


Accreditation of medical programs in Australia (and New Zealand)



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Medical education in Australia

Phase	Structure
Basic / Primary	4 to 6 years university study, 2 years clinical experience 19 University medical schools. Students = 16,800
Internship 	1 year of supervised practice in posts accredited by State-based Postgraduate Medical Councils Interns = 2,900
Vocational/ specialist training	3 to 7 years work-based training, in supervised posts/programs Doctors in training = 16,700 25 medical specialties and 63 fields of specialty practice 16 specialist medical colleges, most cover Aust and NZ
Continuing profession. devel'ment	Life long, mandatory for registration/licensure Registered medical practitioners = 95,000 Programs approved by 16 specialist medical colleges

Historical developments

- ▶ 1985 AMC set up to accredit medical schools
- ▶ 1992 accredits New Zealand schools
- ▶ 2000 major review of accreditation scope
- ▶ 2002 accreditation of specialist medical training
- ▶ 2013 accreditation of intern training bodies

Accreditation across the phases of medical education

- ▶ Accreditation standards and process follow same structure for medical schools, internship and specialist medical training
- ▶ AMC accredits New Zealand programs with Medical Council of New Zealand in two of the three phases – joint teams, standards, independent accreditation decisions, Memorandum of Understanding

The AMC accreditation process in outline

- ▶ Program assessed by AMC team against accreditation standards
- ▶ Provider's accreditation submission addresses standards, critically analyses strengths & challenges, provides supporting evidence
- ▶ Review - 1 to 2 weeks: team observes training activities, visits training sites, interviews education provider officers and students/trainees, considers stakeholder feedback, presents preliminary report
- ▶ Team prepares report against standards
- ▶ Accreditation decision and report are made public

The accreditation standards

- ▶ The context of education and training
- ▶ Organisational purpose and program outcomes
- ▶ The curriculum
- ▶ Teaching and learning methods
- ▶ Assessment of learning
- ▶ Monitoring and evaluation
- ▶ Trainee selection, support and appeals
- ▶ Educational resources, including supervision
- ▶ Continuing professional development (specialist training)

Early steps in a new system



- ▶ Establishing process and systems
- ▶ Schools learning how to prepare
- ▶ Accreditation committee learning how to apply standards & procedures
- ▶ Communicating
- ▶ Training team members

A mature accreditation system



- ▶ Monitoring programs
- ▶ Assessing new developments
- ▶ Reviewing standards
- ▶ Reviewing processes
- ▶ Communicating
- ▶ Training team members
- ▶ Sharing knowledge

Monitoring programs

▶ Why

- ▶ Ensure accredited schools continue to meet standards
- ▶ Know in advance about major changes

▶ How

- ▶ Regular reports against standards and conditions
- ▶ Audit
- ▶ Review by accreditation committee
- ▶ Feedback to school if going well
- ▶ Investigate if concerns emerge

Assessing new developments

- ▶ New medical schools
 - ▶ When should they be assessed?
 - ▶ What needs to be in place to accredit a new program?
- ▶ Major changes to medical programs
 - ▶ What changes in a medical program will affect the accreditation status?
 - ▶ How should medical schools report to the accreditation committee on these changes?
 - ▶ How should the changes be assessed?

Review of standards

- ▶ Standards reviewed every five years
- ▶ 12 to 18 months work
- ▶ Active communication with important groups – medical schools, health department, community
- ▶ Accreditation committee decides on review scope
 - ▶ Considers AMC experience, national policy, international & national developments in medical education and medical practice
- ▶ Seeks stakeholder feedback

Review of accreditation procedures

- ▶ Major review of procedures every five years combined with review of standards
- ▶ Minor review after each accreditation assessment
 - ▶ Based on staff, team and medical school feedback
 - ▶ Minor changes communicated immediately to medical schools
- ▶ Basic process unchanged since 1985
- ▶ New procedures added to respond to new circumstances

Communicating

▶ Why?

- ▶ Important groups continue to see accreditation is important
- ▶ Staff changes in medical schools
- ▶ Demonstrates openness and willing to learn from schools
- ▶ Helps accreditation committee to know about new developments in medical education

Communicating (2)

▶ What?

- ▶ Workplans
- ▶ Accreditation outcomes
- ▶ Opportunities to be on teams and committees

▶ How

- ▶ Annual written update
- ▶ Staff and team chairs meetings
- ▶ Annual workshop for organisations being accredited
- ▶ Workshops

Training team members

- ▶ AMC training now
 - ▶ Train the team chair
 - ▶ Written material for other team members
 - ▶ Mix of experienced and new members on teams
 - ▶ Team members submit learning plan – monitored by team chair
- ▶ AMC training plans
 - ▶ Workshop on introduction to medical education
 - ▶ Team role plays

Sharing knowledge

▶ What

- ▶ Information about medical programs
- ▶ Findings in accreditation reports
- ▶ Network of experts
- ▶ Impact of government policy on medical education

▶ How

- ▶ Policy and discussion papers
- ▶ Workshops to share concerns and good practice
- ▶ Choosing people for expert groups and committees
- ▶ Submissions and advice to government

Challenges for accreditation committees

- ▶ Evidence that accreditation improves quality of medical education
- ▶ Costs and return on investment
- ▶ Assessing performance of the accreditation body

Evidence of improvement in medical education /1

- ▶ Less variation in quality of schools
- ▶ Limitations on the development of poor quality schools
- ▶ Preparation for accreditation is a period of change and improvement inside the school
- ▶ Accreditation report supports ongoing change and improvement

Evidence of improvement in medical education /2

- ▶ Education focusses on societal goals/community expectations – roles expected of doctors, rural medical education, ethical and compassionate
- ▶ For patients – confidence in knowing their doctor is well trained and assessed as competent to begin practice

Funding accreditation

- ▶ Who pays?
- ▶ How much?
- ▶ For what accreditation services?
- ▶ Is the process efficient so that costs are sensible?
- ▶ What do the funders get in return?

Challenges –

Who accredits the accreditors?

- ▶ Opportunities for medical schools to comment on your performance
- ▶ Key performance indicators for funding bodies
- ▶ Self review by the accreditation body
- ▶ International review of accreditation bodies

AMC external review



- ▶ Review of effectiveness, national & international standing
- ▶ AMC used accreditation model – self review, stakeholder consultation, peer review and public report


AMC external review

- ▶ AMC work is significant and done well
- ▶ AMC well loved and highly respected
- ▶ Accreditation is best practice standard
- ▶ Improve - management, funding, and client relationships
- ▶ Strengthen health and medical workforce policy development
- ▶ Technical reports - accreditation and assessment functions

International review

- ▶ World Federation for Medical Education
- ▶ Guidelines for accreditation bodies Conducting Recognition of accreditation agencies as required by USA

World Federation for
Medical Education


WORLD FEDERATION FOR
MEDICAL EDUCATION

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Latest News

Registration for 2014
FAIMER Master's degree
will open in the autumn

Recognition of Accreditors

The History of WFME

Standards for Basic
Medical Education – the
2012 Revision

Henry Walton, 1924 - 2012,
former President of WFME


World Directory of Medical
Schools

International standards in
medical education

WFME Distance Learning
Courses in Medical
Education

New Journal launched by
AMEEMR

Accreditation



World Federation for Medical Education

The mission of WFME is to enhance the quality of medical education world-wide, and to promote the highest standards in medical education.

These objectives are met through the development of [standards](#) in medical education, by the promotion of [accreditation](#) of medical schools, with the development of [databases](#) on medical education, through [projects](#) on the future of medicine and medical education, and through other [publications](#) and [partnerships](#).

WFME works in partnership with its [six Regional Associations for Medical Education](#), with global professional and international organisations including the [World Health Organization](#) and the [World Medical Association](#), with WFME's associate members, and with medical schools world-wide.

The purpose of WFME in promoting better medical education is to improve health care for all mankind.

WFME's activities cover all stages of medical education, from basic (undergraduate) medical education, through postgraduate medical education - including vocational training, specialist training, and research doctoral education - and continuing medical education and the continuing professional development of medical doctors.

US Policy on Accreditation

“Effective in 2023, physicians applying for ECFMG Certification will be required to graduate from a medical school that has been appropriately accredited. ...the physician’s medical school must be accredited through a formal process that uses criteria comparable to those established for US medical schools ..., or that uses other globally accepted criteria, such as those ... by the World Federation for Medical Education.”