B Accreditation Standards for Specialist Medical Education and Training

Goals and Objectives of Specialist Medical Education

The broad goals of specialist education and training are:

1. To produce medical specialists who:
   - have demonstrated the requisite knowledge, skills and professional attributes necessary for independent practice through a broad range of clinical experience and training in the relevant specialty
   - can practice unsupervised in the relevant medical specialty, providing comprehensive, safe and high quality medical care, including in the general roles and multifaceted competencies inherent in all medical practice and within the ethical standards of the profession and the community they serve.

2. To produce medical specialists with a high level of understanding of the scientific and evidence base of the discipline.

3. To produce medical specialists able to provide leadership in the complex health care environments in which they practice, who work collaboratively with patients and their families, and the range of health professionals and administrators, and who accept responsibility for the education of junior colleagues.

4. To produce medical specialists with knowledge and understanding of the issues associated with the delivery of safe, high quality and cost effective health care within the Australian or New Zealand health system.

5. To prepare specialists able to assess and maintain their competence and performance through continuing professional education, the maintenance of skills and the development of new skills.

Standards for specialist medical education

1 THE CONTEXT OF EDUCATION AND TRAINING

1.1 GOVERNANCE

1.1.1 The training organisation's governance structures and its education and training, assessment and continuing professional development functions are defined.

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.

1.1.3 The training organisation's internal structures give priority to its educational role relative to other activities.

Notes
Governance structures would include the training organisation's relationships with branches, regions and specific special societies, chapters and faculties.

Relevant groups would include program directors, supervisors, trainees, scientific societies, health service managers and professional associations. Training organisations are encouraged to include appropriate health consumer representation on decision-making bodies.

The AMC recognises that the governance structures and the range of functions vary from training organisation to training organisation. The AMC does not consider any particular structure is preferable, and supports diversity where the structure can be demonstrated to function effectively over time.

1.2 PROGRAM MANAGEMENT

1.2.1 The training organisation has established a committee or committees with the responsibility, authority and capacity to direct the following key functions:

- planning, implementing and reviewing the training program(s) and setting relevant policy and procedures
- 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.

1.2.2 The training organisation's education and training activities are supported by appropriate resources including sufficient administrative and technical staff.

Notes
The membership of the committee responsible for designing the curriculum and overseeing its delivery should include those with knowledge and expertise in medical education. The committee's perspective should encompass local and national needs in health care and service delivery, and national health priorities.

1.3 EDUCATIONAL EXPERTISE AND EXCHANGE

1.3.1 The training organisation uses educational expertise in the development, management and continuous improvement of its education, training, assessment and continuing professional development activities.

1.3.2 The training organisation collaborates with other educational institutions and compares its curriculum, training program and assessment with that of other relevant programs.

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

1.4 INTERACTION WITH THE HEALTH SECTOR

1.4.1 The training organisation 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.

1.4.2 The training organisation 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.

Notes
Specialist medical education and training programs depend on strong and supportive publicly funded and private health care institutions and services. Many benefits accrue to health care institutions and health services through involvement in medical education and training. Teaching and training, appraising and assessing doctors 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 education and training are appropriately resourced to provide educational experience in these settings. It recognises this is not a matter over which individual training organisations have control.

Trainees have dual interdependent roles which can create tension. They are both workers in the health care system and students completing postgraduate medical programs. Demands on the health system can lead employing authorities to emphasise the trainee's service delivery role at the expense of training. At the same time, training organisations are responding to pressures for improved training by seeking intensified training and a greater focus on work-based assessment. Accommodating these interdependent roles so that trainees can meet educational and service delivery requirements is a joint responsibility.

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.

There must be effective consultation between the training organisation and the health care institutions that provide clinical training on matters of mutual interest, such as teaching, research, patient safety and clinical service. This should include a formal mechanism for high level consultation and agreements concerning the expectations of the respective parties, and extend to regular communication with the state, territory and national health departments.

1.5 CONTINUOUS RENEWAL

1.5.1 The training organisation has a policy for review and update of structures, functions and policies relating to education, training and continuing professional development to rectify deficiencies and to meet changing needs.

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

2 THE OUTCOMES OF THE TRAINING PROGRAM

2.1 PURPOSE OF THE TRAINING ORGANISATION

2.1.1 The purpose of the training organisation includes setting and promoting high standards of medical practice, training, research, continuing professional development, and social and community responsibilities.

2.1.2 In defining its purpose, the training organisation has consulted fellows and trainees, and relevant groups of interest.

Notes
Relevant groups of interest would include government agencies, the medical profession, health service providers, bodies involved with medical training, health consumer organisations and the community.

Training organisations are encouraged to engage consumers to develop specialist training and education programs that meet community expectations.

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

2.2 GRADUATE OUTCOMES

2.2.1 The training organisation 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. The outcomes are related to community need.

2.2.2 The outcomes address the broad roles of practitioners in the discipline as well as technical and clinical expertise.

2.2.3 The training organisation makes information on graduate outcomes publicly available.

Notes
The AMC goals of specialist medical training, set out above, indicate that training should prepare 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.

There is a number of documents which describe these general attributes1. These documents are designed as guides to the professional conduct and the breadth of knowledge and skills, including clinical, interpersonal and technical skills, and abilities such as problem solving and clinical judgement expected of individual doctors. Training organisations are expected to define the broad roles of practitioners in their discipline and relevant graduate outcomes. The training program should prepare specialists able to undertake these broad roles and prepared to maintain and enhance their performance.

Some training organisations are able to specify measurable competencies in some parts of the training program. Furthermore, in some instances the training organisation may permit trainees to demonstrate achievement of competence sufficient to allow early exit from the training program. While applauding efforts to define competencies, the AMC is aware that in higher level cognitive programs like medicine with multifaceted competencies such definitions and measurements are difficult.

The AMC has an expectation that medical specialists will demonstrate cultural competence in their practice of medicine.

In Australia disparities remain in the health status of different social and cultural groups. In particular, doctors work in a context in which the Indigenous people of Australia bear the burden of gross social, cultural and health inequity.

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[1] Frank, JR., Jabbour, M., et al. Eds. Report of the CanMEDS Phase IV Working Groups. Ottawa: The Royal College of Physicians and Surgeons of Canada. March, 2005
American Council on Graduate Medical Education *Outcome Project*
http://www.acgme.org/outcome/about/aboutHome.asp (viewed 04/04/2008)
Medical Council of New Zealand 2004 *Good Medical Practice A Guide for Doctors*

In New Zealand, the Medical Council is bound by legislation to set standards in cultural competence. Training organisations should be familiar with the Council's definition of cultural competence[2], and training and recertification (CPD) programs must include components which demonstrate an understanding of and respect for cultural competence.

3 THE EDUCATION AND TRAINING PROGRAM - CURRICULUM CONTENT

3.1 CURRICULUM FRAMEWORK

3.1.1 For each of its education and training programs, the training organisation has a framework for the curriculum organised according to the overall graduate outcomes and which is publicly available.

3.2 CURRICULUM STRUCTURE, COMPOSITION AND DURATION

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.

3.2.2 Successful completion of the training program must be certified by a diploma or other formal award.

Notes
Normally specialist education and training 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.

Recognised medical specialties in Australia share a number of characteristics:

- The scope of training, assessment and practice in each specialty is wide.
- The group of conditions managed by the specialty has common features and is of public health importance.
- The public health significance and common grouping of health problems managed by the specialty is usually reflected by establishment of the specialty in other countries with similar health systems.
- The specialty is based on sound, evidence-based clinical and scientific principles.
- Because of the scope of practice and complexity of the specialty, there is an extensive theoretical and practical training program.

For most specialties, the period of formal training ranges from three to six years when, following an appropriate summative assessment, a Diploma of Fellowship or other qualification is granted. Many trainees continue formal training beyond the conferring of fellowship or its equivalent and this may be recognised by the award such as a post-fellowship diploma. Some trainees undertake research towards a higher academic degree during or after completion of their specialist education and training.

Many specialist education and training programs provide for a period of basic training. During this stage, there is particular emphasis on gaining knowledge of the basic sciences underlying the

[2] www.mcnz.org.nz/portals/0/guidance/cultural%20competence.pdf

discipline, and on acquiring and enhancing the clinical and diagnostic skills that are the prerequisite for training to practise the specialty.

This stage is followed by advanced training when knowledge, clinical and diagnostic skills, and professional qualities are further developed until they are at the level of a specialist undertaking independent practice in the discipline.

In some programs, there is integration of basic and advanced training.

The term 'sub-specialisation' is frequently used to describe narrow specialisation within a broad discipline. Many specialist training programs allow trainees to focus their training in a specialist/sub-specialist area. The AMC believes that such training should take account of the broader educational objectives for the discipline/specialty as a whole. The AMC believes that the Australian and New Zealand communities and health systems are better served by avoiding unnecessary fragmentation of medical knowledge, skills and medical care. Where a training organisation encompasses sub-specialty or similar categories, it will be expected to provide a rationale and outline of such programs in its accreditation submission.

Some training programs are the joint responsibility of two or more training organisations. The AMC will determine, with the sponsoring organisations, how such programs will be assessed in the accreditation of each organisation's programs.

3.3 RESEARCH IN THE TRAINING PROGRAM

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.

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.

Notes
Exposure to an atmosphere of enquiry, intellectual curiosity and evidence-based practice promotes the enduring ability to solve problems, analyse data and update knowledge and improve practice. Not all trainees will have the inclination, opportunity or aptitude for an extended period of research activity, but it is essential that all trainees acquire knowledge of research methodology, and are competent in critical appraisal of research literature and in applying evidence when making clinical decisions. This may require the completion of specifically designed learning programs approved by the relevant training organisation.

Trainees should have the opportunity for research experience to enable those interested to pursue medical research in their future careers.

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 training structure can facilitate an early start to research, through intercalated research degrees, with appropriate credit towards completion of the training program. Trainee presentation of research projects at discipline scientific meetings is highly desirable.

4 THE TRAINING PROGRAM - TEACHING AND LEARNING

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.

4.1.2 The training program includes appropriately integrated practical and theoretical instruction.

4.1.3 The training process ensures an increasing degree of independent responsibility as skills, knowledge and experience grow.

Notes
It is expected that, predominantly, education and training will occur in and through the work environment with the application of adult learning skills. While much of the learning will be self-directed learning related to educational objectives the trainee's supervisors and trainers will play key roles in the trainee's education.

In the traditional apprenticeship approach, trainees learn best when trainers demonstrate appropriate skills, abilities and attitudes in the clinical environment. This model also allows trainees continually to apply their knowledge within the clinical environment in which they will ultimately function as fully trained specialists.

Other learning opportunities supplement apprenticeship training, such as:

- structured educational programs relevant to trainees' needs and to clinical needs, and based on adult learning principles. Educational programs should include: tutorials on the scientific basis of the discipline; relevant clinical topics, procedures and skills; staff rounds; postgraduate meetings; clinicopathological sessions; radiology conferences; pathology conferences; mortality and morbidity audits; and other quality assurance programs, including meetings to identify and respond to adverse events;
- sessions addressing topics not easily taught within the service environment, such as communication skills;
- opportunities to practise specific procedural skills in a safe (e.g. simulated) environment prior to gaining further experience in practice;
- opportunities to rehearse dealing with certain difficult events;
- formal offsite degree/diploma programs as appropriate to the specialty.

5 THE CURRICULUM - ASSESSMENT OF LEARNING

5.1 ASSESSMENT APPROACH

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 training organisation uses a range of assessment formats that are appropriately aligned to the components of the training program.

5.1.3 The training organisation has policies relating to disadvantage and special consideration in assessment, including making reasonable adjustments for trainees with a disability.

Notes

Assessment is a powerful tool to drive learning, and methods of assessment should match and reinforce the goals and objectives of the education and training program.

Assessment includes both summativ

There may be times where the remediation and assistance offered is not successful and/or appropriate. For these circumstances, training organisations must have clearly defined policies relating to issues such as unsatisfactory periods of training and limits on duration of training time.

5.3 ASSESSMENT QUALITY

5.3.1 The training organisation has a policy on the evaluation of 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.

Notes
When a training organisation changes the educational objectives of its training program or a component of its program, the assessment process and methods should reflect these changes; assessment should address and be deve

6 THE CURRICULUM - MONITORING AND EVALUATION

6.1 ONGOING MONITORING

6.1.1 The training organisation 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 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. 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.

Notes
Each training organisation should develop mechanisms for monitoring and evaluating its curriculum and for using the evaluation results to assess achievement of educational objectives. This requires the collection of data and the use of appropriate methods to monitor and evaluate education and training programs.

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

The value of evaluation data is enhanced by a plan that articulates the purpose and procedures for conducting the evaluation, such as why the data are being collected, from whom and when, methods and frequency of data analysis, responsibility for receiving evaluation reports, and possible decisions or actions in response to particular findings. Indications of how and when poor results will be followed up are also part of an evaluation plan.

6.2 OUTCOME

7 IMPLEMENTING THE CURRICULUM – TRAINEES

7.1 ADMISSION POLICY AND SELECTION

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 training program:

- are based on the published criteria and the principles of the training organisation

7.2 TRAINEE PARTICIPATION IN TRAINING ORGANISATION GOVERNANCE

7.2.1. The training organisation has formal processes and structures that facilitate and support the involvement of trainees in the governance of their training.

Notes

The purpose of trainee participation is to promote their understanding of and engagement in their training program, to encourage them to be active contributors to the training organisation as fellows, and to enable decision-making to be informed by the users' perspective of the training program. Trainee participation in training and assessment related committees enhances the training organisation's understanding of how training and assessment policies work in practice. It also allows the committees that manage the training program to identify and respond early to problems, and to recognise and expand successful strategies.

Committee and decision-making structures vary from training organisation to training organisation, as do the role of local/regional branches. The AMC has no wish to suggest that any particular structure is most suited to engaging trainees in the governance of their training, but whatever the processes and structures applied, they must be formal and give appropriate weight to the views of trainees.

Two strategies commonly used to support the involvement of trainees are to establish positions for trainees on training organisation committees and to

- that procedures that were required by training organisation 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[3].

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

8 IMPLEMENTING THE TRAINING PROGRAM – DELIVERY OF EDUCATIONAL RESOURCES

8.1 SUPERVISORS, ASSESSORS, TRAINERS AND MENTORS

8.1.1 The training organisation has defined the responsibilities of hospital and community practitioners who contribute to the delivery of the training program and the responsibilities of the training organisation to these practitioners.

8.1.2 The training organisation has processes for selecting supervisors who have demonstrated appropriate capability for this role. It facilitates the training of supervisors and trainers.

8.1.3 The training organisation routinely evaluates supervisor and trainer effectiveness including feedback from trainees and offers guidance in their professional development in these roles.

8.1.4 The training organisation has processes for selecting assessors in written, oral and performance-based assessments who have demonstrated relevant capabilities.

8.1.5. The training organisation 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.

Notes
Clinicians make significant contributions to medical education as teachers and role models for doctors in training. The roles of supervisor, assessor, trainer and mentor are critical to the success of the training program, especially given the apprenticeship nature of specialist training. It is essential that there is adequate training and resources for these roles.

The AMC has provided below some guidelines on these roles, but recognises that training organisations devise and implement their own structures in response to their specific goals and challenges.

A supervisor or director of training, who has overall responsibility for a training program in a hospital or department, cannot normally be involved on a day-to-day basis with all trainees in the work environment. This is often the task of the trainer. Whilst a trainee is likely to be involved with a number of trainers during a single rotation, the supervisor or director of training should designate one trainer to have particular responsibility for appropriate hands-on supervision and training of an individual trainee and who has frequent involvement with the trainee during the week.

[3] Australian Competition and Consumer Commission Determination 30 June 2003 *Application For Authorisation lodged by the Royal Australasian College of Surgeons* Authorisation No A90765

Supervisors/directors and trainers should 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 a trainee is not maintaining a satisfactory standard of practice.

There are advantages for a trainee to have an ongoing relationship with a specialist in the discipline, who has no formal role in the assessment or employment of the trainee but who is available to the trainee for advice and support on personal or professional matters. This person, often termed a mentor, has responsibility to the trainee. Training organisations are encouraged to develop processes for supporting the professional development of doctors who demonstrate appropriate capability for the role of mentor.

There is value in liaison with state/territory health departments concerning relevant professional development programs when developing processes for supporting the professional development of mentors.

Because of the critical nature of the 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 in section 7.4.

Assessors engaged in formative or summative assessments should understand the training organisation 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 education and training, addressing issues such as constructive feedback, dealing with difficult situations and different assessment methods.

8.2 CLINICAL AND OTHER EDUCATIONAL RESOURCES

8.2.1 The training organisation has a process and criteria to select and recognise hospitals, sites and posts for training purposes. The accreditation standards of the training organisation are publicly available.

8.2.2 The training organisation specifies the clinical and/or other practical

Notes
Most specialist education and training takes place in hospitals or in community-based health facilities such as general practices. The learning environment and the quality of the experience gained are thus of critical importance.

Training organisations define a range of experience to be gained during training. Training organisations should make as explicit as possible the training opportunities required of institutions seeking accreditation and any other expectations of them. Training organisation accreditation processes must verify that this experience is available in hospitals and community-based health facilities seeking accreditation.

During training, trainees are likely to gain experience in multiple locations each providing a varying range of clinical experiences. For this reason, training organisations are increasingly accrediting networks of training sites rather than single hospitals or other facilities. It is essential that training organisations have processes to ensure that the education, training and assessment at all sites satisfy the standards of the training organisation.

Accreditation criteria should apply equally to all training settings. Depending on the discipline, an expanded range of settings would include private practice, rural placements and primary care settings.

The training organisation's accreditation processes must aim to ensure that trainees will gain all the required experience during their period of training. Where there are deficiencies, there must be processes to negotiate with the facility to overcome these.

Trainees should have access to appropriate facilities and educational resources to support self-learning activities as well as structured educational programs. Access to library, journals, an electronic learning environment and other learning facilities is required to promote a life-time ethos of self-learning.

There is an expectation that trainees would contribute to the training of medical students, junior colleagues and relevant health professionals.

9 CONTINUING PROFESSIONAL DEVELOPMENT

9.1 CONTINUING PROFESSIONAL DEVELOPMENT PROGRAMS

9.1.1 The training organisation's professional development programs are based on self-directed learning. The programs assist participants to maint

9.1.6 The training organisation has processes to counsel fellows who do not participate in ongoing professional development programs.

Notes

The community expects that registered medical practitioners will maintain and develop their knowledge, skills and performance so that they are equipped to deliver appropriate and safe medical health care over their working life.

Continuing professional development (CPD) includes the formal and informal activities that doctors undertake in order to maintain, update, develop and enhance their knowledge, skills, and professional qualities in response to the needs of their patients.

Continuing medical education describes continuing education in the field of knowledge and skills of medical practice; CPD, a broader concept, refers to the continuing development of the multi-faceted

9.2 RETRAINING

9.2.1 The training organisation has processes to respond to requests for retraining of its fellows who have been absent from practice for a period of time.

9.3 REMEDIATION

9.3.1 The training organisation has processes to respond to requests for remediation of its fellows who have been identified as under performing in a particular area.

Notes
As the result of complaints or for other reasons, training organisations may be required to assist in providing remediation for specialists whose performance has been found to be unsatisfactory.