

AMC Accreditation

John Batten
Censor in Chief
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Introduction

- What is Accreditation
- RACS history 1997-2016
- The Compliance Environment
- Part 1: The process – activities from February - June
- Part 2: The standards – what will be assessed and reviewed
- What to expect

Accreditation

- Accreditation is a **process** in which the quality of an education program or institution is judged by an external organisation using a set of **agreed upon standards**
- Assessment for **quality improvement** and **quality assurance**
- Compliance required by law
- Undertaken by the Australian Medical Council and the Medical Council of New Zealand

The Australian Medical Council and the Medical Council of New Zealand

- The **AMC** is
 - an independent national standards body for medical education;
 - a private company governed by a board of directors;
 - appointed by Medical Board of Australia
- The **Medical Council of New Zealand** is a government statutory body
- The **AMC** and **MCNZ** make separate accreditation decisions, but the two councils work together to align processes; the AMC leads the accreditation processes in assessing medical programs

RACS Accreditation History

- **1997:** RACS accredited by the Medical Council of New Zealand
- **2001:** RACS volunteered to be one of the first colleges to be assessed by the AMC - **valid until July 2008**
- **2007:** SET introduced; assessed in June 2007
- **2008:** Follow up to review that SET was implemented as planned **2007 accreditation confirmed, granted until December 2011**
- **2011:** comprehensive report submitted for extension of accreditation; **granted until December 2017**
- **2017:** full reaccreditation

10 AMC Standards

1. The context of education and training
2. Organisational purpose and outcomes of specialists training and education
3. The specialists medical training and education framework (curriculum)
4. Teaching and learning methods
5. Assessment of learning
6. Monitoring and evaluation
7. Trainee (including trainee wellbeing, selection and appeals)
8. Implementing the program (including supervision/supervisors and accreditation of training posts)

with specific sections for:

9. Continuing Medical Education
10. International Medical Graduates

AMC Accreditation Standards

Standard 1. The Context of training and education

- 1.1 Governance – 6 accreditation descriptors
- 1.2 Program Management -1
- 1.3 Reconsideration, Review and appeals processes – 2
- 1.4 Educational expertise and exchange – 2
- 1.5 Education Recourses – 2
- 1.6 Interaction with the health sector – 4
- 1.7 Continuous renewal - 1

AMC Accreditation Feedback

AMC provide feedback under each accreditation descriptor of each category of the 10 standards

- **Conditions**
- **Recommendation for Improvement**
- **Commendation**

AMC Accreditation Feedback

Conditions

Standard 1 - The context of training and education

- **Governance**

- 1.1 - *“Finalise and formally approve the terms of reference for all committees and College roles.”*

- **Program Management**

- 1.2 – *“Establish a standing curriculum committee or working party which has responsibility for continual review of the curriculum to ensure that it is up-to-date with medical advances, societal needs and educational good practice.”*

AMC Accreditation Feedback

Recommendations for Improvement

Standard 3 - The specialist medical training and education framework

- **Curriculum framework**

- **3.1** – *“Consider opportunities to achieve greater strategic alignment of the education programs with emerging demographic, economic and workforce issues, and changing patterns of community health. (Standard 3.1 and 3.2)”*

- **The content of the curriculum**

- **3.2** – *“Develop a mechanism to ensure as new training resources are developed they are mapped to learning.”*

AMC Accreditation Feedback

Commendation

Standard 1 - The context of training and education

- **Governance**

- **1.0** – *“The College’s commitment to strategic planning and governance reviews, which has resulted in outcomes such as the establishment of the College’s Education Development Unit and the creation of the position of Dean of Education.”*
- **1.3** - The engagement and commitment of fellows who hold board and committee responsibilities, and in particular the significant service some fellows have provided to the College over an extended period of time.

Past Performance

2007

27 recommendations

2011

12 Recommendations from 2007 were satisfied, and closed.

Leaving **15** recommendations to report on.

2015

A further 7 recommendations closed.

Leaving **8** recommendations, seven were rated as 'progressing'; one was 'satisfied and closed'.

7 Remaining Recommendations

Currently, there are 7 open recommendations which relate to:

- Consumer engagement; health consumers
- Monitoring and feedback from stakeholders
- Flexible training
- Work based assessment
- Competency based training
- Communication to trainees : the uniformity of information on the specialty websites

AMC Accreditation 2017

The aim for 2017 will be to have some commendations, some recommendations and nil or minimal conditions!

Accreditation Environment

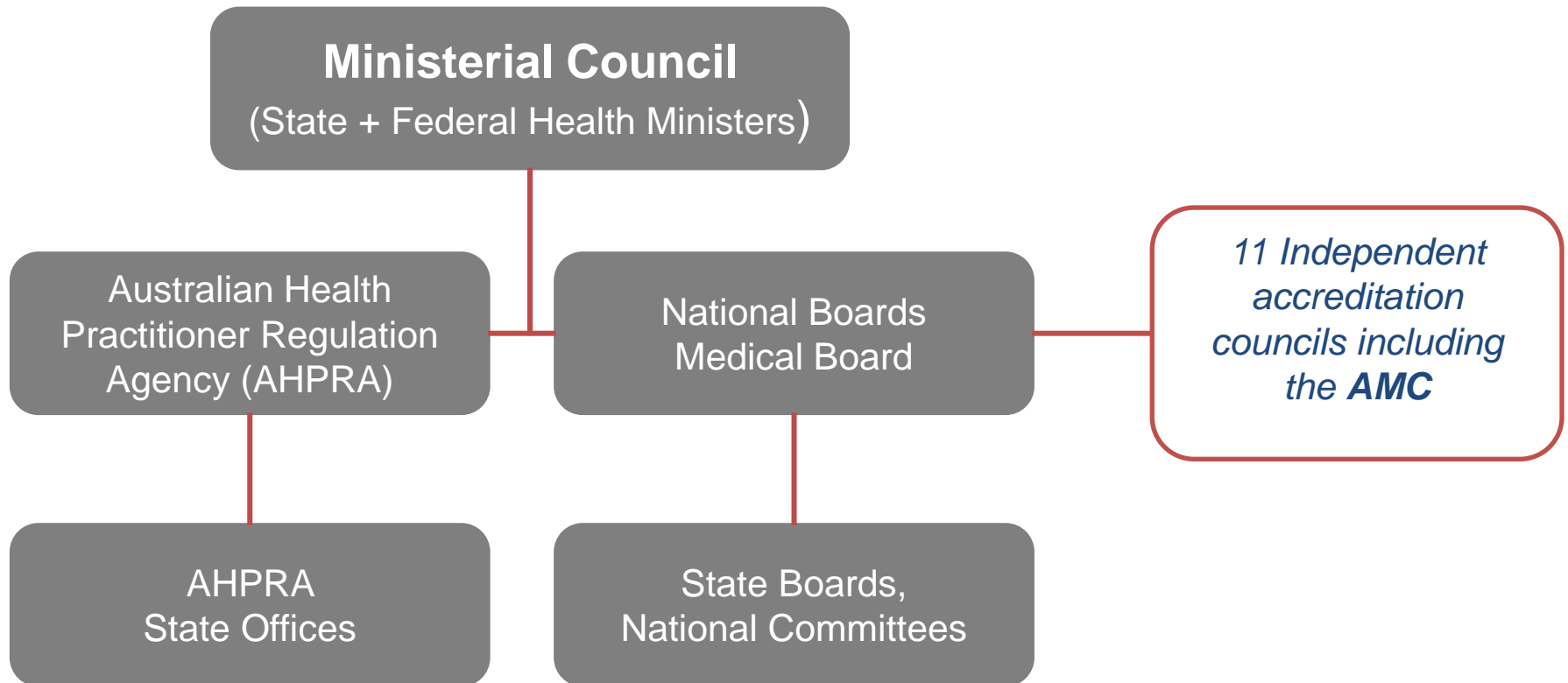
- Initially accreditation was a voluntary quality improvement process with participation agreed to by the medical colleges.
- Quality assurance agenda.
- Now, accreditation is a mandatory process under national law (since 2010)

Compliance Environment - Australia

Australia:

- Health Practitioner Regulation National Law Act 2009 and National Registration and Accreditation Scheme (NRAS)
- Defines: national (registration) boards' roles; accreditation standards; when accreditation granted and monitoring programs

Australian Registration – National Registration & Accreditation Scheme



Compliance Environment - New Zealand

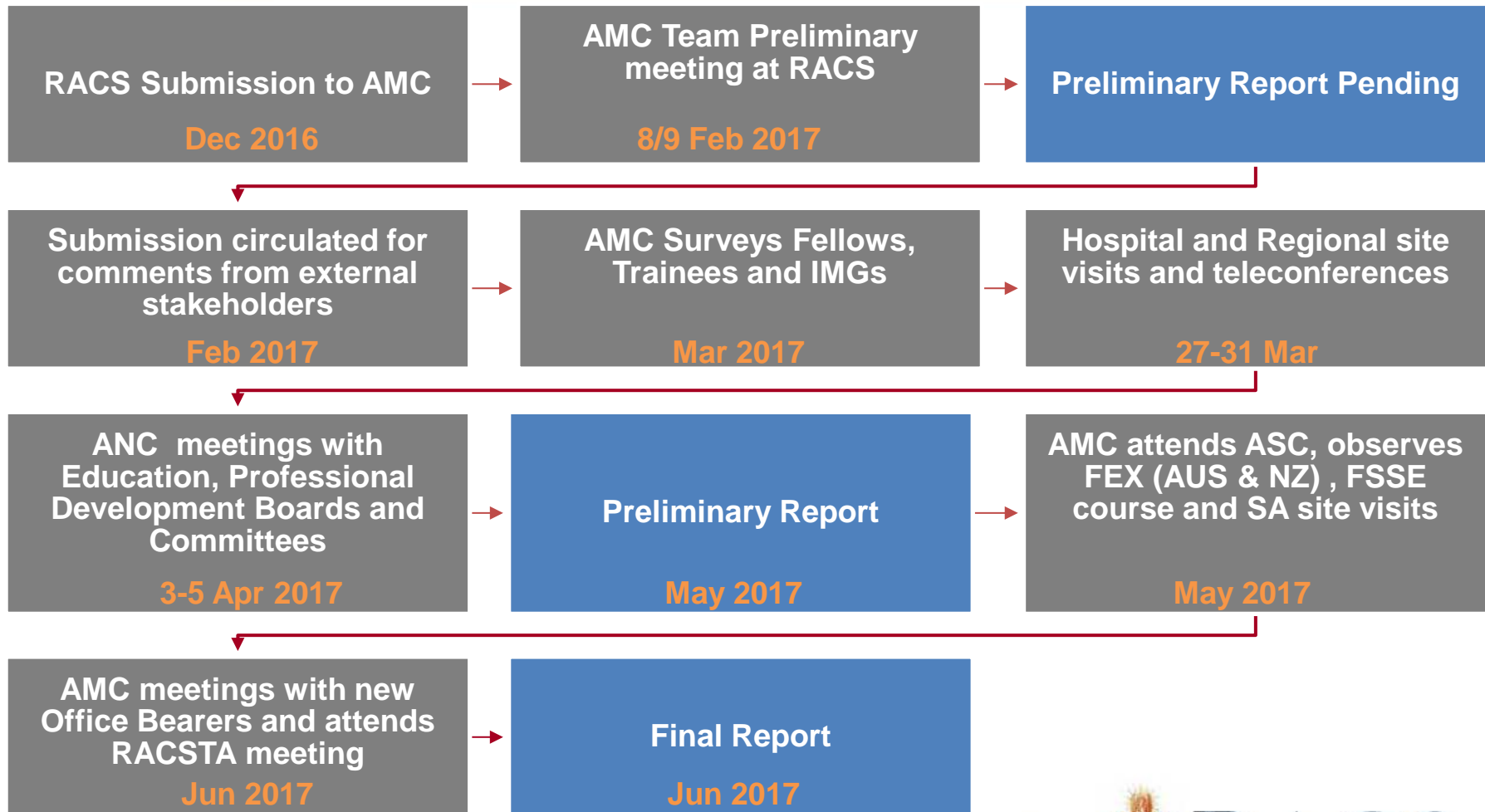
New Zealand:

- Health Practitioners Competence Assurance Act 2003
- MCNZ has defined roles: setting standards and guidelines; recertifying and promoting lifelong learning for doctors
- MCNZ statutory purpose “ *....to protect the health and safety of the public by ensuring that doctors are competent and fit to practice.*”

2014-17 NRAS Review

- In 2014, the Australian Health Workforce Ministerial Council (AHWMC) commissioned an independent review of the NRAS
- Terms of Reference of review accepted 2015 – October 2016
Prof Woods appointed **as independent reviewer**
- Prof Woods report for release in September 2017 and will provide advice to Australian Health Ministers Advisory Council and Australian Health Workforce Ministerial Council on options to reform the accreditation system and structures
- **Aim:** *“a sustainable workforce that is flexible and responsive to the changing health needs of the Australian community”*

Timeline



RACS Submission: December 2016

The purpose of providing a detailed submission addressing the 10 AMC standards is to:

- Reflect on a critical analysis of performance since last accreditation; what is different or changed since the last submission
- Articulate any plans for the future
- Identify our strengths, challenges and processes for addressing challenges
- Provides the basis for assessment, discussion and review by the AMC accreditation team.

Hospital and site visits: March 2016

Purpose:

- To meet trainees and supervisors and observe the educational work of the training boards and college
- Includes meetings with hospital CEOs, allied health and Directors of Surgery
- Is not an inspection of physical resources

Date and Location of Site Visits

Date	Hospital		Format
Monday 27 March	Royal North Shore Hospital	NSW	Site visit
Monday 27 March	John Hunter Hospital	NSW	Teleconference
Tuesday 28 March	Liverpool Hospital	NSW	Site visit
Tuesday 28 March	Bankstown-Lidcombe Hospital	QLD	Site visit
Tuesday 28 March	Princess Alexandra Hospital	QLD	Site visit
Wednesday 29 March	Gold Coast University Hospital	QLD	Teleconference
Wednesday 29 March	Greenslopes Private Hospital	QLD	Site visit
Wednesday 29 March	Middlemore Hospital	NZ	Site visit
Thursday 30 March	Dunedin Hospital	NZ	Teleconference
Thursday 30 March	Christchurch Hospital	NZ	Teleconference
Thursday 30 March	St Vincent's Hospital	VIC	Site visit
Thursday 30 March	Royal Children's Hospital	VIC	Site visit
Friday 31 March	Frankston Hospital	VIC	Site visit
Monday 8 May	Royal Adelaide Hospital	SA	Site visit
Tuesday 9 May	Bunbury Regional Hospital	WA	Teleconference
Tuesday 9 May	Alice Springs Hospital	NT	Teleconference
Tuesday 9 May	Calvary Public Hospital	ACT	Teleconference
Tuesday 9 May	Royal Hobart Hospital	TAS	Teleconference

Regional Offices: March

Purpose:

- To meet groups and committees that contribute to the delivery of SET; gain understanding of regional context; meet with relevant health department/jurisdictions

Date	Regional Office
Monday 27 March	New South Wales
Tuesday 28 March	Queensland
Wednesday 29 March	New Zealand
Friday 31 March	Victoria
Tuesday 9 May	South Australia

Purpose

- to maximize contact with trainees and supervisors

Date	Location	Group
Tuesday 28 March	Queensland Regional Office	Supervisors
Wednesday 29 March	Queensland Regional Office	Trainees
Thursday 30 March	Victorian Regional Office	Trainees
Friday 31 March	Victorian Regional Office	Supervisors
Monday 8 May	TBD (Adelaide)	Trainees & New Fellows
Tuesday 9 May	TBD (Adelaide)	Supervisors

Assessment Visit – RACS Melbourne: April 3-5

Purpose:

- To meet with representatives of the major education boards and committees, Indigenous Health Committee, RACSTA, Younger Fellows and community representatives
- To verify and triangulate information, clarify issues, gather information and inspect physical resources (e.g. on-line resources)

Format of Meetings

- Careful and tight schedule – meeting times 45-60 mins
- Structured against the AMC standards; a meeting will cover 1-3 standards only (all specified in timetable)
- Designed to enable the AMC team to form a consensus view on strengths and weaknesses of the program
- Generally the AMC team will work in groups of two with full team for larger meetings e.g. with College executive and Education Board

AMC Accreditation Team

The AMC team will be chaired by Prof Chris Baggoley

Members:

- Ms Susan Biggar
- Dr Kenneth Harris
- Associate Professor David Hewett
- Dr Tammy Kimpton
- Dr Linda Mellors
- Professor Michael Permezel
- Professor Phillipa Poole
- Dr Johnathan Sen
- Dr Leona Wilson ONZM

The Approach

- AMC uses a collegial approach to support open exchange of information
- Will not be confrontational or adversarial
- The AMC team is looking for:
 - Critical self analysis
 - Understanding of issues and challenges
- Is not looking for :
 - Justification, excuses or omissions

Meeting Agenda

- There should be no surprises;
- The meetings will not deviate from discussion related to the nominated AMC standard
- Preparation will be to:
 - Read the RACS submission, with particular attention to the nominated standard
 - Consider and form your opinion on what are the strengths and challenges (weakness), and what else may be relevant to this standard

Part 2: The AMC Standards

- Used to assess whether a program of study and its provider provide graduates with the knowledge, skills, and professional attributes necessary to practice the profession (National Law)
- Must take into account community expectation
- Must consult widely about the content of standards
- Must take into account international standards and statements e.g. CanMeds; WHO/WFME guidelines
- Must consider whether regulation is required

Current Standards

- Revised in 2015
- 35 Substantive changes
- Now enhances focus on trainees wellbeing and on patient safety
- New additions across the 5 standards re indigenous health
- Revised CPD standards
- Standards relating to IMG assessment have been revised and compiled as a separate stand alone standard

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Define:

- Knowledge, skills and attributes expected at the end of training
- Good practice in medical education and training delivery
- Graduate outcomes and relevance to public health

Council Involvement

- Some Councilors will be involved directly with AMC meetings e.g. Education Boards members
- Some may be involved with hospital or regional visits
- Being accredited, being assessed at how well RACS manages surgical education, how mature our governance, monitoring and compliance processes are is critical to the public, government and regulatory view of the college and surgical training – all councilors should be as fully engaged as possible

AMC Accreditation

- Major undertaking
- Important to confirm our program is fit for purpose
- At or above international medical education standards

Questions

