



SUBMISSION TO THE NATIONAL REGISTRATION AND ACCREDITATION SCHEME ON THE PROPOSED ARRANGEMENTS FOR ACCREDITATION

OVERVIEW

The Australian Medical Council (AMC) is reassured to see that the Consultation Paper on Proposed Arrangements for Accreditation under the National Registration and Accreditation Scheme (NRAS) is accompanied by two background papers – the World Federation for Medical Education (WFME)/World Health Organization *Guidelines for Accreditation of Basic Medical Education* and the Professions Australia *Standards for Professional Accreditation Processes*. The AMC has been directly involved in the development of both of these documents and strongly supports the principles set out in both of these papers for the development and implementation of accreditation processes for medical education.

While the proposed arrangements for accreditation as set out in the Consultation Paper would not present any particular challenge to the AMC, there appears to be a disconnect in some sections of the Consultation Paper from the principles and processes set out in the two accompanying background papers. This may reflect the natural evolution of thinking in relation to the roll out of the NRAS, as witnessed in the changes seen in the other consultation papers from the first paper on registration arrangements (September 2008) to the most recent paper on other issues to be included in Bill B (December 2008). Clearly, there is a need to clarify some specific issues in order to progress the accreditation developments under the NRAS framework.

The comments that follow are intended to assist in the development of the accreditation elements of the NRAS proposals in order to ensure that the accreditation processes for medical education in Australia, which now have an international reputation and standing, are successfully translated across into the new national registration and accreditation scheme. The AMC has limited its comments to medical education, but it is evident that a number of these comments might also apply to other health professions.

ACCREDITATION AND ASSESSMENT FUNCTIONS IN MEDICINE AND THE INTERGOVERNMENTAL AGREEMENT [IGA]

The accreditation of medical education in Australia, at both the entry level (Primary medical degree) and specialist level, unlike the current provisions for medical registration, already operates on a national basis. The Australian Medical Council (AMC) has been engaged in the accreditation of basic medical education in Australia since 1988 and the accreditation of specialist medical education since 2001. The AMC has aligned its accreditation standards with World Federation for Medical Education global standards and the AMC's processes for accreditation and its standards have been independently reviewed and endorsed by the United States Federal Department of Education.

When the AMC accreditation process was established in 1984 there were 10 medical schools in Australia and medical education was a generally static environment. Since that time the AMC accreditation standards and procedures have been subject to extensive review and development to accommodate the establishment of 9 new medical schools, the two New Zealand medical schools, the implementation of rural clinical schools, the provision of a medical course off-shore and the development of an indigenous health curriculum framework .

The AMC, with the development of the specialist recognition and accreditation processes, pioneered the active involvement of health consumers and trainees in all facets of the AMC accreditation processes and that of relevant allied health professions. This was later expanded to include all accreditation and assessment activities conducted by the AMC.

Similarly, in relation to the assessment of individual qualifications of overseas trained medical practitioners, national examinations have been in place for non-specialist registration since 1978. A national process for the assessment of overseas trained specialists was implemented in 1993, following a successful pilot in New South Wales. To date some 14,500 international medical graduates (IMGs) have presented for the non-specialist assessment and 5,500 have been assessed through the specialist pathway. In July 2006 the Council of Australian Governments (COAG) announced a new initiative for nationally consistent processes to assess all IMGs, including those who were not assessed through the existing established processes. Since 2007 the AMC has been working with a range of stakeholders to implement these new processes.

The current accreditation and assessment processes administered by the AMC include all of the matters specified for the new national scheme under Clause 1.34 of the IGA, specifically:

- Rigorous and transparent accreditation processes to review medical training for entry level and specialist medical education
- Provision in the accreditation processes and decision making on accreditation cases for input from the community, jurisdictions, the profession and trainees.
- Financial accountability and reporting together with quality assurance and risk management provisions
- Involvement in cross-professional developments, such as the Professions Australia *Standards for Professional Accreditation Processes*
- Use of consultative committees and working groups with wide representation of key stakeholders in the development of major accreditation and associated initiatives, such as the specialist accreditation procedures, reviews of AMC accreditation standards and the current draft national *Code of Professional Conduct* .

In relation to specific accreditation functions under Clause 1.35 of the IGA, the AMC has:

- Undertaken the accreditation of all existing and new medical schools in Australia and New Zealand under the provisions of the relevant legislation
- Undertaken the accreditation of all existing specialist medical colleges under a voluntary scheme and of training programs in new specialties as a mandatory part of the recognition of the specialty

- Developed and implemented the model for the recognition of prior assessment and accreditation of entry level qualifications by approved designated authorities outside Australia
- Implemented an external appeal process for accreditation decisions
- Administered and continued to develop the examination processes for non-specialist IMGs and worked with the specialist medical colleges to facilitate the assessment of overseas trained specialists
- Undertaken other functions assigned to it from time to time, including the development of a recognition procedure for new medical specialties, the Competent Authority pathway for the assessment of non-specialist IMGs and the accreditation processes for the COAG IMG assessment initiative.

A case study for a high-stakes accreditation process for health professions, based on experience drawn from the AMC accreditation of medical courses and specialist training programs, is set out at APPENDIX A.

It is important to recognise that accreditation, if effectively implemented, is a very powerful driver of quality improvement. The Australian Competition and Consumer Commission (ACCC) recognised this when it incorporated the AMC specialist accreditation process into the authorisation mechanism for other Specialist Colleges, following the authorisation of the Royal Australasian College of Surgeons.

RESPONSE TO SPECIFIC PROPOSALS IN THE CONSULTATION DOCUMENT

Standard Setting within the NRAS Framework

While the AMC endorses the four inter-related activities to be encompassed by the accreditation function under NRAS (page 9/21) there appears to be some confusion about the respective roles in standard setting of the various bodies encompassed under the scheme, as well as confusion between accreditation “standards” and the accreditation “process”.

- It is understood from the consultation paper that the Ministerial Council will have the power under legislation to approve accreditation standards for the individual professions, although the Ministerial Council will have no role in individual accreditation decisions (page 9/21).
- It is stated that Bill A provides that an accreditation body, assigned responsibility by the Ministerial Council, may be involved in the development of accreditation standards (page 11/21).
- Although National Boards are described as overseeing the development of accreditation standards for health professions (page 10/21), in another section of the Consultation Paper it states that “*..if the board is satisfied that a course meeting the standards will prepare a student for registration...the board will submit the standards to the Ministerial Council with a recommendation for approval*” (page 9/21).
- The explanatory note for Proposal 3.5.4 states that the National Agency, through the formal contract with the National Board, also has a role in the setting of standards.

This suggests that the National Agency and the National (profession specific) Board, as well as the Ministerial Council, have direct roles in the approval of accreditation standards.

The WFME Guidelines specify that an accreditation system must operate within a legal framework. However, that framework must secure the autonomy of the accreditation system and ensure its independence. It goes on to say that the legal framework must “...authorize the accrediting body to set standards” (WFME p.4).

The AMC, as the accreditation body for medical education, has set accreditation standards, in consultation with stakeholders and following review of national policy developments and international developments in medical education. The consultative nature of these processes means that the standards reflect a broad consensus on the requirements for medical education. Importantly, they are also informed by the AMC’s own knowledge and experience. For example, colleges identified the need for clearer AMC standards on selection of trainees into specialist medical training programs and the AMC was able to clarify its standards quickly, through reviewing the issues raised in AMC accreditation reports.

This is an area that needs further clarification prior to the finalisation of Bill B.

Proposal 3.4.1: It is proposed that in preparation for commencement of the national scheme, national boards will consider whether there is a need for specialist endorsements in their profession.

Proposal 3.4.2: In the case of the medical profession, it is proposed that the national board take advice from the Australian Medical Council on the list of specialties and associated specialist qualifications, against which the board could endorse individual registrants as specialists.

Specialisation in medicine is well established and recognised in Commonwealth and State legislation. A list of recognised medical specialties has been prepared by the AMC as part of the recognition of medical specialties process and is set out at APPENDIX B.

The Consultation Paper notes that the recognition of new medical specialties for the purposes of Medicare is administered through a separate Commonwealth process to that envisaged for the NRAS.

The current Commonwealth recognition process signifies that a medical specialty has developed in Australia in response to a demonstrable need for specialist medical services and that its development is in the best interests of the Australian community. The recognition process is designed to allow the AMC to prepare advice to the Commonwealth Health Minister that assists in determining which fields of medical practice should be recognised as specialties for the purposes of the *Health Insurance Act 1973* (Cth). In practice this means either listing on Schedule 4, Health Insurance Regulations, 1975 as a recognised medical specialty, or in the case of the specialty of General Practice, the entitlement of appropriately trained individual practitioners to be listed on the Vocational Register of General Practitioners. Such recognition enables doctors with specific qualifications to attract a relevant Medicare benefit for services rendered.

Since 1996, the majority of newly registered medical practitioners have been required under Commonwealth legislation to achieve Fellowship of a recognised medical college in order to be eligible for a Medicare provider number.

The AMC recognition process also allows for organisations to seek recognition of a medical specialty for purposes **other** than the *Health Insurance Act*. In such cases, applicants may wish to have specialist medical skills and knowledge acknowledged, and to have the education and training programs that lead to these attributes accepted as a standard for a particular area of practice. A successful application in such a case would lead to a listing on the AMC's *List of Australian Recognised Medical Specialties*. This enables medical specialist training providers to participate in the AMC's accreditation of specialist medical education, training and professional development programs. The specialty of Medical Administration is an example of a medical specialty recognised by the AMC for such purposes.

Recognition for the purposes of the *Health Insurance Act* also means recognition for other purposes, but the converse is not true and cannot be implied.

Strengths of the current process include:

- (a) the focus on the achievement of improved health outcomes for the Australian community and also in considering the effect of decisions on the medical profession
- (b) the gathering and analysis of information and ideas from multiple sources and viewpoints
- (c) the reference (where relevant) to commonly accepted hierarchies of evidence in assessing the strength of applications; and, where feasible, critically appraising the quality of literature and research cited to support claims
- (d) conduct of the assessment of the case in an open and objective manner, using clear guidelines and procedures
- (e) the inclusion of mechanisms to ensure that members of review groups, committees and staff apply standards and procedures in a consistent and appropriate fashion
- (f) the periodic review of the processes and criteria described in the Guidelines for Recognition of Medical Specialties, with external input.

The AMC considers that the principles and overall processes that have been developed for the recognition of new medical specialties for the Commonwealth could also be applied in other areas, with suitable modifications and appropriate professional and stakeholder input.

Proposal 3.4.3: It is proposed that in line with the IGA the national scheme legislation will provide that while boards may approve the initial list of specialties, any new specialties or specialty areas of practice will require Ministerial Council approval.

The AMC submits that with some modifications, the current specialist recognition procedure could be used for providing advice on new specialties to both the Commonwealth Minister for Medicare purposes and the Ministerial Council for NRAS purposes.

Proposal 3.4.4: It is proposed that the Ministerial Council specify that the core accreditation functions initially assigned to the external accreditation bodies are the core functions listed above where those functions are currently undertaken by the body.

As indicated above, the AMC is already conducting many of the functions included in the listing of **core accreditation functions** and endorses this proposal.

The list of core accreditation functions is silent on the *process* by which courses of study are assessed. As noted earlier, the AMC has been directly involved in the development of both the statements cited which concern the process of accreditation, namely the World Federation for Medical Education (WFME)/World Health Organization *Guidelines for Accreditation of Basic Medical Education* and the Professions Australia *Standards for Professional Accreditation Processes*. Both these statements provide guidelines which allow flexibility in the design and implementation of a specific set of accreditation procedures, depending on the complexity of the courses of study being assessed. The AMC completes an evaluation when it completes each assessment of a medical course or specialist training program. This information is fed back to the relevant accreditation committee, and the AMC uses this for continuous and fast improvement of its process. The capacity for this flexibility should be retained. The list would be more complete if it made reference to the development and implementation of a *process for assessing coursing of study*.

About one third of the work of the AMC's accreditation committees for basic medical education and specialist education is identifying policy and system-issues from its assessments. It may respond to these by developing a policy statement, reviewing its guidance or procedural documents or if relevant giving advice to the registration boards about the issue. One example of the latter is the AMC's early work with medical schools and medical boards to specify the sorts of policies medical schools need to develop on matters such as student impairment, disability and blood borne viruses.

The list includes "provision of a merits and process review of decisions". The AMC understands a merits review to be the process by which a person or body other than the primary decision-maker reconsiders the facts, law and policy aspects of the original decision and determines what is the correct and preferable decision. By contrast, proposal 3.7.1 indicates that 'any organisation disadvantaged by an accreditation decision of **the board** should have the right to seek a merits or process review. Is it intended that such review processes will be available at both the level of the accreditation agency and the board?

Proposal 3.4.5: It is proposed that the Ministerial Council specify that it would be open to boards to delegate to external accreditation bodies or committees other functions related to accreditation or other matters for which the boards have responsibility, but the boards would not be required to do so.

This provision will be essential to maintain flexibility within the system, given the need to respond quickly to changing circumstances in the health care system and is supported.

The current Consultation Paper is silent on the position of those bodies that are currently delegated to undertake accreditation or related functions by the existing

State and Territory Medical Boards – the Postgraduate Medical Education Councils and their equivalents. At present these bodies are responsible for the oversight of the internship / PGY1 on behalf of the existing Medical Boards. PGY2 is not prescribed under the existing State and Territory legislation. The relationship of these “state” bodies to the new National Board needs to be clarified.

Proposal 3.4.6: It is proposed that the national scheme legislation allows for changes and expansion of the range of courses accredited with any such expansion requiring the approval of the relevant standards by the Ministerial Council.

As with Proposal 3.4.5 above, this proposal is essential for the flexibility in responding to changing circumstances in medical education.

As noted earlier, when the medical school accreditation process was established there were 10 medical schools in Australia. Medical education up to that time had been largely static with very few changes made to curriculum design or content and no new medical schools had been established in 25 years.

In the decade since 1998 nine new medical courses have been established and all medical schools in Australia have undertaken major review and re-design of their curriculum, course content and format. The major developments in this decade include:

- Implementation of graduate entry (four-year) medical courses
- Major changes in teaching, learning and assessment methods
- Australian university medical courses conducted largely off-shore
- Joint university medical courses
- A privately funded university medical course
- The development of multiple medical courses offered at multiple sites by a single university.

As these changes have evolved, it has been necessary to review accreditation standards and procedures to ensure that they are clear, and remain appropriate for the changing medical education sector. The diversity of medical courses and training currently in place in Australia could not have been accommodated within the structures and processes that existed at the time when the medical school accreditation process was established.

An area of concern that the NRAS model raises is the need for sign-off by the Ministerial Council on major changes to standards. The AMC experience with both medical school accreditation and the accreditation of specialist medical training programs suggests that the accreditation processes need to be able to move more quickly than is proposed for the decision process within NRAS. A number of the developments that have taken place in medical education might not have been possible if multiple layers of approvals were required before the accreditation process could be implemented.

The AMC has been able to clarify and amend standards quickly where necessary, although it has not made changes quickly without agreement of the institutions being accredited. The AMC has been able to develop new procedures and adapt our procedures to assess new models of medical education quickly. This certainly indicates that the design and implementation of the assessment **process** should be

considered a core function, and that it should be assigned to the accreditation bodies (possibly within an overall framework set buy the National Agency).

Proposal 3.4.7: It is proposed that the legislation provide general powers of delegation to boards allowing them to delegate other functions to external accreditation bodies where they consider this is the best way to achieve the objectives of the national scheme and where this is consistent with their powers under the legislation.

The comments in respect of Proposal 3.4.6 above apply to this proposal.

In relation to continuing professional development, referred to as an example of a possible “additional function”, in the case of medical accreditation it is already covered under the existing specialist accreditation process.

3.5 Governance arrangements for external accreditation bodies:

Stakeholders are invited to provide comment on how the guidance to be provided on the governing body of external accrediting bodies can provide for community input and input from education providers and professions but provide independence in decision-making.

The WFME in its *Guidelines for Accreditation* indicates that the members of an accreditation committee or council should be highly esteemed and respected within their profession, with a majority of members having an educational background in medicine (WFME p 5). The WFME Guidelines go on to propose that the main groups of stakeholders must be represented on the accreditation committee or council. It proposes a model where

- one third of members are drawn from academic staff, management and full-time senior staff of medical schools
- one third from members of the medical profession, including physicians in hospitals, community clinics and general practice
- one third drawn from the main stakeholders, including governmental authorities responsible for medical education and responsible for health services, regulatory bodies, students, related health professions and the community.

The AMC would submit that these principles should be used for consideration of any changes to governance to provide for input from the community and education providers.

The current membership of the AMC was formally approved by Health Ministers initially in 1984 and amended in 1991. Subsequent amendments to the AMC Constitution in 2001 and 2005 added health consumer and community members and the Chair of the Confederation of Postgraduate Medical Education Councils to full membership of the Council.

The current membership is as follows:

**AMC COUNCIL MEMBERSHIP
As at December 2008**

The Members are:

- A. thirteen persons each of whom is registered as a medical practitioner in any State or Territory appointed as follows:
 - (i) one person appointed by each State and Territory Medical Board;
 - (ii) two persons each appointed by Universities Australia;
 - (iii) two persons each appointed by the Committee of Presidents of Medical Colleges;
 - (iv) one person appointed by the Australian Medical Association Federal Council;
- B. two persons each appointed by the Australian Health Ministers' Advisory Council as follows:
 - (i) one on advice received by the Australian Health Ministers' Advisory Council from the Commonwealth Government; and
 - (ii) one on advice received from the Australian Health Ministers' Advisory Council from the State and Territory Governments;
- C. two persons each with a background in and knowledge of health consumer issues:
 - (i) one being a community member of a State or Territory Medical Board, appointed by the Australian Medical Council; and
 - (ii) the other being appointed by the Australian Medical Council after receiving written expressions of interest in response to an invitation by the Australian Medical Council for the submission of expressions of interest;
- D. ex officio, the chair of each of the Medical School Accreditation Committee, the Board of Examiners, the Joint Medical Boards Advisory Committee, the Specialist Education Accreditation Committee, the Strategic Policy Advisory Committee and the Recognition of Medical Specialties Advisory Committee, and
- E. ex officio, the chair of the Confederation of Postgraduate Medical Education Councils.

The membership of the two principal AMC accreditation committees is as follows:

MEDICAL SCHOOL ACCREDITATION COMMITTEE

- A. A person appointed by the Directors to be the Chair of the Committee. The Chair will have expertise in medical education and accreditation processes;
- B. Two members of the Council, one of whom is a Medical Board member, and one is a member nominated by Universities Australia ;
- C. One member of the Council who is a member of the Specialist Education Accreditation Committee;

- D. One member appointed on the advice of the Medical Council of New Zealand;
- E. One member appointed on the advice of the Committee of Presidents of Medical Colleges;
- F. One member appointed on the advice of the Confederation of Postgraduate Medical Education Councils;
- G. One member with a background in and knowledge of health consumer issues;
- H. A medical student appointed on the advice of the Australian Medical Students' Association;
- I. Four members appointed on the advice of the Medical Deans Australia and New Zealand, one of whom shall be a medical educational specialist;
- J. One member appointed on the advice of the Deans of the New Zealand Medical Schools;
- K. Such other members as are appointed by the Directors from time to time.

SPECIALIST EDUCATION ACCREDITATION COMMITTEE MEMBERSHIP

- A. A person appointed by the Directors to be the Chair of the Committee. The Chair will have expertise in postgraduate medical education and accreditation processes;
- B. Three members of the Council, one who is a Medical Board member of the Council, one who is a member of the Medical School Accreditation Committee, and one a nominee of the Australian Health Ministers' Advisory Council;
- C. Three members appointed on the advice of the Committee of Presidents of Medical Colleges;
- D. One member with expertise in graduate (non-medical) education appointed on the advice of the Universities Australia;
- E. One member appointed on the advice of the Medical Council of New Zealand;
- F. Two members with a background in, and knowledge of, health consumer issues;
- G. A senior specialist medical trainee or doctor who has completed specialist medical training within 12 months of appointment to the Committee;
- H. A medical educationalist appointed on the advice of the Medical Deans Australia and New Zealand;
- I. The Chair of the Recognition of Medical Specialties Advisory Committee or the nominee of that Chair (who shall be a member of the Advisory Committee);
- J. Such other members as are appointed by the Directors from time to time.

The AMC recognises that the membership of the Council and its Accreditation Committees will need to be amended in light of the dismantling of the State and Territory Medical Boards. It proposes to hold discussions with the National Medical Board as soon as it is formally established to ensure appropriate input to the ongoing functions of the AMC under the NRAS model, in line with the WFME Guidelines.

***Proposal 3.5.1:* It is proposed that the agency's requirements in relation to the national scheme should be specified in the contract with the specific accreditation body.**

***Proposal 3.5.2:* It is proposed that the terms of contracts between the agency and the external accrediting body include but are not limited to, the following matters:**

- (a) The objectives of the national scheme**
- (b) The accreditation framework standards developed by the agency**
- (c) The budget for the accreditation functions it is performing for the national board**

- (d) The contribution to the cost of those functions to be drawn from registration fees
- (e) Monitoring and reporting arrangements
- (f) Requirements relating to contributions to the national board's annual report, and
- (g) Provisions relating to termination of the contract.

***Proposal 3.5.3:* It is proposed that the arrangements between the agency and any external accreditation body form part of the health profession agreement between the agency and each national board, providing both the national board and the agency with input to the arrangements.**

These proposals and the accompanying explanatory notes in the Consultation Paper have generated the greatest concern about the potential of the NRAS model to compromise the integrity and independence of the accreditation of medical training in Australia.

The Consultation Paper indicates that the Ministerial Council will provide guidance on how accreditation bodies should change their governance arrangements (Section 3.5). The paper goes on to state that arrangements with external accrediting bodies would be specified in formal contractual agreements and specifically that the contract would give the Board “...a central role in the definition of what the body should do and the services it should provide, as well as its budget” (page 15/21).

The WFME Guidelines state that the legal framework that underpins accreditation “...must secure the autonomy of the accreditation system and ensure the independence of its quality assessment from government, the medical schools and the profession.” (WFME p 4).

The current wording of the consultation paper suggests far greater control of the specific functions of the external accrediting bodies by the Board and the National Agency than would be compatible with the WFME Guidelines. As noted earlier, the AMC would wish for greater clarity about the “the accreditation framework standards” and the flexibility that will be available to accreditation authorities to develop and implement an assessment process appropriate for the complexity of the courses of study and to refine this in response to its own evaluation of the process.

However, having said this, the AMC has operated under formal three-year renewable funding agreements with the Commonwealth since 1988. These agreements have specified the range of functions and activities to be undertaken by the AMC in relation to medical school and specialist accreditation and have defined key performance indicators and periodic reporting of outcomes.

These funding agreements have not been without problems and on a number of occasions have impacted on the capacity of the AMC to continue to deliver accreditation services due to funding or resource constraints.^{*} Nevertheless, the AMC medical school accreditation process and the implementation of the accreditation of specialist training in Australia would not have proceeded without these formal contractual arrangements with the Commonwealth.

^{*} The major contributing factor to this appeared to be a lack of awareness of the complexity of the accreditation process. Details of the steps involved in the accreditation of a medical course are set out in APPENDIX C. A similar sequence of events is followed for the accreditation of specialist medical training.

The greatest risk from the contractual agreement model proposed for the NRAS accreditation process is the potential lack of flexibility given the approvals and sign off processes likely to be involved, as well as the need for the NRAS to accommodate all ten of the regulated health professions. Experience with the AMC accreditation process indicates that it will be essential to have mechanisms to vary these contractual arrangements to take account of additional functions that might be allocated to external accrediting bodies, such as those envisaged under the provisions of Proposal 3.4.5. Two recent examples of the need for flexibility and the capacity to alter funding provisions at short notice to accommodate unforeseen developments include:

- The need to accommodate an additional accreditation review to facilitate the joint University of Newcastle and University of New England medical course within an already full and budgeted accreditation program; and
- The need to produce totally new assessment processes and accreditation criteria for the COAG IMG assessment project within a 6 month timeframe that had not been costed within the operating budget of the AMC.

Proposal 3.5.4: It is proposed that the national scheme legislation provide that the agency must consult with the boards on the development of the standards to govern registration and accreditation processes within the scheme.

Clearly, the National Agency will have a critical role to play in facilitating the implementation and ongoing development of accreditation under the NRAS. However, it is important to note that integrity and transparency of the accreditation system is critical to engagement and acceptance of the outcomes. The WFME Guidelines state:

“...the basic requirement is that the accreditation system must be trustworthy and recognized by all: by the medical schools, students, the profession, the health care system and the public. Trust must be based on the academic competence, efficiency and fairness of the system” (WFME p. 4).

As indicated above, there seems to be some confusion about “standards” and “processes”. In relation to the setting of the accreditation “standards” under the NRAS, the role of the National Agency in the development of these standards should be secondary to the role of the Boards, the professions and the consumers (including trainees). This proposal, as currently worded, would put the NRAS model at odds with the general principles outlined by the WFME and reflected in the operation of the existing medical school and specialist accreditation processes.

If it is intended that “standards” refer to the accreditation “processes”, these standards should be flexible to take account of the variation between professions and the range and types of course of study

Proposal 3.5.5: It is proposed that the external body assigned to undertake accreditation in the first three years will have the ability to delegate parts of the accreditation function to other agencies, while it remains responsible for the overall function, where there is no conflict of interest and where this was the arrangement at the time the accreditation function was assigned.

This proposal appears to be non-controversial and is supported by the AMC. In relation to some activities, such as the assessment of IMGs, the AMC is required to contract with external parties for the delivery of some examination services overseas.

Proposal 3.5.6: As per Bill A, it is proposed that the national scheme legislation provide that the accreditation bodies and committees of the national board be required to consult widely when developing standards for accreditation.

The AMC supports this proposal. The initial development of its procedures for the accreditation of specialist education and the recognition of new medical specialties was undertaken by a broadly representative Consultative Committee with input from a wide range of relevant stakeholders. It has been a longstanding feature of AMC reviews of accreditation standards to establish a separate broadly representative working party to undertake these consultation processes. These arrangements are described in the AMC's current accreditation procedures. More recently the AMC has been involved in an extensive community consultation process to develop a national *Code of Professional Conduct: Good Medical Practice*.

In both of these examples the consultative process was costly in terms of time and resources. These consultations could not have taken place without substantial additional funding from the Commonwealth in both cases.

The added complexity of ten health professions engaged in such consultations to develop accreditation standards (in addition to the development of registration standards) suggests that the cost implications and resources necessary to support this proposal will be significant. The logistics of running such a consultation may impose difficulties on some of the smaller health professions. There is a related issue of finding representatives of stakeholder bodies able to engage in the detailed and focussed process necessary to develop clear and meaningful accreditation standards. This is an area where there may be scope for collaborative development of appropriate consultation processes across the professions.

Proposal 3.5.7: It is proposed that the national scheme legislation provide that the agency be required to publish on its website, the standards for accreditation following approval by the Ministerial Council as well as all fees and charges related to accreditation.

Both the Professions Australia *Standards for Professional Accreditation Processes* and the WFME/WHO Guidelines stress the importance of making the accreditation standards publicly available. The AMC standards and accreditation processes are published on the AMC website, as are the final accreditation reports.

The AMC considers that this proposal should apply equally to assessment procedures for overseas trained health professionals. In addition to making its examination specifications available, in the interests of transparency the AMC has published major reference texts with samples of its examination materials (drawn from actual examinations) together with accompanying commentaries explaining the material being tested and best practice principles within the Australian clinical

context. This action has addressed a number of concerns about the transparency of the AMC examination processes and contributed to better relations with IMGs.[#]

Proposal 3.5.8: It is proposed that the contract with the external accreditation body require that body to provide information to the national board on financial reports pertaining to accreditation functions, activities undertaken during the year, including standards developed, courses accredited or monitored, the number of qualifications assessments of overseas trained practitioners undertaken and the decisions made as a result of these assessments, and anything else requested by the national board, for inclusion in the agency's annual report.

As indicated above, the AMC has operated under contractual agreements with the Commonwealth since 1988 that have required it to report on a range of issues similar to those outlined in Proposal 3.5.8. However, the addition of the statement "...and anything else requested by the national board..." may present a problem.

The accreditation of medical education is based on a series of key elements, one of which is an internal self evaluation. As indicated in the WFME Guidelines, this self evaluation must be precise and based on evidence (WFME p 6 In the AMC's experience the assessment process works best when it is based on trust, and institutions are willing to be frank and honest in their assessment of their strengths and weaknesses. The unlimited capacity of the national board to request 'anything' in the annual report may cause institutions to be concerned about the possible uses of material they provide to the AMC and then to be less forthcoming. This would be a retrograde step for the integrity and effectiveness of the accreditation process.

A similar issue in relation to the AMC examination process and the requirements of a proposed new funding agreement with the Commonwealth, that specified access to any materials developed by the AMC. To ensure that confidential examination materials and other intellectual property available to the AMC could not be accessed through the provisions of the proposed funding agreement, and thereby compromise the integrity of the assessment process, the AMC examination processes were excluded from the Commonwealth funding agreements.

The AMC considers that this proposal needs further consideration and clarification.

Proposal 3.6.1: It is proposed that the Ministerial Council require that accreditation committees comprise two registered practitioners from the relevant profession, two members with education and training expertise, two community members and two representatives from the relevant national board.

Proposal 3.6.2: It is further proposed that the Ministerial Council require that the relevant national board appoint an accreditation committee chair from among these members.

Proposal 3.6.3: It is also proposed that the Ministerial Council require that the process by which the national board selects members for an accreditation

[#] A measure of the success of this approach was demonstrated by the fact that some 200 IMGs recently volunteered to participate in a trial test of a new AMC examination format.

committee be open and transparent. Positions should be advertised and allow for expressions of interest from individuals and nominations from groups.

These proposals relate to the establishment of accreditation committees under the NRAS, where there are no existing external accreditation bodies.

From Clause 1.23 of the IGA, the AMC understands this composition relates to the *minimum* number of committee members. It would seem appropriate for there to be capacity for a greater number of members if this is considered appropriate.

Proposal 3.6.4: It is proposed that the legislation will give general delegation powers to boards allowing them to delegate other functions to agency staff and committees, as well as external accreditation bodies, where they consider this is the best way to achieve the objects of the national scheme and it is consistent with their powers under the legislation.

The AMC supports this proposal as essential for maintaining the operational flexibility of the NRAS. However, the AMC would have concerns if the delegation envisaged under this proposal would require an external accrediting body, such as the AMC, to hand over responsibility administering the accreditation process and producing the accreditation report to staff of the National Agency.

Proposal 3.7.1: It is proposed that any organisation disadvantaged by an accreditation decision of the board should have the right to seek a merit or process review and, if required, go beyond that to an external process of review.

This proposal is consistent with the principles outlined in the Professions Australia Standards and the WFME Guidelines. Although the AMC has had an independent appeals process for accreditation outcomes since 1988, no medical school to date has sought review through this process. This may be due in part to the fact that the AMC has sought to work in a collegial manner with institutions, respecting the autonomy of those institutions, while implementing the approved accreditation standards. This relates back to the concept of trust based on academic competence, efficiency and fairness set out by the WFME (see the response to Proposals 3.4.4 and 3.5.4 above)

Proposal 3.8.1: It is proposed that the national scheme legislation will provide that all bodies and their agents under the scheme will be indemnified for work performed in relation to the scheme. These indemnity arrangements will extend to external accreditation bodies and committees and persons acting for those bodies and committees.

This is a key element of the NRAS model and, if effectively implemented, will address many of the concerns and obstacles to the smooth implementation of consistent national assessment processes for overseas trained health professionals. However, the operation of the indemnity provision needs to be clarified before it is likely to be universally supported. It is essential that the indemnity does not come at the price of the independence and integrity of the assessment processes and outcomes as might be the case if the indemnity is linked to assessment outcomes. This issue could arise if the indemnity provision were to be linked to assessment outcomes, such as pass rates.

Proposal 3.10.1: It is proposed that the Ministerial Council request that the agency consider the following matters in developing standards for accreditation processes:

- (a) the document *Standards for Professional Accreditation Processes* developed by 'Professions Australia' in consultation with the Forum of Health Professions Councils**
- (b) the need to meet any relevant international guidelines relating to the specific professions**
- (c) the need to align standards with relevant international standards and clearly indicate the international standards on which these standards are based when presenting them to boards for consideration, and**
- (d) the need to ensure that accreditation assessment panels provide sufficient public accountability and independence.**

Clearly, there should be no dispute with the recommendations contained in Proposal 3.10.1 (a), (b) or (c) regarding alignment with established national and international standards for professional accreditation processes. The problem, as with Proposals 3.5.1 to 3.5.3 above, relates to the accompanying notes for Proposal 3.10.1 (d) and the composition of accreditation panels.

Although the consultation paper refers to the WFME Guidelines for basic medical education, it goes on to state that:

Membership of accreditation panels should not over-represent the interests of the profession. This is important in order to maintain independence of accreditation functions and to ensure that such bodies maintain their accountability to the public. At the same time, professional involvement in the accreditation function is important to ensure that processes and decisions are well informed. It is through the panel that principles of independence may be maintained. (18/21)

A key feature of the accreditation processes developed by the AMC for basic medical education and the accreditation of specialist education is the ability to match specific requirements of the institution or program under review with appropriate accreditation assessment teams. As indicated by the WFME, the accreditation teams are "expert panels" and the success of the process depends on their expertise. The accreditation process, as set out in the WFME Guidelines, is based on an external evaluation of a self assessment undertaken by the institution under review. As such the scope of the external review is determined in part by the issues identified in the self assessment (or in previous accreditation reviews). This in turn should determine the composition of the accreditation assessment team. It would be a significant retrograde step if the ability to select accreditation teams was circumscribed by the need to comply with a representational formula rather than matching the needs of the program under review and the skills set required to complete that review.

The Consultation Paper noted that medicine has complex arrangements, with a number of levels of training, and many specialist branches. It also has a knowledge base that draws on a large number of medical science and social science disciplines. The team to assess a medical training program will need members with knowledge

and expertise from a range of disciplines, and other phases of the medical education as well as broader educational, community and health sector interests.

Since the proposed National (profession-specific) Boards, which will determine the outcome of the accreditation for the purposes of registration are to be limited to not more than two thirds of the members drawn from the relevant profession, it would appear that the issues of transparency and accountability are already being addressed at more appropriate decision levels within the NRAS. In the case of the current AMC accreditation processes, the assessment teams are constituted as “expert panels” and the transparency of process is ensured through the broad diversity of membership on the Accreditation Committees and the Council (see the response to 3.5 of the consultation paper above).

Transparency of the process is also ensured by the accreditation agency detailing its conflict of interest policies and its expectations of the members of its assessment teams so irrespective of their area of expertise, the requirements and their duties are known in advance. Independence of the process is also assisted by professional staff supporting the teams who are able to ensure that teams apply standards and procedures consistently, and that there is continuity between teams.

Proposal 3.10.2: It is proposed that the legislation provides for ongoing monitoring of education courses and institutions, including requiring accredited education providers to report to the accreditation body or committee any significant curricular changes or resourcing issues that would adversely impact on students and compromise their ability to register, and requirements for the accreditation body or committee to report any such adverse events to the relevant national board as soon as it becomes aware of them.

The AMC agrees that accreditation is more than periodic major assessments of courses of study. Equally important is a periodic reporting process to ensure that the institution or programme continues to satisfy accreditation standards. The AMC receives a report every two years from established medical schools, and every year for a new or changed medical course. It also receives a report every year from specialist medical colleges which participate in its accreditation process. Reports are assessed by a person from the most recent assessment team to visit the institution and then by the relevant accreditation committee or a delegated working party. To review the reports thoroughly takes significant time of the accreditation committee members and the report reviewers as well of the accreditation agency officers. If this is to be part of the process, then the costs need to be included.

The recent experience of the AMC with accreditation of medical education in Australia would strongly support the need for the provisions to report adverse events as outlined in Proposal 3.10.2. However, some finetuning of these provisions may be required to ensure that the accreditation process is able to work through to solutions where problems in meeting accreditation standards arise. The reporting requirement should not hinder the free exchange of information between the institution being accredited and the accreditation body.

Proposal 4.1: It is proposed that accreditation reports will be made publicly available in the agency's annual report and on its website. These reports will include recommendations and outcomes of accreditation processes and information on education and training courses.

This is the current practice with the accreditation of medical training at both entry level and specialist programs in Australia in compliance with the WFME Guidelines. The AMC strongly supports the continuation of this requirement under the NRAS.

Proposal 5.1: It is proposed that the national scheme legislation provide that standards for accreditation are developed in consultation with New Zealand and any other country with which Australia has (or develops) a mutual recognition agreement.

The current AMC accreditation processes have included New Zealand medical schools since 1992 and specialist medical colleges since 2001. AMC accreditation standards and processes have been developed in consultation with the Medical Council of New Zealand. As indicated above in relation to Section 3.5 of the Consultation Paper, the current membership of the AMC Medical School Accreditation Committee includes two members, one nominated by the Medical Council of New Zealand and one nominated by the Deans of New Zealand Medical Schools. Similarly, the Specialist Education Accreditation Committee also includes a nominee of the Medical Council of New Zealand.

The AMC supports the transitional provisions as outlined under Proposal 6.1. However, it would caution that the time taken to develop, consult and approve new accreditation standards may be longer than the transitional provisions and the Consultation Paper envisage.

GENERAL COMMENTS ON ACCREDITATION PROPOSALS

There has been a considerable amount of discussion about the need to maintain the independence of the accreditation process for medical education since the COAG regulatory reform proposals were announced in 2006. There appears to have been a continuous evolution of thinking about the national arrangements, as evidenced by the changes in approach that are reflected in the succession of consultation papers that have been produced in support of the NRAS model.

This evolution may in part account for the apparent disconnect between some elements of the current Consultation Paper on accreditation arrangements, such as Proposals 3.10.1 on one hand and the notes accompanying Proposal 3.5.3 on the other. If the arrangements are implemented as set out in the explanatory notes, the NRAS would have the capacity to impose external control on existing established accreditation bodies and to challenge the "independence" of the accreditation system.

However, this perceived threat to independence needs to be seen in terms of the current accreditation arrangements. The current AMC accreditation processes operate under four different contexts:

1. The medical school accreditation process is prescribed by legislation with the final decision on the accreditation of an individual course being made by the

AMC and adopted by Medical Boards. However, the current legislation in many jurisdictions have provisions for other bodies to be approved to undertake the accreditation of medical courses.

2. The specialist accreditation process is not prescribed by any legislation. Although the AMC makes the final decision on the accreditation of an individual specialist training program.
3. The recognition of medical specialties process and the accreditation of training providers for new medical specialties is not prescribed by legislation. The process is advisory and the Commonwealth Minister for Health and Ageing makes the final decision on the recognition of an individual specialty.
4. In relation to the accreditation of medical courses in New Zealand, the role of the AMC is not prescribed in any legislation. The AMC reports its findings to the Medical Council of New Zealand and that Council makes the final decision under the provisions of the relevant NZ legislation.

Although the role of the AMC and the “independence” of the current AMC accreditation processes are not guaranteed, the current accreditation of medical education in Australia has achieved high degree recognition and buy-in by the relevant stakeholders. The ability of the AMC to set standards and to administer the accreditation processes, is generally regarded as WFME compliant, despite the fact that the role and “independence” are not guaranteed by any legislative framework.

CONCLUSION

The challenge to produce an overall accreditation framework for ten health professions with a diversity of clinical responsibility, scopes of practice and standards of education is a significant one. The overall framework proposed for the NRAS, seen from the medical perspective, has the capacity to support a viable accreditation system, when viewed in the context of current arrangements. As always, the proof will be in the way that the system is implemented. The AMC is willing to work with the National Registration and Accreditation Project team to facilitate the smooth implementation of the new arrangements.

Canberra
December 2008

A High Stakes Accreditation Process for Health Professions: A Case Study

1. Introduction

1.1 Summary

Whilst the AMC has developed accreditation processes specifically for medicine, a number of principles of these accreditation processes may have general application. This case study is intended to outline key principles that have been established through the experience of the AMC in developing and implementing accreditation processes for medical education.

Accreditation includes the development of standard procedures for the assessment and accreditation of established teaching courses, major course changes and newly developed courses.

Standard procedures are used to make clear the outcome of the process of accreditation, the nature of information required and the process for assessing the teaching institution against specified educational standards.

Decision making processes for accreditation and requirements for periodic reporting during the period of accreditation are also important elements of the accreditation process.

1.2 Accreditation Committee

An accreditation committee:

- develops standards, policy and procedures relating to the accreditation of teaching institutions and courses which includes making recommendations on policies and procedures and periodically reviewing accreditation standards
- reviews teaching institution information and reporting requirements and advises the accreditation authority on any changes as considered appropriate
- oversees the accreditation program of the accreditation authority which includes implementing the accreditation authority's policies and procedures relating to accreditation, determining annual programs of accreditation activity and making recommendations on the appointment of teams to visit specific teaching institutions for accreditation purposes
- makes recommendations on the accreditation of teaching courses and institutions and presents a report to meetings of the accreditation authority on its accreditation activities and other matters as may be referred by the accreditation authority
- plays a role in seeking to encourage improvements in education facilitated by teaching institutions that responds to evolving needs and practices, and educational and scientific developments which take into account national and

international developments and activity that promotes quality improvement in education.

1.3 Accreditation Assessment Teams

Assessment teams:

- are responsible for conducting accreditation of a particular teaching institution
- are appointed by the accreditation authority, on recommendation of the accreditation committee. The teaching institution to be accredited is provided with an opportunity to comment on the proposed membership of the assessment team.
- report to the accreditation committee and work within the policy and standards of the accreditation authority.

Orientation and training is provided for assessment team members by the accreditation authority and this includes written guides on the role of team members and team chairs. Consideration is given to a mix of new and experienced members on each assessment team.

Observers are permitted on accreditation assessment visits, subject to approval from the proper authorities of the teaching institution to be accredited. Written guidance is provided to clearly state any expectations for observers.

1.4 Student Involvement in Accreditation

Students/trainees enrolled in teaching programs have opportunities to contribute to the accreditation process overall and to the review of their specific courses. Student/trainee contribution is sought on:

- the development and review of accreditation standards
- membership of the accreditation committee
- development of a student statement that is appended to teaching institutions accreditation submission
- meetings between student groups and assessment team
- providing feedback to accreditation committee on conduct of assessment visit
- contributing to period reports of the teaching institution to the accreditation authority

2. Elements of a High Stakes Accreditation Process

2.1 Assessment of an Established Teaching Program/Course

1. Preliminary Arrangements

- Discussions are held with the institution regarding nomination of time for assessment visit.
- Accreditation standards, draft visit program and guidance to assist preparing an accreditation submission are provided to teaching institution by accreditation committee.
- Due date for draft accreditation to be submitted is agreed between the accreditation committee and the teaching institution

2. Accreditation Assessment Teams
 - Accreditation committee considers membership of the assessment team and confirms date for visits.
 - Accreditation committee invites comment from the teaching institution on proposed members for assessment team.
 - Accreditation authority considers accreditation committee recommendation, including teaching institutions comments, and approves assessment team and confirmed dates.
 - Assessment team members are sent information on the accreditation process
3. Accreditation Submission
 - Teaching institution submits copies of draft accreditation submission.
 - Chair and secretary of assessment team makes preliminary visit to teaching institution.
 - Assessment team provides progress report on assessment preparations to accreditation committee.
 - Final accreditation submission is submitted by a specified time before the full assessment visit.
4. Assessment Visit
 - Site visit(s) takes place on agreed date(s).
 - Assessment team interviews relevant groups at teaching institution, other relevant service providers and any governing authorities of the teaching institution and inspects facilities.
 - The visit concludes with a presentation of preliminary conclusions and discussion with senior teaching institution officers.
5. The Accreditation Report
 - A first draft of the report is prepared and circulated to assessment team members for comment
 - The draft report is sent to the teaching institution, amended to include assessment team feedback, inviting comment from the teaching institution on factual accuracy of the draft report.
 - Comment is also invited from the teaching institution on the appropriateness of any recommendations, conclusions or judgments in the draft, with a specific time given to allow comment to be made.
6. The Final Accreditation Report
 - The assessment team considers the teaching institutions comments and prepares a final report to submit to the accreditation committee.
 - The accreditation committee reviews the report and any teaching institution comment and prepares draft recommendations on accreditation which are sent to the teaching institution seeking comment.
 - The teaching institution may accept or decline the opportunity to comment on the recommendations, or request that a review panel be convened.
7. A Review Panel (if sought).
 - The accreditation authority should select a suitable independent chair of a review panel.
 - Selection of other panel members takes into account the issues raised by the teaching institution.

- The panel's report is sent to the teaching institution and along with other relevant material is considered by the accreditation authority in reaching a final decision on accreditation.

8. Decision on Accreditation.

- If a review panel is not sought, the accreditation authority decides whether to accredit the teaching institution, impose conditions upon accreditation, or to refuse accreditation.

9. Accreditation Outcome

- Accreditation is granted either with or without conditions.
- Conditions on accreditation do not infer that further accreditation will not be granted. Conditions provide guidance to teaching institutions on areas requiring further development.
- Options for accreditation of established teaching courses are:

- A. Accreditation for a designated maximum period subject to usual periodic reports.

Accreditation within the maximum period can be granted subject to a satisfactory report by a teaching institution at a specified time during the maximum period of accreditation. The right to revisit a school granted accreditation subject to periodic reporting requirements is reserved. If periodic reports are satisfactory, reaccreditation after the maximum period is subject to an assessment in the final year of accreditation.

- B. Accreditation for a designated maximum period subject to certain conditions being addressed within a specific time and subject to satisfactory periodic reports.

Accreditation is granted to a specified time within the maximum period, with the accreditation for the remaining time of the maximum period subject to a satisfactory report from the teaching institution at a set time. The right to revisit a school granted accreditation subject to periodic reporting requirements is reserved.

- C. Accreditation for shorter periods of time.

A period of less than the maximum accreditation period is accredited if significant deficiencies are identified. The accreditation authority can conduct an accreditation review at the end of the specified period, or at the request of the teaching institution, if the institution believes that the deficiencies have been satisfactorily addressed. The teaching institution can request either a full assessment, seeking the maximum period of accreditation, or an assessment limited to the areas of identified deficiency with a view to extending accreditation for the maximum period.

- D. Accreditation can be refused where the accreditation authority considers that the deficiencies are so serious as to warrant that action.

2.2 Unsatisfactory progress procedure

- If areas for improvement are identified in an accreditation of a teaching institution, periodic reports are the mechanism used to notify the accreditation authority of actions in response to existing areas of concern, or areas of new concern since previous accreditation assessments.
- Where the accreditation committee considers that there is cause to consider revocation of accreditation, imposition of additional conditions on existing accreditation or a reduction in the current period of accreditation, the teaching institution is advised of the concerns and the grounds on which the concerns are based. The teaching institution is given an opportunity to respond to the concerns.
- If required, the accreditation authority establishes a small team to investigate the concerns and prepare a report, comprising of the Chair of the accreditation committee or nominee, a member of the original assessment team and the secretary of the accreditation committee.
- The accreditation committee notifies relevant Commonwealth and State authorities of its concerns, the grounds on which they are based and the process to be implemented.
- The small team provides a report to the accreditation committee, who in turn recommends to the accreditation authority that either conditions on accreditation are being met (or likely to be met in the future) or that conditions on accreditation are not being met and are not likely to be met in the future.
- A favourable report will enable the accreditation authority to affirm accreditation for a specified period subject to satisfactory periodic reports.
- An unfavourable report will determine that the accreditation authority may:
 - A. Place further conditions on accreditation, requiring further actions to be taken or issues to be addressed (with the teaching institution able to apply for re-instatement of its full accreditation subject to normal review procedures); or
 - B. Withdraw accreditation from the teaching institution if it is considered that the institution is unable to deliver the teaching course at a standard or in a manner compatible with accreditation standards. In this case the accreditation authority works with the teaching institution to facilitate arrangements for the enrolled students to complete an accredited course.

2.3 Steps in Assessment of a Major Structural Change in an Established Teaching Course

- If there is doubt as to whether a proposed change falls into a category of a major change, consultation takes place between the accreditation committee and the teaching institution, with consultation to take place as early as possible.
- If the proposed change is identified as a major change, the steps outlined in 2.1 above are followed.

- The accreditation authority may, in the event that accreditation conditions of a major structural change have not been met, implement one or more of the options outlined in 2.2 above.

2.4 Steps in Assessment for New Teaching Institutions

- The accreditation authority is the appropriate body to undertake accreditation of a new teaching institution when the decision to establish a new institution is made by relevant authorities.
- Comment on the desirability or otherwise of new teaching institutions, or evaluation of workforce implications of new teaching institutions is not made, as the accreditation role is to evaluate the quality of education, not the justification for establishing the course/teaching program.
- New teaching institutions are accredited against the same standards set out for established teaching institutions.
- Accreditation may be granted with or without conditions.
- Where the teaching institution has not satisfied the accreditation authority that the course can be implemented and delivered at a level consistent with accreditation standards it will not grant accreditation.
- Conditions may be placed on accreditation relating to provision of detailed plans for the latter years of the course, and to evaluation of the components of the course already implemented.
- Where deficiencies are identified in the curriculum plans, which the accreditation committee considers must be addressed before the program begins, the committee will recommend that accreditation be refused.
- Accreditation options for new courses are as follows:
 - A. Accreditation is granted for a specified period after the full course has been implemented, subject to conditions being addressed and depending upon satisfactory annual reports; or
 - B. Accreditation of the new course is not granted. The accreditation authority will advise the applying institution on the deficiencies to be addressed before it will reconsider accreditation.
- In the event that the accreditation committee finds that required progress on conditions is not being achieved or is unlikely to be achieved, the accreditation authority may:
 - A. Place further conditions on the accreditation, including the further restriction of accreditation. A teaching institution in this circumstance may apply for re-instatement of its accreditation status at any time subject to normal procedures for review of accreditation; or
 - B. Withdraw accreditation from the teaching institution, if the institution is unable to deliver the course at a standard or in a manner compatible with accreditation standards. In this case the accreditation authority works with the teaching institution to facilitate arrangements for the enrolled students to complete an accredited course.

3. Periodic Reports by Teaching Institutions to Accreditation Authority

- The requirement for periodic reporting is in no way intended to inhibit new initiatives or changes in curriculum. The report seeks assurance, and where

possible, evidence that the school has maintained its standards of education and of resources.

- Teaching institutions fully accredited by the accreditation authority are asked to submit written reports at specified times during the period of accreditation, after the assessment undertaken by the accreditation authority.
- The accreditation authority may require additional reports of a teaching institution granted a shorter period of accreditation, which has specific conditions on its accreditation or where information is otherwise available that indicates matters of concern in relation to the continued accreditation of a course.
- If reports are required to address concerns, the accreditation authority advises the teaching institution of those concerns.
- Teaching institutions granted accreditation for a major structural change, and new teaching institutions that have been accredited are required to submit annual reports, with a comprehensive report due approximately half way through the accreditation period providing evidence that the course is being implemented successfully and that the teaching institution has maintained its standards of education and of resources.
- The accreditation committee may ask a teaching institution to clarify or amplify the information in a report or may decide that a visit to a teaching institution is warranted. A teaching institution may at any time report to the accreditation committee on matters it judges to be of relevance to its accreditation.



THE AUSTRALIAN MEDICAL COUNCIL (AMC) LIST OF AUSTRALIAN RECOGNISED MEDICAL SPECIALTIES

The AMC's list of medical specialties includes those organisations, specialties and qualifications that are recognised as medical specialties in Australia, as approved by the Minister for Health and Ageing.

The List follows the format of Schedule 4 of the Health Insurance Regulations 1975, which is the other list that contains the recognised specialties approved by the Minister. Unlike Schedule 4, listing on the AMC List of Australian Recognised Medical Specialties does not, however, relate to the Health Insurance Act. A listing here permits medical specialist training providers to participate in the AMC's accreditation of specialist medical education, training and professional development programs.

Organisation	Specialty	Qualification
Australian and New Zealand College of Anaesthetists	<ul style="list-style-type: none"> Anaesthesia 	Fellowship of the Australian and New Zealand College of Anaesthetists (FANZCA)
Australian and New Zealand College of Anaesthetists, Faculty of Pain Medicine	<ul style="list-style-type: none"> Pain Medicine 	Fellowship of the Faculty of Pain Medicine. Australian and New Zealand College of Anaesthetists (FFPMANZCA)
The Royal Australasian College of Dental Surgeons	<ul style="list-style-type: none"> Oral and Maxillofacial Surgery 	Fellowship of the Royal Australasian College of Dental Surgeons (Oral and Maxillofacial Surgery) (FRACDS (OMS))
The Australasian College of Dermatologists	<ul style="list-style-type: none"> Dermatology 	Fellowship of the Australasian College of Dermatologists (FACD)
Australasian College for Emergency Medicine	<ul style="list-style-type: none"> Emergency Medicine 	Fellowship of the Australasian College for Emergency Medicine (FACEM)

Organisation	Specialty	Qualification
The Royal Australian College of General Practitioners	<ul style="list-style-type: none"> • General Practice* 	Fellowship of the Royal Australian College of General Practitioners (FRACGP)
Australian College of Rural and Remote Medicine	<ul style="list-style-type: none"> • General Practice* 	Fellowship of the Australian College of Rural and Remote Medicine (FACRRM)
Royal Australasian College of Medical Administrators	<ul style="list-style-type: none"> • Medical Administration* 	Fellowship of the Royal Australasian College of Medical Administrators (FRACMA)
The Royal Australian and New Zealand College of Obstetricians and Gynaecologists	<ul style="list-style-type: none"> • Obstetrics and Gynaecology • Gynaecological Oncology • Maternal-Fetal Medicine • Obstetrics and Gynaecological Ultrasound • Reproductive Endocrinology and Infertility • Urogynaecology 	Fellowship of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists (FRANZCOG)
The Royal Australian and New Zealand College of Ophthalmologists	<ul style="list-style-type: none"> • Ophthalmology 	Fellowship of the Royal Australian and New Zealand College of Ophthalmologists (FRANZCO)
The Royal College of Pathologists of Australasia	<ul style="list-style-type: none"> • General Pathology • Anatomical Pathology (including Cytopathology and Forensic Pathology) • Chemical Pathology • Haematology • Immunology • Microbiology 	Fellowship of the Royal College of Pathologists of Australasia (FRCPA)
The Royal Australasian College of Physicians, Adult Medicine Division and Paediatric and Child Health Division	<ul style="list-style-type: none"> • General Medicine • General Paediatrics • Cardiology • Clinical Genetics • Clinical Pharmacology • Community Child Health • Endocrinology • Gastroenterology and Hepatology • Geriatric Medicine • Haematology • Immunology and Allergy • Infectious Diseases 	Fellowship of the Royal Australasian College of Physicians (FRACP)

* Not recognised for the purposes of Schedule 4 of the Health Insurance Regulations, 1975 (Health Insurance Act, 1973)

Organisation	Specialty	Qualification
	<ul style="list-style-type: none"> • Medical Oncology • Nephrology • Neurology • Nuclear Medicine • Palliative Medicine • Respiratory and Sleep Medicine • Rheumatology 	
Australian and New Zealand College of Anaesthetists and Royal Australasian College of Physicians, Joint Faculty of Intensive Care Medicine	<ul style="list-style-type: none"> • Intensive Care Medicine 	Fellowship of the Joint Faculty of Intensive Care Medicine (FJFICM)
The Royal Australasian College of Physicians, Australasian Faculty of Occupational Medicine	<ul style="list-style-type: none"> • Occupational Medicine 	Fellowship of the Australasian Faculty of Occupational Medicine (FAFOM)
The Royal Australasian College of Physicians, Australasian Chapter of Palliative Medicine	<ul style="list-style-type: none"> • Palliative Medicine 	Fellowship of the Australasian Chapter of Palliative Medicine, Royal Australasian College of Physicians (FACHPM)
The Royal Australasian College of Physicians, Australasian Faculty of Public Health Medicine	<ul style="list-style-type: none"> • Public Health Medicine 	Fellowship of the Australasian Faculty of Public Health Medicine (FAFPHM)
The Royal Australasian College of Physicians, Australasian Faculty of Rehabilitation Medicine	<ul style="list-style-type: none"> • Rehabilitation Medicine 	Fellowship of the Australasian Faculty of Rehabilitation Medicine (FAFRM)
The Royal Australian and New Zealand College of Psychiatrists	<ul style="list-style-type: none"> • Psychiatry 	Fellowship of the Royal Australian and New Zealand College of Psychiatrists (FRANZCP)
The Royal Australian and New Zealand College of Radiologists	<ul style="list-style-type: none"> • Diagnostic Radiology • Diagnostic Ultrasound • Nuclear Medicine • Radiation Oncology 	Fellowship of the Royal Australian and New Zealand College of Radiologists (FRANZCR)
Royal Australasian College of Surgeons	<ul style="list-style-type: none"> • Cardio-thoracic Surgery • General Surgery • Neurosurgery • Orthopaedic Surgery • Otolaryngology – Head and Neck Surgery • Paediatric Surgery 	Fellowship of the Royal Australasian College of Surgeons (FRACS)

Organisation	Specialty	Qualification
	<ul style="list-style-type: none">• Plastic and Reconstructive Surgery• Urology• Vascular Surgery	

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The Key Steps in Assessing a Medical School

This document summarises the main steps in planning an accreditation visit to a medical school and then writing the accreditation report. It lists the steps in chronological order.

With experience, the Australian Medical Council secretariat has worked out how much time is required between the steps, and the most efficient order for completing all the steps. Using this information, the AMC accreditation database is designed to automatically assign dates for these key steps once a date has been set for the accreditation visit. Once the database has assigned dates, staff can check these against the deadlines for other work and then adjust the dates if there are any clashes.

This document summarises the following:

The tasks: the numbered tasks are a general check-list of what needs to be done for each assessment. In the accreditation database, tasks are initially listed as “incomplete”. As they are attended to, staff mark them as complete. This means that at any time, it is possible to see what has been done and still needs to be done in preparation for an accreditation.

Timing: for each step is calculated from the date of the accreditation visit.

Key tasks: are essential steps that must happen in order for the process to continue. Because this list is a summary, which leaves out many of the administrative steps in the AMC process, most of the steps listed in this document are key tasks.

Calendar: Where an entry is marked as “calendar yes” it means that the database will make a diary entry in the AMC management calendar. This is an electronic diary management tool available to all AMC staff. This allows all staff to see the dates on which the accreditation section has meetings or site visits.

Alerts are a reminder, sent to staff by email. The alert reminds staff that it is time to complete a specific task and to mark in the database when it was completed. By marking the date of completion, the AMC is able to track where standard steps have been processed early or late or out of sequence, and then can consider the reasons for this.

Docs: are links to standard documents, such as letters, procedural summaries, forms or standard agenda formats. The standard document is generated by the database. For a number of tasks, staff need to write unique documents, such as an accreditation report or a summary of meeting. These documents are not covered by “docs”. In the list of steps that follows, standard documents generated by the database are shown in red.

Medical School Template draft				
1	Accrediting authority negotiates visit date with the school		Key Task:	Yes
Timing:	14 months before visit			
Notes:	Send a letter to the school advising that a formal assessment is approaching and invite the school to propose a date for the formal visit. The visit should be in term time, when students are available to meet the team. Ask the school to nominate a contact person who will be responsible for administrative arrangements.		Calendar:	No
			Alerts:	Yes
			Docs:	1
2	Make a rough plan when the school replies		Key Task:	No
Timing:	13 months before visit			
Notes:	When the school has nominated a date, the accrediting authority uses the accreditation database to work out the key dates leading up to the visit. At this stage, these are rough dates (not final). The accrediting authority should check that the proposed dates don't conflict with other commitments, and that there will sufficient time to complete all relevant steps, including time for approval by relevant committees.		Calendar:	No
			Alerts:	No
			Docs:	0
3	Explain the key steps to the school		Key Task:	Yes
Timing:	13 months before visit			
Notes:	Send a letter to the Dean of the school advising of the process, the timelines, and the policy on charging the school for costs of the accreditation. At this stage, the school should focus on preparing the accreditation submission. With the letter, send the school a copy of the accrediting authority's questionnaire or guide for the accreditation submission. Tell the school how many copies of the submission to provide. It is usually one for each team member plus extra copies for the accrediting authority staff. Also advise School if the accrediting authority wants the submission available in an electronic copy – CD, word document, pdf etc. and if translations are required.		Calendar:	No
			Alerts:	No
			Docs:	2
4	Selection a team chair		Key Task:	Yes
Timing:	12 months before visit			
Notes:	Selecting the team chair involves multiple steps. Firstly, accreditation committee agenda should include the appointment of the chair and the expertise necessary on the team. Preferably, the chair will be experienced in the accreditation process. The team chair has more responsibility than other team members so it is important to choose someone who is able to lead the team, deliver the team's findings in a tactful and diplomatic way, and who will be respected by the school.		Calendar:	No

			Alerts:	Yes
			Docs:	1
5	Contact potential Team Chair		Key Task:	No
Timing:	331 days before visit			
Notes:	Once the accrediting authority and staff have agreed on the possible chair, staff check the person is available. Send a letter of invitation explaining the task, the dates for the visit, and their role as chair. Send them any relevant forms to gather the details needed for the process (conflict of interest, contact details, payment). If you don't have a CV ask them to email one to the staff.		Calendar:	No
			Alerts:	No
			Docs:	4
6	Advise school of proposed Team Chair		Key Task:	No
Timing:	11 months before visit			
Notes:	If the proposed chair is available, send a letter to the school and tell them the name of the person proposed. Provide a brief CV. Ask the school to confirm they accept the team chair. If the school accepts the appointment, the accrediting authority should formally confirm the appointment and tell the chair that this has happened (need to prepare agenda item).		Calendar:	No
			Alerts:	No
			Docs:	2
7	Selection of assessment team members		Key Task:	Yes
Timing:	43 weeks before visit			
Notes:	Once the Chair is selected, the accrediting authority selects the other members of the team. This process involves multiple steps. The accrediting authority should first discuss the expertise required and the approximate number of members required (at step 4). The staff, the Team Chair and the Committee chair then put together a list of possible team members.		Calendar:	No
			Alerts:	Yes
			Docs:	0
8	Contact potential team members		Key Task:	No
Timing:	39 weeks before visit			
Notes:	It may take a couple of months to select the team, if any of the proposed members are unavailable and you need to ask alternatives. Contact each potential member and ask if they wish to be considered for membership. Send email or letter , with a summary of the process and explain how team members will be paid. Send them any relevant forms to gather the details you need for the process (contact details, payment) and request a CV be emailed to you. Give as much information as possible regarding dates (including assessor training) so that potential members can check availability. Try to confirm a date for the team's preliminary meeting (see step 13)		Calendar:	No
			Alerts:	No

			Docs:	4
9	Advise school of the proposed assessment team composition		Key Task:	No
Timing:	9 months before visit			
Notes:	Once you have a full compliment of team members, send a letter to the school informing them of the names of the proposed team members and provide a short biographical summary or CV for each member. If it is your policy, invite the School to comment on the membership.		Calendar:	No
			Alerts:	No
			Docs:	1
10	Accrediting authority finalises the team membership		Key Task:	Yes
Timing:	8 months before visit			
Notes:	Once the school has commented, the governing body (or committee) prepare an agenda item for the accrediting authority formally approves the team membership.		Calendar:	No
			Alerts:	Yes
			Docs:	1
11	Advise school of accrediting authority's decision		Key Task:	No
Timing:	31 weeks before visit			
Notes:	Send a letter to the Dean advising of decision concerning the membership of the Assessment Team, cc to the team chair.		Calendar:	No
			Alerts:	No
			Docs:	1
12	Send the team members the first set of documents		Key Task:	Yes
Timing:	7 months before visit			
Notes:	After the governing body confirms the team, send a letter to team members confirming their membership and proposing/confirming dates for the preliminary team meeting, any other meetings and the assessment visit. The staff also send each team member a package of documents , including general material about the accreditation process, such as a detailed handbook on how the team will work and the accreditation standards, and some specific information about this team, including a short biographical summary.		Calendar:	No
			Alerts:	Yes
			Docs:	5?
13	Plan administrative and travel arrangements		Key Task:	Yes
Timing:	7 months before visit			
Notes:	Staff enter all necessary information about the team in the database. Team contact details would include: postal address; email; work phone number; address for delivery of important papers; secretary's details. It would also include: any diet restrictions and travel preferences (such as flight club memberships). Send these details to the person responsible for making travel arrangements, together with		Calendar:	No

	a list of dates for meetings. Discuss the travel required with the travel organisers.				
				Alerts:	Yes
				Docs:	0
14	Begin planning for the team's preliminary meeting			Key Task:	No
Timing:	7 months before visit				
Notes:	Call the school to check its progress with the accreditation submission. Once the school provides its accreditation submission, (see step 15) the team needs an opportunity to discuss the submission, decide if it needs more information, and plan the accreditation visit. Preferably, this is organised as a team meeting, but it can be a teleconference or an email discussion. If you have decided to have a team meeting, invite the Dean of the school to attend the last one or two hours.			Calendar:	No
				Alerts:	No
				Docs:	0
15	School submits accreditation submission			Key Task:	Yes
Timing:	4 months before visit				
Notes:	Send an email to school acknowledging receipt of the submission. Check that there are enough copies for the team, Secretariat and file, and if necessary make extra copies or attach CDs to submissions.			Calendar:	No
				Alerts:	Yes
				Docs:	0
16	Send team the accreditation submission			Key Task:	Yes
Timing:	4 months before visit				
Notes:	Send a letter to the team about the next steps in the accreditation process and send them the next set of documents. The key step is that the team members must read the accreditation submission and prepare for the team's preliminary meeting. Remind the team that they will be assessing the submission against the accreditation standards. Provide a document showing the main headings for the accreditation report the team will write. Each team member should be asked to take responsibility for assessing one or two areas of the submission in more depth. Ask team members to tell the accrediting authority which report areas they have expertise to write (provide a form to complete). Ask them to return this form within two weeks. Send the team the accreditation submission (by courier), along with associated documents.			Calendar:	No
				Alerts:	Yes
				Docs:	3
17	Invite students' contribution to the accreditation			Key Task:	No
Timing:	4 months before visit				
Notes:	The student association may make its own submission to the assessment team. The accrediting authority sends a letter to the students association and invites them to reply to some standard			Calendar:	No

	questions. The letter is sent to the Dean, who is asked to send the letter, questions and a copy of the school's submission to the students association. Ask the students to provide the submission one month before the team's visit.				
				Alerts:	No
				Docs:	2
18	Allocate areas of report writing responsibility to team			Key Task:	No
Timing:	15 weeks before visit				
Notes:	Once team members have nominated areas of report writing responsibility, staff map these to the list of standard topics in the report . If more than one person has nominated an area or no-one has nominated an area, tell the team chair. The chair may need to re-allocate responsibilities. The responsibilities are then discussed and confirmed at the Preliminary Team Meeting.			Calendar:	No
				Alerts:	No
				Docs:	1
19	Start preparing assessment visit schedule			Key Task:	No
Timing:	15 weeks before visit				
Notes:	Start making arrangements with the school for the accreditation visit. Give the school a list of the groups that all assessment teams meet: this would include the Dean, the curriculum committee, the assessment committee; students, the school's educational experts etc. Ask the school's administrative contact to help you identify the key groups in the school.			Calendar:	No
				Alerts:	No
				Docs:	1
20	Double check arrangements for the preliminary team meeting			Key Task:	No
Timing:	14 weeks before visit				
Notes:	Check with the travel section to ensure that arrangements have been made. If this is a face to face meeting, you will need travel, a meeting room and food, and maybe accommodation. If it is a teleconference, you will need to book the teleconference. Also check the travel itinerary.			Calendar:	No
				Alerts:	No
				Docs:	0
21	Prepare preliminary team meeting agenda			Key Task:	Yes
Timing:	14 weeks before visit				
Notes:	Start preparing agenda for preliminary team meeting. This is the first opportunity for the team to work together. The agenda should schedule time for the team to get to know each other, then work through the school's accreditation submission and plan the accreditation visit. The agenda should be sent to team members one week before the meeting.			Calendar:	No
				Alerts:	Yes
				Docs:	1

22	Team and Dean sent preliminary team meeting documents	Key Task:	No
Timing:	13 weeks before visit		
Notes:	Send the team and the school Dean the documents for the preliminary team meeting	Calendar:	No
		Alerts:	No
		Docs:	0
23	Preliminary Team Meeting	Key Task:	Yes
Timing:	12 weeks before visit		
Notes:	Team's preliminary meeting is held to discuss the accreditation submission and visit arrangements. The Dean of the school attends the last part of the meeting to meet the team and to receive feedback. The team may ask the dean to answer questions and clarify the information in the accreditation submission. The accrediting authority staff keep notes so they can write the assessment plan (step 24).	Calendar:	Yes
		Alerts:	Yes
		Docs:	0
24	Confirm the assessment plan	Key Task:	No
Timing:	11 weeks before visit		
Notes:	Finalise the team's assessment plan . The plan should cover: a list of any additional information required from the school; a draft plan for site visits. Once approved by the team, send a letter/email to school concerning the next steps, with the plan. Give the school 8 weeks to provide any additional documentation required before the visit. Indicate if any of the information can be provided when the team begins the visit (to be ready for the pre-visit afternoon team meeting). Advise the school of the number of copies of additional information needed. There should be one for copy each member plus copies for the secretariat. Advise school if information should be in hard copy, CD or both.	Calendar:	No
		Alerts:	No
		Docs:	2
25	Write to important stakeholders	Key Task:	No
Timing:	11 weeks before visit		
Notes:	Send a letter to any organisations that are not part of the medical school but which need to be consulted about the quality of the school's training, such as the local registration authority, or the local health department. The accrediting authority should develop a list of standard issues to be discussed with these groups. The medical school should arrange for the team to meet these groups during the accreditation visit.	Calendar:	No
		Alerts:	No
		Docs:	2
26	School and staff finalise assessment visit schedule	Key Task:	No

Timing:	10 weeks before visit			
Notes:	Make final arrangements for the visit with school. This will take a number of weeks. The accrediting authority and the school needs to agree on who organises the accommodation, travel to the city, and local travel and meals; and who provides name badges, writing materials and pens for the team. Ask the school to provide a room for the team to meet by themselves, and schedule at least one hour at the end of each day for a team debriefing session. The visit schedule is sent to team members before the visit (see step 29).		Calendar:	No
			Alerts:	No
			Docs:	0
27	Medical students' association lodges its submission		Key Task:	No
Timing:	4 weeks before visit			
Notes:	Email the Students' Association acknowledging receipt of submission, and cc to school. Copy the submission for the team, staff and file.		Calendar:	No
			Alerts:	No
			Docs:	0
28	Double check travel arrangements for the accreditation visit		Key Task:	No
Timing:	3 weeks before visit			
Notes:	Ask the travel organisers to provide a copy of the planned travel arrangements and check this. Check that arrangements have been made for local transport (such as travel from the airport and travel to the university). Prepare a list with details of team members' mobile phone numbers and flight times (this is sent to all team members).		Calendar:	No
			Alerts:	No
			Docs:	0
29	Send team all the final documents for the visit		Key Task:	No
Timing:	2 weeks before visit			
Notes:	Send a letter to team members confirming next steps with travel documents, visit schedule, the students' submission and any additional information to team members.		Calendar:	No
			Alerts:	No
			Docs:	1
30	Staff preparation for the visit		Key task	No
Timing:	1 week before the visit			
Notes:	For the visit, staff should take spare copies of the accreditation standards; examples of other accreditation reports; a timeline for preparation of the report; an outline for the preliminary statement of findings; spare writing material. Staff should take a computer with all the files related to the assessment saved on it.			
			Alerts:	No
			Docs:	2

31	ASSESSMENT VISIT		Key Task:	Yes
Timing:	1 days before visit			
Notes:	<p>Team visits school for up to one week. Team members and staff meet on the afternoon before the visit to prepare.</p> <p>At the end of the visit, the team presents its preliminary findings. Team should agree on the period of accreditation to be recommended and any conditions to be proposed, but should not tell the school.</p> <p>Give team members an Evaluation Form and ask for feedback on the assessment process. (Form is to be returned with first draft of report).</p>		Calendar:	Yes
			Alerts:	No
			Docs:	5?
32	Tell the team and the school what will happen next		Key Task:	Yes
Timing:	1 to 2 days after the visit			
Notes:	<p>Send a letter to the dean acknowledging the school's hospitality, and outlining how the accrediting authority prepares the final report. Give the dates for the school to review the report. Send a copy of the final statement of preliminary findings. Invite the dean's comments on the assessment process (evaluation form).</p> <p>Send a letter to team members thanking them for participating. Remind them of dates: for submitting their report contributions, and for staff to provide the draft report for them to review.</p> <p>Email the team chair asking them to attend the meeting of the accrediting authority to present the team's report and outlining the presentation that will be expected. If the team chair is unavailable, ask another member of the team to attend.</p>			
			Alerts:	No
			Docs:	4
33	Team submits contributions and staff prepare the draft report		Key Task:	Yes
Timing:	1 to 3 week after visit			
Notes:	<p>If possible, make time for team members to write their sections of the report during the visit. Give them 1 week after the visit to finish their contributions.</p> <p>Staff then prepare the first draft report. Highlight any inconsistencies between sections and/or recommendations, and conclusions that do not match the accreditation standards. Check report formatting and style. Email the draft to the team chair, with two weeks to respond.</p>		Calendar:	No
			Alerts:	Yes
			Docs:	0
34	Chair submits changes to first draft. Team is sent second draft		Key Task:	No
Timing:	5 weeks after visit			
Notes:	Review comments and revise report as necessary. Send a letter with the draft to the team, with a deadline for reply. Remind team the draft is confidential.		Calendar:	No
			Alerts:	No
			Docs:	1

35	Team submits comments on second draft of report	Key Task:	No
Timing:	7 to 8 weeks after visit		
Notes:	Review comments and edits. Follow-up with members who have not responded. Collate team evaluation forms and analyse responses.	Calendar:	No
		Alerts:	No
		Docs:	0
36	Third draft of report finalised and sent to Chair	Key Task:	No
Timing:	7 to 8 weeks after visit		
Notes:	Send the revised draft to the team chair, highlighting any major changes requested by team members, with one week to respond.	Calendar:	No
		Alerts:	No
		Docs:	0
37	Chair's comments on third draft of report	Key Task:	No
Timing:	8 to 9 weeks after visit		
Notes:	Review the changes proposed by the chair and finalise the report to send to the school. Undertake a thorough proof read and edit.	Calendar:	No
		Alerts:	No
		Docs:	0
38	Draft report sent to Dean	Key Task:	Yes
Timing:	9 weeks after visit		
Notes:	Send a letter to the Dean with the draft report (both as an electronic and hard copy) and set a deadline for reply (at least two weeks). Remove the accreditation recommendations from the version sent to the dean. Tell the dean if comments can be on factual errors only, or if the accrediting authority will accept comments on conclusions and evidence presented. Remind the school that the draft report is confidential.	Calendar:	No
		Alerts:	Yes
		Docs:	1
39	Prepare the appendices to the accreditation report	Key Task	Yes
Timing:	9 weeks after the event		
Notes:	Generally, there is a standard set of report appendices including, the names , positions and qualifications of the team members, the team's preliminary statement of findings ; and a copy of the visit program .		
		Alerts	No
		Docs	3
40	Dean returns draft report with comments	Key Task:	No
Timing:	11 weeks+ after visit		

Notes:	Send email to school, acknowledging receipt of report. If necessary ask the school to clarify any comments.	Calendar:	No
		Alerts:	No
		Docs:	0
41	Send Chair the draft report, which includes school's comments, and the evaluation forms	Key Task:	No
Timing:	11 weeks + after visit		
Notes:	Review school's comment and draft final changes for team chair. Draft an executive summary and accreditation recommendations. Send by email to Chair for final consideration, with 1 week to respond. If the school disagrees with any section of the report, draw the chair's attention to this. These sections of the report should also be sent back to the team member who drafted the section for review. Send the Chair collated feedback from the evaluation forms.	Calendar:	No
		Alerts:	No
		Docs:	0
42	School sent invoice	Key Task:	Yes
Timing:	3 months after visit		
Notes:	Liaise with Finance Manager to prepare invoice on 30 day account. Send a letter and invoice to school.	Calendar:	No
		Alerts:	Yes
		Docs:	1
43	Draft report submitted for decision making	Key Task:	Yes
Timing:	80 days+ after visit		
Notes:	Prepare draft report to be submitted to the governing body of the accrediting authority. Prepare an agenda submission for the accrediting authority agenda outlining the accreditation process and any difficulties that arose.	Calendar:	No
		Alerts:	Yes
		Docs:	1
44	Potential appeal or review	Key Task:	Yes
Timing:	Before final accreditation decision is made		
	There should be an opportunity for the school to appeal or seek a review of the process before the accrediting authority makes its final decision. To allow the school to appeal, the school should be sent a letter outlining how the final decision on accreditation will be made, and the appeals process copy of the report that will be presented to the governing body of the accrediting authority and asked if they wish the accrediting authority to review the process.		
		Alerts:	No
		Docs:	2
45	Press release prepared	Key task	Yes
Timing:	95 days after visit		

Notes:	Write a press release to announce the accreditation decision. This is released once the decision is made. Show the draft statement to the school, and if it is your policy allow them to contribute to the statement.	Calendar:	No
		Alerts:	Yes
		Docs:	0
46	Meeting to decide on accreditation outcome	Key Task:	Yes
Timing:	95 days + after visit		
Notes:	Accrediting authority meets to make accreditation decision (links to step 44). Team chair attends the meeting and presents the report. Team chair gives a summary of any difficulties in the process, and presents evaluation feedback from team and school.	Calendar:	No
		Alerts:	Yes
		Docs:	0
47	University head notified of accreditation decision	Key Task:	No
Timing:	15 weeks after visit		
Notes:	Send a letter to Vice Chancellor/President of university notifying of decision, cc Dean. Send a letter to Dean advising that accreditation decision has been made (attach letter to Vice Chancellor/President) and confirming requirements for annual reports or reports on any conditions.	Calendar:	No
		Alerts:	No
		Docs:	2
48	Team notified of the decision	Key Task:	No
Timing:	15 weeks after visit		
Notes:	Send a letter to Team notifying them of the decision.	Calendar:	No
		Alerts:	No
		Docs:	1
49	Public announcements of decision	Key Task:	Yes
Timing:	15 weeks after visit		
Notes:	Release press statement and, if relevant, update website with accreditation decision.	Calendar:	No
		Alerts:	Yes
		Docs:	0
50	Report prepared for publication	Key Task:	Yes
Timing:	15 weeks after visit		
Notes:	Prepare final version of report for publication. Check that page margins, page numbers, headings, title page, contents page, appendices, style and formatting are correct. Perform final proof and check of report formatting after any changes have been made. Ask the school how many copies of the report it will require. Work out	Calendar:	No

	how many copies will be required for the accrediting authority as well. When the publisher returns the proof, perform a complete re-check of formatting that was checked in the first proof.		
			Alerts: Yes
			Docs: 0
51	Set a tentative date for the next visit to the school	Key Task:	No
Timing:	4 months after visit		
Notes:	Based on the period of accreditation granted, set a tentative date for the next visit to the school and set a date to contact the school concerning its next report to the accrediting authority (e.g. an annual or progress report).	Calendar:	No
		Alerts:	No
		Docs:	0
52	Distribute the published accreditation report	Key Task:	Yes
Timing:	18 weeks after visit		
Notes:	When the published report is available, send a letter to the key stakeholder bodies summarising the accreditation decision with a copy of the published report. Send the school the number of report copies it has requested.	Calendar:	No
		Alerts:	Yes
		Docs:	1
53	Send published report to team members	Key Task:	No
Timing:	18 weeks after visit		
Notes:	Send a letter to the team members with a copy of the report.	Calendar:	No
		Alerts:	Yes
		Docs:	1
54	Send the dean advice on the next steps	Key Task:	No
Timing:	18 weeks after visit		
Notes:	Send a letter to the dean about the ongoing accreditation and review of the school, including plans for any future visit and requirements or progress reports from the school.	Calendar:	No
		Alerts:	No
		Docs:	1