provider.

The community responsibilities embedded in the purpose of the education provider should address the healthcare needs of the communities it serves and reducing health inequalities in the community, most particularly improving education and health outcomes for Aboriginal and Torres Strait Islander peoples and Māori.

Professional practice and competencies in leadership are increasingly recognised as being vital to the provision if high quality care.

Education providers are encouraged to engage consumers, including Aboriginal and Torres Strait Islander peoples and Māori, when developing specialist training and education programs to ensure that they meet community needs.

Similarly, education providers should engage the diverse range of employers of medical specialist trainees in developing training and education programs that have due regard to workplace requirements.

The AMC has an expectation that medical specialists will demonstrate cultural competence in their practice of medicine. Both the Medical Board of Australia, in its document, *Good Medical Practice*, and the New Zealand Medical Council, in its *Statement on cultural competence*, have described their expectation of medical practitioners regarding cultural awareness, safety and competence[2] [3]. Education providers should be familiar with the definitions of cultural competence.

2.2 Program outcomes

Accreditation standards

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 changes in community needs, and medical and health practice. The provider relates its training and education programs, assessment of overseas-trained specialists and provision of continuing professional development programs to the healthcare needs of the communities it serves.

2.2.2 The program outcomes are based on the role of the field of specialty practice and the role of the specialist in the delivery of health care.

[2] Medical Board of Australia, *Good Medical Practice: A Code of Conduct for Doctors in Australia*, March 2014, http://www.medicalboard.gov.au/Codes-Guidelines-Policies/Code-of-conduct.aspx

[3] Medical Council of New Zealand, *Statement on cultural competence*. August 2006, https://www.mcnz.org.nz/assets/News-and-Publications/Statements/Statement-on-cultural-competence.pdf

Notes

There are a number of documents that describe the general and common attributes and roles of medical specialists[4].

Program outcomes describe what gives a discipline its coherence and identity, and define threshold and typical expectations of a graduate in terms of the abilities and skills needed to develop understanding or competence in the discipline. Education providers are expected to define the broad roles of practitioners in their specialty as the outcomes of the specialist medical program.

Program outcomes are specific to the discipline but should reflect the overall goal of specialist medical training and education which is to produce independently practising specialists, able to fill the general roles and multifaceted competencies that are inherent in medical practice, as well as the role of clinical or medical expert in the specialty.

The specialist medical program should provide trainees with the training and education to achieve these outcomes, and the continuing professional development programs should facilitate the maintenance and enhancement of these outcomes throughout the practice lifetime of the specialist. In this way, consideration should be given to ensuring the relationship/connectivity between specialist medical programs and continuing professional development programs i.e. the continuum of training for skill development and retention.

In considering program outcomes, education providers should consider whether graduates are 'fit for purpose', both from the perspective of attainment of the award and that of the patient, stakeholders and the community. This should include reflecting upon whether the program aims to equip graduates with the necessary knowledge, skills and behaviours that are not only expected as a practitioner within the specialty but also that are expected by both the patient/stakeholder and the community.

2.3 Graduate outcomes

Accreditation standards

2.3.1 The specialist medical program has defined graduate outcomes that are based on the understood and expected roles and attributes of a medical specialist in the field(s), practising independently.

2.3.2 The education provider makes information on graduate outcomes publicly available.

Notes

Graduate outcomes are the minimum learning outcomes in terms of discipline-specific knowledge, discipline-specific skills including generic skills as applied in the specialty discipline, and discipline-specific capabilities that the graduate of any given specialist medical program must have achieved.

The outcomes should include commitment to professional responsibilities, caring for personal health and wellbeing and the health and wellbeing of colleagues, and adherence to the principles of medical ethics.

[4] Frank, JR., Snell, LS., Sherbino, J., editors. *Draft CanMEDS 2015, Physician Competency Framework – Series III,* Ottawa: The Royal College of Physicians and Surgeons of Canada, 2014 September

Accreditation Council for Graduate Medical Education (ACGME), *Outcome Project*, ACGME 2003. Note: ACGME revised this information in 2007 when it revised its Common Program Requirements. Refer to the Outcome Project or "The Next Accreditation System (NAS)" http://www.acgme.org/

Medical Council of New Zealand, *Good Medical Practice A Guide for Doctors*, April 2013, https://www.mcnz.org.nz/assets/News-and-Publications/good-medical-practice.pdf

Standard 3: The specialist medical training and education framework

3.1 Curriculum framework

Accreditation standards

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.

Notes

The term 'subspecialisation' is frequently used to describe narrow specialisation within a broad discipline. Many specialist medical programs allow trainees to focus their training in a specialist/subspecialist area. The AMC believes that such training should take account of the broader educational outcomes for the discipline/specialty as a whole. The Australian and New Zealand communities and health systems are better served by avoiding unnecessary fragmentation of medical knowledge, skills and medical care.

3.2 The content of the curriculum

Accreditation standards

3.2.1 The curriculum content ensures that specialists can demonstrate all of the specialist medical program and graduate outcomes.

3.2.2 The curriculum includes the scientific foundations of the specialty to ensure skills in evidence-based practice and the scholarly development and maintenance of specialist knowledge.

3.2.3 The curriculum builds on communication, clinical, diagnostic, management and procedural skills to enable safe patient care.

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.

3.2.5 The curriculum prepares specialists for their ongoing roles as professionals and leaders.

3.2.6 The curriculum prepares specialists to contribute to the effectiveness and efficiency of the healthcare system, through knowledge and understanding of the issues associated with the delivery of safe, high-quality and cost-effective health care within the Australian and/or New Zealand health system.

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 The curriculum prepares specialists to care for health of self and colleagues.

3.2.8 The curriculum includes formal learning about research methodology, critical appraisal of literature, scientific data and evidence-based practice, ensuring 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.

3.2.9 The curriculum develops understanding of Indigenous health and cultural issues (applying to the history, culture and health of Aboriginal and Torres Strait Islander peoples and/or Māori) relevant to the specialty(s).

3.2.10 The curriculum develops understanding of the aspects of health relating to different cultures. 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.

Notes

The curriculum must advance trainees' knowledge of the basic principles of research, including how research is conducted, evaluated, explained to patients, and applied to patient care. Trainees should participate in an induction to research that includes codes of conduct, ethics, occupational health and safety, intellectual property and any additional matters that are necessary for the type of research to be undertaken.

The academic development and leadership of individual disciplines depends on some trainees following an academic pathway. Academic advancement in Australia and New Zealand requires demonstration of merit in research as well as clinical activity and teaching. The specialist medical program can facilitate an early start to research, through intercalated research degrees, with appropriate credit towards completion of the program. Trainee presentation of research projects at discipline scientific meetings is highly desirable.

The curriculum should also prepare trainees to take on leadership and management roles, and to to care for health of self and colleagues as these skills are increasingly identified as important in the provision of quality health care.

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3.3 Continuum of training, education and practice

Accreditation standards

3.3.1 There is evidence of purposeful curriculum design which demonstrates horizontal and vertical integration and articulation with prior and subsequent stages of training and practice, including continuing professional development.

3.3.2 The specialist medical program allows for recognition of prior learning and appropriate credit towards completion of the program. Recognition of overseas-trained specialists relates to the outcomes defined in the curriculum and also recognises prior learning and experience from that overseas training and practice.

Notes

Vocational training is one step in the education of medical practitioners. Other phases, under separate jurisdictions in Australia and New Zealand, include primary medical education, prevocational training, research training, and continuing professional development. The AMC considers that collaboration between the various bodies concerned with medical education is essential to achieve appropriate quality assurance and efficiency across the continuum of medical education.

~~Normally s~~Specialist training and education typically commences in the ~~second or~~ third postgraduate year and builds on the knowledge, skills and professional qualities developed in medical school, during internship and other prevocational training. Specialist training cannot be considered in isolation from the earlier stages of medical training and education, particularly the education, experience and training obtained during the intern year and other prevocational training. A complementary relationship is essential. Thus the AMC supports activities to develop the linkage between prevocational training and vocational training.

Continuing professional development designates the training and education of medical practitioners extending through each practitioner's professional working life. The learning activities start in medical school and continue as long as the medical practitioner is engaged in professional activities.

3.4 Structure of the curriculum

Accreditation standards

3.4.1 The curriculum clearly articulates what is expected of trainees at each stage of the specialist medical program.

3.4.2 The duration of the specialist medical program relates to the optimal time required to achieve the program and graduate outcomes, and is able to be altered in a flexible manner according to the trainee's ability to achieve those outcomes.

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

3.4.4 The specialist medical program provides opportunities for trainees to pursue studies of choice that promote breadth and diversity of experience, consistent with the defined outcomes.

Notes

In determining the duration of the program, education providers should consider:

- the outcomes of the primary and prevocational medical education stages related to the specialty discipline
- the program and graduate outcomes for the specialist medical program, and the role of the specialist in the health sector
- possible alternatives to time-based educational requirements such as outcomes-defined program elements, measurements of competencies, logbooks of clinical skills and workplace experiences. Such alternatives depend highly on agreed valid and reliable methods for measuring individual achievements.

Policies about flexible training options should be readily available to supervisors and trainees. Education providers should provide guidance and support to supervisors and trainees on the implementation and review of flexible training arrangements.

Education providers are encouraged to monitor the take up of flexible training options, and to measure their success by incorporating appropriate questions in surveys and by analysing the pattern of applications by trainees. They are also encouraged to work with the health services to create appropriate opportunities for flexible training.

Standard 4: Teaching and learning

4.1 Teaching and learning approach

Accreditation standards

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

4.2 Teaching and learning methods

Accreditation standards

4.2.1 The training is practice based, involving the trainees' personal participation in appropriate aspects of health services, including direct patient care, where relevant.

4.2.2 The specialist medical program includes appropriate adjuncts to learning in a clinical setting.

4.2.3 The specialist medical program encourages self-directed learning.

4.2.4 The specialist medical program encourages learning through peer-to-peer learning and role modelling in clinical practice.

4.2.5 The specialist medical program ensures that trainees experience working and learning in interprofessional teams.

4.2.6 The training and education process facilitates trainees' development of an increasing degree of independent responsibility as skills, knowledge and experience grow.

Notes

It is expected that, predominantly, training and education will be a balance of work-based experiential learning, independent self-directed learning and appropriate supplementary learning experiences. While much of the learning will be self-directed learning related to program and graduate outcomes, the trainee's supervisors will play key roles in the trainee's education.

Learning resources that are specified or recommended for the specialist medical program should relate directly to the graduate outcomes, be up to date and accessible by trainees.

Adjuncts to learning in a clinical setting include clinical skills laboratories, wet labs and simulated patient environments.

In some specialties, trainees must complete education courses offered by other education providers, for example university programs, to meet the requirements of the specialist medical program. In these situations, the AMC expects the education provider for the specialist medical program to have processes to review and monitor the quality of the externally provided courses and their continued relevance to the requirements of the specialist medical program.

Standard 5: Assessment of learning

5.1 Assessment approach

Accreditation standards

5.1.1 The education provider has developed 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.

5.1.2 The education provider clearly documents its assessment and completion requirements. All documents are accessible to all staff, supervisors and trainees.

5.1.3 The education provider has policies relating to special consideration in assessment. All documents are accessible to all staff, supervisors and trainees.

Notes

Assessment includes both summative assessment, for judgements about progression, and formative assessment, for feedback and guidance. Formative assessment has an integral role in the education of trainees as it enables the trainee to identify perceived deficiencies, and the supervisor to assist in timely and effective remediation. It also provides positive feedback to trainees regarding their attainment of knowledge and skills.

The education provider's documents defining the assessment methods should address and outline the balance between formative and summative elements, the number and purpose of examinations (including a balance between written and practical examinations) and other assessment requirements, and make explicit the criteria and methods by which any judgments based on the various assessments employed are made.

Individual assessments within the system should add information and build on previous assessments rather than duplicate them, which will assist in keeping the amount of assessment at an appropriate level.

Policies on special consideration should be easily accessible. They should outline reasonable adjustments for trainees with short- or long-term conditions and circumstances which may affect assessment performance.

5.2 Assessment methods

Accreditation standards

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.

5.2.2 The education provider has a blueprint to guide assessment through each phase of the specialist medical program.

5.2.3 The education provider uses validated methods of standard setting for determining passing scores. This methodology is accessible to all staff, supervisors and trainees.

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Notes

Methods of assessment should be chosen on the basis of validity, reliability, feasibility, cost effectiveness, opportunities for feedback, and impact on learning[5]. They should be communicated to all trainees and be publicly available where possible.

[5] van der Vleuten, CPM., 'The assessment of professional competence: developments, research and practical implications'. *Advances in Health Science Education,* vol. 1, 1996, pp. 41-67.

Contemporary approaches to assessment in medical education emphasise a programmatic approach where multiple measures of trainees' knowledge, skill and abilities over time are aggregated to inform judgements about progress. Assessment programs are constructed through blueprints which match assessment items or instruments with outcomes. The strength of an assessment program is judged at the overall program level rather than on the psychometric properties of individual instruments. In such an approach, highly reliable methods associated with high stakes examinations such as multiple choice questions (MCQ), modified essay questions (MEQ) or objective structured clinical examinations (OSCE) are used alongside instruments to measure domains where reliability is less well established such as independent learning, communication with patients and their families, working as part of a health team, professional qualities and problem solving skills. The AMC encourages the development of assessment programs for their educational impact. A balance of valid, reliable and feasible methods should drive learning to achieve the program goals and outcomes.

In clinical specialties, clinical examinations, whether on real or simulated patients, should form a significant component of the assessment.

The AMC encourages education providers to utilise direct observation of trainee performance using performance-based assessment as well as other forms of clinical assessment.

5.3 Performance feedback

Accreditation standards

5.3.1 The education provider facilitates regular and timely feedback to trainees on performance to guide learning.

5.3.2 The education provider ensures that supervisors are informed of the assessment performance of the trainees for whom they are responsible.

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 for designing appropriate remediation measures.

5.3.4 The education provider has procedures to inform employers where patient safety concerns arise in assessment.

NEW The education provider ensures that supervisors are trained in performance management.

Notes

Trainees encounter difficulties for many reasons including problems with systems, teaching, supervision, learning, assessment performance and personal difficulties. Not all are within the power of the trainee to rectify. It is essential that education providers have systems to monitor their trainees' progress, to identify at an early stage trainees experiencing difficulty and where possible to assist them to complete their specialist medical program successfully using methods such as remedial work and re-assessment, supervision and counselling. Supervisors should be trained in performance management and supported to provide constructive feedback to trainees.

There may be times where the remediation and assistance offered is not successful and/or appropriate. For these circumstances, education providers must have clear policies on matters such as periods of unsatisfactory training and limits on duration of training time.

Trainees should be told the content of any information about them that is given to someone else.

The requirement under standard 5.3.4 to inform employers about patient safety concerns will require action beyond remediation. In Australia, education providers must also be aware of sections 141 and 142 of the *Health Practitioner Regulation National Law*. This requires registered health practitioners and employers to make notifications about registered medical practitioners who have engaged in 'notifiable conduct' as defined in section 140 of the *National Law*. Notifiable conduct by trainees must be reported to the Medical Board of Australia immediately. In New Zealand, section 34 of the *Health Practitioners Competence Assurance Act* 2003 provides for a medical practitioner who

believes another medical practitioner may pose a risk of harm to the public by practising below the required standard of competence to refer the matter to the Medical Council of New Zealand.

Education providers are encouraged to develop mechanisms to define and identify instances where patient safety is at risk.

5.4 Assessment quality

Accreditation standards

5.4.1 The education provider regularly reviews the quality, consistency and fairness of assessment methods, their educational impact and their feasibility. The provider withdraws outdated assessment methods and introduces new methods where required.

5.4.2 The education provider ensures that the scope of the assessment practices, processes and standards is consistent across its training sites.

Notes

Assessment should actively promote learning that will assist in achieving the educational outcomes, provide a fair assessment of the trainee's achievement, and ensure patient safety by only allowing competent trainees to become independent medical specialists.

When the program and graduate outcomes of the specialist medical program or a component of the program change, the assessment process and methods should reflect these changes; assessment should address and be developed in conjunction with the new outcomes. Similarly, new or revised assessments should be introduced where evaluation of specific curriculum components and associated assessment reveals a need. This should be communicated to all trainees in a timely manner.

Specialist medical trainees undertake their work-based training in a wide variety of health services. It is essential that education providers have systems to minimise variation of the quality of in-training assessment across training sites in all settings.

5.5 Assessment of overseas-trained specialists

Accreditation standards

5.5.1 The processes for assessing overseas-trained specialists are based on the outcomes of the specialist medical program. They are in accordance with the principles outlined by the Medical Board of Australia or the Medical Council of New Zealand.

Notes

As the setters of professional standards in their discipline, education providers advise medical registration authorities on the suitability for registration in Australia of specialists trained overseas. This process entails an assessment by the education provider to determine if the training and experience of the overseas-trained specialist is substantially comparable, partially comparable or not comparable to that of an Australian-trained specialist.

In Australia, specialist medical colleges that are accredited education providers also assess the specialist qualifications of medical practitioners as part of the Medical Board of Australia's registration requirements for limited registration for area of need.

The Medical Board of Australia has guidelines that describe good practice in conducting these assessments. It is recognised that individual education providers are in the best position to determine the assessment methods appropriate to their discipline.

The assessment of overseas-trained specialists in New Zealand needs to meet the requirements of the Medical Council of New Zealand which are based on legislative requirements. The MCNZ requires education providers to have a process for the assessment of overseas-trained specialists' training,

qualifications and experience so that it can determine eligibility for registration within a vocational scope of practice.

The AMC expects that the medical practitioners whose qualifications, training and experience are being assessed through these processes would be able to access the education provider's review and appeals processes for its specialist medical trainees (see Standard 7.5.3).

Standard 6: Monitoring and evaluation

6.1 Monitoring

Accreditation standards

6.1.1 The education provider regularly reviews its training and education programs. Its processes address curriculum content, quality of teaching and supervision, assessment and trainee progress.

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.

6.1.3 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 training program to ensure that existing trainees are not unfairly disadvantaged by such changes.

Notes

Education providers should develop mechanisms for monitoring the delivery of their training program(s) and for using the results to assess achievement of educational outcomes. This requires the collection of data and the use of appropriate monitoring methods.

The value of monitoring data is enhanced by a plan that articulates the purpose and procedures for conducting the monitoring, such as why the data are being collected, the sources, methods and frequency of data analysis.

Some examples of changes that may unfairly disadvantage existing trainees include those that lengthen the period of training, introduce more assessment, or change the range or kinds of training placements required to satisfy program requirements.

6.2 Evaluation

Accreditation standards

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 changes in community needs, and medical and health practice.

6.2.2 The education provider collects, maintains and analyses both qualitative and quantitative data on its program and graduate outcomes.

6.2.3 Stakeholders contribute to evaluation of program and graduate outcomes.

Notes

When formulating and evaluating its program and graduate outcomes, the education provider considers the needs and expectations of both graduates and stakeholders. This occurs from the level of individual graduate attributes through to the level of overall workforce demand. Education providers should consider methods of evaluation that ensure that recently graduated specialists are of a standard commensurate with community expectation, such as specialist self-assessment of preparedness for practice, review of graduate destinations and community requirements, and other multi-source feedback mechanisms..

6.3 Feedback, reporting and action

Accreditation standards

6.3.1 The education provider reports the results of monitoring and evaluation through its governance and administrative structures.

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).

6.3.3 The education provider manages quickly and effectively concerns about, or risks to, the quality of any aspect of its training and education programs.

Notes

It is important that education providers report their program and graduate outcomes transparently and accountably, which includes "closing the loop" on stakeholder feedback. Education providers are therefore expected to develop and maintain effective internal reporting mechanisms, and to indicate how and when actions occur in relation to particular findings. In addition, education providers are expected to disseminate its program and graduate outcomes and engage in a dialogue with stakeholders. There should be evidence that stakeholder views are considered in continuous renewal of the education program(s).

Standard 7: Trainees

7.1 Admission policy and selection

Accreditation standards

7.1.1 The education provider has clear selection policies and principles that can be implemented and sustained in practice, that are merit based, can be consistently applied and that prevent discrimination and bias, other than explicit affirmative action.

7.1.2 The processes for selection into the specialist medical program:

- use published criteria based on the education provider's selection principles
- are evaluated with respect to validity, reliability and feasibility
- are transparent, rigorous and fair
- are capable of standing up to external scrutiny
- include a process for formal review of decisions in relation to selection which is outlined to candidates prior to the selection process.

7.1.3 The education provider documents and publishes the selection criteria. Its recommended weighting for various elements of the selection process, if used, is described.

7.1.4 The education provider publishes the mandatory requirements of the training 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.

7.1.5 The education provider monitors the consistent application of selection policies across training sites and/or regions.

NEW The education provider ensures that selection panel members are trained in selection techniques.

Notes

The AMC does not endorse any one selection process; it recognises that there is no one agreed method of selecting the most appropriate trainees and supports diverse approaches that include both academic and vocational considerations.

In 1998, the Medical Training Review Panel commissioned the report, *Trainee Selection in Australian Medical Colleges*. This report describes good practice in the selection of trainees into specialist medical training programs. These standards draw on that report.

The education provider, as the professional body for a particular medical discipline or disciplines, should take a leadership role in the development of the criteria for selection of entrants into training for the specialty. Trainees are both postgraduate students in specialist training programs and employees of the health services. This may cause tension between selection into a specialist medical program and employment. It is expected that the education provider and other stakeholders would collaborate to determine selection criteria and processes. The provision of training to selection panel members on selection techniques will add to the rigour of this process.

Due to this tension, selection into a specialist medical program can occur through several different mechanisms, often with the interlinking of processes for selection for employment and selection for training. In some situations the education provider performs the primary selection with employment assured for those selected into the training program. In other situations, the reverse may occur with employment into a training 'position' as the primary selection mechanism.

In the latter situation, in which selection is delegated to an employer or regional training provider, the AMC expects the education provider will work actively to obtain the cooperation of such other stakeholders in implementing its selection principles.

The education provider should facilitate opportunities for enhanced training participation by Aboriginal and Torres Strait Islander and/or Māori trainees, rural origin trainees and trainees from other under-represented groups.

Despite the wide variety of selection policies and processes, the AMC recognises a number of benefits to regional coordination of selection processes for both trainees and the employing health services, particularly in ensuring the consistent application of selection policies.

7.2 Trainee participation in education provider governance

Accreditation standard

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.

Notes

There are many reasons for trainee participation in education provider governance. From the trainees' perspective, it will promote their understanding of, and engagement in, their specialist medical program and will encourage them to be active contributors to ongoing training and education in their specialty. From a program perspective, it will enable governance decisions to be informed by the users' view of the program and will enhance the education provider's understanding of how training and assessment policies work in practice. It also facilitates the early recognition of, and response to, potential program problems, allowing the identification and deployment of successful strategies to address these.

Governance structures vary between education providers. The AMC does not endorse any particular structure for engaging trainees in the governance of their training, but believes that these processes and structures must be formal and give appropriate weight to the views of trainees.

Recognising the constraints inherent in the education provider's structure, there should be a position for a trainee on the governing council and on every body making training-related decisions. Such constraints may include the education provider's constitution or articles of association, conflicts of interest, and matters relating to privacy of other trainees. The extent of trainee involvement in structures unrelated to training could be determined by the education provider in consultation with the trainee committee or trainee representatives.

The trainees involved should be appointed through open, fair processes supported by the education provider. Appointment by election by the trainee body is the most open process possible and is encouraged.

A trainee organisation or trainee committee can articulate a general overview of trainees' experience and common concerns, as well as promoting communication between trainees on matters of mutual interest, and facilitating trainee representation on committees. There are advantages in establishing this committee or organisation within the education provider structure, since this facilitates communication and sharing of information and data, and provides a structure for funding.

Where the trainee organisation sits outside the education provider structure, particular efforts are required to ensure shared understanding of obligations and expectations.

Trainee representatives, and trainee organisations or committees are able to assist the education provider by gathering and disseminating information. For these roles, they require appropriate support. This could include providing administrative support or infrastructure, providing mechanisms for the trainee organisation and the trainee members of education provider committees to communicate with trainees, such as access to contact details or email lists, and designating a staff member to support the trainees in these activities. Consideration should also be given to training trainee representatives for their roles such as including in the role and function of the committees in

which they participate. Support that enables trainee representatives to be freed from clinical service commitments to attend necessary meetings should also be considered.

Education providers should supplement the organisational perspective of trainees obtained through the trainee organisation or trainee committee by seeking feedback on the experiences of individual trainees. The trainee representative structure should be complemented by regular meetings between the education provider's officers and its trainees to allow in-depth exploration of concerns and ideas at a local level. Because trainees' needs and concerns differ depending on their stage of training, and on location of training and personal circumstances, education providers should ensure that the full breadth of the trainee cohort is able to contribute.

Local and regional educational activities also provide opportunities for trainees to share problems and experiences with peers, and for trainee representatives to canvas views on training-related issues.

7.3 Communication with trainees

Accreditation standards

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.

7.3.2 The education provider provides clear and easily accessible information about the training and education programs, costs and requirements, and any proposed changes in a timely manner.

7.3.3 The education provider provides timely and correct information to trainees about their training status to facilitate their progress through training requirements.

NEW The education provider provides timely and correct information about career pathways, training and employment prospects to assist trainees to make informed choices about their training program.

Notes

Education providers are expected to interact with their trainees in a timely, ~~n~~ open and transparent way. To ensure this occurs, they should have mechanisms to inform prospective and enrolled trainees of training policies and processes, including but not limited to:

- selection into the training and education programs
- the design, requirements and costs of the training and education programs
- proposed changes to the design, requirements and costs of the training and education programs
- the available support systems and career guidance
- recognition of prior learning and flexible training options.

Changes in the content and structure of specialist medical programs have significant consequences for trainees. Trainees should participate formally in the evolution and change of the program. Education providers should communicate in advance with trainees about proposed program changes, be guided by the principle of 'no unfair disadvantage to trainees' specified under standard 6.1.3, and ensure special arrangements are proposed for those already enrolled when changes are implemented, recognising that sometimes program changes are required due to evolving professional practice and community needs.

In general, the AMC supports the generous application of transitional exemption clauses and retrospective recognition of training completed under previous requirements and regulations.

The strengths of specialist medical programs, the opportunities for specific experience and job opportunities in particular specialties vary from region to region. To assist trainees to make informed choices about a specialist medical program and location, information on career pathways, addressing workforce distribution issues and training opportunities in different regions/states, and including employment prospects for graduating fellows, should be

available. Education providers are encouraged to collaborate with health departments and other stakeholders in workforce planning activities for their specialty, and to ensure that career guidance systems are in place.

Education providers are encouraged to supplement written material about specialist medical program requirements with electronic communication of up-to-date information on training regulations, and on trainees' individual training status. Mechanisms to support communication on issues such as job sharing, part-time work or issues of concern should also be considered. It is recognised that many of the issues relating to job sharing and part-time work rest with the employer.

7.4 Trainee wellbeing

Accreditation standards

NEW The education provider has policies and procedures in place to support trainee health and wellbeing, and has mechanisms in place to ensure trainees and fellows are aware of them.

NEW The education provider has a program that facilitates awareness of personal wellbeing and the wellbeing of colleagues for all staff, supervisors and trainees.

NEW The education provider has a program in place that facilitates education about, and identification, management and support for trainees who have experienced, bullying and sexual harassment and other inappropriate behaviours.

7.4.1 The education provider has processes in place to collaborate~~s~~ with relevant employers and other stakeholders~~, especially employers,~~ to address bullying and sexual harassment.

NEW ~~-~~The education provider has processes in place 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.

Notes

Education providers can support trainee wellbeing by providing a supportive leaning environment. Strategies in support of this include providing information on maintaining the health and wellbeing of individuals and colleagues, including on mental health issues, bullying, discrimination, harassment and sexual harassment, developing and promoting policies and procedures in this regard, providing professional development activities to enhance understanding of understanding of wellness and appropriate behaviours, establish more formal systems of mentoring, and ensuring availability of confidential support and complaint services.

Areas for collaboration include developing processes for identifying, supporting and managing trainees whose progress or performance, health, or conduct is giving rise to concern and those trainees who experience personal and professional difficulties related to others' behaviour towards the trainee.

A separate standard (5.3.4) relates to situations in which the education provider should inform employers where patient safety concerns arise during assessment of a trainee's performance.

Standard 7.5 relates to the resolution of instances of bullying, discrimination, harassment and sexual harassment.

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7.5 Resolution of training problems and disputes

Accreditation standards

7.5.1 The education provider has ~~safe~~transparent, safe and confidential processes in place ~~, with appropriate confidentiality,~~ that support trainees in addressing problems with training supervision and requirements, and other professional issues, in a timely manner.~~.~~

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.

7.5.3 The education provider has reconsideration, review and appeals processes that allow trainees to seek impartial review of training-related decisions, and makes these appeals policies publicly available.

7.5.4 The education provider has a process for evaluating de-identified appeals and complaints to determine if there is a systems problem.

NEW The education provider ensures that all staff, supervisors and trainees are trained in remediation and dispute resolution.

Notes

Supervisors and their trainees have a particularly close relationship, which has special benefits, but which may also lead to unique problems. Trainees need clear advice on what they should do in the event of conflict with their supervisor or any other person intimately involved in their training. Clear statements concerning the supervisory relationship can avert problems for both trainees and supervisors.

Processes that allow trainees to raise difficulties safely would typically be processes that give trainees confidence that the education provider will act fairly and transparently, that something will be done, ~~and~~ that trainees will not be disadvantaged by raising legitimate concerns, and that their complaint will be acted upon in a timely manner.~~.~~

Trainees may experience difficulties that are relevant to both their employment and their position as a trainee, such as training in an unsafe environment, bullying, discrimination, ~~and~~ harassment and sexual harassment. While education providers do not have direct control of the working environment, in setting standards for training and for professional practice, including training site accreditation, they have responsibilities to advocate for an appropriate training environment and in setting professional standards.

Trainees who experience difficulties often feel vulnerable in raising questions about their training, assessment or supervision, even anonymously, and can be concerned about being identified and potentially disadvantaged as a consequence. Often the same individuals hold positions in the education provider and senior supervisory positions in hospitals and health services, which may lead to conflicts of interest, especially if the trainee has a grievance about either their employment or training. Practical solutions are required to remove the disincentives for trainees to raise concerns about their training or employment.

Having an appeals process that provides a fair and reasonable opportunity to challenge decisions taken by an education provider is likely to ensure that decisions are ultimately correct. A strong process would have an appeals committee with some members who are external to the education provider, as well as impartial internal members. All parties should be appropriately trained in remediation. Education providers should ensure that supervisors are adequately trained in performance management to avoid management situations escalating into formal complaints. It would also provide grounds for appeal against decisions that are similar to the grounds for appealing administrative decisions in Australia and/or New Zealand.

In relation to decision-making conduct, the grounds for appeal would include matters such as:

- that an error in law or in due process occurred in the formulation of the original decision
- that relevant and significant information, whether available at the time of the original decision or which became available subsequently, was not considered or not properly considered in the making of the original decision
- that irrelevant information was considered in the making of the original decision
- that procedures that were required by the organisation's policies to be observed in connection with the making of the decision were not observed
- that the original decision was made for a purpose other than a purpose for which the power was conferred
- that the original decision was made in accordance with a rule or policy without regard to the merits of the particular case; and
- that the original decision was clearly inconsistent with the evidence and arguments put before the body making the original decision.

A strong appeals process would also ensure procedural fairness, transparency and credibility, including requiring written reasons for decisions to be issued.

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

8.1 Supervisory and educational roles

Accreditation standards

8.1.1 The education provider ensures that there is an effective system of clinical supervision characterised by sufficient supervisors with relevant skills, to support trainees to achieve the outcomes of the program.

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.

8.1.3 The education provider selects supervisors who have demonstrated appropriate capability for this role. It facilitates the training and professional development of supervisors.

8.1.4 The education provider routinely evaluates supervisor effectiveness including feedback from trainees.

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 and professional development opportunities this educational role.

8.1.6 The education provider evaluates the effectiveness of its assessors including feedback from trainees.

Notes

The AMC recognises that the word "supervisor" is used in a general sense in the workplace to describe an administrative or managerial function equivalent to a line manager, but in this document it refers to supervision in the educational context.

Education providers will devise and implement their own structures in response to specific goals and challenges, but the following functions are common in the educational supervision of trainees. These functions may be combined in different ways and in large training programs performed by a number of individuals.

- An individual with overall responsibility for the specialist medical program in a health service, training site or training network. This person oversees and ensures the quality of training and education rather than being involved on a day-to-day basis with all trainees in the work environment.
- Medical practitioners senior to the trainees who have day-to-day involvement with the trainee.
- An individual who has particular responsibility for the direct supervision and training of the trainee, whose involvement with that trainee during the working week is regular and appropriate for the trainee's level of training, ability, and experience.

Medical practitioners make significant contributions to medical education as teachers and role models for trainees. The educational roles of supervisor and assessor are critical to the success of the training program, especially as most specialist training is workplace-based. It is essential that there is adequate training and resources for these roles. This includes for trainees who often supervise their more junior peers.

Those filling supervisory roles should know the program requirements, and have skills in adult learning, in providing constructive feedback to trainees, and in responding appropriately to concerns. They need clear guidance on their responsibilities to the trainee and to patient safety in the event that the trainee is experiencing difficulty, including in circumstances where the trainee is not maintaining a

satisfactory standard of clinical practice and/or is not meeting the expected fitness to practise standards.

All those who teach, supervise, counsel, employ or work with doctors in training are responsible for patient safety. Patient safety will be protected through explicit and accountable supervision. Education providers should have clear and explicit supervision requirements.

Other members of the healthcare team may also contribute to supervising, assessing and providing feedback to the trainee.

There are advantages for trainees to an ongoing mentoring relationship with a more senior medical colleague. This person has no formal role in the trainee's assessment or employment but can advise and support the trainee on personal or professional matters.

Education providers should encourage mentorship through a variety of their educational activities. They should also develop processes for supporting the professional development of medical practitioners who demonstrate appropriate capability for the role of mentor.

Because of the critical nature of the supervision roles outlined above, it is essential that there are clear procedures for trainees and supervisors to follow in the event of conflict. Accreditation standards in relation to the resolution of training-related problems and disputes are provided under section 7.5.

Assessors engaged in formative or summative assessments must understand the education provider's curriculum and training requirements, be proficient in the issues relating to the level of competence and training of the trainee, and skilled in providing feedback. Those assessing trainees should participate in training and education addressing issues such as constructive feedback, dealing with difficult situations and contemporary assessment methods.

8.2 Training sites and posts

Accreditation standards

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:

- applies its published accreditation criteria when assessing, accrediting and monitoring training sites
- makes publicly available the accreditation criteria and the accreditation procedures
- is transparent and consistent in applying the accreditation process.

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

- promote the health, welfare and interests of trainees
- ensure trainees receive the supervision and opportunities to develop the appropriate knowledge and skills to deliver high-quality patient care
- support a wide range of training and education opportunities aligned to the curriculum requirements.

8.2.3 The education provider ensures trainees have access to the information communication technology applications required to facilitate their learning in the clinical environment.

8.2.4 The education provider works with national, state and territory health departments, as well as the private health system, to ensure that the capacity of the healthcare system is effectively used for work-based training, ~~and~~ that trainees can experience the breadth of the discipline, and have access to flexible training options.

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

Notes

Since training and education in most specialties takes place in health services, specialist medical training is a shared responsibility between the education providers and these training sites. The quality of the learning experience depends on the support the unit or service provides.

Education providers have formal processes to select and accredit training sites, and the process and requirements for accreditation vary depending on the medical specialty. Many commonalities exist between education providers' processes but so do inconsistencies. The AMC recognises the significant interest of training sites and education providers in ongoing quality improvements in and streamlining of these processes, including where relevant, greater sharing of information or processes between providers. The AMC endorses work to develop tools to support consistent approaches to accreditation, such as the *Accreditation of Specialist Medical Training Sites Project*.[6] These accreditation standards draw on the work in that report by using the domains for accreditation used in this report under standard 8.2.2.

Education providers define the range of experience to be gained during training. Education providers should make as explicit as possible the expectations of healthcare facilities seeking accreditation, including clinical and other experience, education activities and resources, and expectations for flexible training options. Education provider accreditation processes must verify that this experience is available in training sites seeking accreditation and once accredited must evaluate the trainees' experience in those sites.

The accreditation process should result in a report to the training site. Where accreditation criteria are not met, there must be processes to negotiate with the training site to overcome these.

Trainees are likely to gain experience in multiple locations each providing a varying range of experiences of the specialist discipline. For this reason, education providers are increasingly accrediting networks of training sites rather than expecting a single training site to provide all the required training experience, and while all training sites should satisfy the education provider's accreditation criteria, the AMC encourages flexible rather than restrictive approaches that enable the capacity of the healthcare system to be used most effectively for training.

[6] Australian Health Ministers' Advisory Council Health Workforce Principal Committee, *Accreditation of Specialist Medical Training Sites Project Final Report*, 2013

Standard 9: Continuing professional development, further training and remediation

Accreditation standards

9.1 Continuing professional development

9.1.1 The education provider publishes its requirements for the continuing professional development (CPD) of specialists practising in its specialty(s). The education provider determines its requirements in consultation with stakeholders, and takes into account the requirements of the Medical Board of Australia and the Medical Council of New Zealand.

9.1.2 The education provider's CPD requirements define the regular participation in activities that maintain, develop, update and enhance the knowledge, skills and performance required for safe and appropriate practice in the relevant specialty(s), including for cultural competence, performance management, and doctor health and wellbeing.

9.1.3 The education provider requires participants to select CPD activities relevant to their learning needs, based on their intended scope of practice within the specialty(s). The education provider requires a cycle of planning and self-evaluation of learning goals and achievements by specialists.

9.1.4 The education provider provides a CPD program(s) and a range of educational activities for specialists in the specialty(s).

9.1.5 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.

9.1.6 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.

9.1.7 The education provider monitors participation in its CPD program and regularly audits CPD program participant records. It counsels participants who fail to meet CPD cycle requirements and takes appropriate action.

Notes

In Australia and New Zealand the community expects that registered medical practitioners will maintain, develop, update and enhance their knowledge, skills and performance so that they are equipped to deliver safe and appropriate care throughout their working lives.

The Medical Board of Australia and Medical Council of New Zealand set registration standards that require medical practitioners to participate in continuing professional development (CPD) in Australia and recertification in New Zealand. The same requirements apply to specialists practising full- and part-time. In both countries, medical practitioners are asked whether they are complying with registration requirements for CPD/recertification when applying for re-registration and practitioner responses are subject to audit.

In addition to these accreditation standards, the Medical Council of New Zealand has criteria for education providers supporting medical practitioners in vocational scopes of practice in New Zealand that include the mandatory activities required for recertification.

Education providers play an important role in assisting continuing professional development by setting the requirements for CPD and providing a CPD program(s) that is available to all specialists in their specialty(s), including those who are not fellows.

The CPD phase of medical education is mainly self-directed and involves practice-based learning activities rather than supervised training. The education provider therefore requires regular participation in a range of activities to meet self-assessed learning needs based on the intended scopes of practice of specialists, and where possible on practice data. These activities include: practice-based reflective elements that may include clinical audit, peer-review, multi-source feedback or performance

appraisal; continuing medical education activities, such as courses, conferences and online learning; other scholarly activities such as teaching, assessment and research; and activities that contribute to cultural competence, performance management, and doctor health and wellbeing..

Consultation with potential participants and other stakeholders is important in the development of CPD requirements and programs. Self-evaluation by participants and monitoring and auditing by the education provider, assist participants in achieving their CPD objectives.

Many organisations other than accredited education providers offer CPD opportunities for specialists, including healthcare facilities, universities, the pharmaceutical and medical technological industries, community and consumer organisations and for-profit CPD providers. Education providers are expected to have a code of ethics that covers the role of, and their relationship with, other groups that provide CPD activities that may be credited towards the education provider's CPD program. In reviewing the educational quality of an activity, the education provider should consider whether the activity has used appropriate methods and resources, and the feedback from participants.

The AMC acknowledges that participation in CPD cannot guarantee competence.

9.2 Further training of specialists

Accreditation standards

9.2.1 The education provider has processes to respond to requests for further training of specialists in its specialty(s).

Notes

Regulatory authorities set requirements for recency of practice in a medical practitioner's current scope of practice, and requirements to support proposed changes to a medical practitioner's scope of practice. Specialists, employers and registration authorities may request an education provider provide further training to meet recency of practice requirements, or to support a change in scope of practice. Education providers develop processes specific to their specialty(s) for practice re-entry and training in new scopes of practice for their fellows and other specialists, consistent with requirements of the Medical Board of Australia and, if relevant, the Medical Council of New Zealand.

9.3 Remediation

Accreditation standards

9.3.1 The education provider has processes to respond to requests for remediation of under-performing specialists in its specialty(s).

Notes

Laws, regulations and codes of conduct set expectations for standards of practice of medical practitioners. Requests for an education provider to address under-performance are made by specialists, employers and registration authorities, or may arise within the education provider itself. Education providers develop processes specific to their specialty(s) for remediation of their fellows and other specialists, consistent with relevant laws, regulation and codes of conduct. This should be consistent with the principles outlined at 7.5.

Draft Glossary

Assessment	The systematic process for measuring and providing feedback on the candidate's progress or level of achievement, against defined criteria.
Clinical supervision	This involves the oversight – either direct or indirect – by a clinical supervisor(s) of professional procedures and/or processes performed by a learner or group of learners within a clinical setting for the purpose of guiding, providing feedback on, and assessing personal, professional and educational development in the context of each learner's experience of providing safe, appropriate and high quality patient-client care. (HWA definition)
Consumer	The AMC has adopted the definition of the Australian Commission on Safety and Quality in Health Care which is "Consumers and/or carers are members of the public who use, or are potential users, of healthcare services." When referring to consumers and/or carers, the AMC is referring to patients, consumers, families, carers, and other support people.
Continuing professional development	Continuing professional development is range of learning activities through which medical practitioners maintain, develop, update and enhance the knowledge, skills and performance required for safe and appropriate practice in the relevant specialty. A CPD program is a range of resources and activities to support CPD; a mechanism for participants to plan, document and self-evaluate activity; processes for assessing and crediting activities, and procedures for monitoring participation and auditing compliance.
Curriculum	A statement of the intended aims and objectives, content, experiences, outcomes and processes of a programme, including a description of the structure and expected methods of learning, teaching, feedback and supervision. The curriculum should set out what knowledge, skills and behaviours the trainee will achieve.
Education provider	The National Health Practitioner Regulation Law Act 2009 uses the term ***education provider*** to cover organisations that may be accredited to provide education and training for a health profession. The term encompasses universities; tertiary education institutions, or other institutions or organisations that provide vocational training; or specialist medical colleges or other health profession colleges. For consistency, the AMC uses the terminology of the National Law in its accreditation standards and guidelines.
Employer	The term employer is used is used in two standards as well as in notes in standards 1, 5, 7, 8 and 9. The AMC will develop a definition of employer for the purposes of the glossary
Evaluation	The set of policies and processes by which an education provider evaluates the extent to which its specialist medical program is achieving its outcomes.
Fellow/ specialist in the discipline	Traditionally, in Australia and New Zealand specialist medical programs have been provided by specialist medical colleges. Their fellows are the members who hold the award which signifies they are specialist medical practitioners in the discipline or disciplines covered by the specialist medical college and contribute to the college for example as supervisors, assessors and committee members. In this document the AMC has used "specialists in the discipline" rather than fellows.
Specialist medical program	Is the curriculum, the content/syllabus, and assessment and training that will lead to independent practice in a recognised medical specialty or field of specialty practice, or in New Zealand a vocational scope of practice. It leads to a formal award certifying completion of the program.

Stakeholders	The term encompasses: • stakeholders internal to the education provider such as trainees, program directors, supervisors and committees • external stakeholders that contribute directly to education and training such as training sites, health jurisdictions, • other external stakeholders with an interest in the process and outcomes of training such as health workforce bodies, regulatory authorities, professional associations, other health professions, community and health care consumers.
Supervisor	An appropriately qualified and trained medical practitioner who guides the trainee's education and training on the job. The supervisor's role may encompass educational, support and organisational functions.
Trainee	A doctor in training, completing a specialist medical program.
Training sites	The organisation in which the trainee works and undertakes supervised workplace based training and eductaion. Training sites are generally health services such as public and private hospitals, general practices, community-based health facilities, private practices, but may also be other sites such as laboratories.