

Consultation Attachment 1: Summary of changes to the *Standards for Assessment and Accreditation of Specialist Medical Education Programs and Professional Development Programs*

This section summarises key changes to the *Standards for Assessment and Accreditation of Specialist Medical Education Programs and Professional Development Programs* by the Australian Medical Council. It also includes a comparison of the draft revised and current standards.

Overview

As indicated in the initial consultation document, the AMC is not proposing to change the aim of the accreditation process, which is to recognise specialist medical programs and medical education providers that produce medical specialists who can practice unsupervised in the relevant medical specialty, providing comprehensive, safe and high quality medical care that meets the needs of the Australian and New Zealand health care systems, and who are prepared to assess and maintain their competence and performance through continuing professional education, the maintenance of skills and the development of new skills.

The standards are structured as follows:

- Standard 1 The Context
- Standard 2 Purpose and Outcomes
- Standard 3 Specialist Medical Training and Education Framework
- Standard 4 Teaching and Learning
- Standard 5 Assessment of Learning
- Standard 6 Monitoring and Evaluation
- Standard 7 Trainees
- Standard 8 Educational Resources
- Standard 9 Continuing Professional Development

Standard 10 Assessment of Specialist International Medical Graduates (New)

The AMC consulted on initial revisions to the standards from March to May 2015. The initial consultation proposed changes to the wording of sub-standards and in some areas standards had been re-organised. The statement of goals of specialist medical education, which were at the beginning of the standards, were incorporated in curriculum standards (standard 3).

Overall the stakeholder feedback indicated that the content and structure of the revised accreditation standards is clear and relevant, and that the standards should be achievable by education providers. The stakeholder feedback indicated that a review of the standards every five years seems reasonable. There were a number of suggestions for wording changes, and 15 additional standards were suggested.

Having considered the feedback, the AMC has now developed a second set of draft revised standards. Some of the main considerations are summarised below:

- Added to the glossary and clarified terminology;
- Added a substandard 1.3 on Reconsideration, review and appeals processes. This entails moving part of 7.5 Resolution of training problems and disputes;
- Changed substandard 5.3.4 to include informing regulators, where appropriate, when patient safety concerns arise in assessment;
- Because of overlap between the two, incorporated 7.1.3 in 7.1.2. These substandards relate to the documented trainee selection process;
- Created a new substandard, 7.1.3, on enhanced training participation for Aboriginal and Torres Strait Islander and/or Maori trainees;
- Taken into account feedback from recent AMC workshops on generalism and interprofessional education;
- Reviewed wording of standards and notes concerning trainee welfare, including processes to address discrimination, bullying and sexual harassment;
- Reviewed Standard 9.1, Continuing professional development, to ensure it is in line with current Medical Council of New Zealand and Medical Board of Australia requirements;
- Created a new standard 10 that draws together the requirements concerning processes for assessment of specialist international medical graduates. The new standard draws on elements of standard 5 and standard 7. It includes key requirements from Medical Board of Australia and Medical Council of New Zealand guidelines.

Proposed revisions

A summary of the proposed revisions to the standards, including changes made as a result of consideration of stakeholder feedback, is provided below:

Glossary of terms

To establish consistency of language across the specialist accreditation standards and also between the medical school and intern training accreditation standards, a glossary has been developed. A draft glossary was included in the initial consultation. A summary of changes made in response to stakeholder feedback is as follows:

- New terms added to the glossary: cultural competence, field of specialty practice, generalism, Indigenous health, interprofessional learning, interdisciplinary learning, training and education functions, program director and health department; and
- Revisions made to existing definitions to improve clarity.

Standard 1: The context of training and education

Initial revisions - consulted March 2015

- Separated corporate and educational governance;
- Expanded sub-standard on interactions with the health sector to clarify what would be *effective* consultation on change in program requirements and capacity to train;
- Added a sub-standard on educational resources;
- Added a sub-standard on interaction with the Indigenous health sector; and

- Made minor changes to bring the standards in closer alignment with other AMC accreditation standards.

Revisions after consideration of feedback – consulted July 2015

- Moved standard about reconsideration, review and appeals processes from standard 7.5 to become standard 1.3; and
- Revised wording of some standards and notes to improve clarity and simplify where possible. Also changes made to incorporate consideration of trainee wellbeing, cultural safety and community need.

Standard 2: The outcomes of specialist training and education

Initial revisions - consulted March 2015

- Clarified the meaning of graduate and program outcomes;
- Restructured the standards into educational purpose, program outcomes and graduate outcomes; and
- Added a standard on purpose relating to Indigenous people and their health.

Revisions after consideration of feedback – consulted July 2015

- Revised wording of some standards and notes to improve clarity and simplify where possible; and
- Included a statement on considering generalism and specialisation in setting program outcomes.

Standard 3: The specialist medical training and education framework

Initial revisions - consulted March 2015

- Reorganised the standards;
- Where appropriate, made notes on curriculum content into standards;
- Expanded sub-standards on curriculum content by re-working medical school sub-standards to specialist level and re-working the former statement of goals of specialist medical education as curriculum content;
- Added specific sub-standards for Indigenous health and cultural competence;
- Linked program duration to achievement of outcomes; and
- Made recognition of prior learning a separate sub-standard.

Revisions after consideration of feedback – consulted July 2015

- Added a statement to the notes for standard 3.1 concerning the need for specialists to be trained initially in the broad scope of their specialty;
- Added a statement to the notes concerning standard 3.2.6 to indicate that Acquiring knowledge and understanding of the issues associated with the delivery of safe care includes participating in quality and safety systems within health care organisations;
- Revised wording in consideration of stakeholder feedback, in particular standard 3.2.9 and 3.2.10 have been changed; and
- Added a statement to the notes under standard 3.3 that “Recognition of prior learning policies should support trainees to transition between specialist medical programs with appropriate credit.”

Standard 4: Teaching and learning

Initial revisions - consulted March 2015

- Aligned with the medical school accreditation standards, including standards on teaching and learning methods mapped to curriculum, self-directed learning, peer to peer learning, role modelling, and inter-professional learning; and
- Added notes on quality assurance of education courses offered by other providers.

Revisions after consideration of feedback – consulted July 2015

- In standard 4.2.5 changed to the program *encourages* not *ensures*, and included reference to interdisciplinary teams; and
- Made minor revisions to wording as a result of stakeholder feedback.

Standard 5: Assessment of learning

Initial revisions - consulted March 2015

- Updated standards and notes in line with current assessment practices;
- Split standard on assessment approach into assessment approach and assessment methods. The latter requires that assessment methods are fit for purpose, blueprinted and validated;
- Added a sub-standard requiring education providers to inform employers where patient safety concerns arise in assessment (aligns with intern standard); and
- Updated assessment of overseas trained specialists to reflect Medical Board of Australia and Medical Council of New Zealand requirements. Query for consultation whether overseas trained specialist requirements should constitute a separate set of standards.

Revisions after consideration of feedback – consulted July 2015

- Changed substandard 5.3.4 to include informing regulators, where appropriate, when patient safety concerns arise in assessment;
- Revised wording in consideration of stakeholder feedback including the addition to the notes that assessment methodology is publically available;
- Revised wording of some standards (In particular standard 5.4.1 and 5.4.2) and notes to improve clarity and simplify where possible; and
- Moved standard 5.5 assessment of specialist international medical graduates to a new standard 10.

Standard 6: Monitoring and evaluation

Initial revisions - consulted March 2015

- Restructured outcome evaluation to: 1. evaluation of graduate and program outcomes and 2. Collection and analysis of qualitative and quantitative data on outcomes; and
- Added new standard on feedback, reporting and action.

Revisions after consideration of feedback – consulted July 2015

- There were no significant revisions to the standard.

Standard 7: Trainees

Initial revisions - consulted March 2015

- Changed the notes about selection policy, trainee involvement in governance, and complaints and appeals; and
- Added a standard on trainee wellbeing which requires provider to collaborate with other stakeholders to identify and support trainees experiencing personal and professional difficulties that may impact on their training.

Revisions after consideration of feedback – consulted July 2015

- Incorporated existing standard 7.1.3 in standard 7.1.2;
- Created new substandard, 7.1.3, about enhanced training participation for Aboriginal and Torres Strait Islander and/or Maori trainees;
- Revised wording based on consideration of stakeholder feedback including that communication to trainees is timely (7.3.1) and an addition to the notes around trainee wellbeing (7.4.1); and
- Moved standards 7.5.3 and 7.5.4 on reconsideration, review and appeals processes to standard 1.3.

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

Initial revisions - consulted March 2015

- Added a sub-standard on the need for an effective system of clinical supervision (aligns with medical school standards);
- Reordered and revised sub-standards about accreditation of training posts and sites. These are streamlined, and split into process and criteria. The Accreditation of Specialist Medical Training Sites project is referenced;
- Added a sub-standard on trainee access to ICT required for learning; and
- Added a sub-standard on collaboration to support common accreditation approaches.

Revisions after consideration of feedback – consulted July 2015

- Moved standard 8.2.3 on information communication technology into standard 8.2.2 on criteria for accreditation of training sites;
- Revised wording in consideration of stakeholder feedback; and
- Revised wording of some standards and notes to improve clarity and simplify where possible.

Standard 9: Continuing professional development, further training and remediation

Initial revisions - consulted March 2015

- Revised to take account of changing Medical Board of Australia and Medical Council of New Zealand requirements;
- Added a sub-standard that explicitly requires providers to have a CPD program, and for it to be available to all specialists in the speciality;
- Added a sub-standard that expects providers to require participants to select CPD relevant to learning needs and scope of practice; and
- Enhanced focus on monitoring, audit and counselling.

Revisions after consideration of feedback – consulted July 2015

- Split standard 9.1.1 into two standards (9.1.1. and 9.1.2). 9.1.2 requires that the design of CPD programs *meets* Medical Board of Australia and the Medical Council of New Zealand requirements not *takes account of* those requirements;
- Added to the notes a statement encouraging education providers to include in the CPD program resources a framework to assist specialists to assess and define their learning needs, and participation in external or formal evaluation of personal CPD outcomes; and
- Revised wording in consideration of stakeholder feedback, particularly in relation to feedback from regulators.

Proposed Standard 10: Assessment of specialist international medical graduates

- Drafted a new standard that draws together the requirements in the current standards for specialist international medical graduate assessment processes, and builds on Medical Board of Australia and Medical Council of New Zealand requirements. The standard clarifies rather than expands current requirements. (Background provided below)

Background to the proposed new standard around assessment of specialist medical international medical graduates

The registration of specialist international medical graduates is a feature of the Health Practitioner Regulation National Law. The National Law provides for the registration of specialist IMGs who have successfully completed any examination or assessment required by the approved registration standard, to assess the specialist's ability to competently and safely practise in the specialty. The Medical Board of Australia has decided that the assessment or examination will be undertaken by the specialist medical colleges that are accredited by the AMC. At the request of the Board, Australian Health Practitioner Regulation Agency appointed each AMC-accredited specialist college to undertake the assessment of internationally qualified specialists.

In New Zealand, the process for assessment of specialist international medical graduates reflects the Medical Council of New Zealand's statutory role in determining whether the applicant applying for registration in a vocational scope of practice: is fit for registration, has the prescribed qualification, and is competent to practice within that scope of practice.

Currently, there is one accreditation standard in relation to these requirements (standard 5.5). Other relevant matters (e.g. governance, processes, appeals) are included in those sections of the standards. In the March 2015 consultation the AMC sought feedback on whether this remains appropriate or whether a separate standard (standard 10) which draws together all the elements relevant to the specialist international medical graduate assessment process would be preferable. This would enhance the AMC focus on the assessment of these processes during an accreditation assessment and in monitoring an education provider.

The majority of those who responded to the question agreed that elements of the process should be drawn together in a separate standard. This standard has been drafted for feedback in this second round of consultation.

Comparison table showing draft revised and current standards

Revised standard 1: The context of training and education	Current standard 1: The context of education and training
1.1 Governance	1.1 Governance
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
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 The education provider’s governance structures and its education and training, assessment and continuing professional development functions are defined.
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.	1.1.2 The governance structures describe the composition and terms of reference for each committee, 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 this role is defined in relation to its corporate governance.	1.1.3 The education provider’s internal structures give priority to its educational role relative to other activities.
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. Previously, partly covered in notes under 1.4.
1.2 Program management	1.2 Program management
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"> ○ planning, implementing and evaluating the specialist medical program(s) and curriculum, and setting relevant 	1.2.1 The education provider has established a committee or committees with the responsibility, authority and capacity to direct the following key functions: <ul style="list-style-type: none"> ○ planning, implementing and reviewing the training

<p>policy and procedures</p> <ul style="list-style-type: none"> ○ setting and implementing policy on continuing professional development and evaluating the effectiveness of continuing professional development activities ○ setting, implementing and evaluating policy and procedures relating to the assessment of specialist international medical graduates ○ certifying successful completion of the training and education programs. 	<p>program(s) and setting relevant policy and procedures</p> <ul style="list-style-type: none"> ○ setting and implementing policy and procedures relating to the assessment of overseas-trained specialists ○ setting and implementing policy on continuing professional development and reviewing the effectiveness of continuing professional development activities. <p>Also incorporates previous 2.2.4.</p>
<p>Covered by new 1.5.2.</p>	<p>1.2.2 The education provider’s education and training activities are supported by appropriate resources including sufficient administrative and technical staff.</p>
<p>1.3 Reconsideration, review and appeals processes</p>	<p>This standard has been moved from standard 7.4</p>
<p>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 these policies publicly available.</p>	<p>Previously covered by 7.4.3.</p>
<p>1.3.2 The education provider has a process for evaluating de-identified appeals and complaints to determine if there is a systems problem.</p>	<p>Previously covered by 7.4.4.</p>
<p>1.4 Educational expertise and exchange</p>	<p>1.3 Educational expertise and exchange</p>
<p>1.4.1 The education provider uses educational expertise in the development, management and continuous improvement of its training and education functions.</p>	<p>1.3.1 The education provider uses educational expertise in the development, management and continuous improvement of its education, training, assessment and continuing professional development activities.</p>
<p>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.</p>	<p>1.3.2 The education provider collaborates with other educational institutions and compares its curriculum, training program and assessment with that of other relevant programs.</p>

1.5 Educational resources	
1.5.1 The education provider has the resources and management capacity to sustain and, where appropriate, deliver its training and education functions.	New.
1.5.2 The education provider's training and education functions are supported by sufficient administrative and technical staff.	Previously covered by 1.2.2.
1.6 Interaction with the health sector	1.4 Interaction with the health sector
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 The education provider seeks to maintain constructive working relationships with relevant health departments and government, non-government and community agencies to promote the education, training and ongoing professional development of medical specialists.
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 The education provider works with healthcare institutions to enable clinicians employed by them to contribute to high quality teaching and supervision, and to foster peer review and professional development.
1.6.3 The education provider works with training sites and health departments on matters of mutual interest.	New. Previously covered by notes under standard 1.4.
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.
1.7 Continuous renewal	1.5 Continuous renewal
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 The education provider reviews and updates structures, functions and policies relating to education, training and continuing professional development to rectify deficiencies and to meet changing needs.

Revised standard 2: The outcomes of specialist training and education	Current standard 2: Organisational purpose and program outcomes
2.1 Educational purpose	2.1 Organisational purpose
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 The purpose of the education provider includes setting and promoting high standards of medical practice, training, research, continuing professional development, and social and community responsibilities.
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. Previously mentioned, less specifically, in notes under 2.2.
2.1.3 In defining its educational purpose, the education provider has consulted internal and external stakeholders.	2.1.2 In defining its purpose, the education provider has consulted fellows and trainees, and relevant groups of interest.
2.2 Program outcomes	2.2 Graduate outcomes
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 education and training functions to the healthcare needs of the communities it serves.	Elements from previous graduate outcomes applied to program outcomes: 2.2.1 The education provider has defined graduate outcomes for each training program including any sub-specialty programs. These outcomes are based on the nature of the discipline and the practitioners' role in the delivery of health care.
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 The outcomes address the broad roles of practitioners in the discipline as well as technical and clinical expertise.
2.3 Graduate outcomes	2.2 Graduate outcomes
2.3.1 The specialist medical program has defined graduate outcomes for each of its specialist medical programs including any subspecialty programs. These outcomes are based on the	2.2.1 The education provider has defined graduate outcomes for each training program including any sub-specialty programs. These outcomes are based on the nature of the discipline and

<p>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.</p>	<p>the practitioners' role in the delivery of health care. The outcomes are related to community need.</p>
<p>2.3.2 The education provider makes information on graduate outcomes publicly available.</p>	<p>2.2.3 The education provider makes information on graduate outcomes publicly available.</p>
<p>Moved to 1.2.1.</p>	<p>2.2.4 Successful completion of the program of study must be certified by a diploma or other formal award.</p>

Revised standard 3: The specialist medical training and education framework	Current standard 3: The education and training program – curriculum content
3.1 Curriculum framework	3.1 Curriculum framework
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 For each of its education and training programs, the education provider has a framework for the curriculum organised according to the overall graduate outcomes. The framework is publicly available.
3.2 The content of the curriculum	3.2 Curriculum structure, composition and duration
<p>3.2.1 The curriculum content ensures that specialists can demonstrate all of the specialist medical program and graduate outcomes.</p> <p>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.</p> <p>3.2.3 The curriculum builds on communication, clinical, diagnostic, management and procedural skills to enable safe patient care.</p> <p>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.</p> <p>3.2.5 The curriculum prepares specialists for their ongoing roles as professionals and leaders.</p> <p>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 across a range of health settings within the Australian and/or New Zealand health systems.</p> <p>3.2.7 The curriculum prepares specialists for the role of teacher and</p>	<p>3.2.1 For each component or stage, the curriculum specifies the educational objectives and outcomes, details the nature and range of clinical experience required to meet these objectives, and outlines the syllabus of knowledge, skills and professional qualities to be acquired. [Partly in section 3.3]</p> <p>3.2.2 Successful completion of the training program must be certified by a diploma or other formal award. [Moved to 1.2.1]</p>

<p>supervisor of students, junior medical staff, trainees, and other health professionals.</p>	
<p>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.</p>	<p>3.3 Research in the training program</p> <p>3.3.1 The training program includes formal learning about research methodology, critical appraisal of literature, scientific data and evidence-based practice, and encourages the trainee to participate in research.</p> <p>3.3.2 The training program allows appropriate candidates to enter research training during specialist education and to receive appropriate credit towards completion of specialist training.</p>
<p>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).</p> <p>3.2.10 The curriculum develops 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.</p>	<p>New</p>
<p>3.3 Continuum of training, education and practice</p>	<p>3.5 The continuum of learning</p>
<p>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.</p>	<p>3.5.1 The education provider contributes to articulation between the specialist training program and prevocational and undergraduate stages of the medical training continuum.</p>
<p>3.3.2 The specialist medical program allows for recognition of prior learning and appropriate credit towards completion of the program.</p>	<p>3.4.2Policies on the recognition of prior learning. These policies recognise demonstrated competencies achieved in other relevant training programs both here and overseas, and give trainees appropriate credit towards the requirements of the training program. [rest covered 3.4.4].</p>

3.4 Structure of the curriculum	3.4 Flexible training and 3.2 Curriculum structure, composition and duration
<p>3.4.1 The curriculum articulates what is expected of trainees at each stage of the specialist medical program.</p> <p>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.</p>	<p>3.2.1 For each component or stage, the curriculum specifies the educational objectives and outcomes, details the nature and range of clinical experience required to meet these objectives, and outlines the syllabus of knowledge, skills and professional qualities to be acquired.</p>
<p>3.4.3 The specialist medical program allows for part-time, interrupted and other flexible forms of training.</p>	<p>3.4.1 The program structure and training requirements recognise part-time, interrupted and other flexible forms of training.</p>
<p>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.</p>	<p>3.4.2 There are opportunities for trainees to pursue studies of choice, consistent with training program outcomes, which are underpinned by policies on the recognition of prior learning... [rest covered by 3.2.2].</p>

Revised standard 4: Teaching and learning	Current standard 4: Teaching and learning methods
4.1 Teaching and learning approach	4. Teaching and learning methods
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 by previous 4.1.2.
4.2 Teaching and learning methods	
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 The training is practice-based involving the trainees' personal participation in relevant aspects of the health services and, for clinical specialties, direct patient care.
4.2.2 The specialist medical program includes appropriate adjuncts to learning in a clinical setting.	4.1.2 The training program includes appropriately integrated practical and theoretical instruction.
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 encourages experience working and learning in interdisciplinary and 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.	4.1.3 The training process ensures an increasing degree of independent responsibility as skills, knowledge and experience grow.

Revised standard 5: Assessment of learning	Current standard 5: Assessment of learning
5.1 Assessment approach	5.1 Assessment approach
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 The assessment program, which includes both summative and formative assessments, reflects comprehensively the educational objectives of the training program. 5.1.2 The education provider uses a range of assessment formats that are appropriately aligned to the components of the training program.
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.
5.1.3 The education provider has policies relating to special consideration in assessment.	5.1.3 The education provider has policies relating to disadvantage and special consideration in assessment, including making reasonable adjustments for trainees with a disability.
5.2 Assessment methods	
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 The education provider uses a range of assessment formats that are appropriately aligned to the components of the training program.
5.2.2 The education provider has a blueprint to guide assessment through each stage of the specialist medical program.	New. Previously covered in notes under 5.1.
5.2.3 The education provider uses valid methods of standard setting for determining passing scores.	
5.3 Performance feedback	5.2 Performance feedback
5.3.1 The education provider facilitates regular and timely feedback to trainees on performance to guide learning.	5.2.2 The education provider facilitates regular feedback to trainees on performance to guide learning.
5.3.2 The education provider ensures that its supervisors are informed of the assessment performance of the trainees for	5.2.3 The education provider provides feedback to supervisors of training on trainee performance, where appropriate.

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 implements appropriate measures in response.	5.2.1 The education provider has processes for early identification of trainees who are under performing and for determining programs of remedial work for them.
5.3.4 The education provider has procedures to inform employers and, where appropriate, the regulators, where patient safety concerns arise in assessment.	New.
5.4 Assessment quality	5.3 Assessment quality
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 The education provider considers the reliability and validity of assessment methods, the educational impact of the assessment on trainee learning, and the feasibility of the assessment items. It introduces new assessment methods where required.
5.4.2 The education provider maintains comparability in the scope and application of the assessment practices and standards across its training sites.	New. Previously covered in notes under 5.3.
	5.4 Assessment of specialists trained overseas
Moved to standard 10.	5.4.1 The processes for assessing of specialists trained overseas are in accordance with the principles outlined by the AMC and the Committee of Presidents of Medical Colleges Joint Standing Committee on Overseas Trained Specialists (for Australia) or by the Medical Council of New Zealand (for New Zealand).

Revised standard 6 : Monitoring and evaluation	Current standard 6: Monitoring and evaluation
6.1 Monitoring	6.1 Ongoing monitoring
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.	6.1.1 The education provider regularly evaluates and reviews its training 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.	6.1.2 Supervisors and trainers contribute to monitoring and to program development. Their feedback is systematically sought, analysed and used as part of 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 specialist medical program to ensure that existing trainees are not unfairly disadvantaged by such changes.	6.1.3 Trainees contribute to monitoring and to program development. Their confidential feedback on the quality of supervision, training and clinical experience is systematically sought, analysed and used 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.
6.2 Evaluation	6.2 Outcome evaluation
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.	New. Previously mentioned in notes under 6.2.
6.2.2 The education provider collects, maintains and analyses both qualitative and quantitative data on its program and graduate outcomes.	6.2.1 The education provider maintains records on the outputs of its training program, is developing methods to measure outcomes of training and is collecting qualitative information on outcomes.

<p>6.2.3 Stakeholders contribute to evaluation of program and graduate outcomes.</p>	<p>6.2.2 Supervisors, trainees, health care administrators, other health care professionals and consumers contribute to evaluation processes.</p>
<p>6.3 Feedback, reporting and action</p>	
<p>6.3.1 The education provider reports the results of monitoring and evaluation through its governance and administrative structures.</p> <p>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).</p> <p>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.</p>	<p>New.</p>

Revised standard 7: Trainees	Current standard 7: Implementing the curriculum – trainees
7.1 Admission, policy and selection	7.1 Admission policy and selection
7.1.1 The education provider has clear documented selection policies and principles that can be implemented and sustained in practice. The policies and principles are merit based, can be consistently applied and prevent discrimination and bias, other than explicit affirmative action.	7.1.1 A clear statement of principles underpins the selection process, including the principle of merit-based selection.
7.1.2 The processes for selection into the specialist medical program: <ul style="list-style-type: none"> ○ use the published criteria and weightings (if relevant) 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. 	7.1.2 The processes for selection into the training program: <ul style="list-style-type: none"> ○ are based on the published criteria and the principles of the education provider concerned ○ are evaluated with respect to validity, reliability and feasibility ○ are transparent, rigorous and fair ○ are capable of standing up to external scrutiny ○ include a formal process for review of decisions in relation to selection, and information on this process is outlined to candidates prior to the selection process.
Incorporated into 7.1.2.	7.1.3 The education provider documents and publishes its selection criteria. Its recommended weighting for various elements of the selection process, including previous experience in the discipline, is described. The marking system for the elements of the process is also described.
7.1.3 The education provider supports enhanced training participation by Māori and/or Aboriginal and Torres Strait Islander trainees.	New.

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.	7.1.4	The education provider publishes its requirements for mandatory experience, such as periods of rural training, and/or for rotation through a range of training sites. 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.	7.1.5	The education provider monitors the consistent application of selection policies across training sites and/or regions.
7.2	Trainee participation in education provider governance	7.2	Trainee participation in education provider governance
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	The education provider has formal processes and structures that facilitate and support the involvement of trainees in the governance of their training.
7.3	Communication with trainees	7.3	Communication with trainees
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	The education provider has mechanisms to inform trainees about the activities of its decision-making committees, in addition to communication by the trainee organisation or trainee representatives.
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	The education provider provides clear and easily accessible information about the training program, costs and requirements, and any proposed changes.
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	The education provider provides timely and correct information to trainees about their training status to facilitate their progress through training requirements.
7.4	Trainee wellbeing		
7.4.1	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.

7.5 Resolution of training problems and disputes	7.4 Resolution of training problems and disputes
7.5.1 The education provider has transparent, safe and confidential processes to support trainees in addressing problems with training supervision and requirements, and other professional issues, in a timely manner.	7.4.1 The education provider has processes to address confidentially problems with training supervision and requirements.
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 The education provider has clear impartial pathways for timely resolution of training-related disputes between trainees and supervisors or trainees and the organisation.
Moved to 1.3.1.	7.4.3 The education provider has reconsideration, review and appeals processes that allow trainees to seek impartial review of training-related decisions, and makes its appeals policies publicly available.
Moved to 1.3.2.	7.4.4 The education provider has a process for evaluating de-identified appeals and complaints to determine if there is a systems problem.

Proposed revisions to standard 8: Implementing the program – delivery of education and accreditation of training sites	Current standard 8: Implementing the program –educational resources
8.1 Supervisory and educational roles	8.1 Supervisors, assessors, trainers and mentors
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.	New. Previously partly covered by notes under 8.1.
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 The education provider has defined the responsibilities of hospital and community practitioners who contribute to the delivery of the program and the responsibilities of the education provider to these practitioners. It communicates its goals and objectives for specialist medical education 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.	8.1.2 The education provider has processes for selecting supervisors who have demonstrated appropriate capability for this role. It facilitates the training and professional development of supervisors and trainers.
8.1.4 The education provider routinely evaluates supervisor effectiveness including feedback from trainees.	8.1.3 The education provider routinely evaluates supervisor and trainer 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 relevant to this educational role.	8.1.4 The training organisation has processes for selecting assessors in written, oral and performance-based assessments who have demonstrated relevant capabilities.
8.1.6 The education provider evaluates the effectiveness of its assessors including feedback from trainees.	8.1.5 The education provider has processes to evaluate the effectiveness of its assessors/examiners including feedback from trainees, and to assist them in their professional development in this role.

8.2 Training sites and posts	
<p>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:</p> <ul style="list-style-type: none"> ○ 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. 	<p>8.2.1 The education provider has a process and criteria to select and recognise hospitals, sites and posts for training purposes. The accreditation standards of the education provider are publicly available.</p>
<p>8.2.2 The education provider’s criteria for accreditation of training sites link to the outcomes of the specialist medical program and:</p> <ul style="list-style-type: none"> ○ 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 and culturally safe patient care ○ support training and education opportunities in diverse settings including rural and regional locations aligned to the curriculum requirements ○ ensure trainees have access to educational resources, including the information communication technology applications, required to facilitate their learning in the clinical environment. 	<p>8.2.2 The education provider specifies the clinical and/or other practical experience, infrastructure and educational support required of an accredited hospital/training position in terms of the outcomes for the training program. It implements clear processes to assess the quality and appropriateness of the experience and support offered to determine if these requirements are met.</p> <p>8.2.3 The education provider’s accreditation requirements cover: orientation, clinical and/or other experience, appropriate supervision, structured educational programs, educational and infrastructure supports such as access to the internet, library, journals and other learning facilities, continuing medical education sessions accessible to the trainee, dedicated time for teaching and training and opportunities for informal teaching and training in the work environment.</p>
<p>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.</p>	<p>Previously suggested now incorporated in 8.2.2.</p>
<p>8.2.3 The education provider works with health departments, as well as the private health system, to effectively use the capacity of the healthcare system for work-based training, and to give</p>	<p>8.2.4 The education provider works with the health services to ensure that the capacity of the health care system is effectively used for service-based training, and that trainees can experience the breadth of the discipline. It uses an appropriate</p>

<p>trainees experience of the breadth of the discipline.</p>	<p>variety of clinical settings, patients and clinical problems for training purposes, while respecting service functions.</p>
<p>8.2.4 The education provider actively engages with other education providers to support common accreditation approaches and sharing of relevant information.</p>	<p>New.</p>

Revised standard 9: Continuing professional development, further training and remediation	Current standard 9: Continuing professional development
9.1 Continuing professional development	9.1 Continuing professional development programs
9.1.1 The education provider publishes its requirements for the continuing professional development (CPD) of specialists practising in its specialty(s).	9.1.2 The education provider determines the formal structure of the CPD program in consultation with stakeholders, taking account of the requirements of relevant authorities such as the Medical Board of Australia and the Medical Council of New Zealand.
9.1.2 The education provider determines its requirements in consultation with stakeholders and designs its requirements to meet Medical Board of Australia and the Medical Council of New Zealand requirements.	
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.	9.1.1 The education provider's professional development programs are based on self-directed learning. The programs assist participants to maintain and develop knowledge, skills and attitudes essential for meeting the changing needs of patients and the health care delivery system, and for responding to scientific developments in medicine as well as changing societal expectations.
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
9.1.5 The education provider provides a CPD program(s) and a range of educational activities that is available to all specialists in the specialty(s).	9.1.5 The education provider has mechanisms to allow doctors who are not its fellows to access relevant continuing professional development and other educational opportunities.

<p>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.</p>	<p>9.1.3 The process and criteria for assessing and recognising CPD providers and/or the individual CPD activities are based on educational quality, the use of appropriate educational methods and resources, and take into consideration feedback from participants.</p>
<p>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.</p>	<p>9.1.4 The education provider documents the recognised CPD activities of participants in a systematic and transparent way, and monitors participation.</p>
<p>9.1.8 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.</p>	<p>9.1.6 The education provider has processes to counsel fellows who do not participate in ongoing professional development programs.</p>
<p>9.2 Further training of individual specialists</p>	<p>9.2 Retraining</p>
<p>9.2.1 The education provider has processes to respond to requests for further training of individual specialists in its specialty(s).</p>	<p>9.2.1 The education provider has processes to respond to requests for retraining of its fellows.</p>
<p>9.3 Remediation</p>	<p>9.3 Remediation</p>
<p>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 under performing in a particular area.</p>	<p>9.3.1 The education provider has processes to respond to requests for remediation of its fellows who have been identified as under-performing in a particular area.</p>

New Standard 10: Assessment of specialist international medical graduates	Current standard 5.4: Assessment of specialists trained overseas and elements relevant to specialist trained overseas throughout the standards
10.1 Assessment framework	5.4 Assessment of specialists trained overseas
<p>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.</p> <p>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.</p>	<p>5.4.1 The processes for assessing of specialists trained overseas are in accordance with the principles outlined by the AMC and the Committee of Presidents of Medical Colleges Joint Standing Committee on Overseas Trained Specialists (for Australia) or by the Medical Council of New Zealand (for New Zealand).</p>
<p>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.</p>	<p>In line with proposed standard: 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.</p>
<p>10.1.4 The education provider has developed and follows procedures for identifying, managing and recording conflicts of interest in the work of its specialist international medical graduate assessment processes and in decision making about assessment outcomes.</p>	
10.2 Assessment methods	
<p>10.2.1 The methods of assessment of specialist international medical graduates are fit for purpose.</p>	<p>In line with proposed standard: 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.</p>
<p>10.2.2 The education provider has procedures to inform employers, and where appropriate the regulators, where patient safety concerns arise in assessment.</p>	<p>In line with proposed standard: 5.3.4 The education provider has procedures to inform employers and, where appropriate, the regulators, where patient safety</p>

	concerns arise in assessment.
10.3 Assessment decision	
10.3.1 The education provider makes an assessment decision in line with the requirements of the assessment pathway.	
10.3.2 The education provider grants exemption or credit to overseas-trained specialists towards completion of requirements based on the outcomes of the specialist medical program.	
10.3.3 The education provider clearly documents any additional requirement such as peer review, supervised practice, assessment or formal examination and timelines for completing them.	
10.3.4 The education provider communicates the assessment outcomes to the applicant and the registration authority in a timely manner.	In line with proposed standard: 5.3.1 The education provider facilitates regular and timely feedback to trainees on performance to guide learning.
10.4 Communication with specialist international medical graduate applicants	
10.4.1 The education provider provides clear and easily accessible information about the assessment requirements and fees, and any proposed changes to them.	In line with proposed standard: 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.
10.4.2 The education provider provides timely and correct information to specialist international medical graduates undergoing seeking assessment about their progress through assessment requirements.	In line with proposed standard: 7.3.3 The education provider provides timely and correct information to trainees about their training status to facilitate their progress through training requirements.