Review of the Accreditation Standards for Primary Medical Programs

Consultation paper: Proposals for detailed changes

The Australian Medical Council (AMC) is reviewing the

In Phase 1 the AMC consulted on the scope of the review and the direction of key changes. In Phase 2 the AMC has developed detailed proposals for revisions to the standards. The AMC will further refine the

(b)   *to facilitate workforce mobility across Australia by reducing the administrative burden for health practitioners wishing to move between participating jurisdictions or to practise in more than one participating jurisdiction; and*

(c)   *to facilitate the provision of high quality education and training of health practitioners; and*

(d)

Detailed proposals for change

For this consultation, the AMC has developed detailed proposals for revising the standards for medical schools and the Graduate Outcome Statements.

The proposals build on the early research and policy review of the AMC Medical School Accreditation Committee Working Group (the Working Group) and respond to feedback in the first consultation, on the scope of the review. The AMC received 50 responses to the scoping consultation. Stakeholder feedback was broadly supportive of the proposed directions for change outlined in the scoping consultation paper.

Overall stakeholder feedback is summarised in the 'Summary of feedback' table below. More detail on stakeholder views related to the individual review themes is available in the 'Proposals related to the Graduate Outcome Statements' and 'Proposals related to the standards for medical schools' sections of this paper.

In developing the detailed proposals the AMC has maintained alignment with:

accreditation standards for specialist medical

Proposals related to the Graduate Outcome statements

The graduate outcomes are the learning outcomes which medical school graduates must achieve. They are overarching statements reflecting the abilities of required of medical graduates on entry to practice.

Graduate Outcomes	Domain 1	Science and Scholarship: the medical graduate as a scientist and scholar

Area	Stakeholder feedback	Response
	(Australia) and the work of the Health Quality and Safety Commission New Zealand/Kupu Taurangi Haurora o Aotearoa.	
4. *Emerging Technologies*	All responding stakeholders were supportive of strengthening and updating references to emerging technologies. Stakeholders had mixed views of the levels of specificity in the outcomes, and the emphasis on opportun9 (o)0.9	

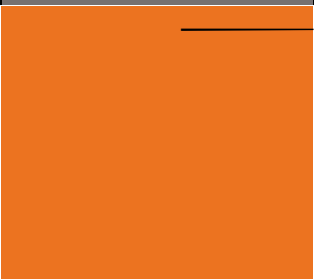**Proposals to update the <u>structure</u> of the Graduate Outcome Statements**

Area	Stakeholder feedback	Response
6. *Outcome Specificity*	The majority of stakeholders were in favour of continuing to use high-level statements to describe requirements for procedural skills. While some stakeholders pointed to lists that have been developed in recent years as potential best practice references, medical schools emphasised that the benefit of flexibility and local contextualisation outweighed any 'costs' of non-uniformity. There was also concern that lists of skills could become out-of-date or turn procedural skills into a 'tick box exercise'. Stakeholders in favour of detailed lists said consistent core expectations of medical graduates across the education and training continuum would be beneficial.	Maintained high-level procedural skills related outcomes (1.9, 1.10,

Proposals for updates to the <u>content</u> of the standards for medical schools

The standards for medical schools are used to assess whether the education provider and its medical program enable graduates to develop and demonstrate the knowledge

Proposals to update the <u>content</u> of the Graduate Outcome Statements

Area	Stakeholder feedback	Response
8. *Social Accountability*	Stakeholders broadly supported the proposals to increase emphasis on social accountability in the standards by relating to program design and delivery to the needs of communities in Australia and Aotearoa New Zealand. Stakeholders were strongly supportive of an increased emphasis on medical school partnerships with community groups and student learning about local patient population groups who faced barriers to healthcare access. Stakeholders explicitly mentioned rural populations and patients with disabilities, and other patient populations for whom improving the quality of care and health outcomes form policy priorities. Some stakeholders were concerned that a focus on vulnerable groups could put undue pressure on the communities in question as well as the health services. Stakeholders supported the notion that the standards should encourage more varied clinical placement settings for students across medical specialities and practice modalities, including health promotion, prevention and treatment. MDANZ and medical schools pointed to a lack of funding and resources for more varied clinical placements as the major obstacle to offering them for medical students currently.	- Added new standard requiring student learning opportunities to understand the needs of diverse patient groups (2.3.3) - Alrat6e2bdeaTT0)-11.(d(3s73Bc(2t.t( )())-94(d)4l2001 Tc(6e2bd)2.8 (eTT0(6e2bd)2.

Area	Stakeholder feedback	Response
	▬ ▬	- Added new standard requiring evaluation of Aboriginal, Torres Strait ꞊g˙UbXYf˙ UbX˙ A cf] student cohorts to be informed and reviewed by Aboriginal, HᴐffYg˙GhfU]h꞊g˙UbXYb g˙ A f cUb bUj f UU Q

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Area	Stakeholder feedback	Response
	Stakeholders	

Area	Stakeholder feedback	Response
13. Outcomes, the Curriculum and Assessment	There was broad agreement with the proposals related to medical program outcomes, the curriculum and assessment.	

The AMC asked stakeholders whether explicit requirements about the nature of clinical placements would be helpful to guarantee that students would receive sufficient depth and breadth of clinical experiences, particularly given the challenges around clinical placements during the COVID-19 pandemic. Many respondent stakeholders, including medical schools, indicated that specific minimum requirements for clinical placements spelled out prescriptively in the standards, such as numbers of hours students should be on placement before graduation or specific required rotations, would not lead to better outcomes for medical students. Stakeholders were more open to broad and high-level guidelines for placements.

On assessment of professional behaviours, stakeholders noted that this was a curriculum design challenge and should not be a tack-on. Respondents also suggested that professionalism should be linked to proactive self-management of well-being.

Stakeholders agreed with the AMC that standards related to assessment should be revised -

Area	Stakeholder feedback	Response

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18. Increase Focus on Outcomes	Stakeholders responded positively to the proposal to maintain a mixed approach of input, process and outcome standards but to increase emphasis on outcomes-based standards. There were mixed views on how to achieve this. Some respondents said that all standards could use a greater focus on outcomes, other groups of respondents pointed to Standard 3 (Curriculum), Standard 5 (Assessment), Standard 6 (Monitoring and Evaluation), and Standard 7.3 (Student Support) as particular standards to investigate. Some respondents noted that that outcome should be used in a way that is specific, measurable and achievable.	When reframing standards, particularly in response to other content themes, the AMC considered whether there was scope to increase the focus on outcomes.
19. Reintroduction of Notes	Stakeholders were in favour of a reintroduction of notes and/or exemplars. Some stakeholders suggested the AMC should add notes in all areas. Stakeholders asked that the notes avoid a presentation that suggested a tick box or checklist, or that notes include considerations better suited to the standards.	The AMC will draft accompanying notes focused on best practice and implementation of standards after this round of consultation is complete. For some standards, the proposals in Attachment B include an indication of areas that the AMC intends to cover in the accompanying notes in the 'Notes on change' column.

Tell us what you think

We would like to hear your perspectives on the proposals for detailed change. We will consider all the feedback we receive when shaping our next iteration of proposals for change.

The consultation process will include a range of opportunities for providing feedback including:

- Written consultation: This consultation documentation sent to stakeholders requesting written feedback.

- Workshop sessions: Small group (Zoom or in-person) workshops willw 8.8376org f(o)-8.8 (n)-8.5 a(i)-6.2 is1.8 (m)7.6 (a)-1