



THE SECRETARY OF EDUCATION

WASHINGTON, D.C. 20202

APR 30 2001

SENT BY FACSIMILE TRANSMISSION

Professor Ian Simpson  
Chairman, Accreditation Committee  
Australian Medical Council  
13 Napier Close  
Deakin ACT 2600  
Australia

Dear Professor Simpson:

In February 1995, the National Committee on Foreign Medical Education and Accreditation (NCFMEA) determined that the medical accreditation standards used by Australia were comparable to the standards used to evaluate programs leading to the M.D. degree in the United States. On March 9, 2001, the NCFMEA reviewed the information recently provided by the Australian Medical Council (AMC) on its current medical accreditation standards to reassess the comparability of those standards.

I am pleased to inform you that the NCFMEA, at its March meeting, determined that the current accreditation standards used by the AMC to evaluate medical schools in Australia and New Zealand are comparable to the standards used to evaluate programs leading to the M.D. degree in the United States. This determination of comparability by the NCFMEA has a maximum duration of six years from the date of this letter, unless the Committee withdraws, extends or renews its determination prior to that date. Before expiration of the six-year period, the NCFMEA will seek to confirm that your standards and procedures for accrediting medical schools in Australia and New Zealand are still comparable to the accreditation standards applied to medical schools in the United States. If so, its previous determination of comparability will be extended for another period.

In an effort to keep apprised of the accreditation activities of the AMC, the NCFMEA has requested that the AMC submit annual reports to the NCFMEA, with the first report scheduled for review at the March 2002 NCFMEA meeting. The purpose of the annual report is to provide the NCFMEA with a summary of accreditation activities, including the following information:

- *Overview of accreditation activities:* A summary of key activities by the AMC during the past year (January 2001-December 2001), such as accreditation reviews conducted, accreditation decisions reached, accreditation conferences or training sessions held.

- *Summary of any changes or developments in the following areas:*
  - *Laws and Regulations:* Any changes in your country's laws or regulations affecting the accreditation of your medical schools.
  - *Standards, Processes and Procedures:* Any changes in the accreditation standards, processes or procedures that the AMC uses to evaluate and accredit medical schools.
- *Schedule of upcoming accreditation activities:* A listing of accreditation meetings and listing of on-site visits to medical schools planned for January 2002 - December 2002.

Please send the annual report by January 7, 2002, to the Executive Director of the NCFMEA at the address below:

Bonnie L. LeBold  
Executive Director, NCFMEA  
U.S. Department of Education  
1990 K Street, NW - Room 7007  
Washington, D.C. 20006-7563  
U.S.A.

If you have any questions, please do not hesitate to contact Ms. LeBold at (202) 219-7009 (telephone), (202) 219-7008 (fax), or [Bonnie\\_LeBold@ed.gov](mailto:Bonnie_LeBold@ed.gov) (e-mail).

As a result of the determination of continued comparability by the NCFMEA, any medical school in Australia or New Zealand that is accredited or approved by the AMC may apply to the U.S. Department of Education to participate in the Federal Family Education Loan (FFEL) program. If a medical school's application is approved, otherwise eligible students enrolled in the school who are either U.S. citizens or permanent residents of the U.S. may receive loans to finance their medical education through the FFEL program. Medical schools that wish to participate in the FFEL program may obtain the proper application forms from the Foreign Schools Team at the following address:

Foreign Schools Team  
U.S. Department of Education  
Room 3674, ROB-3  
7<sup>th</sup> & D Streets, S.W.  
Washington, D.C. 20407  
U.S.A.

Please note that it is not necessary for medical schools that are currently participating in the FFEL program to contact the Foreign Schools Team at this time; the status of those schools remains unchanged by the NCFMEA's decision of continued comparability.

Page 3 - Professor Ian Simpson

I want to thank you for taking the time to respond to our requests for information about your standards and processes for accreditation of medical schools. I very much appreciate the interest you have taken in this matter.

Sincerely,  
  
Rod Paige

**U.S. Department of Education**



**Staff Analysis  
of the  
Standards Used by**

**Australia/New Zealand**

**For the Evaluation of Medical Schools**

**March 9, 2001**

## U.S. Department of Education

Staff Analysis  
of the Standards Used by  
Australia/New Zealand  
for the Evaluation of Medical Schools

Prepared February 2001

Background

During its February 1995 meeting, the National Committee on Foreign Medical Education Accreditation (NCFMEA) determined the Australian Medical Council (AMC) accreditation standards and processes to be comparable to the standards of accreditation applied to M.D. programs in the United States. Accordingly, the NCFMEA formally deemed Australia a country whose standards for accreditation were comparable to those in the United States. The NCFMEA reviews the comparability of countries' standards on a periodic basis, and in June 2000, Australia was provided a copy of the NCFMEA's new guidelines and requested to provide information to demonstrate compliance with those guidelines. The information provided by the country in response to that request is the subject of this analysis.

In developing its initial guidelines for accreditation, the AMC relied heavily on the recommendations and conclusions of two Australian groups: the Doherty Committee of Inquiry into Medical Education and Medical Workforce and the Project Panel on General Professional Education of the Physician. It also drew extensively from the recommendations of the Education Committee of the General Medical Council of the United Kingdom and the standards of the Liaison Committee on Medical Education (LCME).

The philosophy of the AMC is that its guidelines should emphasize the general principles it regards as essential requirements for basic medical education. Thus, its objectives for medical education are defined in very general terms, and the curriculum is defined only in broad outline. This is consistent with the belief of the Doherty Committee that "a diversity between medical schools in the approach to undergraduate curriculum is desirable."

Australia's response to this request for information documents certain key events and continued improvements to the AMC accreditation process. By December 1995, the AMC had visited and accredited both New Zealand medical schools. Furthermore, the Medical Council of New Zealand has endorsed the AMC's accreditation reports.

In addition, a special working group, convened by the Accreditation Committee Chair, reviewed the administrative procedures and the educational guidelines of the AMC during 1996-97. The review, which incorporated the views of the various stakeholders in the process, was done "in the light both of the AMC's experience over the last decade and of developments in medical education worldwide." The outcomes of the review were incorporated in the AMC's revised "Guidelines for the Assessment and Accreditation of Medical Schools."

The AMC summarizes the key improvements as follows: an examination of the value of the accreditation process is included in Part I of the "Guidelines;" more explicit and flexible procedures for assessing existing medical courses, major course changes and new medical schools are included in Part 2; and updated educational guidelines for the design and delivery of curricula are included in Part 3.

### Summary of Findings

Department staff has reviewed the AMC standards and processes and concludes that they remain comparable to the standards currently used to accredit medical schools in the United States.

Note: As the Australian accreditation standards and processes are used to assess medical schools in both Australia and New Zealand, acceptance of these standards means that medical schools in both countries may qualify as institutions of higher education under 34 CFR 600.55.

### Staff Analysis

The National Committee on Foreign Medical Education and Accreditation is charged with determining whether the standards of accreditation used by a foreign country to accredit medical schools offering programs leading to the M.D. (or equivalent) degree are comparable to standards of accreditation applied to M.D. programs in the United States.

In making this determination, the Committee uses the following guidelines which it has determined provide an appropriate framework for the thorough evaluation of medical schools offering programs leading to the M.D. (or equivalent) degree.

The Committee wishes to make it clear that these are in fact guidelines and that a foreign country's review and approval process can differ substantially from these guidelines and still be determined to be comparable to the standards used in the United States, provided the foreign country can demonstrate that its standards and processes of evaluation are effective alternatives to those used in the United States.

## **PART I: The Entity Responsible for the Accreditation/Approval of Medical Schools**

**There should be a clearly designated body responsible for evaluating the quality of medical education in the foreign country, and that body should have clear authority to accredit/approve medical schools in the country that offer educational programs leading to the M.D. (or equivalent) degree.**

The recognized body accrediting schools offering programs leading to Australia's first professional medical degree is the Australian Medical Council (AMC). The Australian Health Ministers established the Australian Medical Council (AMC) in 1985 as the national standards body for basic medical education in Australia and reports annually to the Health Ministers. In 1991, the Ministers decided to require medical practitioners in Australia (excluding overseas trained specialists) to be graduates of Australian or New Zealand medical schools or to hold an AMC certificate before they could be granted unconditional registration in any state or territory of the Commonwealth. This decision led to negotiations between the AMC and the Medical Council of New Zealand, which resulted in New Zealand medical schools becoming subject to the AMC accreditation process. Thus, the AMC guidelines are used to assess medical schools in both countries.

The AMC has a standing committee, called the Accreditation Committee, responsible for evaluating medical schools. The Accreditation Committee consists of 11 members and has representatives from the medical schools, the Australian Medical Council itself, the specialist medical colleges, and the Medical Council of New Zealand. The Australian Medical Council consists of 17 members who were nominated by the medical schools, the specialist postgraduate medical colleges, the Australian Medical Association, the Australian Health Ministers Advisory Council, and the state and territory medical registration boards. Of the 17 members on the Council, eight are presidents of the state medical registration boards, and 16 are medically qualified. At least two members of the Council are also members of the Accreditation Committee.

The AMC derives its authority not only from its own constitution, but also from the legislation of the individual Australian States and Territories. The response notes that all the States and Territories have adopted uniform minimum requirements for initial registration as a medical practitioner. Those requirements "limit entitlement to general or full registration to graduates of Australian and New Zealand medical schools accredited by the AMC and overseas trained doctors who hold the AMC examination certificate." One of the principal tasks of the AMC, as specified in its charter, is "to advise and make recommendations to the State and Territory Medical Boards in relation to the accreditation of Australian and New Zealand medical schools and of courses conducted by the schools leading to basic medical qualifications." The AMC has established a standing

committee, called the Accreditation Committee, which is responsible for (1) advising the AMC on accreditation matters, including the criteria for accreditation; (2) recommending assessors to visit and assess the medical schools; and (3) reporting annually to the AMC on its activities.”

The AMC’s response of August 31, 2000 to the Department of Education documented the fact that it is Australia’s national standards body for basic medical education.

Documentation:

Constitution of the Australian Medical Council.

Extracts from the Medical Practice Acts of two of the Australian State and Territories concerning the AMC’s authority to accredit medical schools.

**PART II: Accreditation/Approval Standards**

The entity within the foreign country that is responsible for evaluating the quality of medical education in the country and has authority to accredit/approve medical schools should have standards comparable to the following:

**1. Mission and Objectives**

(a) The educational mission of the medical school must serve the general public interest, and its educational objectives must support the mission. The medical school’s educational program must be appropriate in light of the mission and objectives of the school.

(b) An essential objective of a program of medical education leading to the M.D. (or equivalent) degree must be to prepare graduates to enter and complete graduate medical education, qualify for licensure, provide competent medical care, and have the educational background necessary for continued learning.

The AMC’s “Guidelines for the Assessment and Accreditation of Medical Schools” emphasize the essential requirements for basic medical education. The Guidelines have objectives for how to produce broadly educated medical graduates. The objectives are generally stated in terms of educational outcomes, i.e. the knowledge, skills, and attitudes that graduates of the basic medical education course are expected to have.

The AMC’s response notes that with regard to the general public interest, the Guidelines indicate that medical schools must respond to the evolution of health needs in the communities they serve, have methods for communication with the recipients of health care, and respond appropriately to that community. Each

school is responsible for putting in place an assessment system that tests the required knowledge, skills, and, where possible, attitudes that AMC believes are fundamental to sound medical education. The stated purpose of AMC accreditation is to ensure that new medical graduates are so prepared that at registration they are competent and responsive to the health needs of both individual citizens and communities.

Documentation:

Guidelines for the Assessment and Accreditation of Medical Schools –

p. 5 - aims of the accreditation process,

pp. 23-24 – concerning the objectives of medical education,

p. 38 - responses by medical schools to the health care needs of the community,

pp. 40-41 – concerning preparation for internship.

## 2. Governance

(a) The medical school must be legally authorized to provide a program of medical education in the country in which it is located.

(b) There must be an appropriate accountability of the management of the medical school to an ultimate responsible authority external to and independent of the institution's administration. The external authority must have sufficient understanding of the medical program to develop policies in the interest of both the medical school and the public.

In Australia the system ensures that there is an appropriate accountability to an authority external to and independent of the institution's administration. As the AMC's response notes, all of the medical schools are located in publicly funded universities. Furthermore, their authorization comes from two sources: the State and Commonwealth (or Federal) Governments. This being the case, the AMC's Guidelines do not impose or prescribe any specific mechanism for accountability to an authority external to and independent of the institution's administration.

Nevertheless, the AMC's response notes that there is a range of controls to ensure the proper operation of the universities, including requirements for annual external audits and annual reports to State Parliament. At the Federal level, the performance of universities is reviewed annually in educational profile discussions, and against Commonwealth performance indicators. The AMC obtains details on school and course governance through its visiting teams when they examine the university structure and organization and by interviewing key university personnel.

Documentation:

**Guide to the Preparation of an Accreditation Submission, Section 2.  
Letter from the Commonwealth Education Minister to the Vice-Chancellor of  
Australia's newest medical school at James Cook University demonstrating  
the requirement of both Commonwealth and State approval of medical  
schools.**

### **3. Administration**

- (a) The administration of the medical school must be effective and appropriate in light of the school's mission and objectives.**
  - (i) There must be sufficient administrative personnel to ensure the effective administration of admissions, student affairs, academic affairs, hospital and other health facility relationships, business and planning, and other administrative functions that the medical school performs.**
  - (ii) The chief academic officer of the medical school must have sufficient authority provided by the institution to administer the educational program. That individual must also have ready access to the university president or other university official charged with final responsibility for the school, and to other university officials as are necessary to fulfill the responsibilities of the chief academic officer's office.**
  - (iii) In affiliated institutions, the medical school's department heads and senior clinical faculty members must have authority consistent with their responsibility for the instruction of students.**

**The AMC's Accreditation Guidelines outline a framework for both the administration and the administrative structure of a medical school. They also describe a philosophy for the medical school's relationships with the State Health Department and with associated institutions (i.e., hospitals, research institutes, and community health centers) and the community.**

**The requirements regarding the administration and management of medical schools cover the autonomy of the medical school, the school's control of the curriculum, the administrative support and infrastructure facility to support academic staff, and the role of medical school academic staff in teaching hospitals and affiliated institutions.**

The AMC ensures that the school meets the requirements by requesting that the information be provided in the questionnaire that the school completes in preparation for accreditation, and then verified on-site by the visiting team.

Documentation:

Guidelines for the Assessment and Accreditation of Medical Schools – pp. 36-38 – concerning management of the medical school, p. 39 – concerning academic staff.

- (b) The chief academic official of the medical school must be qualified by education and experience to provide leadership in medical education.**

The general requirements for the senior academic faculty in the Australian system are determined by the statutes and policies of the university that contains the medical school. The AMC guidelines do not specify any additional requirements for the chief academic officer of a medical school.

There is a general expectation that the leadership of the medical school is entrusted to an individual whose knowledge, experience, and interest in medical education is sufficient to lead the faculty in developing the overall curriculum, evaluating its appropriateness and effectiveness through the quality of the graduates, and making changes as necessary to keep the curriculum current and of high quality.

During the accreditation process, the AMC obtains information on the terms of office of the Senior Medical School Officers, and the university's policy and practice concerning the appointment and promotion of staff. As a senior member of the faculty, the chief academic officer would be expected to meet all the customary requirements in terms of academic credentials and experience that are requisite to that level of appointment.

Documentation:

Guide to the Preparation of an Accreditation Submission, Sections 3 and 11.

- (c) The medical school may determine the administrative structure that best suits its mission and objectives, but that structure must ensure that the faculty is appropriately involved in decisions related to –**
  - (i) Admissions**
  - (ii) Hiring, retention, promotion, and discipline of faculty; and**

**(iii) All phases of the curriculum, including the clinical education portion;**

The AMC reports that it imposes no uniform structure but requires medical schools and their faculty to have sufficient autonomy over admissions and curricula to achieve their stated objectives. In addition, this would include direct responsibility for resources.

The faculty ensures that the medical school has the necessary autonomy over curriculum that is necessary to achieve the stated program objectives. A curriculum committee, or its equivalent, is expected to exist and be responsible for developing overall curricular design and recommending changes that reflect altered requirements, educational techniques, or demonstrated deficiencies in the overall course or aspects of it.

The AMC also notes that the statutes and policies of the university that contains the medical school will determine the general requirements for hiring, retention; promotion and discipline of the faculty. In addition, the AMC requires information on the measures that are taken to recruit and support high quality staff. Furthermore, the AMC requires an explicit policy for development including mentoring and specific courses in teaching, assessment, evaluation, grant-writing, management and information technology.

**Documentation:**

**AMC's August 2000 Response to the NCFMEA, p. 4.**

**(d) If some components of the educational program are conducted at sites that are geographically separated from the main campus of the medical school, the school must have appropriate mechanisms in place to ensure that –**

- (i) The educational experiences at all geographically separated sites are comparable in quality to those at the main campus; and**
- (ii) There is consistency in student evaluations at all sites.**

The AMC notes that its Accreditation Guidelines includes expectations that medical schools have processes in place that allow the overall content and balance of the curriculum and its assessment to be defined. Furthermore, the schools must be able to implement and change the curriculum according to these overall requirements and have mechanisms to ensure that all clinical placements in hospitals and communities are supervised and well-organized with clearly defined objectives with assessments.

Most importantly, the schools must make special efforts to monitor the educational experiences of the clinical attachments outside the main teaching hospitals. All teaching sites must have sufficient resources, including appropriate support services and facilities.

When the medical schools prepare for accreditation, they are asked to provide specific information on the resources for all teaching sites, but especially how assessment is made consistent across teaching sites and how coordination is maintained in remote attachments. The AMC's visiting team visits all of the medical school's teaching sites to inspect the library and facilities firsthand and to meet with the students and interns and all the appropriate staff.

**Documentation:**

Guidelines for the Assessment and Accreditation of Medical Schools, p. 31.  
Guide to the Preparation of an Accreditation Submission, Sections 12 and 13.  
Model Schedule for an Assessment Visit

**4. Educational Program**

- (a) *Duration:*** The program of education leading to the M.D. (or equivalent) degree must include at least 130 weeks of instruction, scheduled over a minimum of four calendar years.

Completion of the Australian medical courses requires a minimum of four years of study for graduate students, and five or six years for courses that generally admit students directly from secondary school. In addition, the AMC guidelines require "a significant period of time devoted to students' personal contact with patients." That period of time would normally entail the equivalent of at least two years spent primarily in direct contact with patients, as well as in contact with patients during other parts of the course.

**Documentation:**

Guidelines for the Assessment and Accreditation of Medical Schools, p. 27.  
Accreditation Register – shows the length of the Australian and New Zealand accredited medical courses.

- (b) *Curricular Content:*** The medical school's curriculum must provide students with general professional education, i.e. the knowledge and skills necessary to become a qualified physician. At a minimum, the curriculum must provide education in the following:

- (i) The sciences basic to medicine, including--**

**(A) The contemporary content of those expanded disciplines that have traditionally been titled anatomy, biochemistry, physiology, microbiology and immunology, pathology, pharmacology and therapeutics, and preventive medicine; and**

**(B) Laboratory or other practical exercises that facilitate the ability to make accurate quantitative observations of biomedical phenomena and critical analyses of data.**

**(ii) A variety of clinical subjects, including at least the core subjects of internal medicine, obstetrics and gynecology, pediatrics, surgery, and psychiatry and, preferably, family medicine.**

**Note 1: Medical schools that do not require clinical experience in one or another of the above disciplines must ensure that their students possess the knowledge and clinical abilities to enter any field of graduate medical education.**

**Note 2: Clinical instruction must cover all organ systems and include aspects of acute, chronic, continuing, preventive, and rehabilitative care.**

**Note 3: The medical school's program of clinical instruction must be designed to equip students with the knowledge, skills, attitudes, and behaviors necessary for further training in the practice of medicine.**

**Note 4: Instruction and experience in patient care must be provided in both ambulatory and hospital settings.**

**Note 5: Each required clinical clerkship (or equivalent) must allow the student to undertake thorough study of a series of selected patients having the major and common types of disease problems represented in the clerkship**

**(iii) Disciplines that support the fundamental clinical subjects, such as diagnostic imaging and pathology.**

**(iv) Ethical, behavioral, and socioeconomic subjects pertinent to medicine.**

- (v) **Communications skills integral to the education and function of physicians, including communication with patients, families, colleagues, and other health professionals.**

The AMC's response notes that there are specified "requirements relating to the basic sciences, clinical sciences component, fundamental clinical subjects, ethical, behavioral, and socio-economic subjects and communications skills in the form of objectives relating to the knowledge and understanding, skills and attitudes expected of medical graduates."

Each medical school is responsible for developing its objectives for its medical course and having a curriculum that achieves those objectives. However, they must be in agreement with the broad outline of the medical curriculum outlined in the AMC's guidelines.

The AMC has several specific objectives for how the overall goal of basic medical education to produce broadly educated medical graduates should be achieved. All of these objectives are stated in terms of educational outcomes, i.e. the knowledge, skills, and attitudes that graduates of the basic medical education course are expected to have.

*Objectives related to knowledge and understanding:*

"Graduates completing basic medical education should have knowledge and understanding of:

- (i) Scientific method relevant to biological, behavioral and social sciences at a level adequate to provide a rational basis for present medical practice, to assimilate the advances in knowledge that will occur over their working life.
- (ii) The normal structure, function and development of the human body and mind at all stages of life, the interactions between body and mind, the factors which may disturb these.
- (iii) The aetiology, pathology, symptoms and signs, natural history, and prognosis of common mental and physical ailments in children, adolescents, adults and the aged. A more detailed knowledge is required of those conditions that require urgent assessment and treatment.
- (iv) Common diagnostic procedures, their uses and limitations.
- (v) Management of common conditions including pharmacological, physical, nutritional and psychological therapies.

(vi) Normal pregnancy and childbirth, the more common obstetrical emergencies, the principles of antenatal and postnatal care, and medical aspects of family planning.

(vii) The principles of health education, disease prevention, amelioration of suffering and disability, rehabilitation, and the care of the dying.

(viii) Factors affecting human relationships, the psychological well-being of patients and their families and the interactions between humans and their social and physical environment.

(ix) Systems of provision of health care including their advantages and limitations, the costs associated with health care, the principles of efficient and equitable allocation and use of finite resources, and methods of meeting the health care needs of disadvantaged groups within the community.

(x) The principles of ethics related to health care and the legal responsibilities of the medical profession."

Objectives related to skills:

"Graduates completing basic medical education should have developed the following skills to an appropriate level for their stage of training:

(i) The ability to take a tactful, accurate, organized, and problem-focused medical history.

(ii) The ability to perform an accurate physical and mental state examination.

(iii) The ability to choose, from the repertoire of clinical skills, those which it is appropriate and practical to apply in a given situation.

(iv) The ability to interpret and integrate the history and physical examination findings to arrive at an appropriate diagnosis or differential diagnosis.

(v) The ability to select the most appropriate and cost effective diagnostic procedures.

(vi) The ability to formulate a management plan and to plan management in concert with the patient.

(vii) The ability to communicate clearly, considerately and sensitively with patients, relatives, doctors, nurses, other health professionals and the general public.

(viii) The ability to counsel sensitively and effectively, and to provide information in a manner that ensures patients and families can be truly informed when consenting to any procedure.

(ix) The ability to recognize serious illness and to perform common emergency and life-saving procedures such as caring for the unconscious patient and cardiopulmonary resuscitation.

(x) The ability to interpret medical evidence in a critical and scientific manner, and to libraries and other information resources to pursue independent inquiry relating to medical problems."

*Objectives relating to attitudes as they affect professional behavior:*

"During basic medical education, students should acquire the following professional attitudes which are regarded as fundamental to medical practice:

(i) Respect for every human being, with an appreciation of the diversity of human background and cultural values.

(ii) An appreciation of the complexity of ethical issues related to human life and death including the allocation of scarce resources.

(iii) A desire to ease pain and suffering.

(iv) An awareness of the need to communicate with patients and their families, and to involve them fully in planning management.

(v) A desire to achieve the optimal patient care for the least cost, with an awareness of the need for cost-effectiveness to allow maximum benefit from the available resources.

(vi) Recognition that the health interests of the patient and the community are paramount.

(vii) A willingness to work effectively in a team with other health care professionals.

(viii) An appreciation of the responsibility to maintain standards of medical practice at the highest possible level throughout a professional career.

**(ix) An appreciation of the need to recognize when a clinical problem exceeds their capacity to deal with it safely and efficiently and of the need to refer the patient for help from others when this occurs.**

**(x) A realization that it is not always in the interests of patients or their families to do everything which is technically possible to make a precise diagnosis or to attempt to modify the course of an illness."**

In addition to its expectation regarding the general structure of the curriculum, the AMC expects each medical school to have in place effective mechanisms for evaluating and changing the curriculum, for monitoring the curriculum, and for the integration of the curriculum. A curriculum committee, or its equivalent, is expected to exist and be responsible for developing overall curricular design and recommending changes that reflect altered requirements, educational techniques, or demonstrated deficiencies in the overall course or aspects of it.

**Documentation:**

**Guidelines for the Assessment and Accreditation of Medical Schools, pp. 23-31.**

**(c) Design, Implementation, and Evaluation**

- (i) There must be integrated responsibility by faculty within the medical school for the design, implementation, and periodic evaluation of all aspects of the curriculum, including both basic sciences and clinical education.**
- (ii) The medical school must regularly evaluate the effectiveness of its medical program by documenting the achievement of its students and graduates in verifiable ways that show the extent to which institutional and program purposes are met. The school should use a variety of measures to evaluate program quality, such as data on student performance, academic progress and graduation, acceptance into residency programs, and postgraduate performance; the licensure of graduates, particularly in relation to any national norms; and any other measures that are appropriate and valid in light of the school's mission and objectives.**

The AMC's Accreditation Guidelines specify that the medical schools have processes that define the overall content and balance of the curriculum and its assessment. The schools must be able to implement and change the curriculum gradually according to the overall requirements. The schools must have mechanisms to recognize emergent topics and themes that should be incorporated into the curriculum. Furthermore, the schools must have a process

for evaluating, reviewing and changing the curriculum. The process can include student questionnaires, and student representation on the curriculum committees. The range of evaluation measures also includes an examination of pass rates in individual course components, and an examination of the quality of the graduates.

The faculty ensures that the medical school has the necessary autonomy over curriculum that is necessary to achieve the stated objectives. This is done through the medical curriculum committee that develops the overall curriculum design, implementation and student assessment. The membership includes the basic and clinical sciences.

When the medical school submits its accreditation request, it is required to provide information that will allow the accrediting team to judge the extent of faculty participation in the life and decision-making process of the school. During the actual accreditation visit, the AMC's team meets with the faculty from all the levels, departments and units that contribute to the medical course.

Documentation:

Guidelines for the Assessment and Accreditation of Medical Schools --  
pp. 28 and 29 – concerning the design and organization of the curriculum,  
pp. 32 and 33 – concerning monitoring and evaluating the curriculum.  
Guide to the Preparation of an Accreditation Submission, Sections 3 to 5.  
Model Schedule for an Assessment Visit.

**5. Medical Students**

**(a) Admissions, Recruiting, and Publications**

**(i) The medical school must admit only those new and transfer students who possess the intelligence, integrity, and personal and emotional characteristics that are generally perceived as necessary to become effective physicians.**

**(ii) A medical school's publications, advertising, and student recruitment must present a balanced and accurate representation of the mission and objectives of its educational program. Its catalog (or equivalent document) must provide an accurate description of the school, its educational program, its admissions requirements for students (both new and transfer), the criteria it uses to determine that a student is making satisfactory academic progress in the medical program, and its requirements for the award of the M.D. degree (or equivalent).**

**(iii) Unless prohibited by law, student records must be available for review by the student and an opportunity provided to challenge their accuracy. Applicable law must govern the confidentiality of student records**

The AMC Accreditation Guidelines set forth the general requirements that schools must meet when designing their own admission requirements. The Guidelines indicate "that certain standards of literacy, numeracy, aptitude and scientific knowledge are required for successful completion of a medical course, and that admission requirements must be clearly defined, defensible and free of discrimination or bias, and that medical schools are expected to have a mechanism for student appeal against admission decisions."

The AMC Guidelines for the Assessment and Accreditation of Medical Schools does not specifically address the medical school's publications including its school catalog, advertising, and student recruitment practices in terms of the program's mission and goals. It does, however, state that the school's selection process should be published and made available to potential students. In addition, the Australian Vice-Chancellor's Committee has established guidelines that outline the university's responsibility to provide students with access to current and accurate information about the educational program, application and entry procedures, credit transfer policies, selection processes, financial implications, course formats, assessment procedures, attendance requirements, etc.

Furthermore, as part of its accreditation process, the AMC requires medical schools to submit copies of their policies and procedures for student selection, including copies of any publications that explain the selection process to potential students and information on the process for appeals against admission decisions.

Regarding student records and confidentiality, the AMC's response notes that each Australian State has Freedom of Information and privacy legislation that governs access to documents held by state authorities. Furthermore, the Australian Vice-Chancellors' Committee has produced a statement on the relationship between universities and students that discusses both expectations and responsibilities. Finally, the AMC's response notes that each university sets its own detailed rules and regulations concerning student access to and confidentiality of records. However, those rules and regulations must be in accord with State legislation and the Vice-Chancellors' statement.

**Documentation:**

**Guidelines for the Assessment and Accreditation of Medical Schools,**  
**p. 33 – concerning student admission.**  
**Guide to the Preparation of an Accreditation Submission, Section 10.**  
**Universities and their Students: Expectations and Responsibilities,**