

Accreditation standards for programs of study leading to endorsement of registration of medical practitioners for acupuncture

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Glossary

Assessment	The systematic process for measuring and providing feedback on the trainee's progress or level of achievement, against defined criteria.
Cultural competence	<p>The AMC draws on the Medical Council of New Zealand's definition of cultural competence¹.</p> <p>Cultural competence requires an awareness of cultural diversity and the ability to function effectively, and respectfully, when working with and treating people of different cultural backgrounds. Being culturally competent means a medical practitioner has the professional qualities, skills and knowledge needed to achieve this.</p> <p>A culturally competent medical practitioner will acknowledge that:</p> <ul style="list-style-type: none">• Australia has a culturally diverse population• a medical practitioner's culture and belief systems influence his or her interactions with patients, and accepts this may impact on the doctor-patient relationship• a positive patient outcome is achieved when a medical practitioner and patient have mutual respect and understanding.
Curriculum	A statement of the intended aims and objectives, content, assessment, experiences, outcomes and processes of a program, including a description of the structure and expected methods of learning, teaching, feedback and supervision. The curriculum should set out the knowledge, skills and professional qualities the trainee is to achieve.
Education provider	<p>The AMC has adopted the definition of <i>education provider</i> in the Health Practitioner Regulation National Law as in force in each state and territory which is:</p> <p>(a) a university; or</p> <p>(b) a tertiary education institution, or another institution or organisation that provides vocational training; or</p> <p>(c) a specialist medical college or other health profession college.</p>
Evaluation	The set of policies and processes by which an education provider determines the extent to which its training and education functions are achieving their outcomes.

¹ Medical Council of New Zealand, *Statement on cultural competence*, August 2006, <https://www.mcnz.org.nz/assets/News-and-Publications/Statements/Statement-on-cultural-competence.pdf>

Health consumer	The AMC has adopted the definition of the Australian Commission on Safety and Quality in Health Care which is ‘Consumers and/or carers are members of the public who use, or are potential users, of health care services.’ ² When referring to consumers, the AMC is referring to patients, consumers, families, carers, and other support people. In Australia, health consumers include Aboriginal and Torres Strait Islander peoples of Australia and consumers from culturally and linguistically diverse backgrounds.
Notes	The notes included in these standards provide further explanation of the standards and/or guidance on contemporary good practice relevant to the standard. The notes are not standards. Not all standards are accompanied by notes.
Outcomes	Graduate outcomes are the minimum learning outcomes that the graduate of the program must achieve in terms of discipline-specific knowledge, discipline-specific skills (including generic skills required of all medical practitioners as applied in the discipline), and discipline-specific capabilities.
Program of study	In these standards means the curriculum, the content/syllabus, assessment and training that will lead to endorsement of a registered medical practitioner as an acupuncturist. The program of study leads to a formal award certifying completion of the program.
Stakeholders	The term encompasses: <ul style="list-style-type: none"> • stakeholders internal to the education provider such as trainees and those contributing to the design and delivery of training and education functions including but not limited to supervisors, staff, members and committees • external stakeholders who contribute directly to training and education such as training sites • other external stakeholders with an interest in the process and outcomes of medical training and education such as health workforce bodies, health jurisdictions, regulatory authorities, professional associations, other health professions and health consumers.
Supervisor	In these standards, supervisor refers to an appropriately qualified and trained health practitioner who guides the trainee’s education and/or on the job training on behalf of the education provider. The supervisor’s education and training role will be defined by the education provider, and may encompass educational, support and organisational functions.

² Australian Commission on Safety and Quality in Health Care, *Safety and Quality Improvement Guide Standard 2: Partnering with Consumers*, October 2012, Sydney. ACSQHC, 2012.

Trainee	A medical practitioner completing a program of study.
Training sites	The organisation, if any, in which the trainee undertakes supervised workplace-based training and education. Training sites are generally health services and facilities.

Standard 1: The context of training and education

1.1 Governance

- 1.1.1 The education provider's corporate governance structures are appropriate for the delivery of medical training and education.
- 1.1.2 The education provider has structures and procedures for oversight of the program of study. The structures and processes are understood by those delivering the program.
- 1.1.3 The education provider's governance structures allow all relevant groups to be represented in decision-making.
- 1.1.4 The education provider's governance structures give appropriate priority to its educational role relative to other activities, and its educational role is defined in its corporate governance structures.

Notes

Governance structures typically include decision making committees, advisory groups and staff. Governance structures and the range of education functions vary from education provider to education provider. The AMC does not consider any particular structure is preferable, and supports diversity where the structure can be demonstrated to function effectively over time.

The governance structures should be such that the education provider's governing body:

- is informed of, and accepts ultimate responsibility for, new programs or significant program changes.
- accepts responsibility for the education provider representing itself, its educational offerings and its fees accurately.

1.2 Program management

- 1.2.1 The education provider has structures with the responsibility, authority and capacity to direct the following key functions:
 - planning, implementing and evaluating the program of study and the curriculum, and setting relevant policy and procedures
 - certifying successful completion of the training and education programs.

Notes

The structures responsible for designing the curriculum and overseeing its delivery should include members of the medical profession, as well as those with knowledge and expertise in medical education and acupuncture education in the context of medical practice.

1.3 Reconsideration, review and appeals

- 1.3.1 The education provider has reconsideration, review and appeals processes that provide for impartial review of training-related decisions. It makes information about these processes publicly available.

Notes

Training-related decisions include decisions related to admission, enrolment, assessment, progression and eligibility to graduate.

An appeals process that provides a fair and reasonable opportunity to challenge the decision is likely to result in decisions that are ultimately correct. Elements of a strong process include an appeals committee with some members who are external to the education provider, as well as impartial internal members. The process should also provide grounds for appeal against decisions that are similar to the grounds for appealing administrative decisions in Australia.

1.4 Educational expertise and exchange

1.4.1 The education provider uses educational expertise in the development, management and continuous improvement of its training and education functions.

1.4.2 The education provider compares its program of study with other relevant programs.

1.5 Interaction with the health sector

1.5.1 The education provider supports the delivery of acupuncture education by constructive relationships with other relevant agencies and facilities.

Notes

Other relevant agencies and facilities might include regulatory agencies and training sites.

1.6 Continuous renewal

1.6.1 The education provider regularly reviews and updates its structures for and resource allocation to training and education functions to meet changing needs and evolving best practice.

Notes

The AMC expects each education provider to engage in a process of educational strategic planning, with appropriate input, so that the program and curriculum reflect changing models of care, developments in healthcare delivery, medicine and medical science and changing community needs.

This planning should ensure that the structures continue to be appropriate to deliver programs of study leading to endorsement of registration of medical practitioners for acupuncture.

Standard 2: Educational purpose and outcomes of the program of study

2.1 Educational purpose

- 2.1.1 The education provider has defined its educational purpose which includes setting and promoting high standards of practice for medical practitioners who seek endorsement to practise acupuncture, within the context of its community responsibilities.
- 2.1.2 In defining its educational purpose, the education provider has consulted internal and external stakeholders.

Notes

Education providers will have both an organisational purpose and an educational or program purpose. While these may be similar, this standard addresses the educational purpose of the education provider.

The education provider's community responsibilities relate to addressing the health care needs of the communities it serves.

2.2 Graduate outcomes

- 2.2.1 The education provider has defined graduate outcomes for the program. These outcomes recognise and build on the outcomes of other phases of medical education. The outcomes are related to community need and to the requirements to practise acupuncture safely and effectively.
- 2.2.2 The overall goals of the program of study include building on the knowledge, skills, and competence of medical practitioners to produce acupuncturists who:
- have acquired knowledge of the theories that underpin and enable the safe application of acupuncture
 - have demonstrated the knowledge, skills and professional qualities necessary for independent acupuncture practice
 - can carry out acupuncture treatment for appropriate indications in a safe and effective manner
 - are prepared by their training for collaborative practice
 - are prepared to provide care to all patients according to *"Good Medical Practice: A Code of Conduct for Doctors in Australia"*³.
- 2.2.3 The education provider makes information on graduate outcomes publicly available.

Notes

Education providers are encouraged to engage health consumers and community members in developing their education programs to ensure the programs meet societal needs.

³ Medical Board of Australia, *Good Medical Practice: A Code of Conduct for Doctors in Australia*, March 2014, <http://www.medicalboard.gov.au/Codes-Guidelines-Policies/Code-of-conduct.aspx>

The AMC has an expectation that medical practitioners will demonstrate cultural competence in their practice of medicine. The Medical Board of Australia, in *Good Medical Practice*, has described its expectation of medical practitioners regarding culturally safe and sensitive practice.

The graduate outcomes should include commitment to professional responsibilities, caring for personal health and wellbeing and the health and wellbeing of colleagues, and adherence to the principles of medical ethics.

Standard 3: The training and education program

3.1 Curriculum framework

3.1.1 The education provider has a framework for the curriculum organised according to the defined graduate outcomes. The framework is publicly available.

3.2 The content of the curriculum

3.2.1 The curriculum content aligns with all of the graduate outcomes.

3.2.2 The curriculum content takes account of the requirements of Good Medical Practice.

3.2.3 The curriculum builds on knowledge, skills and experience of medical practitioners and includes theoretical knowledge and clinical practice of acupuncture to produce graduates who understand the scientific and evidence base of acupuncture as part of medical practice.

3.2.4 The curriculum builds on communication, clinical, diagnostic, management and procedural skills to enable safe patient care.

3.2.5 The curriculum prepares program graduates to contribute to the effectiveness and efficiency of the health care system, by building on knowledge and understanding of the issues associated with the delivery of safe, high-quality and cost-effective health care within the Australian health system⁴.

3.3 Continuum of training, education and practice

3.3.1 Program completion requirements recognise demonstrated knowledge and skills acquired in earlier phases of medical training and education.

Notes

An endorsement of registration recognises that a person has additional qualifications and expertise in an approved area of practice. The training and education of medical practitioners leading to endorsement of registration for acupuncture is postgraduate, and builds on the knowledge and skills acquired from outcomes of earlier phases of medical education.

It is the responsibility of the education provider to set graduate outcomes (see standard 2.2) and put in place a curriculum that leads to graduates of the program achieving those outcomes. In demonstrating achievement of these standards, the education provider will show how it has arrived at the graduate outcomes and the curriculum, including how these documents have been informed by the comparison of the provider's program of study with other relevant programs (see standard 1.6).

3.4 Structure of the curriculum

3.4.1 The curriculum articulates what is expected of trainees at each stage of the program of study.

⁴ The Australian Commission on Quality and Safety in Healthcare's National Safety and Quality Health Service Standards set minimum requirements for safety and quality in health services where clinicians practice.

3.4.2 The duration of the program is sufficient for graduates to acquire the theoretical learning and supervised clinical practice to perform unsupervised and safely as acupuncturists.

Standard 4: Teaching and learning

4.1 Teaching and learning approach

4.1.1 The program employs a range of teaching and learning approaches, mapped to the curriculum content to meet the graduate outcomes.

Notes

In most vocational medical training, learning occurs in and through the work environment. While much of the learning is self-directed learning related to graduate outcomes, the trainee's supervisors play key roles in the trainee's education.

In national training programs, distance learning approaches are important to enable trainees to access the program.

4.2 Teaching and learning methods

4.2.1 The program includes appropriate theoretical instruction.

4.2.2 The program involves the trainees' personal participation in relevant aspects of direct patient care.

4.2.3 The program includes appropriate adjuncts to learning in a clinical setting.

Notes

To support the acquisition of new skills and knowledge in a new area of treatment, the program would need to include theoretical learning as well as practical experience.

Adjuncts to learning in a clinical setting may include skills laboratories and simulated environments.

Standard 5: Assessment of learning

5.1 Assessment approach

- 5.1.1 The education provider has a program of assessment aligned to the outcomes and curriculum of the program of study.
- 5.1.2 The education provider documents its assessment and completion requirements. The documented requirements are accessible to staff, supervisors and trainees.
- 5.1.3 The education provider has policies relating to disadvantage and special consideration in assessment.

Notes

Policies on special consideration should be easily accessible. They should outline reasonable adjustments for trainees with short- or long-term conditions and circumstances which may affect assessment performance.

5.2 Assessment methods

- 5.2.1 The assessment program contains a range of methods that are fit for purpose.
- 5.2.2 The education provider has a blueprint to guide assessment through each phase of the program of study.

Notes

Methods of assessment should be chosen on the basis of validity, reliability, feasibility, cost effectiveness, opportunities for feedback, and impact on learning⁵.

The assessment methods used should include methods appropriate for assessment of knowledge, skills and professional qualities.

Assessment includes both summative assessment, for judgements about progression, and formative assessment, for feedback and guidance. The education provider's assessment documents should outline the balance between formative and summative elements, the number and purpose of assessments, and make explicit the criteria and methods by which judgments about assessment performance are made.

Assessment programs are constructed through blueprints or assessment matrices which match assessment items or instruments with outcomes. The strength of an assessment program is judged at the overall program level rather than on the psychometric properties of individual instruments.

5.3 Performance feedback

- 5.3.1 The education provider facilitates regular and timely feedback to trainees on performance to guide learning.
- 5.3.2 The education provider gives supervisors information on their trainees' assessment performance.

⁵ van der Vleuten, CPM., 'The assessment of professional competence: developments, research and practical implications'. *Advances in Health Science Education*, vol. 1, 1996, pp. 41-67.

- 5.3.3 The education provider has processes for early identification of trainees who are not meeting the outcomes of the program and implements appropriate measures in response.

Notes

It is essential that education providers have systems to monitor their trainees' progress, to identify at an early stage trainees experiencing difficulty and, where possible, to assist them to complete their program successfully using methods such as remedial work and re-assessment, supervision and counselling.

There may be times where it is not appropriate to offer remediation or the remediation and assistance offered is not successful. For these circumstances, education providers must have clear policies on matters such as periods of unsatisfactory training and limits on duration of training time.

5.4 Assessment quality

- 5.4.1 The education provider regularly reviews the quality, consistency and fairness of assessment methods, their educational impact and their feasibility. The provider introduces new methods where required.

Notes

Assessment should actively promote learning that will assist in achieving the graduate outcomes, provide a fair assessment of the trainee's achievement, and ensure patient safety by allowing only competent trainees to progress.

Standard 6: Monitoring and evaluation

6.1 Monitoring

- 6.1.1 The education provider regularly reviews its program of study. Its review processes address curriculum content, teaching and learning, supervision, assessment and trainee progress.
- 6.1.2 Supervisors contribute to monitoring and to program development. The education provider systematically seeks, analyses and uses supervisor feedback in the monitoring process.
- 6.1.3 Trainees contribute to monitoring and to program development. The education provider systematically seeks, analyses and uses their confidential feedback. Trainee feedback is specifically sought on proposed changes to the training program to ensure that existing trainees are not unfairly disadvantaged by such changes.

Notes

Education providers should develop mechanisms for monitoring the delivery of their training program(s) and for using the results to assess achievement of educational outcomes. This requires the collection of data and the use of appropriate monitoring methods.

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

6.2 Evaluation

- 6.2.1 The education provider develops standards against which its outcomes are evaluated.
- 6.2.2 The education provider collects, maintains and analyses both qualitative and quantitative data on its graduate outcomes.
- 6.2.3 Stakeholders contribute to evaluation processes.

Notes

Education providers should develop methods for evaluating that graduates can perform acupuncture in a way that is appropriate, effective and safe, in the context of their medical practice. This may include self-assessment of the graduates' preparedness for practice and other multi-source feedback mechanisms.

6.3 Feedback, reporting and action

- 6.3.1 The education provider reports the results of monitoring and evaluation through its governance structures.
- 6.3.2 The education provider makes evaluation results available to stakeholders and considers their views in continuous renewal of its program.
- 6.3.3 The education provider manages concerns about, or risks to, the quality of any aspect of its program of study effectively and in a timely manner.

Standard 7: Trainees

7.1 Admission policy and selection

7.1.1 The education provider has documented selection policies and principles that are fit for purpose and can be implemented and sustained in practice.

7.1.2 The processes for selection into the program:

- use published criteria based on the education provider's selection principles
- are evaluated with respect to validity, reliability and feasibility
- are transparent and fair
- are capable of standing up to external scrutiny.

Notes

The AMC does not endorse any one selection process; it recognises that there is no one agreed method of selecting the most appropriate trainees and supports diverse approaches.

Fit for purpose implies that the policies result in processes able to select trainees who have the academic preparation needed to participate in the program and no known limitations that would be expected to impede their study and completion.

7.2 Trainee participation in education provider governance

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

7.3 Communication with trainees

7.3.1 The education provider has mechanisms to inform trainees in a timely manner about the activities of its decision-making structures.

7.3.2 The education provider provides clear and easily accessible information about the program of study, costs and requirements, and any proposed changes.

7.3.3 The education provider provides timely and correct information to trainees about their training status to facilitate their progress through training requirements.

Notes

Education providers are expected to interact with their trainees in a timely, open and transparent way. To this end, they should have mechanisms to inform prospective and enrolled trainees of training policies and processes, including but not limited to:

- selection to the program
- the design, requirements and costs of the program
- recognition of prior learning.

7.4 Resolution of training problems and disputes

- 7.4.1 The education provider supports trainees in addressing problems with training supervision and requirements and other professional issues. The education provider's processes are transparent and timely, and safe and confidential for trainees.
- 7.4.2 The education provider has clear impartial pathways for timely resolution of training-related disputes between trainees and supervisors or trainees and the education provider.

Notes

Supervisors and their trainees have a particularly close relationship, which has benefits, but which may also lead to unique problems. Trainees need clear advice on what to do in the event of conflict with their supervisor or any other person intimately involved in their training.

In setting policies and procedures, education providers need to address disincentives to trainees raising concerns, such as the timeliness of any review process.

Trainees can raise difficulties safely in processes that give them confidence that the education provider will act fairly and transparently, that they will not be disadvantaged by raising legitimate concerns, and that their complaint will be acted upon in a timely manner.

Standard 8: Educational resources

8.1 Educational resources

- 8.1.1 The education provider has the resources to sustain and deliver the program of study.
- 8.1.2 The education provider has autonomy to direct resources in order to achieve its purpose and the program outcomes.
- 8.1.3 The education provider has sufficient staff to meet program outcomes.

Notes

The delivery of programs of study requires financial resources, human resources, learning resources, information and records systems. In the context of this standard staff includes professional and administrative staff. Depending on the education provider, staff may include teachers and trainers (see section 8.3 on supervisors).

Education providers need systems for recording and reporting on trainee enrolment and progression, and for managing the program. Information systems should be maintained securely and confidentially.

8.2 Physical facilities and resources

- 8.2.1 The education provider ensures trainees and staff have access to safe and well-maintained physical facilities and educational resources in all its teaching and learning sites in order to achieve the outcomes of the program.
- 8.2.2 The education provider ensures there are sufficient clinical teaching and learning resources to achieve the outcomes of the program.

Notes

Trainees should have access to appropriate facilities and educational resources to support self-learning activities as well as a structured educational program. Access to library, journals, an electronic learning environment and other learning facilities are required to support learning.

8.3 Supervisors

- 8.3.1 The education provider selects supervisors and assessors who have demonstrated appropriate capability for these roles. It facilitates the training and professional development of supervisors and assessors.
- 8.3.2 The education provider has defined the responsibilities of health practitioners who contribute to program delivery and the provider's responsibilities to these practitioners.
- 8.3.3 The education provider routinely evaluates supervisor and assessor effectiveness including feedback from trainees.

Notes

In this document the word "supervisor" refers to supervision in the educational context not to the workplace administrative or managerial function equivalent to a line manager.

Supervisors should have skills in adult learning, providing constructive feedback to trainees, and responding appropriately to concerns. They need clear guidance on their responsibilities to the trainee and to patient safety in the event that the trainee is experiencing difficulty.

The teachers and supervisors should include medical practitioners with clinical experience appropriate for the program and for contemporary medical practice. Other members of the healthcare team may also contribute to supervision (see definition of supervisor).

Assessors engaged in formative or summative assessments should understand the education provider's curriculum and training requirements, be proficient in making judgements concerning the trainee's performance, and skilled in providing feedback.