

# COMMUNICATION PROTOCOL

## Accreditation of specialist medical training sites/posts in Australian public hospitals and health facilities

### 1. Background

- 1.1 The parties agree to collaborate in ongoing work to achieve effective accreditation of specialist medical training sites/posts in Australian public hospitals and health facilities to ensure that:
  - 1.1.a. the roles and responsibilities of colleges, accredited organisations and health departments are clearly articulated;
  - 1.1.b. there are effective communication channels between the appropriate officers in colleges, accredited organisations and health departments;
  - 1.1.c. there is genuine engagement by colleges, accredited organisations and health departments to resolve issues that arise in the course of accreditation;
  - 1.1.d. accreditation standards, processes and decisions are clear, informed by evidence and based on principles of fairness, transparency and accountability;
  - 1.1.e. all participants in accreditation have a clear understanding of the timeframes involved in the accreditation process.

### 2. Parties to this protocol

- 2.1 The parties to this protocol are listed in Appendix A.

### 3. Scope and application

- 3.1 This protocol applies to specialist medical training accreditation as it is carried out in public hospitals and health facilities in Australia. The definitions of “accredited organisation” and “site/post” in section 8 delineate this scope.
- 3.2 This protocol is the expression of a good faith agreement between the parties and is not a legally binding agreement. It does not entitle any person to take legally enforceable action against any other person. It is not intended to affect the operation of any law or legally binding instrument.

### 4. Principles

- 4.1 The principles outlined in this section underpin this protocol and are agreed by the parties.
- 4.2 Colleges and accredited organisations will undertake accreditation activities in good faith to achieve the common purpose of ensuring the provision of high-quality specialist medical education and training.

- 4.3 Colleges will observe the principles of fairness, transparency and accountability when engaging in accreditation activities including: the disclosure of conflicts of interest by members of the accreditation assessment team; the provision of opportunities to accredited organisations to be heard in relation to accreditation decisions that adversely affect them prior to those decisions being made; the making of accreditation decisions based on matters relevant to the training and education of trainees; and the provision of reasonable timeframes for accreditation activities.
- 4.4 Colleges and health departments will foster collaborative relationships with accredited organisations and each other to achieve shared goals whilst acknowledging and respecting each party's wider role and obligations. This includes:
- 4.4.a. colleges acknowledging the service obligations of jurisdictions and accredited organisations; and
  - 4.4.b. health departments acknowledging the role of colleges in ensuring high standards of specialty medical education and training.
- 4.5 In making accreditation decisions, and in engaging in accreditation processes, colleges, accredited organisations and health departments will consider the effect of their actions and decisions on:
- 4.5.a. patients, their families and carers;
  - 4.5.b. the training, employment and wellbeing of trainees;
  - 4.5.c. other hospital staff involved in the provision of care and treatment who might be affected by accreditation decisions.
- 4.6 The withdrawal of accreditation from a site/post should be a last resort with colleges, accredited organisations and health departments (where applicable) endeavouring to resolve issues in a manner that minimises adverse impacts on service provision and the training and education of trainees.

## 5. Roles and responsibilities

- 5.1 Clarity in roles and responsibilities is critical to achieving effective accreditation processes and outcomes. The roles and responsibilities of the parties in accreditation are outlined in this section.
- 5.2 Colleges have the following roles and responsibilities:
- 5.2.a. developing and publishing accreditation standards relevant to the education and training of trainees, in accordance with Australian Medical Council standards, and taking into account the inherent characteristics of accredited organisations, such as rurality (consultation with jurisdictions when developing new accreditation standards is best practice in this regard);
  - 5.2.b. developing, publishing and conducting accreditation processes that provide for the assessment of sites/posts against accreditation standards;

- 5.2.c. determining the accreditation of sites/posts;
- 5.2.d. monitoring accredited sites/posts;
- 5.2.e. developing training for supervisors and facilitating the completion of training by supervisors;
- 5.2.f. responding to complaints and issues about accredited sites/posts.

5.3 Health departments have the following roles and responsibilities:

- 5.3.a. governance responsibilities in respect of accredited organisations, including playing a role in the resolution of accreditation disputes where appropriate;
- 5.3.b. engaging with accredited organisations to facilitate appropriate, responsive and constructive engagement by those organisations in accreditation processes;
- 5.3.c. disseminating this protocol to accredited organisations in their jurisdictions with the aim of achieving implementation in those organisations;
- 5.3.d. briefing health ministers appropriately on accreditation issues as required.

5.4 Accredited organisations have the following roles and responsibilities:

- 5.4.a. employing trainees and meeting all employment related obligations, including provision of a safe workplace and addressing workplace concerns related to bullying, harassment, discrimination and trainee wellbeing in accordance with legislative obligations and appropriate policies and procedures;
- 5.4.b. employing or engaging supervisors of training and facilitating their completion of supervisor training and their supervision of trainees;
- 5.4.c. providing education and training to trainees and maintaining training standards in order to achieve/maintain accreditation, whilst also meeting service delivery obligations;
- 5.4.d. providing reasonable access to training sites, trainees, supervisors of training and other relevant staff to allow accreditation activities to occur;
- 5.4.e. responding in a timely way to reasonable requests from colleges that are relevant to accreditation;
- 5.4.f. co-operating with colleges and health departments (where applicable) in resolving issues that arise during accreditation or from complaints about accredited sites/posts.

5.5 Colleges, health departments and accredited organisations have the following joint roles and responsibilities:

- 5.5.a. establishing appropriate escalation processes within their organisations and ensuring they are followed;
- 5.5.b. maintaining regular channels of communication with each other to discuss accreditation issues generally and resolve systemic issues in relation to accreditation;
- 5.5.c. working together as appropriate to address issues that arise during accreditation processes;
- 5.5.d. acting in good faith for the purposes of achieving excellence in specialist medical education and training.

## 6. Communication

- 6.1 Effective communication is central to achieving good accreditation outcomes and excellence in specialist medical training overall. Colleges and health departments agree that communication could be improved and agree to continue collaborative activities in the future for this purpose.
- 6.2 Acknowledging the need for ongoing work, the following actions are agreed for implementation as soon as practicable.
- 6.3 Colleges will provide to health departments an advance timetable of accreditation visits that are planned for sites/posts in accredited organisations in their jurisdiction for the coming year, commencing in 2024. This includes visits for the purposes of assessing applications for accreditation of sites/posts, as well as for renewal of existing accreditation of sites/posts. It is acknowledged that: plans will change due to circumstances such as accreditation team availability or establishment of new training positions; timetables may not be exact a year in advance; and unscheduled visits may be arranged due to monitoring, responding to complaints or other reasons. Colleges will use their best endeavours to keep health departments informed in a timely way when this occurs.
- 6.4 Colleges will notify accredited organisations of the following information:
  - 6.4.a. the date of forthcoming accreditation visits;
  - 6.4.b. any correspondence or communication to the accredited organisation that indicates that the college is considering the following actions: withdrawal of accreditation; withdrawal of trainees from the accredited site/post; any other action which is likely to significantly impede the accredited organisation's ability to provide services to patients and the public.
- 6.5 Where a college notifies an accredited organisation of the matters set out in paragraph 6.4.b, it will provide reasonable time after the notification has been made before proceeding with the notified action to allow for a response by the accredited organisation, possible resolution of outstanding issues, and/or preparation by the accredited organisation for changes in service delivery arrangements.
- 6.6 Colleges will also notify health departments where it has notified the accredited organisation of any matters set out in paragraph 6.4.b. This notification must be made within a reasonable time before any action is taken to withdraw accreditation or withdraw trainees from an accredited site/post in the jurisdiction.
- 6.7 When notified of an accreditation visit, an accredited organisation will identify a person who is to be the organisation's main liaison officer during the accreditation process, to ensure timely responses to requests from the college, and participation by the organisation at an appropriate level in relevant accreditation processes.

- 6.8 Accredited organisations will escalate matters appropriately to health departments, including matters that colleges will notify to health departments under paragraph 6.6.
- 6.9 Upon receiving information from a college or an accredited organisation under this section, health departments will take appropriate action in the circumstances to assist in the resolution of disputes, where possible.
- 6.10 Arrangements for communication under this section are outlined in Appendix B.
- 6.11 Where a college or an accredited organisation comes to a reasonable belief as a result of an accreditation process that a trainee is in danger of serious physical or mental harm, both parties' actions will be guided by the overarching principle of preventing harm to the trainee, including recognition of the duty to share information if necessary to develop an urgent response.

## 7. Continuous improvement: accreditation standards and processes

- 7.1 The parties acknowledge that opportunities are arising to improve accreditation standards and processes. To this end, the following points are agreed.
- 7.2 Colleges will actively consider the recommendations of the National Health Practitioner Ombudsman's final report "A roadmap to greater transparency and accountability in specialist medical training site accreditation" (when published) with a view to implementing improvements to their accreditation standards and processes.
- 7.3 Colleges will continue to engage in their own processes of reflection and continuous improvement in relation to accreditation.
- 7.4 Health departments will engage with their accredited organisations to facilitate continuous improvement in the management of accreditation.

## 8. Terminology/definitions

- 8.1 **Accredited organisation** is the legal entity that is responsible for an accredited site, post or program (or those seeking accreditation of a site, post or program) in the Australian public health system. In most cases this will be the legal entity that administers the hospital(s) or health service(s) in which the accredited site/post is located or which make up the program, and that has legal control over matters at the site in relation to employment of staff, provision of services and resource allocation. However, it is also recognised that a diversity of governance arrangements exist within jurisdictional public health systems. For example, jurisdictions may have centralised governance arrangements in relation to diagnostic services, such as pathology. In these cases, colleges may be communicating directly with the centralised service as the "accredited organisation", notwithstanding that the service may be physically located in the site of another hospital or health facility. Contracted services may also be in place, whereby a

service is wholly or partly contracted out to a private service provider. Public/private arrangements may also be in place where private hospitals are contracted to provide services for public patients. In these cases where it is unclear where relevant reporting lines or channels of communication lie, colleges, accredited organisations and health departments are encouraged to liaise with each other to clarify these matters. It is recognised that several colleges also have a remit to accredit sites/posts/programs in private health facilities, and in facilities located in Aotearoa New Zealand. Application of this protocol in those sites/posts/programs is a matter for colleges and the relevant site/post governing bodies.

- 8.2 **Accreditation** means college accreditation of specialist medical training posts and sites in accredited organisations in Australia.
- 8.3 **College** means a specialist medical college that is a party to this protocol and accredited by the Australian Medical Council to provide specialist medical education and training. Where a college enters into an agreement with another body to carry out the college's accreditation functions, the other body must also implement this protocol.
- 8.4 **Health department** means a State or Territory government department or ministry that is a party to this protocol and responsible to an Australian Health Minister for the provision of public health services in a jurisdiction through accredited organisations.
- 8.5 **Site/post** is used to recognise that colleges differ in their accreditation practices, with some colleges accrediting sites, such as a particular department or laboratory, and some accrediting individual training posts within sites. There are also arrangements where programs and individual posts within programs are accredited. The term "site/post" is used to accommodate these differing arrangements.
- 8.6 **Trainee** means a non-specialist doctor employed in a college-accredited training site or post within an accredited organisation and who is training to become registered in a recognised speciality under the Health Practitioner Regulation National Law.

## Appendix A: Parties

### Colleges

The following colleges have agreed to this Communication Protocol:

Australasian College for Emergency Medicine (ACEM)

Australian College of Rural and Remote Medicine (ACCRM)

Australasian College of Dermatologists (ACD)

Australian and New Zealand College of Anaesthetists (ANZCA)

College of Intensive Care Medicine of Australia and New Zealand (CICM)

Royal Australasian College of Dental Surgeons (RACDS)

Royal Australian College of General Practitioners (RACGP)

Royal Australasian College of Medical Administrators (RACMA)

Royal Australasian College of Physicians (RACP)

Royal Australasian College of Surgeons (RACS)

Royal Australian and New Zealand College of Ophthalmologists (RANZCO)

Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG)

Royal Australian and New Zealand College of Psychiatrists (RANZCP)

Royal Australian and New Zealand College of Radiologists (RANZCR)

Royal College of Pathologists of Australasia (RCPA)

### Jurisdictions

The Health Chief Executive Forum endorsed this Communication Protocol on 20 September 2023.

## Appendix B: communication mechanisms for section 6 of the protocol

1. In order to facilitate communication between colleges, accredited organisations and health departments, it is necessary for each party to set up a contact point which is generic, not dependant on an individual staff member, and which is regularly monitored.
2. For this purpose, colleges, accredited organisations and health departments will establish a “contact point” to make and receive all communications referred to in section 6.
3. The contact point could be a generic (not personal) web link, portal or email address which is regularly monitored.
4. The aim of the contact point is to ensure that each party has access to appropriate information, by the appropriate person at the appropriate time. In particular, communicating the significant matters set out in section 6 through the contact point aims to ensure that neither the governing body of an accredited organisation or a relevant health department official receives late notice of significant matters in the accreditation process. Accordingly, each organisation should ensure that the contact point is monitored regularly, and that communications to the contact points are escalated at the appropriate level in a timely manner.
5. Colleges are to notify health departments and their accredited organisations of their contact point.
6. Accredited organisations are to notify relevant colleges and health departments of their contact point.
7. Health departments are to notify colleges and their accredited organisations of their contact point.
8. The Australian Medical Council will assist by maintaining a list of contact points of colleges and health departments that the parties can access.