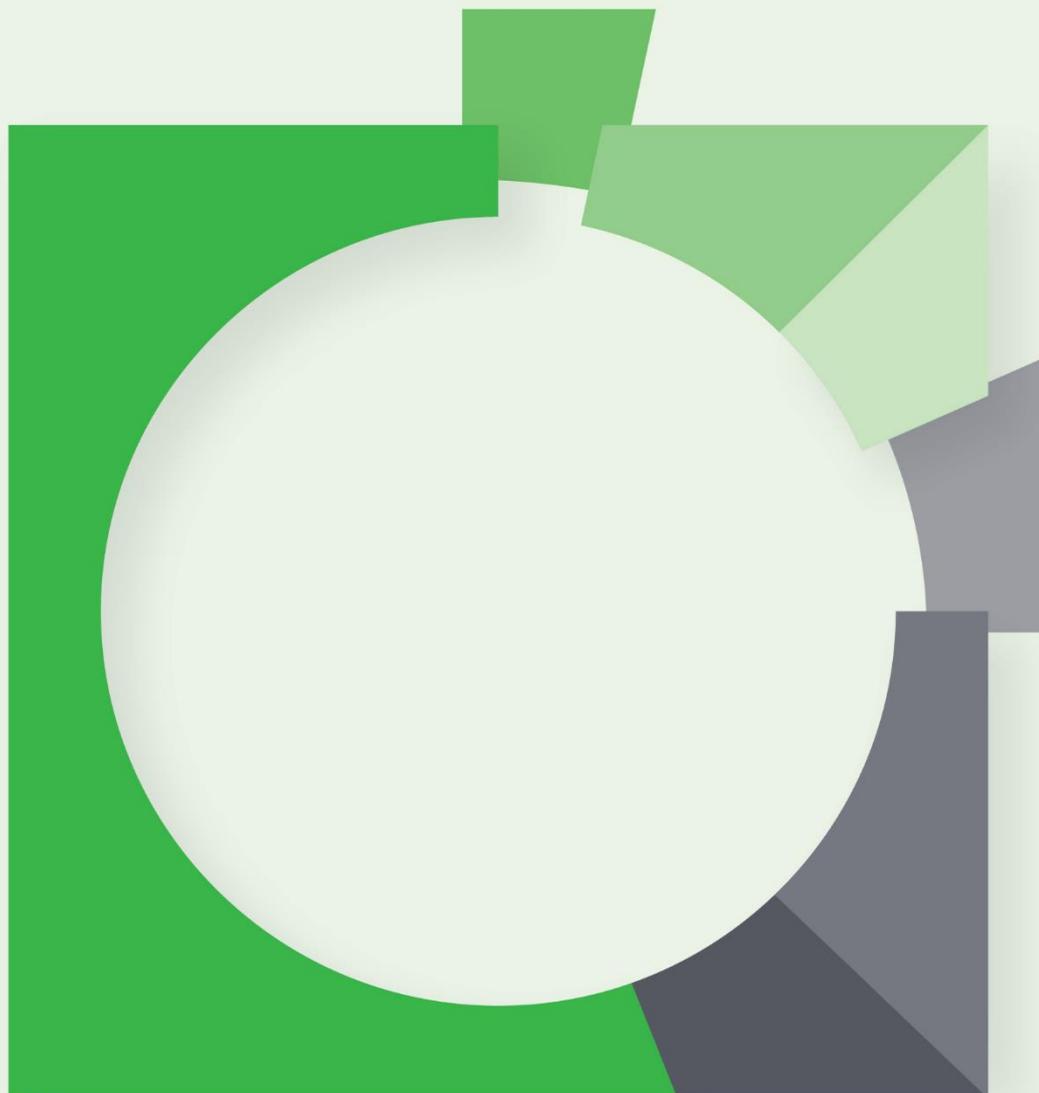


Template:

Accreditation Submission to the AMC

**Australasian College of Dermatologists (ACD)
2021 Follow-up Assessment**



Contents

<i>Purpose of the assessment</i>	1
<i>Overview of the assessment</i>	1
<i>Preparing the accreditation submission</i>	2
Guide on providing requested information.....	2
Medical Council of New Zealand requirements	3
Guide on format and submitting to the AMC	3
<i>Contact AMC staff</i>	4
<i>Education Provider Details</i>	5
<i>Summary of status and submission request</i>	7
<i>Section A: Report against remaining accreditation conditions and the standards</i>	8
Standard 1 The context of training and education.....	8
Standard 2 The outcomes of specialist training and education.....	12
Standard 3 The specialist medical training and education framework.....	16
Standard 4 Teaching and learning.....	23
Standard 5 Assessment of learning.....	25
Standard 6 Monitoring and evaluation.....	32
Standard 7 Trainees.....	37
Standard 8 Implementing the program – delivery of education and accreditation of training sites	41
Standard 9 Continuing professional development, further training and remediation	46
Standard 10 Assessment of specialist international medical graduates.....	49
<i>Section B: Report on remaining Quality Improvement Recommendations</i>	52

List of Attachments

Standard 1

Attachment 1a	Notification of changes form – 2020
Attachment 1b	College structure
Attachment 1c	Conflict of Interest policy
Attachment 1d	Reconsideration, review and appeal policy
Attachment 1e	Reconsideration, review and appeal procedure
Attachment 1f	Summary of reconsiderations

Standard 2

Attachment 2.8a	Stakeholder engagement groups
Attachment 2.8b	Community and Consumer Groups survey
Attachment 2.8c	Health Prof Ed and Health Services survey
Attachment 2.8d	Internal Stakeholders survey
Attachment 2.8e	ACER evaluation of revised curriculum
Attachment 2.8f	ACER stages of training discussion paper
Attachment 2.8g	CanMEDS agreement
Attachment 2.8h	Curriculum review Task Force meeting minutes
Attachment 2.8i	Aboriginal and Torres Strait Islander committee presentation
Attachment 2.8j	CEAC presentation
Attachment 2.8k	ASC presentation
Attachment 2.9a	Summary of curriculum review process
Attachment 2.9b	Image of review process
Attachment 2.9c	Internal stakeholders feedback
Attachment 2.9d	Health Prof Ed and Health Services feedback
Attachment 2.9e	Consumer groups feedback
Attachment 2.9f	Screen shot of CRP
Attachment 2.9g	Ongoing evaluation of curriculum
Attachment 2.10a	Regional and rural committee workplan
Attachment 2.10b	NSW regional profile
Attachment 2.10c	QLD regional profile
Attachment 2.10d	VIC regional profile
Attachment 2.10e	Regional guide for trainees

Standard 3

- Attachment 3.11a ASC curriculum review charter
- Attachment 3.11b Tele dermatology and other curriculum topics
- Attachment 3.11c Training workshops
- Attachment 3.11d Evaluation schedule
- Attachment 3a revised curriculum document
- Attachment 3b Curriculum map

Standard 4

- Attachment 4a Trainee update March 2021
- Attachment 4b Welcome to trainees
- Attachment 4c Trainee logbook changes
- Attachment 4d National Skin School program
- Attachment 4e Overseas quarantine support

Standard 5

- Attachment 5.17a Moderator instructions
- Attachment 5.17b Examiner instructions
- Attachment 5.17c 2020 Fellowship Examination summary
- Attachment 5.17d Marking rubric – long case viva
- Attachment 5.17e Standard setting
- Attachment 5a Exam blueprinting
- Attachment 5b Assessment blueprinting

Standard 6

- Attachment 6.22a Wellbeing log
- Attachment 6.22b End of year Wellbeing report
- Attachment 6.22c Medical Training Survey
- Attachment 6.22d Posting on College 'connect'
- Attachment 6.22e Trainee feedback
- Attachment 6a College MTS Comparative data
- Attachment 6b NSW MTS combined results
- Attachment 6c ACD feedback to MTS

Standard 7

- Attachment 7.27a Complaints register
- Attachment 7.27b Bullying and Harassment Action Plan
- Attachment 7.29a Candidate in difficulty policy
- Attachment 7.29b Wellbeing initiatives
- Attachment 7.29c TRC minutes May

Standard 8

- Attachment 8.32a NSW MTS survey
- Attachment 8.32b Draft supervisor survey
- Attachment 8.33a Rural and Aboriginal and Torres Strait Islander Sites

Standard 9

- Attachment 9a CPD May 2020 announcement
- Attachment 9b CPD September 2020 announcement

Standard 10

No attachments



Australian Medical Council Limited

This template sets out the information required in an accreditation submission to the Australian Medical Council (AMC) for accredited education providers¹ whose period of accreditation is due to expire and are preparing for an AMC follow-up assessment. The accreditation submission will form the basis of the assessment of the provider and its programs by the AMC.

Purpose of the assessment

The AMC conducts a follow-up assessment in any combination of the following:

- conditions on accreditation or reaccreditation require it
- an education provider and its programs are found to substantially meet the accreditation standards
- an education provider and its programs have been granted a limited period of accreditation,
- the AMC wishes to review plans for later stages of a new program development.

The primary focus of this follow-up assessment is on the education provider's response and progress in meeting remaining conditions on accreditation. If the education provider has made or is making significant changes/developments in the way it meets any AMC standards, these development will also need to be considered. This will allow the AMC to make a complete assessment of the education provider and its programs against the accreditation standards.

The assessment will follow the process set out in the [Procedures for Assessment and Accreditation of Specialist Medical Programs and Continuing Professional Development Programs by the Australian Medical Council 2019](#).

AMC accreditation assessments are conducted against the approved accreditation standards, [Standards for Assessment and Accreditation of Specialist Medical Programs and Professional Development Programs by the Australian Medical Council 2015](#).

Overview of the assessment

The AMC Specialist Education Accreditation Committee appoints an assessment team, taking into account of the complexity of the assessment, and required skills and expertise. The team will consider whether the education provider has demonstrated it is meeting or will meet the approved accreditation standards for specialist medical programs and continuing professional development programs. The assessment may result in new accreditation conditions if the review finds accreditation standards are not met or only substantially met.

The team reviews the provider's progress reports since the last accreditation assessment, the information provided in this template and will undertake a program of meetings before preparing a report assessing the provider and program(s) against the approved accreditation standards. The report of the follow-up assessment builds on the report from the last accreditation assessment.

The accreditation report is considered by the Specialist Education Accreditation Committee, which makes a recommendation on accreditation to the AMC Directors. The Directors make their decision within the options described in the Procedures.

The AMC then provides the accreditation report to the Medical Board of Australia, which will then make a decision on the approval of the program of study as providing a qualification for the purposes of specialist registration in the medical profession.

¹ The National Health Practitioner Regulation Law Act 2009 uses the term *education provider* for organisations that may be accredited to provide education and training for a health profession. The term covers universities; tertiary education institutions, other institutions/organisations that provide vocational training; or specialist medical colleges or other health profession colleges. For consistency, the AMC uses National Law terminology.

Preparing the accreditation submission

The provider is asked to prepare its accreditation submission using this template and provide the submission approximately *four to five* months before the scheduled AMC assessment. The assessment team will consider the submission, and then meet representatives of the education provider to provide feedback and seek clarification of detail. If necessary, the team will provide guidance on areas where further information should be presented. The education provider should ask AMC staff in the first instance if in doubt about the level of detail to be presented, who may then seek advice from the team chair.

Guide on providing requested information

Section A: Report against remaining accreditation conditions and the standards

The format of the template follows each standard in sections including:

- **The relevant AMC accreditation standards**
- **Status table**

A status table indicating the current finding against the standard as well as the number of remaining conditions and recommendations to be addressed.

- **Remaining conditions**

Please explicitly address each of the remaining conditions from the last accreditation assessment individually providing:

- A brief summary of the action(s) taken to address the condition, and details of the outcome(s) of that action.
- Where applicable, include a summary outlining the reasons for a particular course of action, along with any available evidence that demonstrates that the action(s) have or are likely to satisfy the accreditation standard.

A spreadsheet is provided with this template for ease of reference. It lists all conditions and recommendations, AMC feedback provided on conditions in response to the provider's progress reports and suggestions for the type of documentation that may be useful evidence of progress on the remaining conditions.

The education provider does not need to report on conditions the AMC has marked as satisfied since last accreditation assessment.

- **Summary of significant developments/changes**

Please provide a summary of significant developments completed or planned relevant to the standard. The education provider is also asked to give information on the continuing evolution of its programs.

- Provide a brief summary of all relevant significant developments, including the rationale.
- If the college's programs have not developed or changed significantly since the last progress report, and the college is not planning developments in the next 12 months, please indicate 'No developments'.
- If developments planned or underway during the last accreditation assessment or in subsequent progress reports, have now been reprioritised or stopped, please state this clearly, giving a brief description of the reasons.
- For education providers with multiple training programs, please indicate which training programs are covered by planned or implemented developments. If policies and processes vary from program, please provide an explanation on significant variations.

The AMC expects education providers to report on matters that may affect the accreditation status of the programs, such as a change to capacity to meet the accreditation standards, or any change that may meet the definition of a material change to the program. If relevant,

please report on such matters in under the significant developments section of this submission.

- **Documentation requested (not related to responses to conditions/recommendations)**

Additional documentation specific to relevant standards is requested here to assist the team's understanding of the provider's current program arrangements.

- **Statistics and annual updates**

Please provide annual data and/or an annual update as indicated under the relevant accreditation standard. The template includes suggested data tables. If required, please adjust the table to suit the provider's training and education program(s). The data should reflect both Australian and New Zealand activity for bi-national training programs. Data provided to the Medical Training Review Panel may be included if up-to-date.

Section B: Report on Quality Improvement Recommendations

- **Remaining recommendations**

Please summarise any work being undertaken on the remaining recommendations. *If the provider has decided not to accept the recommendation*, please briefly outline the reasons for this and any alternative initiatives to capture the recommended improvement.

The provided spreadsheet summarises a list of the recommendations and AMC feedback provided in response to the provider's progress reports.

The education provider does not need to report on recommendations the AMC has marked as satisfied since the last accreditation assessment.

Medical Council of New Zealand requirements

The AMC and the Medical Council of New Zealand (MCNZ) work collaboratively to streamline the assessment of education providers which provide specialist medical training in Australia and New Zealand. Both have endorsed the accreditation standards. In preparing their accreditation submission, education providers with branches in New Zealand should include details relating to the College's activities in New Zealand. This guide refers to the additional information required to meet criteria established by the Medical Council of New Zealand to address New Zealand requirements. This additional information can be found on the Council's website at: <http://www.mcnz.org.nz/news-and-publications/guides-and-booklets>

Guide on format and submitting to the AMC

The submission is a standalone document with a separate, indexed folder of the appendices electronically by USB and by email to the AMC. The USB should contain the submission (in both pdf and word version), appendices and the list of appendices. Appendices should *only* be provided in the electronic version.

Word length

The AMC has not specified a maximum word length for the follow-up submission but clear, direct and succinct statements will be appreciated. This will enable useful dialogue between the team and the education provider, as well as a collegial and constructive process.

Appendices

Documents showing evidence of outcomes described in the education provider's submission, such as agreements, policies, and/or training handbooks should be included as appendices. Appendices should also be used to provide information too detailed for the body of the submission, such as procedures, mapping documents, spreadsheets etc.

Formatting guidelines

- Provide a table of contents, a glossary, a list of appendices, and a list of the tables and figures included in the body of the submission.
- Number appendices, tables and figures according to the relevant standard. For example:
Appendix 1.8.1_1 and 1.8.1_2 are the first two appendices for Standard 1.8.1; Table 1.8.1_1 is a table included in the submission at Standard 1.8.1.
- Provide an electronic link to the appendices if an appendix is referred to in the electronic version of the submission.
- Provide electronic links in the list of appendices to the relevant appendix and electronic links in the lists of tables and figures to the relevant point in the submission.
- Provide any spreadsheets as 'protected' Excel/Access sheets to improve readability.

Contact AMC staff

Please contact AMC staff for advice at any point when preparing the submission.

Ms Juliana Simon
Manager, Specialist Medical Program Assessment

Email : juliana.simon@amc.org.au

Phone : (02) 6270-9752

Education Provider Details

College Name:	Australasian College of Dermatologists
Address:	Level 6, 33 Chandos Street St Leonards
Date of last AMC accreditation decision:	6 March 2018
Accreditation period granted:	Four years until 31 March 2022
Reports since last AMC assessment:	2018 Progress Report, 2019 Progress Report, 2020 Progress Report

Sections to be completed/checked by College:

Contact details

Chief Executive Officer:	Mr Tim Wills
Telephone number:	02 9736 2194
Email:	timwills@dermcoll.edu.au
Officer at College to contact regarding the submission:	Mr Brett O'Neill
Telephone number:	02 87414199
Email	Brett@dermcoll.edu.au

If the organisation provides training in New Zealand, please provide contact details as follows or a contact person in New Zealand if there is no branch:

Address in New Zealand	NA
Executive Officer:	NA
Telephone number:	NA
Email:	NA

AMC-accredited training programs subject to the follow-up assessment

Please confirm that this table includes all:

- programs offered, along with the pre-fellowship awards and post-fellowship awards
- fields of specialty practice, subspecialties or similar categories in which training and education is offered
- specialist medical programs which are the joint responsibility of this education provider and another organisation, indicating which education provider awards the qualification
- the countries in which each specialist medical program is provided.

College specialty program name	(Pre-/ Post-) fellowship awarded	Field of specialty practice listed by the MBA	Joint program with another organisation			Country in which program is provided
			Y/N	Organisation name	Organisation/s that award the qualification	
Dermatology	FACD	N/A	N	N/A	NA	AUS

Verify submission reviewed

The information presented to the AMC in this submission is complete, and it represents an accurate response to the relevant requirements.

Verified by: (Chief Executive Officer/executive officer responsible for the program)	Brett O'Neill
Signature:	
Date:	30 June 2021

Summary of status and submission request

Standard	2020 Findings	Remaining Conditions	Significant developments requested	Documents requested	Statistics and annual updates requested
Overall	Substantially Met	12			
1. The context of education and training	Met	Nil	Yes	Yes	Yes
2. The outcomes of specialist training and education	Substantially Met	3	Yes	Nil	Nil
3. The specialist medical training and education framework	Substantially Met	1	Yes	Yes	Yes
4. Teaching and learning methods	Met	Nil	Yes	Nil	Nil
5. Assessment of learning	Substantially Met	2	Yes	Yes	Yes
6. Monitoring and evaluation	Substantially Met	2	Yes	Nil	Yes
7. Issues relating to trainees	Substantially Met	2	Yes	Yes	Yes
8. Implementing the training program – delivery of educational resources	Substantially Met	2	Yes	Nil	Yes
9. Continuing professional development, further training and remediation	Met	Nil	Yes	Nil	Yes
10. Assessment of specialist international medical graduates	Met	Nil	Yes	Nil	Yes

Section A: Report against remaining accreditation conditions and the standards

Standard 1 The context of training and education

The AMC accreditation standards are as follows:	
1.1	Governance
1.1.1	The education provider's corporate governance structures are appropriate for the delivery of specialist medical programs, assessment of specialist international medical graduates and continuing professional development programs.
1.1.2	The education provider has structures and procedures for oversight of training and education functions, which are understood by those delivering these functions. The governance structures should encompass the provider's relationships with internal units and external training providers where relevant.
1.1.3	The education provider's governance structures set out the composition, terms of reference, delegations and reporting relationships of each entity that contributes to governance, and 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 this role is defined in relation to its corporate governance.
1.1.5	The education provider collaborates with relevant groups on key issues relating to its purpose, training and education functions, and educational governance.
1.1.6	The education provider has developed and follows procedures for identifying, managing and recording conflicts of interest in its training and education functions, governance and decision-making.
1.2	Program management
1.2.1	The education provider has structures with the responsibility, authority and capacity to direct the following key functions: <ul style="list-style-type: none">○ planning, implementing and evaluating the specialist medical program(s) and curriculum, and setting relevant policy and procedures○ setting and implementing policy on continuing professional development and evaluating the effectiveness of continuing professional development activities○ setting, implementing and evaluating policy and procedures relating to the assessment of specialist international medical graduates○ certifying successful completion of the training and education programs.
1.3	Reconsideration, review and appeals processes
1.3.1	The education provider has reconsideration, review and appeals processes that provide for impartial review of decisions related to training and education functions. It makes information about these processes publicly available.
1.3.2	The education provider has a process for evaluating de-identified appeals and complaints to determine if there is a systems problem.
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 collaborates with other educational institutions and compares its curriculum, specialist medical program and assessment with that of other relevant programs.
1.5	Educational resources
1.5.1	The education provider has the resources and management capacity to sustain and, where appropriate, deliver its training and education functions.
1.5.2	The education provider's training and education functions are supported by sufficient administrative and technical staff.
1.6	Interaction with the health sector
1.6.1	The education provider seeks to maintain effective relationships with health-related sectors of society and government, and relevant organisations and communities to promote the training, education and continuing professional development of medical specialists.
1.6.2	The education provider works with training sites to enable clinicians to contribute to high-quality teaching and supervision, and to foster professional development.
1.6.3	The education provider works with training sites and jurisdictions on matters of mutual interest.
1.6.4	The education provider has effective partnerships with relevant local communities, organisations and individuals in the Indigenous health sector to support specialist training and education.
1.7	Continuous renewal
1.7.1	The education provider regularly reviews its structures and functions for and resource allocation to training and education functions to meet changing needs and evolving best practice.

Status and submission request

Status: Met	Number of remaining conditions = Nil
	Number of remaining recommendations = Nil
Significant developments requested	Yes
Documents requested	Yes
Statistics and annual updates requested	Yes

1.1 Remaining conditions

Nil remain.

1.2 Summary of other significant developments

Please indicate whether the College has made, or is planning to make, any other changes relevant to Standard 1. This information will provide the AMC with information on the continuing evolution of the College's programs, and assists the AMC in determining if these programs continue to meet the approved accreditation standards.

There is no need to outline changes that have been reported in the College's progress reports since the last accreditation assessment, as the team will have access to these.

Summary of other significant developments		
<p>Has there been any significant development made against Standard 1, including any related to COVID 19 in this section?</p> <p><i>If yes, please describe below.</i></p>	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No change
<p>College response</p> <p>College continues to update and review governance documentation. Committees regularly review charters, and the College is currently undergoing a review of its constitution to better reflect the direction and strategy of the College.</p> <p>Regular meetings with governing state and federal bodies and input into AMC requests for information play a key role in maintaining an understanding and overview of current trends and approaches in the medical education environment.</p> <p>College also established a COVID Task Force to manage the large amount of queries and information that was being provided around this topic. They met regularly and were responsible for creating and updating the College COVID-19 Updates webpage.</p> <p>The impact of COVID in 2020 required College to review methods of communication and meeting and this has carried forward into 2021 with strategies in place to manage the ongoing pandemic through various methods.</p>		
<p>Have there been significant changes affecting the delivery of the program, including any related to COVID 19 in this section?</p> <p><i>If yes, please describe the changes below and any potential impact to meeting the standards.</i></p>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No change
<p>College response</p> <p>As per attachment 1a College made changes in 2020 to respond to the global pandemic. These were done early to provide certainty and security for Trainees and Fellows. Many of these changes have been implemented again in 2021 due to the ongoing concern and uncertainty, and these have been communicated to Fellows and Trainees.</p> <p>In 2021, the Fellowship Examinations will again be state based using online facilities to undertake the assessments. This year we will return to real patients. Online learning</p>		

opportunities remain increased to reflect the varying learning opportunities for trainees during lockdown phases. Selection will also be undertaken online using the same process as in 2020.

1.3 Documentation requested

Please provide the **latest version** of the following documents either as an attachment **or** as a link to the College website as appropriate. If the College has made changes to the following document(s) since the last accreditation/progress report, please include a description of the change under significant developments

Document	Attached	Link to Document (if available)
College's governance structure with key committees and lead members indicated.	<input checked="" type="checkbox"/> Yes	See attachment 1b in submission. Website links provided below. College governance College structure
Conflict of interest policy	<input checked="" type="checkbox"/> Yes	See attachment 1c in submission Website links provided below. Conflict of interest policy
Reconsideration, review and appeals policy	<input checked="" type="checkbox"/> Yes	See attachments 1d and 1e in submission Website links provided below. Reconsideration policy Reconsideration procedure

1.4 Statistics and annual updates

Please provide data for the following tables. If required, please adjust the table to suit the College's training and education program(s).

A. Categories of fellowship and membership (Standard 1.1.1)

College membership (as at 31 May 2021)				
Category	Total	Australia	New Zealand	Other
Fellows (active)	610	591	6	13
Fellows (non-practicing/resigned)	13	11	1	1
Retired Fellows	68	62	4	2
Honorary Fellows	0	0	0	0
Associate Fellows	0	0	0	0
Trainees	119	119	0	0
Associate members (Active)	42	33	2	7

B. Reconsideration, Reviews and Appeals (Standard 1.3)

Requests for Reconsideration, Review and Appeals (2020)			
Requests for reconsideration			
Reason	Number	Outcome	
		Upheld	Dismissed
Exemption for exam component	1		1
Request for review of results	1		1
Requests for review			
Reason	Number	Outcome	
		Upheld	Dismissed
	0		
Requests for appeal			
Reason	Number	Outcome	
		Upheld	Dismissed
	0		
Can the College comment on the outcomes of its processes for evaluating reconsiderations, reviews and appeals to identify system issues?			
<p>College response</p> <p>College seeks to work with trainees and fellows during all processes to ensure candidates are clear on relevant policies and procedures.</p> <p>College follows a set procedure for the above mentioned processes and where necessary seeks legal advice on wording or potential responses to ensure clarity and appropriate language is used.</p> <p>Most reconsideration/review requests are related to exam results and as such College keeps a record of all special consideration and reasonable adjustment applications and outcomes and reviews these internally for consistency and timeliness.</p> <p>In relation to reviews and reconsiderations, College maintains a register of these each year with comments on the case and time frames etc. Each case is reviewed at its completion internally for timeliness and consistency.</p> <p>A copy of this spreadsheet can be found in Attachment 1f.</p>			

Standard 2 The outcomes of specialist training and education

The AMC accreditation standards are as follows:	
2.1	Educational purpose
2.1.1	The education provider has defined its educational purpose which includes setting and promoting high standards of training, education, assessment, professional and medical practice, and continuing professional development, within the context of its community responsibilities.
2.1.2	The education provider's purpose addresses Aboriginal and Torres Strait Islander peoples of Australia and/or Māori of New Zealand and their health.
2.1.3	In defining its educational purpose, the education provider has consulted internal and external stakeholders.
2.2	Program outcomes
2.2.1	The education provider develops and maintains a set of program outcomes for each of its specialist medical programs, including any subspecialty programs that take account of community needs, and medical and health practice. The provider relates its training and education functions to the health care needs of the communities it serves.
2.2.2	The program outcomes are based on the role of the specialty and/or field of specialty practice and the role of the specialist in the delivery of health care.
2.3	Graduate outcomes
2.3.1	The education provider has defined graduate outcomes for each of its specialist medical programs including any subspecialty programs. These outcomes are based on the field of specialty practice and the specialists' role in the delivery of health care and describe the attributes and competencies required by the specialist in this role. The education provider makes information on graduate outcomes publicly available.

Status and submission request

Status: Substantially Met	Number of remaining conditions = 3
	Number of remaining recommendations = Nil
Significant developments requested	Yes
Documents requested	No
Statistics and annual updates requested	No

2.1 Remaining conditions

Please provide a summary update of the College's responses to the remaining conditions (listed below) from the last AMC Accreditation Report. Please detail progress made, plans for further work, and the evidence to support progress.

Condition 8	To be met by: 2021	2020 Finding: Progressing
<p>When defining the educational purpose, program and graduate outcomes, formally engage trainees, as well as other relevant medical specialties, community representatives, Aboriginal and Torres Strait Islander health organisations, and health funder services, to ensure community perspectives are considered. (Standard 2.1.3)</p>		
<p>College response</p> <p>College has undertaken significant work on its curriculum during 2019 and 2020. As noted in the previous report, College appointed an Associate Dean and an educational designer to head up the Task Force for the curriculum review. The Task Force comprised of Fellows from a range of backgrounds and experience, including a mixture of new and experienced Fellows as well as those with a mixture of academic and non-academic backgrounds.</p> <p>Early in the curriculum review input was sought from a broad range of community and consumer groups including Aboriginal and Torres Strait Islander community groups and other medical specialty training colleges. In total, 27 groups were invited to contribute to the Curriculum review, and College received feedback from 16 of these (attachment 2.8a). Feedback was gathered using survey tools (attachments 2.8b, 2.8c and 2.8d). The survey listed the current graduate outcomes and asked stakeholders if they were appropriate or required modification. It also included questions on the use of CanMEDS to assist in developing outcomes for trainees as well</p>		

as what skills and qualities they expected of a Dermatologist. This assisted in defining the educational purpose of the program and in the development of graduate outcomes.

College engaged ACER throughout the process to assist with Curriculum development using best practice models ([attachments 2.8e and 2.8f](#)). College also consulted with relevant external academics who were part of the Academic Standards Committee (Professor Wendy Hu).

College also sought and gained approval from CanMEDS to use that framework as a basis for the curriculum document ([Attachment 2.8g](#)).

This information was collated and presented to the Task Force and other relevant groups in order to make decisions at the relevant meetings. [Attachment 2.8h](#) provides a sample of the minutes of the Task Force meeting.

Documents were then prepared for presentation and feedback from relevant groups including: Aboriginal and Torres Strait Islander Committee National Training Committee ([attachment 2.8i](#)), Community Engagement Advisory Committee ([attachment 2.8j](#)), National Examinations Committee, Academic Standards Committee and the Board ([attachment 2.8k](#)).

Engagement with internal and external stakeholder groups will continue as part of the rolling curriculum review.

Provider documentation attached:

See above attachments

Condition 9	To be met by: 2021	2020 Finding: Not Progressing
<p>Develop and implement a process to ensure the program outcomes are responsive to the health needs of the community. (Standard 2.2.1)</p>		
<p>College response</p> <p>College has a clear set of program outcomes that have been developed through a review of the curriculum based on community needs and health outcomes, identified through surveys of these stakeholders. This was achieved through a range of consultations. Attachment 2.9a provides a summary of the steps taken to engage with a wide range of community groups to assist in the review and development of outcomes. Attachment 2.9b shows a simplified diagrammatic image.</p> <p>Attachments 2.9c, 2.9d and 2.9e provide summary responses from consumer groups, internal stakeholders and Health Services on the needs of the curriculum.</p> <p>The task force then used this information to develop a curriculum that responded to community needs. While College received approval to use the CanMEDS Framework, the inclusion of a new role area of 'Culturally Responsive Practitioner' reflects feedback from a range of groups on this model (attachment 2.9f).</p> <p>Through ongoing curriculum reviews (attachment 2.9g) as noted in the curriculum document, College will ensure that relevant groups are consulted on a regular basis according to the needs of the curriculum review committee to ensure that needs are still being met and program outcomes respond to community needs. This may be in a similar format to what has been used in the curriculum review process.</p>		
<p>Provider documentation attached: See above content for references.</p>		

Condition 10	To be met by: 2021	2020 Finding: Progressing
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Develop and implement a formalised approach to regularly assessing needs across rural and regional communities and evaluating the degree to which program outcomes are aligned with these needs. (Standard 2.2.1)

College response

Under the Rural and Regional Services Committee, ACD continues to refine and progress the Regional and Rural Workforce Strategy. As can be seen by the Regional and Rural committee workplan ([attachment 2.10a](#)), which links to the College strategic plan, College is engaged in numerous developments in this area. COVID-19 and impacts on staffing hindered progress in some areas, described below, however, despite this ACD has established a new Regional Health Officer role commencing July 2021, which will be instrumental in driving this strategy forward and providing additional Faculty support.

Activities completed include:

- State Workforce Mapping of Dermatological Services. A sample of these can be seen in [attachments 2.10b, 2.10c and 2.10d](#). These are comprehensive reports which define the public and private service provision across a given state's Health District/Health and Hospital Service, including relevant information in relation to primary care services, Aboriginal Medical Services and other factors that inform community access to skin health care. These reports underpin local and state-based efforts to identify areas of greatest unmet community need as well as opportunities where services could feasibly be supported. Other reports are available if required.
- Completion and dissemination of the Regional Toolkit for Trainees via the [website \(attachment 2.10e\)](#). Note that while this project was originally intended to develop a toolkit for supervisors, the Community unanimously agreed that trainees would benefit and thus were prioritised. Work will commence on support resources for Fellows in due course.
- Career pipeline: undergraduate modules provided to Fellows to support teaching at rural medical schools, and a new communication plan to universities to promote uptake of undergrad dermatology teaching is in development.
- Selection: representation of the Regional and Rural Services Committee in selection to the training program continues. As a result of this, the marking rubric has been adjusted to include a dedicated section to rurality. This has been based on research indicating return to rural factors such as living, working or studying in these areas increases the likelihood of trainees returning to rural areas upon completion on their training. See below image for snapshot of the rubric component.

Rural Involvement x 1					
1	2	3	4	5	RAW
Limited rural exposure/experience	Lived or studied (uni, school) in rural areas >3 years MM 2-7	Worked < 4 yrs MM 2-7	Worked 4-6 yrs MM 2-7	Worked >7 yrs MM 2-7	

- GP upskilling: in addition to ongoing partnership with Cancer Council Victoria to deliver dermoscopy training to rural VIC GPs, a new partnership with Wellbeing SA has commenced to roll out a similar program to rural GPs in the second half of 2021.
- Advocacy: this is a large program of work that has continued throughout 2020 and 2021, focusing on federal and state/territory governments to seek additional funding for registrar placements and consultant positions at public hospitals in areas of greatest need.

As a result of COVID-19, travel to regional areas was limited throughout 2020, in particular to Aboriginal and Torres Strait Islander communities, and continues to be affected. College supported teledermatology initiatives and this has been reflected in revised accreditation standards that accept these as appropriate clinics. The ability to increase exposure to regional health care for registrars through existing and new rotations has thus been impacted. In addition, the Rural Dermatology Conference has been postponed to 2022 due to travel uncertainty.

College is also aware of the requirements for STP positions and endeavours to ensure that these places maintain their rural quota as designated by the government.

Provider documentation attached:

2.2 Summary of other significant developments

Please indicate whether the College has made, or is planning to make, any other changes relevant to Standard 2. This information will provide the AMC with information on the continuing evolution of the College’s programs, and assists the AMC in determining if these programs are continuing to meet the approved accreditation standards.

There is no need to outline changes that have been reported in the College’s progress reports since the last accreditation assessment, as the team will have access to these.

Summary of other significant developments		
<p>Has there been any significant development made against Standard 2, including any related to COVID 19 in this section?</p> <p><i>If yes, please describe below.</i></p>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No change
<p>College response:</p> <p>The main developments in relation to this standard are:</p> <ul style="list-style-type: none"> the inclusion in the curriculum of a new topic: “teledermatology and emerging technologies”. This reflects the increase in this area. This has also been reflected in accreditation standards for sites. The Cultural Competency elements from the previous curriculum have been expanded and sit in the Culturally Responsive Practitioner role <p>This has been part of the wider curriculum review.</p>		
<p>Have there been significant changes affecting the delivery of the program, including any related to COVID 19 in this section?</p> <p><i>If yes, please describe the changes below and any potential impact to meeting the standards.</i></p>	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No change
<p>College response:</p> <p>As noted previously, changes to the program delivery has been stated in other sections.</p>		

2.3 Documentation requested

Nil

2.4 Statistics and annual updates

Nil

Standard 3 The specialist medical training and education framework

The AMC accreditation standards are as follows:	
3.1	Curriculum framework
3.1.1	For each of its specialist medical programs, the education provider has a framework for the curriculum organised according to the defined program and 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 specialist medical program and graduate outcomes.
3.2.2	The curriculum includes the scientific foundations of the specialty to develop skills in evidence-based practice and the scholarly development and maintenance of specialist knowledge.
3.2.3	The curriculum builds on communication, clinical, diagnostic, management and procedural skills to enable safe patient care.
3.2.4	The curriculum prepares specialists to protect and advance the health and wellbeing of individuals through patient-centred and goal-orientated care. This practice advances the wellbeing of communities and populations, and demonstrates recognition of the shared role of the patient/carer in clinical decision-making.
3.2.5	The curriculum prepares specialists for their ongoing roles as professionals and leaders.
3.2.6	The curriculum prepares specialists to contribute to the effectiveness and efficiency of the health care system, through knowledge and understanding of the issues associated with the delivery of safe, high-quality and cost-effective health care across a range of health settings within the Australian and/or New Zealand health systems.
3.2.7	The curriculum prepares specialists for the role of teacher and supervisor of students, junior medical staff, trainees, and other health professionals.
3.2.8	The curriculum includes formal learning about research methodology, critical appraisal of literature, scientific data and evidence-based practice, so that all trainees are research literate. The program encourages trainees to participate in research. Appropriate candidates can enter research training during specialist medical training and receive appropriate credit towards completion of specialist training.
3.2.9	The curriculum develops a substantive understanding of Aboriginal and Torres Strait Islander health, history and cultures in Australia and Māori health, history and cultures in New Zealand as relevant to the specialty(s).
3.2.10	The curriculum develops an understanding of the relationship between culture and health. Specialists are expected to be aware of their own cultural values and beliefs, and to be able to interact with people in a manner appropriate to that person's culture.
3.3	Continuum of training, education and practice
3.3.1	There is evidence of purposeful curriculum design which demonstrates horizontal and vertical integration, and articulation with prior and subsequent phases of training and practice, including continuing professional development.
3.3.2	The specialist medical program allows for recognition of prior learning and appropriate credit towards completion of the program.
3.4	Structure of the curriculum
3.4.1	The curriculum articulates what is expected of trainees at each stage of the specialist medical program.
3.4.2	The duration of the specialist medical program relates to the optimal time required to achieve the program and graduate outcomes. The duration is able to be altered in a flexible manner according to the trainee's ability to achieve those outcomes.
3.4.3	The specialist medical program allows for part-time, interrupted and other flexible forms of training.
3.4.4	The specialist medical program provides flexibility for trainees to pursue studies of choice that promote breadth and diversity of experience, consistent with the defined outcomes.

Status and submission request

Status: Substantially Met	Number of remaining conditions = 1
	Number of remaining recommendations = 1
Significant developments requested	Yes
Documents requested	Yes
Statistics and annual updates requested	Yes

3.1 Remaining conditions

Please provide a summary update of the College's responses to the remaining conditions (listed below) from the last AMC Accreditation Report. Please detail progress made, plans for further work, and the evidence to support progress.

Condition 11	To be met by: 2021	2020 Finding: Progressing
<p>Implement a continuous rolling cycle of curriculum review, including:</p> <ol style="list-style-type: none"> i. Implementing mechanisms to monitor its relevance to practice, including feedback from fellows and trainees in Indigenous, rural and regional settings. ii. Mapping curricular needs to changing practice, for example, Tele dermatology iii. Detailing the accessibility to training to cover all curricular components, for example Indigenous populations, cosmetic procedures, lasers and surgery. iv. Strengthening explicit integration of the training and CPD curriculum. (Standard 3.1.1) 		
<p>College response:</p> <p>Throughout the curriculum review process, and in the curriculum document College has made it clear that a rolling curriculum review will be in place once the new curriculum is established (attachment 2.9g). A committee has been established with a draft charter prepared (attachment 3.11a) and they are working on a schedule for regular meetings which can be provided at a later date.</p> <p>As noted earlier, College has included a topic on teledermatology in the revised curriculum. Whilst there was already content in the other areas listed above in point (iii) this has been refined and further developed. Examples of other topics that have been included following the review and changing practice needs can be seen in attachment 3.11b, with the inclusion of transgender dermatological medicine. It is expected that these changes will be communicated to Fellows and trainees as resources and assessment items are built.</p> <p>College continues to work with sites and Fellows to make components of the curriculum available. State based sessions where trainees and new graduates have access to workshops, assist in meeting this need (attachment 3.11c).</p> <p>College continues to work on the CPD program and ensuring that links are made to the training program. While the introduction of the PPF has enabled College to commence a review of CPD and its structure, Fellows receive CPD points for engaging in College Training Program activities such as supervision, workshops, examinations, committees etc. Topics in the Eportal for Fellows to engage in include supervisor training, learning and teaching in a medical context and mentoring in the workplace. College's post graduate programs in Cosmetic Dermatology and Dermatology are available to Fellows and are aligned with and extend various components of the curriculum. These also attract CPD points.</p> <p>In 2020 and 2021 COVID significantly impacted the College's ability to undertake feedback due to redirection of resources. Trainees, Fellows and staff were consumed with managing a range of issues, but were still able to conduct a number of evaluations. While evaluation was undertaken for workshops, selection and MTS, Trainee feedback on accreditation was unable to be completed due to trainee availability. Supervisor performance will be undertaken in late 2021 and graduate surveys will be conducted once Fellowship examinations are completed in August 2021. A schedule has been included in attachment 3.11d.</p>		
<p>Provider documentation attached:</p> <p>See above attachments.</p>		

3.2 Summary of other significant developments

Please indicate whether the College has made, or is planning to make, any other changes relevant to Standard 3. This information will provide the AMC with information on the continuing evolution of the College's programs, and assists the AMC in determining if these programs are continuing to meet the approved accreditation standards.

There is no need to outline changes that have been reported in the College's progress reports since the last accreditation assessment, as the team will have access to these.

Summary of other significant developments		
Has there been any significant development made against Standard 3, including any related to COVID 19 in this section? <i>If yes, please describe below.</i>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No change
The curriculum review has been undertaken as previously noted. See attachment 3a for draft document. This has been approved by the Academic Standards Committee and is now up for approval by the Board.		
Have there been significant changes affecting the delivery of the program, including any related to COVID 19 in this section? <i>If yes, please describe the changes below and any potential impact to meeting the standards.</i>	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No change
As noted previously, changes have been made to the delivery of the course in relation to COVID. No significant changes have been made to this standard. The plan is to implement the revised curriculum in 2022.		

3.3 Documents requested

Please provide the **latest version** of the following documents either as an attachment or as a link to the College website as appropriate. If the College has made changes to the following document(s) since the last accreditation/progress report, please include a description of the change under significant developments

Document	Attached	Link to Document (If available)
Curriculum map	<input checked="" type="checkbox"/> Yes	Please see attached documents for current training program (attachment 3b which aligns with the assessment map in Standard 5.

3.4 Statistics and annual updates

Please provide data for the following tables. If required, please adjust the table to suit the College's training and education program(s).

A. Recognition of Prior Learning (Standard 3.3.2)

Provide data on the number and percentage of trainees who sought and were granted recognition of prior learning (RPL), and the periods of RPL granted by year since the last accreditation assessment.

Requests for Recognition of Prior Learning				
Year	Number	% granted	Period granted	Comments (if required)
2018	8	5 (62.5%)	N/A	RPL approved = no need to complete research project for training.
2019	16	(14) 87.5%	N/A	RPL approved = no need to complete research project for training.
2020	10	(8) 80%	N/A	RPL approved = no need to complete research project for training.
2021 (to date)	10	(6) 60%	N/A	RPL approved = no need to complete research project for training.

B. Part-time and Interrupted training (Standard 3.4.3)

Provide data on the number of trainees by year that have sought and the number that have been granted part-time or interrupted training since the last accreditation assessment.

Requests for part-time and interrupted training by year [2018]				
Part-time training	Number requested	Number granted	% granted	Comments (if required)
Total	2	2	100	
Male	0	0	100	
Female	2	2	100	
NSW/ACT	0	0	100	
NT	0	0	100	
QLD	0	0	100	
SA	1	1	100	
TAS	0	0	100	
VIC	1	1	100	
WA	0	0	100	
NZ	0	0	100	
Interrupted training	Number requested	Number granted	% granted	Comments (if required)
Total	8	8	100	
Male	0	0	0	
Female	8	8	100	
NSW/ACT	1	1	100	
NT	0	0	0	
QLD	1	1	100	
SA	2	2	100	
TAS	0	0	0	
VIC	3	3	100	
WA	1	1	100	
NZ	0	0	0	

Requests for part-time and interrupted training by year [2019]				
Part-time training	Number requested	Number granted	% granted	Comments (if required)

Requests for part-time and interrupted training by year [2019]				
Total	4	3	75	
Male	0	0	0	
Female	4	3	75	
NSW/ACT	0	0	0	
NT	0	0	0	
QLD	2	1	50	
SA	0	0	0	
TAS	0	0	0	
VIC	2	2	100	
WA	0	0	0	
NZ	0	0	0	
Interrupted training	Number requested	Number granted	% granted	Comments (if required)
Total	7	7	100	
Male	0	0	0	
Female	7	7	100	
NSW/ACT	2	2	100	
NT	0	0	0	
QLD	2	2	100	
SA	0	0	0	
TAS	0	0	0	
VIC	3	3	100	
WA	0	0	0	
NZ	0	0	0	

Requests for part-time and interrupted training by year [2020]				
Part-time training	Number requested	Number granted	% granted	Comments (if required)
Total	7	6	86	
Male	0	0	0	
Female	7	6	86	
NSW/ACT	2	2	100	

Requests for part-time and interrupted training by year [2020]				
NT	0	0	0	
QLD	1	1	100	
SA	0	0	0	
TAS	0	0	0	
VIC	3	3	100	
WA	1	0	0	
NZ	0	0	0	
Interrupted training	Number requested	Number granted	% granted	Comments (if required)
Total	15	15	100	
Male	4	4	100	
Female	11	11	100	
NSW/ACT	7	7	100	
NT	0	0	100	
QLD	2	2	100	
SA	0	0	100	
TAS	0	0	100	
VIC	4	4	100	
WA	2	2	100	
NZ	0	0	100	

Requests for part-time and interrupted training by year 2021 as @ May 31				
Part-time training	Number requested	Number granted	% granted	Comments (if required)
Total	0	0	0	
Male	0	0	0	
Female	0	0	0	
NSW/ACT	0	0	0	
NT	0	0	0	
QLD	0	0	0	
SA	0	0	0	
TAS	0	0	0	
VIC	0	0	0	

Requests for part-time and interrupted training by year 2021 as @ May 31				
WA	0	0	0	
NZ	0	0	0	
Interrupted training	Number requested	Number granted	% granted	Comments (if required)
Total	2	2	100	
Male	0	0	0	
Female	2	2	100	
NSW/ACT	1	1	100	
NT	0	0	0	
QLD	0	0	0	
SA	0	0	0	
TAS	0	0	0	
VIC	0	0	0	
WA	1	1	100	
NZ	0	0	0	

Standard 4 Teaching and learning

The AMC accreditation standards are as follows:	
4.1 Teaching and learning approach	
4.1.1	The specialist medical program employs a range of teaching and learning approaches, mapped to the curriculum content to meet the program and graduate outcomes.
4.2 Teaching and learning methods	
4.2.1	The training is practice-based, involving the trainees' personal participation in appropriate aspects of health service, including supervised direct patient care, where relevant.
4.2.2	The specialist medical program includes appropriate adjuncts to learning in a clinical setting.
4.2.3	The specialist medical program encourages trainee learning through a range of teaching and learning methods including, but not limited to: self-directed learning; peer-to-peer learning; role modelling; and working with interdisciplinary and interprofessional teams.
4.2.4	The training and education process facilitates trainees' development of an increasing degree of independent responsibility as skills, knowledge and experience grow.

Status and submission request

Status: Met	Number of remaining conditions = Nil
	Number of remaining recommendations = Nil
Significant developments requested	Yes
Documents requested	No
Statistics and annual updates requested	No

4.1 Remaining conditions

Nil remain.

4.2 Summary of other significant developments

Please indicate whether the College has made, or is planning to make, any other changes relevant to Standard 4. This information will provide the AMC with information on the continuing evolution of the College's programs, and assists the AMC in determining if these programs are continuing to meet the approved accreditation standards.

There is no need to outline changes that have been reported in the College's progress reports since the last accreditation assessment, as the team will have access to these.

Summary of other significant developments		
Has there been any significant development made against Standard 4, including any related to COVID 19 in this section? <i>If yes, please describe below.</i>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No change
<p>College response:</p> <p>College implemented a number of changes to the training program due to COVID. These changes were developed in consultation with the College committees and approved by the Academic Standards Committee, Board or other appropriate committees. They were communicated to Trainees and fellows via the website (COVID updates section), and internal communication channels (Connect). Dates of these communications include: March 13, March 16 (attachment 4a), March 18, March 20, March 25, March 30, April 15, May 27, July 2, August 5 and August 7.</p> <p>Many of the changes have been noted in Attachment 1a.</p> <p>Key updates included:</p> <ul style="list-style-type: none"> 1st and 3rd year training program workshops being conducted using a combination of Zoom conferencing and state based procedural workshops 		

- General online information session to trainees regarding changes ([attachment 4b](#))
- Logbooks to be maintained and submitted to assist in determining and changes to training time ([attachment 4c](#)). No changes were made to training time.
- National Skin School webinars. These moved from monthly to weekly to ensure trainees had access to information and cases and maintained their training time. A copy of the timetable can be found at [attachment 4d](#).
- More teledermatology clinics from hospitals with accommodation made for this in accreditation standards.
- Assessment was conducted online using Zoom.
- Overseas training opportunities were stopped for 2020 and 2021 due to travel restrictions. College supported trainees on their return from the UK by paying for their quarantine ([attachment 4e](#)). Several trainees were provided with a training position when they returned.

Have there been significant changes affecting the delivery of the program, including any related to COVID 19 in this section?

If yes, please describe the changes below and any potential impact to meeting the standards.

Yes

No change

College response:

Changes have been noted elsewhere, but included:

- Altered “clinic structures” and reduced face to face clinical exposure was supplemented teledermatology and by additional online National Skin School webinars. While webinars have continued to be offered regularly, training in 2021 has returned to normal.
- Assessments being run state based and online, rather than in one central location.

4.3 Documentation requested

Nil

4.4 Statistics and annual updates

Nil

Standard 5 Assessment of learning

The AMC accreditation standards are as follows:	
5.1	Assessment approach
5.1.1	The education provider has a program of assessment aligned to the outcomes and curriculum of the specialist medical program which enables progressive judgements to be made about trainees' preparedness for specialist practice.
5.1.2	The education provider clearly documents its assessment and completion requirements. All documents explaining these requirements are accessible to all staff, supervisors and trainees.
5.1.3	The education provider has policies relating to special consideration in assessment.
5.2	Assessment methods
5.2.1	The assessment program contains a range of methods that are fit for purpose and include assessment of trainee performance in the workplace.
5.2.2	The education provider has a blueprint to guide assessment through each stage of the specialist medical program.
5.2.3	The education provider uses valid methods of standard setting for determining passing scores.
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 informs its supervisors of the assessment performance of the trainees for whom they are responsible.
5.3.3	The education provider has processes for early identification of trainees who are not meeting the outcomes of the specialist medical program and implements appropriate measures in response.
5.3.4	The education provider has procedures to inform employers and, where appropriate, the regulators, where patient safety concerns arise in assessment.
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.
5.4.2	The education provider maintains comparability in the scope and application of the assessment practices and standards across its training sites.

Status and submission request

Status: Substantially Met	Number of remaining conditions = 2
	Number of remaining recommendations = 1
Significant developments requested	Yes
Documents requested	Yes
Statistics and annual updates requested	Yes

5.1 Remaining conditions

Please provide a summary update of the College's responses to the remaining conditions (listed below) from the last AMC Accreditation Report. Please detail progress made, plans for further work, and the evidence to support progress.

Condition 17	To be met by: 2020	2020 Finding: Progressing
Implement, document and publicise valid pass/fail standard setting procedures for all examinations, including specific procedural details of how pass/fail decisions are determined for borderline candidates. Methods used must be consistent with current best practice in medical education. (Standard 5.2.3)		
College response:		
College successfully introduced a criterion-based assessment process using modified and extended Anghoff methods in 2020 during COVID while modifying the delivery of the Fellowship examinations to ensure they could be conducted. The online process required extensive work with procedures created for a range of roles in the process. Examples of the detail of the roles can be found in attachments 5.17a and 5.17b where the roles of the moderator and examiner are outlined (n.b. phone numbers and names have been removed). Considerable		

communication was undertaken with trainees and many online sessions were conducted with trainees, actors, fellows, assessors and moderators to ensure the exam went well. The exam, whilst being run successfully in challenging and difficult circumstances, took a considerable toll on workers from the College as well as a considerable increase in cost to College to ensure trainees had an opportunity to sit the exam and in doing so maintain delivery. This effort from College and the staff involved cannot be overlooked when considering the requirements of the AMC as 2020 created demands like no other year with attention to this event of highest priority.

Attachment 5.17c provides a summary of the exams. From this process College will:

- continue to use slides instead of microscopes for Histopathology
- run online exams using College LMS and exam safe browser for written examinations. This was been successfully completed in June 2021.
- use patients instead of actors, but remain using photos

In reference to the 2020 AMC feedback College on what College needed to evidence to close this condition:

Long Case Vivas: With COVID impacting the ability to have 'live' patients, College developed a series of cases (and associated marking rubrics) using images and history/notes from real patients. Actors with similar features (e.g. age, gender, ethnicity) were then employed to role play these cases on the day of the examination. They were provided with training and support from the College and the examiners.

Rubrics (**attachment 5.17d**) for the Long Cases were developed early based on the case notes and images and were simplified to reflect the feedback from ACER of a more global marking system. These rubrics would enable markers to have more time in the viva to mark than previously as they were not ticking of items one by one. The added advantage of these rubrics was that they were not being adjusted the day before the examination as in previous years. Hence training could be conducted earlier.

In relation to setting the passing standard, prior to the Long Case Vivas all members of the Examinations committee were asked to independently determine and record (using the rubric and a spreadsheet) what they assessed as to be the minimum levels of competency that should be shown for each case. Using appropriate statistical analysis, these results were then used to determine the passing standard required by candidates and the cut score. Candidates above the cut score would be deemed to have met the requirements.

This was done well before the examination. This same process is again being used in 2021 due to COVID, however real patients will be used instead of actors. The significant inclusion is that photos will again be used to show candidates and enable rubrics to be written early, even though candidates will interview real patients online. It is expected that this process may be used going forward to ensure rubrics can be developed early in the process.

An example of the standard setting spreadsheet can be found in **attachment 5.17e**. A similar process was used for the Procedural Vivas, Short Case Vivas and Histopathology assessments.

Pass requirements

In order to pass the Fellowship examinations, candidates are required to pass two components.

1. **The writtens.** Candidates are required to achieve the passing standard for
 - at least of 8 of 12 essays and
 - achieve the combined passing standard for the essays overall and
 - achieve the passing standard of the combined (150 questions) True/False papers.

While the passing standard is set, candidates below the passing standard but above the cut score are deemed to have met the requirement. This applies to all assessments in the fellowship exams.

In previous years candidates were required to pass both the 'medical' and 'procedural' sections of the true/false papers. This was removed for 2020 to enable candidates to demonstrate a breadth of knowledge and as such were only required to meet one overall score (as set by the examiners) for the combined True/False papers.

A decision to ensure breadth of knowledge was also used in determining the passing requirements for the essays. Using both the number of essays and overall score enabled the examiners to ensure that candidates were able to demonstrate knowledge and application across a wide range of topics and not pass by doing well in one or two cases.

2. **The vivas:** Candidates are required to achieve the passing standard for

- the total of the 6 Procedural vivas and
- achieve the passing standard for at least 4 of the 6 Long Case Vivas and
- achieve the passing standard for the combined Medical assessment items (Histopathology Vivas, Short Case Vivas and Long Case Vivas)

For the Procedural vivas it was recognised that candidates will have varying levels of skill and that an overall score was more suitable than a set number of cases. For the Long Cases, based on previous analysis of pass rate etc, a number of cases was set with an overall score for the same reasons as noted for the writtens above. Safety measures for dangerous practice continue to be included.

Pass/fail standard and borderline candidates

Through its work with ACER College is using approved and acceptable measures that identifies a passing standard and cut score of an assessment item.

To allow for variation, 2 standard errors of the mean (not measurement) are applied to the passing standard to provide a cut score. Trainees below the passing standard, but above the cut score will be considered to have met the requirement and this takes into consideration any applications for special consideration. The NExC will not make an arbitrary decision to modify the passing standard or cut score. This may have been misrepresented in the draft policy and will be updated, along with the standard error of the mean.

College continues to work on the examination policy, but work on this has been impacted by COVID and modifications will continue to be made once College has reflected on the 2020 and 2021 examination cycle and the impact of this on examination sittings. Information on examinations is still available to trainees in the handbook. A final copy with AMC recommended changes will be submitted to the College NExC and ASC in time.

Provider documentation attached:
See above attachments

Condition 20	To be met by: 2020	2020 Finding: Not Progressing
Develop and document a systematic approach to quality assurance methods with respect to all types of College assessments. (Standard 5.4.1)		
<p>College response:</p> <p>With the curriculum review completed, attention is being turned to the assessment process. Information on this process is being developed and will be provided in due course. With changes to the curriculum and engagement with a range of experts and education sessions, College wants to ensure that the assessment process is well researched and reflective of best practice. With changes to the curriculum roles, how each item is best assessed and how these assessments are reviewed will take time. One cannot underestimate the impact of COVID on all Fellows who engaged with College activities and with staff who were required to undertake other work for College to ensure that priority areas of the business remained functioning. In order to complete this task, College will engage external assistance through a medical education expert to help move this process forward.</p>		

ACER will again be consulted as will other medical education experts and stakeholders. Feedback continues to be gathered from candidates on the exam process and the TRC provides feedback on all training program matters.

Provider documentation attached:

5.2 Summary of other significant developments

Please indicate whether the College has made, or is planning to make, any other changes relevant to Standard 5. This information will provide the AMC with information on the continuing evolution of the College's programs, and assists the AMC in determining if these programs are continuing to meet the approved accreditation standards.

There is no need to outline changes that have been reported in the College's progress reports since the last accreditation assessment, as the team will have access to these.

Summary of other significant developments		
Has there been any significant development made against Standard 5, including any related to COVID 19 in this section? <i>If yes, please describe below.</i>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No change
College successfully moved from norm-based referencing to criterion-based assessment for the fellowship examination. This process has been well documented in previous applications.		
Have there been significant changes affecting the delivery of the program, including any related to COVID 19 in this section? <i>If yes, please describe the changes below and any potential impact to meeting the standards.</i>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No change
College made significant changes to the assessment process in 2020. These are outlined in attachment 5.17c		

5.3 Documentation requested

Please provide the **latest version** of the following documents either as an attachment or as a link to the College website as appropriate. If the College has made changes to the following document(s) since the last accreditation/progress report, please include a description of the change under significant developments.

Document	Attached	Link to Document (if available)
Assessment map or blueprint (showing how formative and summative assessments relate to curriculum and progression point decisions/hurdles though the program)	<input checked="" type="checkbox"/> Yes	Please see attachment 5a for blueprinting of Fellowship Examination to content and attachment 5b for overall training program assessment blueprinting.

5.4 Statistics and annual updates

Please provide data for the following tables. If required, please adjust the table to suit the College's training and education program(s).

A. Summative Assessment Data (Standard 5.4)

Provide data on the College's various summative assessments by region and gender on the number and percentage of trainees who passed various their first, second, third and subsequent attempts in each year since the last accreditation. *Separate tables can be added for each summative assessment.*

	Summative Assessment Name:			Fellowship Exam					
	Year:			2018					
	1 st attempt			2 nd attempt			3 rd (or more) attempt		
	No. sitting	No. passed	% passed	No. sitting	No. passed	% passed	No. sitting	No. passed	% passed
Total	23	17	74%	7	6	86%	5	0	0%
Male	6	5	83%	2	2	100%	5	0	0%
Female	17	12	71%	5	4	80%	0	0	0%
NSW/ACT	14	10	71%	0	0	0%	4	0	0%
NT	0	0	0%	0	0	0%	0	0	0%
QLD	2	2	100%	1	1	100%	1	0	0%
SA	1	1	100%	1	1	100%	0%	0%	0%
TAS	0	0	0%	0	0	0%	0	0	0%
VIC	5	3	60%	4	4	100%	0%	0%	0%
WA	1	1	100%	1	0	0%	0%	0%	0%
NZ	0	0	0%	0	0	0%	0	0	0%

	Summative Assessment Name:			Fellowship Exam					
	Year:			2019					
	1 st attempt			2 nd attempt			3 rd (or more) attempt		
	No. sitting	No. passed	% passed	No. sitting	No. passed	% passed	No. sitting	No. passed	% passed
Total	23	15	65%	5	4	80%	4	3	75%
Male	5	4	80%	1	1	100%	3	2	67%
Female	18	11	61%	4	3	75%	1	1	100%
NSW/ACT	7	5	71%	3	2	67%	3	2	67%
NT	0	0	0%	0	0	0%	0	0	0%

QLD	5	3	60%	0	0	0%	0	0	0%
SA	3	3	100%	0	0	0%	0	0	0%
TAS	0	0	0%	0	0	0	0	0	0%
VIC	5	2	40%	2	2	100%	0	0	0%
WA	3	2	67%	0	0	0%	1	1	100%
NZ	0	0	0%	0	0	0%	0	0	0%

	Summative Assessment Name:			Fellowship Exam					
	Year:			2020					
	1 st attempt			2 nd attempt			3 rd (or more) attempt		
	No. sitting	No. passed	% passed	No. sitting	No. passed	% passed	No. sitting	No. passed	% passed
Total	25	22	88%	8	5	63%	1	1	100%
Male	6	4	67%	1	1	100%	0	0	0%
Female	19	18	95%	7	4	57%	1	1	100%
NSW/ACT	7	5	71%	2	1	50%	1	1	100%
NT	0	0	0%	0	0	0%	0	0	0%
QLD	6	5	83%	2	2	100%	0	0	0%
SA	5	5	100%	0	0	0%	0	0	0%
TAS	0	0	0%	0	0	0%	0	0	0%
VIC	6	6	100%	3	1	33%	0	0	0%
WA	1	1	100%	1	1	100%	0	0	0%
NZ	0	0	0%	0	0	0%	0	0	0%

B. Withdrawal from training program (Standard 5.4.1)

Provide data on the number of trainees who withdrew from the program before completion and a summary of the reasons for withdrawal in each year since the last accreditation.

Trainees withdrawing from program			
Year	Number	%	Reason for withdrawal
2018	0	0	
2019	0	0	
2020	1	<1%	Family reasons – managing needs of child with disability
2021 (to date)	10	0	

C. Performance feedback (Standard 5.3)

Provide data on the number of trainees who remediated or who were provided additional support and a summary of the outcomes in each year since the last accreditation.

Trainees remediated			
Year	Number	% remediated	Summary of outcomes
2018	0	NA	
2019	1	0%	Trainee took interrupted leave for health reasons
2020	0	NA	
2021 (to date)	2	100%	Trainees provided with feedback

Trainees provided additional support			
Year	Number	% supported	Summary of outcomes
2018	30	All	Support during exams and training
2019	30	All	Support during exams and training
2020	60	All	Support during exams and training
2021 (to date)	38	all	Support during exams and training

Standard 6 Monitoring and evaluation

The AMC accreditation standards are as follows:	
6.1	Monitoring
6.1.1	The education provider regularly reviews its training and education programs. 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 on the quality of supervision, training and clinical experience in the monitoring process. Trainee feedback is specifically sought on proposed changes to the specialist medical program to ensure that existing trainees are not unfairly disadvantaged by such changes.
6.2	Evaluation
6.2.1	The education provider develops standards against which its program and graduate outcomes are evaluated. These program and graduate outcomes incorporate the needs of both graduates and stakeholders and reflect community needs, and medical and health practice.
6.2.2	The education provider collects, maintains and analyses both qualitative and quantitative data on its program and graduate outcomes.
6.2.3	Stakeholders contribute to evaluation of program and graduate outcomes.
6.3	Feedback, reporting and action
6.3.1	The education provider reports the results of monitoring and evaluation through its governance and administrative structures.
6.3.2	The education provider makes evaluation results available to stakeholders with an interest in program and graduate outcomes, and considers their views in continuous renewal of its program(s).
6.3.3	The education provider manages concerns about, or risks to, the quality of any aspect of its training and education programs effectively and in a timely manner.

Status and submission request

Status: Substantially Met	Number of remaining conditions = 2
	Number of remaining recommendations = Nil
Significant developments requested	Yes
Documents requested	No
Statistics and annual updates requested	Yes

6.1 Remaining conditions

Please provide a summary update of the College's responses to the remaining conditions (listed below) from the last AMC Accreditation Report. Please detail progress made, plans for further work, and the evidence to support progress.

Condition 22	To be met by: 2019	2020 Finding: Progressing
Implement regular and safe processes for trainees and other stakeholders to provide feedback about program delivery and development, and their perception of the achievement of graduate outcomes. (Standard 6.1.3)		
<p>College response:</p> <p>College has invested significant time and resources into the wellbeing of trainees and fellows. Information on support services is on the College website. Trainees also have access in the elearning portal to material on mindfulness, strategies for managing stress, and building resilience. All trainees and fellows can contact the EAP provider, wellbeing officers, or other College education staff about matters pertaining to wellbeing or safety issues. The EAP provider submits summary information to College that does not contain individual information.</p> <p>College continues to maintain a confidential record of trainee enquiries using a password protected file that provides trainees with a case number to ensure privacy. A blank copy of this is provided in attachment 6.22a. Only wellbeing officers have access to this. In order to ensure</p>		

safety of trainee feedback, the wellbeing officers do not reveal the source of information received unless permission is given by the trainee (or the matter relates to a risk of harm).

An anonymous survey was distributed to all trainees via an electronic format at the end of 2020. This covered areas such as trainee wellbeing (in particular the frequency of trainees engagement with supports, barriers to accessing support) and perspectives about training performance issues and how these were addressed such as workload, wellbeing initiatives and College communication with trainees (including methods). Further suggestions and comments were also invited. In total 42 trainees provided responses to the survey and the report is presented ([attachment 6.22b](#)), with many of the recommendations being worked on in 2021. These include:

- mentoring program being reinvigorated
- wellbeing officers undertaking Mental Health First Aid training. Both employees completed the program and are now offering the course to ACD staff and members from other Colleges. In time these will be offered to Fellows and other appropriate individuals.
- Better communication channels internally through meetings and updates of trainee movement
- Increased visits to sites to meet trainees and supervisors
- Increased engagement with the TRC and with CEAC

An anonymous survey was also distributed to Directors of Training and Supervisors of Training with 18 providing responses. This covered aspects of their perceptions of their roles and responsibilities in regard to wellbeing of trainees including areas of stressors and issues for trainees, additional supports desired (including training) and importantly questions about their own wellbeing and supports as this is an area which can be overlooked. Opportunities to engage with the wellbeing officers were also sought. Both the trainee and supervisor evaluation surveys will be distributed annually.

The MTS provided valuable feedback indicating that the College is doing well above the standard when it comes to trainee engagement and wellbeing. Engagement with College was the best performing area with 3 of 4 questions in this category averaging 24% better than general population. A clear sign College is headed in the right direction with the initiatives introduced since the appointment of wellbeing officers ([attachment 6.22c](#)). Relevant College committees reviewed the MTS data in 2020 and 2021. Feedback from trainees via the TRC and in via general forums was sought according to the recommendations made to the Board ([attachment 6.22d](#)). Results were also discussed at the relevant NTC/ASC meetings in 2020 and 2021 and it was determined that due to the low numbers it was best to wait until more information became available in subsequent surveys to fully develop an action plan. Reports will continue to be developed with comparative data and provided to relevant committees as more information becomes available with subsequent MTS results.

The TRC continues to be a source of feedback to College, with each group of trainees each year providing a different approach to their role. In 2020 the TRC has provided several confidential pieces of feedback to College in order to assist College in improving services ([attachment 6.22e](#)). At times, the Trainees preference is that their feedback is collated by the TRC to ensure safety and anonymity in such a small college. This resulted in general communication to trainees to address these issues.

As noted earlier the rolling curriculum review will also provide trainees and stakeholders with the opportunity to provide evaluation and feedback about program delivery and development, and their perception of the achievement of graduate outcomes. After the release of the new curriculum (Feb 2022), a process of ongoing evaluation will begin. This will involve seeking:

1. Trainee input through
 - regular survey evaluation of trainees to include a section related to the curriculum
 - exit interviews with recent graduates
 - invitation of Trainee Representatives Committee to attend Curriculum meeting during the year

<p>2. Fellow input through</p> <ul style="list-style-type: none"> including from clinical supervisors <p>3. External stakeholder input through</p> <ul style="list-style-type: none"> a regular survey of external stakeholder groups, including health organisations, other Medical Specialist training colleges and representatives from community groups, with follow-up focus groups or interviews as required Invitations to relevant workforce bodies in each state to provide a workforce perspective to the curriculum Invitations for College committee groups delegate to attend Curriculum meetings during each year to provide information regarding updates of materials or resources, learning activities or assessment methods. These will include the Aboriginal and Torres Strait Islander Committee, Community Engagement Advisory Committee (CEAC), Professional Standards Committee, Academic Standards Committee, Representatives Committee, Rural and regional services Committees. <p>Members of the rolling committee will also liaise with the CPD committee to integrate the new curriculum framework with the CPD curriculum to ensure the two are meaningfully aligned. External expertise and input will be sought when required to facilitate these outcomes.</p> <p>Provider documentation attached:</p>

Condition 23	To be met by: 2021	2020 Finding: Not Progressing
<p>Implement regular and safe processes for external stakeholders, including consumers, Indigenous people, medical specialties and health jurisdictions to provide feedback about program delivery and development. (Standard 6.2.3)</p>		
<p>College response:</p> <p>As noted earlier the rolling curriculum review will provide trainees and stakeholders with regular and ongoing opportunities to provide feedback about program delivery and development, and their perception of the achievement of graduate outcomes. This includes internal and external stakeholders, including consumers (through CEAC), Indigenous people (through the Aboriginal and Torres Strait Islander Committee and other organisations such as LIME and AIDA), and medical specialties and health jurisdictions as were contacted during the recent curriculum review process. Such input will be sought regularly and via a variety of methods, including anonymous surveys which permit feedback to be delivered safely by stakeholders. College also has worked informally and frequently with several other Colleges in relation to curriculum and wellbeing matters. The wellbeing officers are regular participants and contributors to the Inter-College wellbeing network. Informal feedback is available through these opportunities also and the collegiate and respectful nature of such groups encourages information sharing.</p> <p>In addition to the above mechanisms, College maintains a general ‘contact us’ email on the website for anyone to contact the College and provide information about service delivery or other matters. Fellows also have information in the professional code of ethics and related policies about behaviour that outline communication channels. College also meets with the CEAC and other consumer groups in order to engage regularly with consumers.</p> <p>The website also has an area for individuals to make a complaint with a range of resources and links for individuals to review and consider. College also has a complaints policy and procedure available for individuals.</p> <p>Provider documentation attached:</p>		

6.2 Summary of other significant developments

Please indicate whether the College has made, or is planning to make, any other changes relevant to Standard 6. This information will provide the AMC with information on the continuing evolution of the College's programs, and assists the AMC in determining if these programs are continuing to meet the approved accreditation standards.

There is no need to outline changes that have been reported in the College's progress reports since the last accreditation assessment, as the team will have access to these.

Summary of other significant developments		
Has there been any significant development made against Standard 6, including any related to COVID 19 in this section? <i>If yes, please describe below.</i>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No change
Curriculum review as stated earlier		
Have there been significant changes affecting the delivery of the program, including any related to COVID 19 in this section? <i>If yes, please describe the changes below and any potential impact to meeting the standards.</i>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No change
Changes noted earlier		

Medical Training Survey

The Medical Training Survey (MTS) was developed by the Medical Board of Australia and the Australian Health Practitioner Regulation Agency (Ahpra). The inaugural survey was run in 2019 and the results were released in early 2020.

The AMC previously signalled to Colleges the results of the MTS may be used in accreditation and monitoring processes. The AMC is asking the College to comment on how it has used, or has plans to use the results from the MTS. Can the College please provide comment in the table below to the following question?

	College response
Has the College explored results with internal and external stakeholders?	College has explored curriculum survey results with relevant committees.
Investigated results, or is planning to investigate the MTS results, and is making changes based on these investigations?	College has provided summary reports of each of the past two MTS surveys as unique and combined results to relevant committees (attachment 6a). It has also provided state specific summaries to faculties as requested, and as available (attachment 6b) College has also provided feedback to Ahpra on the composition of the survey as requested (attachment 6c). College continues to monitor the MTS feedback in order to make informed changes based on data received.

Your feedback on the survey will be shared with the Medical Board and Ahpra for survey evaluation purposes. **Please let the AMC know if you do not want your responses shared.**

6.3 Documentation requested

Nil

6.4 Statistics and annual updates

Please provide data for the following tables. If required, please adjust the table to suit the College's training and education program(s).

A. Summary of evaluations undertaken (Standard 6.2 and 6.3)

Provide data in the table below showing evaluations undertaken *since the last progress report* and including main issues arising from evaluations, the College's response and reporting to stakeholders.

Evaluation activity	Issues arising	College response to issues
Mentoring and teaching survey	Expression of interest	Identifying more mentors and those interested in training
CV selection survey (done each year)	Need for more CV Assessors Option to score '0' on CV More rural clarification	More CV assessors to be appointed and modifications made to CV rubric to reflect scoring and rural
Selection interview review (done each year)	Consider different method such as SJT or MMIs	College using MMIs in 2021
Supervisor training survey	Update to links	Modules to be reviewed
Trainee wellbeing survey	See attachment 6.22d	See attachment 6.22d
DOTs and SOTs wellbeing survey	See attachment 6.22d	See attachment 6.22d
Curriculum review surveys for key groups	Feedback on model	Inclusive in curriculum
Staff COVID survey	Flexibility in work	Changes to ensure work and flexibility can be achieved
1 st and 3 rd year trainee workshops	Use Derm for coping/resilience talk	Review speakers
Impact of Covid on Training Program	Increased time and variation in roles	Consider impact on training time
Paper or online examinations (several pulse surveys)	No real difference	College offer online or written exams in 2021

Standard 7 Trainees

The AMC accreditation standards are as follows:	
7.1 Admission policy and selection	
7.1.1	The education provider has clear, documented selection policies and principles that can be implemented and sustained in practice. The policies and principles support merit-based selection, can be consistently applied and prevent discrimination and bias.
7.1.2	The processes for selection into the specialist medical program: <ul style="list-style-type: none"> ○ use the published criteria and weightings (if relevant) based on the education provider's selection principles ○ are evaluated with respect to validity, reliability and feasibility ○ are transparent, rigorous and fair ○ are capable of standing up to external scrutiny ○ include a process for formal review of decisions in relation to selection which is outlined to candidates prior to the selection process.
7.1.3	The education provider supports increased recruitment and selection of Aboriginal and Torres Strait Islander and/or Māori trainees.
7.1.4	The education provider publishes the mandatory requirements of the specialist medical program, such as periods of rural training, and/or for rotation through a range of training sites so that trainees are aware of these requirements prior to selection. The criteria and process for seeking exemption from such requirements are made clear.
7.1.5	The education provider monitors the consistent application of selection policies across training sites and/or regions.
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, in addition to communication from the trainee organisation or trainee representatives.
7.3.2	The education provider provides clear and easily accessible information about the specialist medical program(s), 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.
7.4 Trainee wellbeing	
7.4.1	The education provider promotes strategies to enable a supportive learning environment.
7.4.2	The education provider collaborates with other stakeholders, especially employers, to identify and support trainees who are experiencing personal and/or professional difficulties that may affect their training. It publishes information on the services available.
7.5 Resolution of training problems and disputes	
7.5.1	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.
7.5.2	The education provider has clear impartial pathways for timely resolution of professional and/or training-related disputes between trainees and supervisors or trainees and the education provider.

Status and submission request

Status: Substantially Met	Number of remaining conditions = 2
	Number of remaining recommendations = 1
Significant developments requested	Yes
Documents requested	Yes
Statistics and annual updates requested	Yes

7.1 Remaining conditions

Please provide a summary update of the College's responses to the remaining conditions (listed below) from the last AMC Accreditation Report. Please detail progress made, plans for further work, and the evidence to support progress.

Condition 27	To be met by: 2020	2020 Finding: Not Progressing
Implement and evaluate the 2016 Action Plan to address bullying and harassment. (Standard 7.4)		
<p>College response:</p> <p>In relation to the online module, College can confirm that there are 120 completions of the online module as of May 2021. Of these, 110 (20%) are from the 550 active Fellows (20%). The remaining 10 are trainees (10% of trainee group). College has communicated the requirement of the program to individuals, however the take up rate remains low. College will be looking at more ways in which to address this issue, such as being part of an annual renewal process.</p> <p>College has a system for receiving and managing complaints. An updated list of complaints received can be seen in attachment 7.27a. College aims to address complaints in as short a time as possible and manage any cases with confidentiality and fairness.</p> <p>An update of the Bullying and Harassment Action Plan can be seen in attachment 7.27b. This is also available on the website. Evaluation of the action plan remains an ongoing item for College. Limited work was able to be completed in 2020 due to the impact of COVID and the need for College to work on other matters. The Board will continue to monitor progress of this item with the reformation of the committee.</p>		
Provider documentation attached:		

Condition 29	To be met by: 2019	2020 Finding: Progressing
Create safe, accessible and formally documented internal pathways for trainees experiencing personal and/or professional difficulties to seek advice about appropriate support. This should include, but not be limited to, the development of policy and procedures, consideration of a trainee welfare officer role and appropriate safeguards within these processes. (Standard 7.4.2)		
<p>College response:</p> <p>All trainees have equitable access to the wellbeing officers as contact is primarily made electronically – email or the Connect group. Both officers have mobile phones and access to College zoom accounts which enables them to contact trainees directly. As permitted with travel restrictions, the wellbeing officers also travel to sites to permit face to face meetings, which fosters ongoing relationship building and trust. College has worked extensively to address this condition, with details of the yearly evaluation report conducted by the wellbeing officers noted in condition 6.</p> <p>Information is made clear to trainees in relation to their access to support services via the website, handbook, and any workshops conducted by College. Trainees are also reminded of these services via Connect, the communication channel. College maintains a candidate in difficulty policy on the College website (attachment 7.29a).</p> <p>The Wellbeing officers have worked to build the relationship with the TRC so that this group is often a place where trainees can raise matters and they are forwarded to the College. This information is encouraged by College and trainee representatives are engaged with each other and the College via the wellbeing officers. Trainees are informed of the privacy and security process for contacting the wellbeing officers. College is working on a number of initiatives to support trainees (attachment 7.29b). College is working with the TRC to develop ways in which to provide feedback in a confidential manner. Attachment 7.29c provide an excerpt from the TRC minutes on this matter.</p>		
Provider documentation attached:		

2018	1	4	3	0	3	0	9	2	0	22
2019	1	8	8	1	0	0	7	1	0	26
2020	1	4	12	1	2	0	7	1	0	28
2021	0	3	2	1	4	0	4	1	0	15
Aboriginal and Torres Strait Islander and Māori trainees	0	0	1	0	0	0	0	0	0	1

Number of trainees completing training program <i>Add a table for 2018, 2019, 2020 and 2021 (to date)</i>										
Training program	ACT	QLD	NSW	NT	SA	TAS	VIC	WA	NZ	Total
2018	1	21	31	0	9	0	26	8	0	96
2019	2	21	31	1	9	0	26	6	0	96
2020	2	23	38	1	9	0	29	7	0	109
2021	2	23	32	1	9	0	29	7	0	103
Aboriginal and Torres Strait Islander and Māori trainees	0	0	2	0	0	0	0	0	0	2

Number of Aboriginal and Torres Strait Islander and Māori applicants <i>Add a table for 2018, 2019, 2020 and 2021 (to date)</i>							
Training program	Applied		Interviewed		Entered		
	AUS	NZ	AUS	NZ	AUS	NZ	
2018	1	0	1	0	1	0	
2019	1	0	0	0	0	0	
2020	1	0	0	0	0	0	
2021	1	0	0	0	0	0	

Gender of trainees undertaking each training program <i>Add a table for 2018, 2019, 2020 and 2021 (to date)</i>				
Training Program	Male	Female	Unspecified	Total
2018	23	72		95
2019	24	71		95
2020	28	81		109
2021	27	76		103

Standard 8 Implementing the program – delivery of education and accreditation of training sites

The AMC accreditation standards are as follows:	
8.1	Supervisory and education roles
8.1.1	The education provider ensures that there is an effective system of clinical supervision to support trainees to achieve the program and graduate outcomes.
8.1.2	The education provider has defined the responsibilities of hospital and community practitioners who contribute to the delivery of the specialist medical program and the responsibilities of the education provider to these practitioners. It communicates its program and graduate outcomes to these practitioners.
8.1.3	The education provider selects supervisors who have demonstrated appropriate capability for this role. It facilitates the training, support and professional development of supervisors.
8.1.4	The education provider routinely evaluates supervisor effectiveness including feedback from trainees.
8.1.5	The education provider selects assessors in written, oral and performance-based assessments who have demonstrated appropriate capabilities for this role. It provides training, support and professional development opportunities relevant to this educational role.
8.1.6	The education provider routinely evaluates the effectiveness of its assessors including feedback from trainees.
8.2	Training sites and posts
8.2.1	The education provider has a clear process and criteria to assess, accredit and monitor facilities and posts as training sites. The education provider: <ul style="list-style-type: none"> ○ applies its published accreditation criteria when assessing, accrediting and monitoring training sites ○ makes publicly available the accreditation criteria and the accreditation procedures ○ is transparent and consistent in applying the accreditation process.
8.2.2	The education provider's criteria for accreditation of training sites link to the outcomes of the specialist medical program and: <ul style="list-style-type: none"> ○ promote the health, welfare and interests of trainees ○ ensure trainees receive the supervision and opportunities to develop the appropriate knowledge and skills to deliver high-quality and safe patient care, in a culturally safe manner ○ support training and education opportunities in diverse settings aligned to the curriculum requirements including rural and regional locations, and settings which provide experience of the provisions of health care to Aboriginal and Torres Strait Islander peoples in Australia and/or Māori in New Zealand ○ ensure trainees have access to educational resources, including the information communication technology applications, required to facilitate their learning in the clinical environment.
8.2.3	The education provider works with jurisdictions, as well as the private health system, to effectively use the capacity of the health care system for work-based training, and to give trainees experience of the breadth of the discipline.
8.2.4	The education provider actively engages with other education providers to support common accreditation approaches and sharing of relevant information.

Status and submission request

Status: Substantially Met	Number of remaining conditions = 2
	Number of remaining recommendations = 2
Significant developments requested	Yes
Documents requested	No
Statistics and annual updates requested	Yes

8.1 Remaining conditions

Please provide a summary update of the College's responses to the remaining conditions (listed below) from the last AMC Accreditation Report. Please detail progress made, plans for further work, and the evidence to support progress.

Condition 32	To be met by: 2020	2020 Finding: Not Progressing
Develop and implement a process for evaluating the performance of supervisors including a mechanism for the provision of feedback to supervisors. (Standard 8.1.4)		

College response:

The Medical Training Survey has provided College with information on trainee experiences in relation to supervision. Information from the MTS has been provided to Faculties (**attachment 8.32a**) and relevant committees who have acted on this for accreditation matters. This feedback has enabled College to further the conversation with faculties around trainee experiences and supervisor feedback and modify the survey tool it will administer to trainees. College is working with trainees and fellows to determine the most suitable method in which to gather constructive feedback on supervisor performance, but intends to conduct a general survey (based on previous draft) to initiate this process (**Attachment 8.32b**). This is still being refined.

College has also been in discussions with CFEP Surveys <https://www.cfepsurveys.com.au/> in relation to various tools that may be suitable for feedback, including Multi Source Feedback. College has encouraged supervisors to access the AMC resources on Multi Source feedback at <http://wbaonline.amc.org.au/courses/multisource-feedback/>

College will consider the possible implications of outcomes of evaluation results and how best to address any identified deficiencies (e.g. with training), being mindful of the pressures and stresses already faced by many supervisors who volunteer their time to supervise trainees. College is planning to explore ways to develop its own skills in working with volunteers.

Provider documentation attached:

Condition 33	To be met by: 2021	2020 Finding: Progressing
Increase opportunities for dermatology trainees in all regions to gain relevant experience in settings for provision of care to Aboriginal and Torres Strait Islander peoples. (Standard 8.2.3)		
<p>College response:</p> <p>As noted in Condition 10, work has been done to map regional and remote sites and access. College aims to provide opportunities for trainees to experience a range of learning experiences in different settings. Attachment 8.33a provides a summary of sites that provide rural and/or Aboriginal and Torres Strait Islander exposure, with College accrediting new sites that cater for both these areas (e.g. Cairns) or other STP positions. In 2020 approximately 50% of trainees would have some component of their training in a rural setting. Various levels of exposure to Aboriginal and Torres Strait Islander population occur at these and other general sites. Trainees spend varying lengths of time in these sites ranging from days to weeks, depending on the accreditation of the site. Sites aim to provide exposure to these sites to all trainees who are on rotation at the site where possible, and this is also considered when allocating sites each year.</p>		
Provider documentation attached:		

8.2 Summary of other significant developments

Please indicate whether the College has made, or is planning to make, any other changes relevant to Standard 8. This information will provide the AMC with information on the continuing evolution of the College's programs, and assists the AMC in determining if these programs are continuing to meet the approved accreditation standards.

There is no need to outline changes that have been reported in the College's progress reports since the last accreditation assessment, as the team will have access to these.

Summary of other significant developments		
Has there been any significant development made against Standard 8, including any related to COVID 19 in this section?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No change

Summary of other significant developments		
<i>If yes, please describe below.</i>		
Have there been significant changes affecting the delivery of the program, including any related to COVID 19 in this section? <i>If yes, please describe the changes below and any potential impact to meeting the standards.</i>	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No change
Only as noted previously regarding training positions. Site visits have been conducted online using interviews due to COVID.		

8.3 Documentation requested

Nil

8.4 Statistics and annual updates

A. Supervisor data (Standard 8.1.1)

Provide data on supervisor numbers by state/country since the last accreditation assessment for 2017, 2018, 2019 and 2020.

Training program	Number of supervisors									
	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	NZ	Total
2018	3	107	0	29	27	0	72	19	0	257
2019	3	107	1	29	27	0	72	19	0	257
2020	3	107	1	29	27	0	72	21	0	257
2021 (to date)	3	107	1	30	27	0	72	24	0	257

B. Accreditation of Training Sites (Standard 8.2)

Provide a summary of site accreditation activities since the last accreditation assessment for 2017, 2018, 2019 and 2020. Data tables for the number of sites/posts should be for the current year only.

Site Accreditation Activities since accreditation review										
<i>Add a table for 2018, 2019, 2020 and 2021 (to date)</i>										
2018	ACT	QLD	NSW	NT	SA	TAS	VIC	WA	NZ	Total
Number of sites/posts	1	23	33	0	9	0	27	8	0	101
Number of sites/posts visited	0	1	1	0	3	0	25	0	0	30
New training sites										

Standard 9 Continuing professional development, further training and remediation

The AMC accreditation standards are as follows:	
9.1	Continuing professional development
9.1.1	The education provider publishes its requirements for the continuing professional development (CPD) of specialists practising in its specialty(s).
9.1.2	The education provider determines its requirements in consultation with stakeholders and designs its requirements to meet Medical Board of Australia and Medical Council of New Zealand requirements.
9.1.3	The education provider's CPD requirements define the required participation in activities that maintain, develop, update and enhance the knowledge, skills and performance required for safe and appropriate contemporary practice in the relevant specialty(s), including for cultural competence, professionalism and ethics.
9.1.4	The education provider requires participants to select CPD activities relevant to their learning needs, based on their current and intended scope of practice within the specialty(s). The education provider requires specialists to complete a cycle of planning and self-evaluation of learning goals and achievements.
9.1.5	The education provider provides a CPD program(s) and a range of educational activities that are available to all specialists in the specialty(s).
9.1.6	The education provider's criteria for assessing and crediting educational and scholarly activities for the purposes of its CPD program(s) are based on educational quality. The criteria for assessing and crediting practice-reflective elements are based on the governance, implementation and evaluation of these activities.
9.1.7	The education provider provides a system for participants to document their CPD activity. It gives guidance to participants on the records to be retained and the retention period.
9.1.8	The education provider monitors participation in its CPD program(s) and regularly audits CPD program participant records. It counsels participants who fail to meet CPD cycle requirements and takes appropriate action.
9.2	Further training of individual specialists
9.2.1	The education provider has processes to respond to requests for further training of individual specialists in its specialty(s).
9.3	Remediation
9.3.1	The education provider has processes to respond to requests for remediation of specialists in its specialty(s) who have been identified as underperforming in a particular area.

Medical Council of New Zealand Requirements

In the *Standards for Assessment and Accreditation of Specialist Medical Programs and Professional Development Programs 2015*, please refer to the notes that accompany Standard 9 for further information on the requirements in Australia for continuing professional development programs and in New Zealand for recertification.

Status and submission request

Status: Met	Number of remaining conditions = Nil
	Number of remaining recommendations = Nil
Significant developments requested	Yes
Documents requested	No
Statistics and annual updates requested	Yes

9.1 Remaining conditions

Nil remain.

9.2 Summary of other significant developments

Please indicate whether the College has made, or is planning to make, any other changes relevant to Standard 9. This information will provide the AMC with information on the continuing evolution of the College's programs, and assists the AMC in determining if these programs are continuing to meet the approved accreditation standards.

There is no need to outline changes that have been reported in the College's progress reports since the last accreditation assessment, as the team will have access to these.

Summary of other significant developments		
Has there been any significant development made against Standard 9, including any related to COVID 19 in this section? <i>If yes, please describe below.</i>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No change
<p>College response:</p> <p>College made changes to CPD requirements to reflect the impact of COVID on opportunity to undertake CPD activities. These were published on the College website in May 2020 (attachment 9a) and another in September 2020 (attachment 9b). A presentation was given at the ASM in 2021 on the upcoming PPF changes and how the changes will potentially impact our CPD program.</p> <p>College updated these requirements in March 2021 and posted these on the College website.</p>		
Have there been significant changes affecting the delivery of the program, including any related to COVID 19 in this section? <i>If yes, please describe the changes below and any potential impact to meeting the standards.</i>	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No change
<p>College response:</p> <p>There have been no significant changes in the delivery of the CPD program.</p>		

9.3 Documentation requested

Nil

9.4 Statistics and annual updates

A. Participation in CPD Program (Standard 9.1)

Provide data on the number and proportion of fellows/non-fellows participating in, and meeting the requirements of, the College's continuing professional development programs for each year since the last accreditation assessment, showing Australian and New Zealand information separately.

Fellows/non-fellows participating in and meeting the requirements of the College's CPD programs									
	Number of fellows			Fellows participating in CPD					
	Australia	New Zealand	Other	Australia		New Zealand		Other	
				Total	%	Total	%	Total	%
2018	618	10	13	548	96.8	5	0.9	13	2.3
2019	618	10	13	548	97.4	5	0.9	11	2.3
2020	661	10	13	592	96.8	5	0.8	13	1.8
2021 (to date)	661	10	13	592	97.4	5	0.8	11	1.8

	Non-fellows participating in CPD					
	Australia		New Zealand		Other	
	Total	%	Total	%	Total	%
2018	2	100	0	0	0	0
2019	2	100	0	0	0	0
2020	3	100	0	0	0	0
2021	3	100	0	0	0	0

Standard 10 Assessment of specialist international medical graduates²

The AMC accreditation standards are as follows:	
10.1	Assessment framework
10.1.1	The education provider's process for assessment of specialist international medical graduates is designed to satisfy the guidelines of the Medical Board of Australia and the Medical Council of New Zealand.
10.1.2	The education provider bases its assessment of the comparability of specialist international medical graduates to an Australian- or New Zealand- trained specialist in the same field of practice on the specialist medical program outcomes.
10.1.3	The education provider documents and publishes the requirements and procedures for all phases of the assessment process, such as paper-based assessment, interview, supervision, examination and appeals.
10.2	Assessment methods
10.2.1	The methods of assessment of specialist international medical graduates are fit for purpose.
10.2.2	The education provider has procedures to inform employers, and where appropriate the regulators, where patient safety concerns arise in assessment.
10.3	Assessment decision
10.3.1	The education provider makes an assessment decision in line with the requirements of the assessment pathway.
10.3.2	The education provider grants exemption or credit to specialist international medical graduates towards completion of requirements based on the specialist medical program outcomes.
10.3.3	The education provider clearly documents any additional requirements such as peer review, supervised practice, assessment or formal examination and timelines for completing them.
10.3.4	The education provider communicates the assessment outcomes to the applicant and the registration authority in a timely manner.
10.4	Communication with specialist international medical graduate applicants
10.4.1	The education provider provides clear and easily accessible information about the assessment requirements and fees, and any proposed changes to them.
10.4.2	The education provider provides timely and correct information to specialist international medical graduates about their progress through the assessment process.

Information on New Zealand specific requirements can be found here: <http://www.mcnz.org.nz/news-and-publications/guides-and-booklets>

Information on Medical Board of Australia, *Good practice guidelines for the specialist international medical graduate assessment process*, November 2015, can be found here: <http://www.medicalboard.gov.au/Registration/International-Medical-Graduates/Specialist-Pathway.aspx>

Status and submission request

Status: Met	Number of remaining conditions = Nil
	Number of remaining recommendations = 1
Significant developments requested	Yes
Documents requested	No
Statistics and annual updates requested	Yes

10.1 Remaining conditions

Nil remain.

10.2 Summary of other significant developments

Please indicate whether the College has made, or is planning to make, any other changes relevant to Standard 10. This information will provide the AMC with information on the continuing evolution of the College's programs, and assists the AMC in determining if these programs are continuing to meet the approved accreditation standards.

² This standard aligns with the Medical Board of Australia's good practice guidelines in effect from November 2015.

There is no need to outline changes that have been reported in the College's progress reports since the last accreditation assessment, as the team will have access to these.

Summary of other significant developments		
Has there been any significant development made against Standard 10, including any related to COVID 19 in this section? <i>If yes, please describe below.</i>	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No change
<p>College response</p> <p>College has been running a mixture of online and face to face IMG assessments for many years. Moving to completely online for these assessments in 2020 and also for 2021 did not create any challenges or significant change for College.</p> <p>College has updated policies to reflect changes in re-application time frames and eligibility for Area of Need applications.</p> <p>Information on Specialist Pathways for Overseas Dermatologists can be found on our website. This also includes statistics</p>		
Have there been significant changes affecting the delivery of the program, including any related to COVID 19 in this section? <i>If yes, please describe the changes below and any potential impact to meeting the standards.</i>	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No change
<p>College response</p> <p>There has been no change in the delivery of the program. IMGs still go through the same application and interview process. College offers 4 interview times per year, and these are allocated appropriately.</p>		

10.3 Documentation requested

Nil

10.4 Statistics and annual updates

A. Assessment of specialist international medical graduates (Standard 10.1 and 10.3)

Provide data on the number of applications considered from specialist international medical graduates and the outcomes of their applications since the last accreditation assessment showing Australia and New Zealand separately.

Applications and outcomes for specialist recognition								
	2018		2019		2020		2021	
	AUS	NZ	AUS	NZ	AUS	NZ	AUS	NZ
Total applicants	29	0	28	0	26	0	8	0
<i>Specialist/vocational registration</i>	25	0	24	0	26	0	8	0
<i>Area of need</i>	4	0	4	0	0	0	0	0
Initial assessment	10	0	10	0	17	0	6	0

Applications and outcomes for specialist recognition

Second stage assessment	8	0	8	0	16	0	6	0
Assessment outcome:								
<i>Not comparable</i>	2	0	2	0	5	0	0	0
<i>Partially comparable</i>	6	0	5	0	4	0	4	0
<i>Substantially comparable</i>	0	0	1	0	7	0	1	0
<i>In progress</i>	15	0	14	0	9	0	26	0
<i>Equivalent to or as satisfactory as (NZ)</i>	0	0	0	0	0	0	0	0
<i>Not equivalent to or as satisfactory as (NZ)</i>	0	0	0	0	0	0	0	0
Completed requirements and admitted to fellowship	0	0	7	0	7	0	0	0

Section B: Report on remaining Quality Improvement Recommendations

The College's accreditation report contains Quality Improvement Recommendations for the education provider to consider. These are not conditions on accreditation.

Please provide a brief summary update of the College's response to these recommendations remaining since the last accreditation assessment and/or progress report. The AMC is interested in how the College has considered these recommendations and any action that has occurred as a result.

If the College will not be considering the Recommendation, please also briefly comment on the reasons for this.

Quality Improvement Recommendation	Has the College undertaken any activities against this recommendation? <i>If yes, please describe activities in the box below</i>	If no activities have occurred, will the College consider this recommendation in future? <i>If yes, please indicate below when the College is likely to consider the recommendation</i> <i>If no, please comment below on why the College has decided not to adopt the recommendation</i>
Standard 1: The context of training and education		
Nil remain.		
Standard 2: The outcomes of specialist training and education		
Nil remain.		
Standard 3: The specialist medical training and education framework		
GG In the context of the planned revision of the Code of Conduct, ensure constructive alignment of the professional qualities curriculum, training and assessment. (Standard 3.2.5)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No Once the curriculum is finalised College will review this recommendation.
Standard 4: Teaching and learning approach and methods		
Nil remain.		

Quality Improvement Recommendation	Has the College undertaken any activities against this recommendation? <i>If yes, please describe activities in the box below</i>	If no activities have occurred, will the College consider this recommendation in future? <i>If yes, please indicate below when the College is likely to consider the recommendation</i> <i>If no, please comment below on why the College has decided not to adopt the recommendation</i>
Standard 5: Assessment of learning		
MM In relation to the Case Based Discussion assessment: i. Consider and document the range of acceptable ways in which the assessment is undertaken to reflect current practice. ii. Modify the assessment form to make explicit the curriculum content and learning outcomes that relate to the case presented. (Standard 5.2.1)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No College will be reviewing assessment as part of the 2021/2022 curriculum review process
Standard 6: Monitoring and evaluation		
Nil remain.		
Standard 7: Issues relating to trainees		
UU Implement processes to ensure that trainees who may have to relocate for placements receive their allocations with sufficient time to make necessary arrangements. (Standard 7.3.3)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No College has tried to manage this more informally, with an effort to place trainees and inform them in suitable time. This is not always possible due to late applications for changes.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Standard 8: Implementing the program – delivery of education and accreditation of training sites		

Quality Improvement Recommendation	Has the College undertaken any activities against this recommendation? <i>If yes, please describe activities in the box below</i>	If no activities have occurred, will the College consider this recommendation in future? <i>If yes, please indicate below when the College is likely to consider the recommendation</i> <i>If no, please comment below on why the College has decided not to adopt the recommendation</i>
WW Develop alternative methods of gathering information from sites for the purposes of accreditation. This could include developing a survey for trainees and supervisors to gather anonymous feedback. (Standard 8.2.2)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No More specific meetings with Trainees have occurred, including trainees attending Accreditation Committee meetings to highlight issues. Surveys for supervisors are being developed	<input type="checkbox"/> Yes <input type="checkbox"/> No
YY Audit accredited sites to ensure that all trainees are engaged under the relevant industrial awards. (Standard 8.2.2)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No College has started working on this, but recognises there is more work to be done. Changes to standards to reflect this have been made.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Standard 9: Continuing professional development, further training and remediation		
Nil remain.		
Standard 10: Assessment of specialist international medical graduates		
BB1 With regard to training sites for those specialist international medical graduates assessed as partially comparable: i. Clearly communicate the change in policy which permits these doctors to look for an accredited training site.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Information is on the website and applicants are provided with links to relevant policies and procedures	<input type="checkbox"/> Yes <input type="checkbox"/> No

Quality Improvement Recommendation	Has the College undertaken any activities against this recommendation? <i>If yes, please describe activities in the box below</i>	If no activities have occurred, will the College consider this recommendation in future? <i>If yes, please indicate below when the College is likely to consider the recommendation</i> <i>If no, please comment below on why the College has decided not to adopt the recommendation</i>
ii. Provide details of the College's processes for facilitating timely accreditation decisions regarding a potential training location which is identified by the specialist international medical graduate but which is not yet accredited by the College. (Standard 10.3.3).		