Policy Document

Graduate Outcomes and Assessment (2022)

Position Statement

AMSA believes that:

1. It is essential to maintain high standards for medical graduates, to prioritise patient outcomes, and to ensure public confidence in the medical profession;
2. All efforts should be made to continue to optimise Australian Medical Students' preparation for work readiness;
3. The development of graduate outcomes should include wide consultation of community and health stakeholders;
4. Graduate outcomes and accreditation standards should be regularly reviewed and updated to reflect the evolving health needs and practices, and educational and scientific developments;
5. There is currently insufficient evidence of any need to introduce a National Barrier Examination (NBE) for graduating medical students.

Policy Points

AMSA calls upon:

1. Australian Medical Council Medical School Accreditation Committee:
    a. To continue to actively consult community stakeholders and assessors in the development of equitable, relevant graduate outcomes including but not limited to:
        i. Australian and New Zealand Medical Schools and Education providers;
        ii. Australian Medical Students' Association;
        iii. Local, State and National Health Departments;
        iv. Health consumers;
        v. Medical students;
        vi. Medical societies;
        vii. Local, state and national community health organisations including but not limited to:
            1. Queer-specific health services;
            2. Indigenous health services;
            3. Disability-specific health services;
            4. Environmentally focussed health services;
            5. Digital health services;
            6. Climate change focused health services;
            7. Medical Student wellbeing services.

Head Office
A Level 1,
39 Brisbane Avenue,
Barton, ACT 2600

Postal Address
PO Box 6099,
Kingston, ACT 2604

ABN:
67079 544 513

Email:
info@amsa.org.au

Website:
www.amsa.org.au

viii. Aboriginal and/or Torres Strait Islander and Māori people.

b. To continue to ensure medical student representation on the committee;
c. To ensure the working group responsible for reviewing these standards includes a medical student representative;
d. To continue to follow the Australian Government's recommendation for the assessment of graduate outcomes as stated in the Aboriginal and Torres Strait Islander Health Curriculum Framework to include feedback from, but not limited to:
    i. A registered Aboriginal and Torres Strait Islander health practitioner with knowledge and experience in clinical practice and clinical education;
    ii. A non-Indigenous academic with well-developed cultural capability and requisite knowledge of the pedagogy of the Aboriginal and Torres Strait Islander curriculum;
    iii. An Aboriginal and Torres Strait Islander academic in the medical profession
e. To continue to work closely with Aboriginal and/or Torres Strait Islander and Māori people to ensure the outcomes address culturally safe practice and responsibilities among graduates;
f. To commit to working with stakeholders from population groups that have historically been underserved by the healthcare system in the consultation of graduate outcomes, with an emphasis on actively engaging those who have been historically underserved by the health system;
g. To continue the engagement of medical societies and medical schools in the consultation periods for graduate outcomes;
h. To continue to allow input into the changing scope of medical practice ensuring it aligns with evidence around patient safety and outcomes;
i. To integrate drug prescription and digital health teaching into future accreditation standards;
j. To ensure that specific graduate outcomes for Australia's underserved populations like culturally and linguistically diverse individuals,, refugees, the LGBTQIA+ community and persons with disabilities and ensure that relevant assessments are assessed by individuals of these groups;
k. To ensure that the graduate outcomes and accreditation standards are regularly reviewed at least every five years, by the accreditation committee to reflect evolving health needs and practices, as well as educational and scientific developments, with continual and transparent oversight of necessary changes to be made to the outcomes;
l. To investigate the Australian Medical Council's review process on the graduate outcomes due the lack of current data;

m. To review the absence of specific procedural skills in the Australian graduate outcomes and investigate its inclusion in the form of more teaching opportunities and simulated practice to ensure junior doctor preparedness.
n. To continue creating working groups for the purposes of updating graduate outcomes to reflect the evolving health needs and practices, and educational and scientific developments.

2. State and/or territory health departments:
    a. To continue their engagement as a stakeholder in the consultation of the graduate outcomes for medical students.
3. Australian Medical Student Societies:
    a. Continue their engagement as a community stakeholder by working collabo AMSA in the consultation of the graduate outcomes for medical students
4. Australian Medical Schools:
    a. To continue their engagement as a community stakeholder in the consultation of the graduate outcomes for medical students;
    b. To integrate the health of marginalised communities as a central component of ongoing assessment and education;
    c. To continue to integrate the health of marginalised communities as a central component of ongoing assessment and education identified as their social accountability;
    d. To investigate the process of standardising medical graduate assessment items to achieve the graduate outcomes;
    e. To integrate outcomes that include targeting the knowledge of health for persons with disabilities, refugees, migrants, LGBTQIA+ communities, digital and environmental health;
    f. To investigate and implement the higher predictive value assessments in Miller's Pyramid of Clinical Competence, such as the OSCE or Long Case scenarios; and
    g. Support medical students with diverse needs who may need flexibility or additional support in meeting graduate outcomes, and advocate to the AMC where required for students who may need alternative arrangements

Background

Australian Medical Council

The Australian Medical Council (AMC) is responsible for the accreditation of undergraduate and postgraduate programs in all 23 medical schools in the Australian and New Zealand Higher Education system [1]. These accredited medical programs allow their graduates to seek general registration as a medical practitioner [2]. All 23 medical schools are accredited against one set of standards [2].

The AMC's Medical School Accreditation Committee regulates the assessment and accreditation of these medical programs through teams that report back to them.This includes assessors from different regions and providers, varying

clinical disciplines, hospital and community-based educators, academic and health service managers, and community interest groups [2].

High quality medical education is achieved through the accreditation standards that cover [2]:

- The context of the medical program,
- The outcomes of the medical program,
- The medical curriculum,
- Learning and teaching,
- The curriculum – assessment of student learning,
- The curriculum – monitoring,
- Implementing the curriculum – students,
- Implementing the curriculum – learning environment.

Graduate Outcomes in Australia

Graduate outcomes describe the essential abilities for medical graduates at the conclusion of their degree [3]. These outcomes provide direction and clarity for the development of curriculum content, teaching and learning approaches, assessment programs and guide relevant governance structures to provide resources and financial allocations [3].

There are four main domains assessed as part of the graduate outcomes including [3]:

1. Science and scholar;
2. Clinical practice;
3. Health and science;
4. Professionalism and leadership.

Within these four domains, eight core clinical rotations are covered, including emergency medicine/critical care, general practice, medicine, obstetrics and gynaecology, psychiatry, paediatrics and surgery. These rotations include components that assess the interpretation of diagnostic procedures and application of procedural skills [4].

Whilst it is acknowledged that students will not yet have the clinical experience, leadership skills, or advocacy of experienced practitioners, it is expected that they have a foundation in these areas prior to graduation [5]. As medical education is a continuum from student to practitioner learning, the outcomes at postgraduate stages of training are built on the outcomes identified in the four domains at the graduate level [5].

Assessment of Graduate Outcomes

To achieve the graduate outcomes, the types of assessments that are utilised by the medical schools include, but are not limited to [5]:

- Objective structured clinical examinations (OSCE);
- Written clinical examinations;
- In-training assessment forms;
- Mini clinical evaluation exercises (Mini CEX);
- Case presentations;
- Log books.

It is to the discretion of each medical school in what assessment items they employ to assess the students' performance in achieving the graduate outcomes [5].

Application of Graduate Outcomes

Despite the push to have increased consistency between the universities, according to the Medical Deans Australia and New Zealand (MDANZ), it is not plausible to have one framework applied to all universities due to the differences in curricula and lack of evidence of 'best' outcomes [6]. Therefore, it was suggested to have a suite of blueprints to apply and adapt as required [6].

Regardless, there are still variabilities in the assessment of these outcomes which should continue to be addressed in order to standardise assessments in medical schools [6].

National Barrier Examination (NBE)

The intention of national barrier examinations (NBE) overseas is primarily to ensure consistency of graduate standards between medical schools and to ensure a minimum standard of capability is achieved before graduates become interns [7].

Miller's Pyramid of Clinical Competence with associated assessment methods highlights the assessment modes that most strongly correlate with predicting clinical performance as a practitioner [7]. In this model, multiple choice questions (MCQ) have the lowest value, while a clinical examination, such as an OSCE or long case, falls on the second highest level. A ward assessment with the implementation of medical knowledge is the highest predictor of clinical competence [7].

In Australia, final examinations between medical schools vary in structure and implementation, as an NBE does not exist [7]. However, in line with Miller's Pyramid of Clinical Competence, Australian medical schools have similarly implemented OSCEs or long case as part of either their internal barrier examination or as part of their general graduate assessments.

To date, there is a lack of strong empirical evidence regarding the ability of NBEs to lead to improved future clinical outcomes. Systematic reviews by Archer et al. [8] showed some correlation between higher clinical examination scores and written NBE scores, although Archer et al. [8] and Sutherland [9] found no strong evidence of correlation between exam results and clinical outcomes when accounting for other confounders.

Despite variability in assessment items between medical schools, the literature proposes a common assessment framework [10]. This will ensure a common standard for graduates in lieu of a standardised NBE, while ensuring medical school curriculums promote key graduate outcomes and underrepresented competencies like LGBTQIA+ health. Additionally, continued collaboration between assessment frameworks should focus on higher predictive value assessments in Miller's Pyramid of Clinical Competence, such as through shared OSCE or long case scenarios.

International Medical Graduate Outcomes

The General Medical Council (GMC) functions similar to the AMC, in outlining the requirements of UK primary medical programs to achieve their graduate outcomes. This includes [11]:

- A guide for students on what they need to learn during their time at medical school;
- A basis for medical schools to develop their curricula and programmes of learning;
- A blueprint or plan for assessments at medical schools;
- A framework they use to regulate medical schools;
- A summary of what newly qualified doctors will know and be able to do for those designing postgraduate training.

The process of accreditation of Australian medical schools' graduate outcomes is comparable to that of the GMC in the United Kingdom (UK) [11]. The GMC themselves review the outcomes regularly to ensure they are kept up to date with contemporary medicine and science, and changes in the health of the population and health systems [12]. They require medical schools to demonstrate alignment with the outcomes and provide evidence that they are being met, including their integration into assessments. A key difference between AMC guidelines and those in the international sphere, namely UK or Canada, include a lack of specific procedural skills being outlined [13]. The Australian context currently lacks sufficient data into whether graduates have received enough teaching on procedural skills and feel competent performing them as junior doctors.

Review of Australian Graduate Outcomes

The AMC graduate outcomes and accreditation standards are often reviewed by working teams composed of Australian and New Zealand medical education providers, peak professional bodies, medical students, health services, health consumers as well as Aboriginal and/or Torres Strait Islander and Māori people [3, 14 - 17]. These teams report to the AMC's Medical School Accreditation Committee [3]. The committee is responsible for advising the AMC on guidelines, policy and procedures relating to the assessment and accreditation of medical programs and their education providers. They oversee the AMC's accreditation activities for primary medical education programs and encourage improvements in medical education in Australia and New Zealand that reflect evolving health needs and practices, as well as educational and scientific developments [3, 16]. The committee also takes into consideration countries with similar medical education and practice standards during each review [17].

External stakeholders with an interest in the process and outcomes of medical training such as health workforce bodies, health jurisdictions, regulation authorities and other health professionals often review the outcomes, specifically the parts relevant to them [16]. Additionally, members of the public are invited to share their perspectives on the review's scope [17].

It is important to note that all changes to accreditation standards and graduate outcomes must be considered by AMC committees, AMC's governing board and the AMC Directors, before implementation [3]. Membership of the current working group responsible for reviewing these standards spans from senior

medical staff to directors of medical education, with one consumer/patient representative and notably no student representatives [18]. Moreover, under the National Law, the Medical Board of Australia approves accreditation standards developed by the AMC [17].

The AMC's review occurs in three main phases. In Phase 1, the working teams conduct research and test ideas with stakeholders to shape their thinking about the scope of the review through focus groups and policy reviews. Phase 2 involves consultations on detailed proposals for revisions to the standards. Phase 3 relates to the finalisation of the new standards and outcomes in which their approval must be granted by the AMC committees and the AMC's governing board, the Directors [17].

Consultation for Graduate Outcomes

As part of the periodic review undertaken by the AMC, the incoming proposals are circulated to a range of stakeholders with a request for feedback.

The consultation process is 'iterative and responsive to the feedback received [14]. Furthermore, the AMC specifies that medical students are entitled to participate in the development and review of medical school accreditation, and encourages students to develop their own submissions, discuss with members of the AMC assessment team, or contribute to their education provider's submission to the AMC [20].

As of August 2022, Phase 1 for the upcoming review of graduate outcomes has concluded, and Phase 2 is currently underway with active, ongoing consultation. Whilst the number and extent of the stakeholders consulted is not clearly defined by the AMC, it is known that medical schools, peak representative bodies, and medical societies [21] are invited to participate in the consultation process. Some organisations, such as Universities Australia and the Medical Deans of Australia and New Zealand [22, 23], have also made their submissions publicly available. The extent of involvement of health departments, as well as local, state and national community health organisations, is not publicly known.

While there is currently a lack of research regarding the systematisation or prevalence of these practices, similar consultation initiatives have been deployed for the closely-related field of post-graduate intern training. In 2019, the AMC conducted a joint survey with the MBA (Medical Board of Australia) on how well their medical education prepared them for internship. Of particular significance were areas reported by interns as 'underprepared', which included drug prescription and treatment of Indigenous patients; a report on this survey indicated the potential for these results to be integrated into future accreditation standards [24, 25]. Likewise, it is known that a similar consultation process exists for the British medical education system headed by the GMC, with submissions from analogous peak bodies such as the Academy of Medical Educators [26].

Proposed topics for the 2022 AMC Review

The AMC has reached out to AMSA as part of the consultative process during the 2022 review period, with the focus on Digital Health, Student Wellbeing and Social Accountability In consultation with stakeholders, LGBTQIA+ health, Indigenous health and Climate Change and the environment have also been

incorporated. This list is not intended to be comprehensive, but rather to provide important context for the work of advocacy.

Digital Health

The AMC developed the Digital Health in Medicine Capability Framework that aims to design and approve accreditation for digital health learning through good practice examples and curriculum changes to encompass Telehealth, Electronic Record Systems, Genomics, Advanced Robotics, Artificial Intelligence, 3D printing and Consumer health apps [1]. This is to meet the outcome of the sustained needs of education providers and health services to have graduates competent to integrate the internet, consumer apps, telehealth, electronic prescriptions, My Health Record and electronic record systems [1]. The need was highlighted in the Perceived Preparedness for Skills section of the Internship Preparedness Survey in 2019, which identified that "*Understanding the role of clinical informatics and data technology in improving healthcare*" was the second lowest rated skill queried [1].

This proposed framework was developed after a gap in medical school curricula, teaching and learning, and assessment programs in national and international medical school programs for digital health was identified [1]. This is particularly pertinent since medical services are integrated into a digitally-enabled hospital, electronic medical records and other systems, that requires the current and future workforce to have competency in this environment [1].

This proposed framework extends to focus on safe and high quality care for chronic disease sufferers, patients in rural and remote communities, Aboriginal and Torres Strait Islander and Maori peoples, patients with histories of violence, abuse, neglect and exploitation, persons with a disability, refugees and migrants, LGBTQIA+ community, prisoners, elderly persons and individuals experiencing homelessness [1].

Social Accountability as an Accreditation Standard

Medical Deans Australia and New Zealand (MDANZ) defines social accountability as *"the obligation to direct [medical school] education, research and service activities towards addressing the priority health concerns of the community, region, and/or nation that they have a mandate to serve."* [30] This is reflected in the accreditation standards consultation through working groups that reflect the communities practitioners serve, including but not limited to: health workforce, health jurisdictions, regulatory authorities, Aboriginal and Torres Strait Islander persons. Domain 3 reflects social accountability through its priority of standards that ensure medical graduates are health advocates with. This is done through specific reference to the health and wellbeing of Aboriginal and Torres Strait Islander and/or Maori persons and the diversity of these communities, epidemiology and social and political determinants of health and health experiences [28]. The outcomes of the medical program under standard 2.1.2 and 3 aim to achieve social accountability by addressing Aboriginal and Torres Strait Islander and Maori person''s health by establishing a clinical learning environment that facilitates the provision of culturally competent health care.

Aboriginal and Torres Strait Islander Health

The Australian Government Department of Health developed the Aboriginal and Torres Strait Islander Health Curriculum Framework to support higher education providers cater their health curricula to ensure graduates can provide culturally safe health services [31]. This framework outlines the capabilities, or the "all round human [qualities] that allows the knowledge and skills to be applied for health graduates for culturally appropriate care" [31]. The Graduate Cultural Capability Model identifies five interconnected cultural capabilities including: respect, communication, safety and quality, reflection and advocacy. Key descriptors are identified by this model for what these capabilities aim to achieve [31].

The accreditation of these outcomes falls under the Health Practitioner Regulation National Law Act enacted by each Australian state and territory (National Law) [31]. Accreditation teams to assess these capabilities are recommended to be either: a registered Aboriginal and Torres Strait Islander health practitioner with knowledge and experience in clinical practice and clinical education; or a non-Indigenous academic with well developed cultural capability and requisite knowledge of the pedagogy of Aboriginal and Torres Strait Islander curriculum; or an Aboriginal and Torres Strait Islander academic in the same profession [31]. This recommendation ensures that the high education providers are achieving their aims of delivering these cultural capabilities appropriately to their students [31].

LGBTQIA+ Health

A gap in the current AMC standards is the inclusion of competency knowledge of *LGBTQIA+* health including but not limited to langauge and terminology, exposure to diverse lived experiences of patients and social determinants of health of LGBTQIA+ communities encompassing physical and mental health, sexual health, gender-affirming care and intersex health [32].

Literature highlights the importance of queer health being a mandatory component of students' medical education to normalise queer idenitites and improve expereinces of LGBTQIA+ patients and staff without allowing the burden to fall tho those with lived experience to educate others [32]. The American Medical Association in 2014 released 30 specific core competencies for American Medical Schools to achieve from consultation and guidance with the LGBT community [33].

Due to the limited Australian literature on specific LGBTQIA+ AMC accreditation standards, it is evident that the homogenisation of LGBTQIA+ education into minority health concerns must be avoided. This is reflected through previous social accountability AMC standards that broadly refer to the communities practitioners will serve. An AMC proposal to the change in standards covering social accountability includes a focus on preventative health care with acknowledgement of health inequalities to vulnerable patients exacerbated by systemic barriers. This includes persons with disabilities, refugees, migrants and LGBTQIA+ communities [17].

Climate Change & the Environment

Another gap identified within the AMC standards is the environmental impacts on healthcare and health outcomes, and on conducting environmentally sustainable healthcare. There exists no graduate outcomes on the environment

beyond the noncommittal 'physical environment risk factors' [3]. There is scant evidence on the level of teaching provided by medical schools; however, research conducted by the Climate Change and Health Working Group (CCHWG) from MDANZ states that it is inadequate [34].

Research from 2017 reveals that strong interest already existed to change this both from professional bodies, such as the AMA, with broad support from students [35]. More recently, there have been concerted efforts to address this, with the aforementioned CCHWG having been formed which suggested changes to the graduate outcomes [34]. As stated before, the AMC is undergoing review of their accreditation standards [17].

References

1. Australian Medical Council. Capability Framework in Digital Health in Medicine [Internet]. Melbourne, VIC: Australian Medical Council; 2021. Available from: https://www.amc.org.au/wp-content/uploads/2021/08/Digital-Health-in-Medicine-Capability-Framework-FINAL-19-August-2021.pdf
2. Assessment and accreditation of primary medical programs (medical schools) [Internet]. Australian Medical Council. 2022 [cited 28 August 2022]. Available from: https://www.amc.org.au/accreditation-and-recognition/assessment-accreditation-primary-medical-programs/
3. Australian Medical Council. Standards for Assessment and Accreditation of Primary Medical Programs by the Australian Medical Council 2012 [Internet]. Melbourne, VIC: Australian Medical Council; 2022. Available from: https://www.amc.org.au/wp-content/uploads/2019/10/Standards-for-Assessment-and-Accreditation-of-Primary-Medical-Programs-by-the-Australian-Medical-Council-2012.pdf
4. Developing a Framework of Competencies for Medical Graduate Outcomes [Internet]. Sydney: Medical Deans Australia and New Zealand Inc; 2011. Available from: https://medicaldeans.org.au/md/2018/07/Stage-1-Competencies-Project-Final-Report.pdf
5. Tabish S. Assessment Methods in Medical Education. Int J Health Sci (Qassim). 2008;2(2):3–7.
6. Developing a National Assessment Blueprint for Clinical Competencies for the medical graduate [Internet]. Sydney: Medical Deans Australia and New Zealand Inc; 2014. Available from: https://medicaldeans.org.au/md/2018/07/Stage-3-Competencies-Project-Final-Report-FINAL.pdf
7. Ingham A. The great wall of medical school: a comparison of barrier examinations across Australian medical schools. Aust Med Student J. 2011;2(2):6-8.
8. Archer J, Lynn N, Coombes L, Roberts M, Gale T, Price T, de Bere SR. The impact of large scale licensing examinations in highly developed countries: a systematic review. BMC medical education. 2016 Dec;16(1):212-223
9. Sutherland K, Leatherman S. Regulation and quality improvement: a review of the evidence. Health Foundation; 2006.
10. Edwards D, Wilkinson D, Canny BJ, Pearce J, Coates H. Developing outcomes assessments for collaborative, cross-institutional

benchmarking: Progress of the Australian Medical Assessment Collaboration. Medical teacher. 2014 Feb 1;36(2):139-47.

11. General Medical Council. Outcomes for graduates 2018 [Internet]. London, UK: General Medical Council; 2022. Available from: https://www.gmc-uk.org/-/media/documents/outcomes-for-graduates-2020_pdf-84622587.pdf?la=en&hash=35E569DEB208E71D666BA91CE58E5337CD569945
12. General Medical Council. Practical skills and procedures [Internet]. London, UK: General Medical Council; 2022. Available from: https://www.gmc-uk.org/-/media/documents/practical-skills-and-procedures-a4_pdf-78058950.pdf?la=en&hash=9585CB5CA3DA386B768F70DAD3F62170C2E987E5
13. Green P, Edwards E, Tower M. Core procedural skills competencies and the maintenance of procedural skills for medical students: a Delphi study. BMC Medical Education [Internet]. 2022 [cited 28 August 2022];22(1). Available from: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8994896
14. Review of Accreditation Standards for Primary Medical Programs (Medical Schools) [Internet]. Australian Medical Council. 2022 [cited 30 August 2022]. Available from: https://www.amc.org.au/review-of-accreditation-standards-for-primary-medical-programs-medical-schools/
15. Australian Medical Council. Standards for Assessment and Accreditation of Specialist Medical Education Programs and Professional Development Programs by the Australian Medical Council 2015. Melbourne, VIC: Australian Medical Council; 2022.
16. Australian Medical Council. Assessment and accreditation of primary medical programs (medical schools) [Internet]. Melbourne, VIC: Australian Medical Council; 2022. Available from: https://www.amc.org.au/accreditation-and-recognition/assessment-accreditation-primary-medical-programs/
17. Australian Medical Council. Review of the Accreditation Standards for Primary Medical Programs [Internet]. Melbourne, VIC: Australian Medical Council; 2021. Available from: https://www.amc.org.au/wp-content/uploads/2021/04/Part-1-AMC-Medical-School-Standards-Review-Initial-Consultation-Consultation-Document-Phase-1-combined-1.pdf
18. Members of the MedSAC Standards Review Working Group as at 1 January 2021 [Internet]. Australian Medical Council; [cited 2022]. Available from: https://www.amc.org.au/wp-content/uploads/2021/04/Standards-Review-Working-Group_Membership-2021.pdf
19. About the Outcomes [Internet]. General Medical Council. 2022 [cited 30 August 2022]. Available from: https://www.gmc-uk.org/education/standards-guidance-and-curricula/standards-and-outcomes/outcomes-for-graduates/outcomes-for-graduates/about-the-outcomes#making-sure-the-outcomes-for-graduates-are-met
20. Procedures for Assessment and Accreditation of Medical Schools by the Australian Medical Council 2022 [Internet]. Australian Medical Council; 2022. Available from: https://www.amc.org.au/wp-

content/uploads/2022/06/2022-Procedures-Assessment-and-accreditation-of-medical-school-secured.pdf
21. 2022 Adelaide Medical School AMC Report [Internet]. Adelaide Medical Students' Society; 2022 Jun. Available from: https://www.amss.org.au/files/2022-Adelaide-Medical-School-Student-AMC-report.pdf
22. Universities Australia. Submission to the Australian Medical Council Review of the Accreditation Standards for Primary Medical Programs. Canberra, ACT: Universities Australia; 2021 p. https://www.universitiesaustralia.edu.au/wp-content/uploads/2021/08/210615-Submission-to-the-AMC-review-of-standardsPDF.pdf.
23. AMC Review of the National Framework for Prevocational Medical Training - Submission Series [Internet]. Medical Deans Australia and New Zealand. Available from: https://medicaldeans.org.au/resource/amc-review-of-the-national-framework-for-prevocational-medical-training-submission-series
24. Australian Medical Council and Medical Board of Australia's Preparedness for Internship Survey 2019 National Report [Internet]. Available from: https://www.amc.org.au/wp-content/uploads/2019/11/National-Report-2019-Survey-FINAL.pdf
25. Evaluation Report: National Preparedness for Internship Survey 2017–2019 [Internet]. Australian Medical Council; 2021 Aug. Available from: https://www.amc.org.au/wp-content/uploads/2021/12/Intern-Survey-evaluation-report-FINAL-for-website.pdf
26. IMPROVING CARE THROUGH TEACHING EXCELLENCE Consultation Response: GMC | Updating our expectations of newly qualified doctors in the UK: reviewing the Outcomes for graduates About the Academy of Medical Educators [Internet]. Available from: https://www.medicaleducators.org/write/MediaManager/Consultations/2018_GMC_-_Outcomes_for_Graduates.pdf
27. Australian Medical Council. Review of the Standards for Assessment and Accreditation of Primary Medical Programs by the Australian Medical Council [Internet]. Melbourne, VIC: Australian Medical Council; 2017. Available from: https://amc.org.au/wp-content/uploads/2018/10/Review-of-the-Standards-for-Assessment-and-Accreditation-of-Primary-Medical-Programs-by-the-Australian-Medical-Council-.pdf
28. Australian Medical Council. Standards for Assessment and Accreditation of Primary Medical Programs by the Australian Medical Council 2012 [Internet]. Melbourne, VIC: Australian Medical Council; 2022. Available from: https://www.amc.org.au/wp-content/uploads/2019/10/Standards-for-Assessment-and-Accreditation-of-Primary-Medical-Programs-by-the-Australian-Medical-Council-2012.pdf
29. Australian Medical Association. Poor doctor wellbeing creates a risk to patient safety and exacerbates workforce issues. 2022.
30. Social Accountability - Medical Deans Australia and New Zealand [Internet]. Medical Deans Australia and New Zealand. 2017 [cited 26 August 2022]. Available from: https://medicaldeans.org.au/priorities/social-accountability/
31. Australian Government Department of Health. The Aboriginal and Torres Strait Islander Health Curriculum Framework [Internet]. Canberra, ACT:

Australian Government Department of Health; 2014. Available from: https://www.health.gov.au/sites/default/files/documents/2020/12/aboriginal-and-torres-strait-islander-health-curriculum-framework.pdf
32. Finn G, Ballard W, Politis M, Brown M. It's not alphabet soup – supporting the inclusion of inclusive queer curricula in medical education. The British Student Doctor Journal. 2021;5(2):27.
33. AAMC releasing core competencies in LGBT medical education [Internet]. American Medical Association. 2022 [cited 26 August 2022]. Available from: https://www.ama-assn.org/education/accelerating-change-medical-education/aamc-releasing-core-competencies-lgbt-medical
34. Madden D, Horton G, McLean M. Preparing Australasian medical students for environmentally sustainable health care. Medical Journal of Australia. 2022;216(5):225-229. https://www.mja.com.au/journal/2022/216/5/preparing-australasian-medical-students-environmentally-sustainable-health-care
35. Horton G. The attitudes of Australian medical students to the inclusion of the topic of "health impacts of climate change" in the medical curriculum. Nova.newcastle.edu.au. 2022 [cited 30 August 2022]. https://nova.newcastle.edu.au/vital/access/manager/Repository/uon:32143

Policy Details:

Name: Graduate Outcomes and Assessment (2022)

Category: D – Graduations & Internships

History:

Reviewed Council 3, 2022

Hemani Mahendra Raj, William Huang, Emily Crameri, Jahnavi Grover, Allen Xiao, with Leon Latt (National Policy Mentor), Alexandra Wilson (National Policy Mentor), and Ashraf Docrat (National Policy Officer).

Reviewed Council 1, 2018 as *National Barrier Examinations*

Reviewed Council 2, 2014

Discussed Council 3, 2013

Adopted 2010