ATTACHMENT B

Proposed Accreditation Standards for Primary Medical Education: Draft for consultation

August 2022

How to read this document

This document contains the proposed revisions to the standards for medical schools within the Accreditation Standards for Primary Medical Programs. These proposals were developed by the AMC Standards Review Working Group and approved for consultation by the Medical School Accreditation Committee. The proposals have been informed by the 2021 AMC consultation on the scope of the review of the Accreditation Standards for Primary Medical Programs.

Proposed revisions to the language from the current medical school standards (2012 edition) is marked in red font colour. Proposals for new standards are marked entirely in red font colour, including the number.

The proposed revised standards are presented in tables below. The proposed standard (middle column) is mapped against current 2012 edition AMC medical school standard(s), where relevant (left column) and has a corresponding explanation of the proposed changes, particularly tying the proposals to relevant scoping consultation feedback (right column).

Explanation of the revised medical school standards tables:

2012 standard	Proposed standard	Details of proposed change

Standard 1. The purpose context and accountability of the medical program

1.1 Purpose

2012 standard	Proposed standard	Details of proposed change
2.1.1 The medical education provider has defined its purpose, which includes learning, teaching, research, societal and		

1.2 Partnerships with communities and

2012 standard	Proposed standard	Details of proposed change
schools and with the higher education institution. 1.1.2 The governance structures set out, for each committee, the composition, terms of reference, powers and reporting relationships, and allow relevant groups to be represented in decision-making.		clearly defined and documented for each committee or group.
1.2.1 The medical education provider has autonomy to design and develop the medical program. 1.3.1 The medical education provider has a committee or similar entity with the responsibility, authority and capacity to plan, implement and review the curriculum to achieve		

2012 standard	Proposed standard	Details of proposed change
7.2.4 Information about the selection process, including the mechanism for appeals is publicly available.		The medical education provider should provide different information and present information differently to make the information relevant to different audiences. For example, detail on selection processes would be particularly relevant to applicants, and staff involved in selection processes should have information on what is expected of them.

Standard 2. Curriculum

2.1 Program outcomes and structure

2012 standard	Proposed standard	Details of proposed change
2.2.1 The medical education provider has defined graduate outcomes consistent with the AMC Graduate Outcome Statements and has related them to its purpose.	2.1.1 The medical program outcomes for graduates are consistent with: i. The AMC Graduate Outcome Statements. ii. A safe transition to supervised practice in internship in Australia and New Zealand. iii. The needs of the communities, including Aboriginal and Torres Strait Islander and/or M ori communities, that the education provider serves.	Transition to Practice theme: Emphasised program outcomes that relate to transition to internship, to put focus on making end of primary medical education and beginning of training more consistent. Social Accountability/Cultural Safety theme: The proposed AMC Graduate Outcomes retain requirements for graduates to be able to understand and practise in communities across Australia and New Zealand and to engage with Health issues in the Western Pacific. The intention of the change to this standard is to emphasise the

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2012 standard	Proposed standard	Details of proposed change
		require that these are ‘informed’ by Aboriginal and Torres Strait

2012 standard	Proposed standard	Details of proposed change
3.2.2 Clinical Practice: The medical graduate as practitioner The curriculum contains the foundation communication, clinical, diagnostic, management and procedural skills to enable graduates to assume responsibility for safe patient care at entry to the profession. 3.2.3 Health & Society: The medical graduate as a health advocate The curriculum prepares graduates to protect and advance the health and wellbeing of individuals, communities and populations. 3.2.4 Professionalism and Leadership: The medical graduate as a professional and leader The curriculum ensures graduates are effectively prepared for their roles as professionals and leaders.		
3.4 The medical education provider has developed and effectively communicated specific		

2012 standard	Proposed standard	Details of proposed change
		and the assessment methods. Aligns with revised assessment standard 3.1.4. Implicit is the requirement for face-to-face teaching, particularly in the clinical context. This is reinforced in proposed standard 2.3.8, which requires experiential learning.
4.6 Learning and teaching methods in the clinical environment promote the concepts of patient centred care and collaborative engagement.	2.3.2 Learning and teaching methods promote safe, quality care in partnership with patients.	Minor updates to modernise language related to safe, quality care (as reflected in thematic changes to the proposed revised Graduate Outcome Statements).
N/A		

2012 standard	Proposed standard	Details of proposed change
4.5 The medical program promotes role modelling as a learning method, particularly in clinical practice and research. 8.3.2 The medical education provider has sufficient clinical teaching facilities to provide clinical experiences in a range of models of care and across metropolitan and rural health settings.	2.3.8 Students undertake face-to-face experiential learning through the course of the medical program. Experiential learning is: i. Undertaken in a variety of clinical disciplines. ii. Relevant to care across the life cycle. iii. Situated in a range of settings that include health promotion, prevention and treatment. iv. Situated across metropolitan and rural health settings.	Outcomes, Curriculum and Assessment theme: Emphasised the importance of face-to-face learning through experience and sets the expectation that face to face learning is undertaken across disciplines and settings. Social Accountability theme: Required experience across variety of settings to support revised Graduate Outcome Statements. This standard describes the range of experiences and settings that should be available to students within the program and should not be interpreted to mean that all students will have all the listed experiences during their program. In particular, rural pathways would continue meet this standard provided they include the elements of i-iii.
N/A	2.3.9 Students undertake a pre-internship term.	New standard. Transition to Practice theme: In the AMC and Medical Board of Australia Preparedness for Internship Survey, interns consistently indicated that a well-designed pre-internship term can increase the confidence and performance of interns in core internship skills, improving patient safety. The AMC considers a pre-internship term to be a specific clinical placement/term in the final phase of the medical program that is organised according to clearly defined learning outcomes with a focus on preparing students to perform core skills and take on roles relevant to internship. A good practice approach includes collaboration with local internship program providers (and, in Australia, the local Postgraduate Medical Council) on design, evaluation and continuous improvement.

Standard 3. Assessment

3.1 Assessment design

2012 standard	Proposed standard	Details of proposed change
N/A	3.1.1 Students are assessed throughout the medical program through a documented system of assessment that: i. Applies the principles of validity, reliability and fairness. ii. Is evidenced by research and evaluation information.	New standard. Outcomes, Curriculum and Assessment theme: Emphasised the need for coherence across assessments, an evidence-based approach to assessment and continual renewal informed by evaluation. The term 'system' is drawn from the 2018 consensus framework for good assessment[1]. The term 'program of assessment' was considered but may be confused with programmatic assessment as a particular approach and may be confused with the medical program, which is used in these standards in the broad sense to encompasses the curriculum, governance structures, policies and relationships which forms the basis of the accreditation of the program.
N/A		

3.3 Assessment quality

2012 standard	Proposed standard	Details of proposed change
5.4.1 The medical education provider regularly reviews its program of assessment including assessment policies and practices such as blueprinting and standard setting, psychometric data, quality of data, and attrition rates.	3.3.1 The medical education provider regularly reviews its system of assessment, including assessment policies and practices such as blueprinting and standard setting to assess the validity, reliability, fairness and fitness for purpose of the system. To do this, the provider employs a range of review methods using both quantitative and qualitative data including psychometric analyses, benchmarking, analysis of passing and attrition rates, surveys and student feedback.	Outcomes, Curriculum and Assessment theme: Clarified purpose of reviewing system of assessment: ensuring validity, reliability, fairness and fitness for purpose. Clarified the review methods expected to be employed by medical programs. Replaced 'program' with 'system' of assessment as across Standard 3.
5.4.2 The medical education provider ensures that the scope of the assessment practices,		

Standard 4. Students

4.1 Student cohorts and selection policies

2012 standard	Proposed standard	Details of proposed change

2012 standard	Proposed standard	Details of proposed change
infectious diseases, including blood-borne viruses.		International Framework theme: Did not add 'limitations to program completion' phrasing as flagged in scoping consultation. This requirement was removed from US NCFMEA guidelines.
7.2.1 The medical education provider has clear selection policy and processes that can be implemented and sustained in practice, that are consistently applied and that prevent discrimination and bias, other than explicit affirmative action.	4.1.5 The selection policy and admission processes are transparent and fair, and prevent racism, discrimination and bias, other than explicit affirmative action, and support the achievement of student selection targets.	Cultural Safety theme/Social Accountability theme: Explicitly referenced 'racism'. Aligned with prevocational National Standard.

4.2 Student wellbeing

2012 standard	Proposed standard	Details of proposed change
N/A		

2012 standard	Proposed standard	Details of proposed change
		The medical education provider may offer these services directly or through arrangements with other organisations. Services must be accessible, recognising that medical students will have clinical commitments during working hours and may be placed in locations geographically distant from university campuses.
7.3.2 The medical education provider has mechanisms to identify and support students who require health and academic advisory services, including: •students with disabilities and students with infectious diseases, including blood-borne viruses •students with mental health needs •students at risk of not completing the medical program 7.3.3 The medical education provider offers appropriate learning support for students with special needs including those coming from under-represented groups or admitted through		

2012 standard	Proposed standard	Details of proposed change
		Programs should work across health services that commonly employ their graduates.
N/A	4.2.5 The medical education provider implements flexible learning policies.	New standard. Student Wellbeing theme: Flexible learning is intended to cover modalities like part time study, interrupted learning and flexible participation in educational sessions and clinical placements that assists students who may need to manage personal or community needs along with studies. The standard is broad, recognising that part-time learning is currently difficult within some program designs. However, there should still be consideration in the program design for how students who, for instance, become parents, suffer illness/injury, have family commitments or are elite athletes may participate in studies. It is not intended that this means students should not be required to attend lectures or engage with part of the curriculum.
7.3.4 The medical education provider separates student support and academic progression decision making.	4.2.6 Student support provision and academic progression decision-making processes are separated.	Simplified standard for conciseness and readability.

Standard 5. The learning environment

5.1 Facilities

2012 standard	Proposed standard	Details of proposed change
8.2.1 The medical education provider has sufficient information communication technology infrastructure and support systems to achieve the learning objectives of the medical program.	5.1.1 The medical education provider has the educational facilities and infrastructure to deliver the medical program and achieve the medical program outcomes.	Minor amends for consistency of language.
8.1.1 The medical education provider ensures students and staff have access to safe and well-maintained physical facilities in all its teaching and learning sites in order to achieve the outcomes of the medical program.	5.1.2 Students and staff have access to safe and well-maintained physical facilities in all its teaching and learning sites, which support both the achievement of program outcomes and student and staff wellbeing.	Student Wellbeing theme: Added wellbeing in the context of the design and utilisa

2012 standard	Proposed standard	Details of proposed change
		health records and technology to support learning about the role of emerging technologies in health care, as specified in the Graduate Outcome Statements. Equitable is used to recognise that not all clinical placement providers will provide access to all technologies uGn (r)-6

2012 standard	Proposed standard	Details of proposed change
to manage and deploy its resources.		An appropriate profile of staff includes sufficient numbers of staff responsible for administration, information technology, laboratories, student wellbeing and managing engagement with clinical 481788.28 d0e5 partners.

ATTACHMENT B: Proposed A

Standard 6. Evaluation and continuous improvement

6.1 Continuous review, evaluation and improvement

2012 standard	Proposed standard	Details of proposed change