

# Impact Assessment

Model standards for specialist medical college accreditation of training settings

## 1. Purpose

This document accompanies the document *Consultation paper: Draft model standards and procedures for specialist medical college accreditation of training settings*. It informs public consultation on the model standards.

The model standards have been developed in accordance with the [Procedure for developing model accreditation standards for specialist medical college accreditation of training settings](#), developed by the AMC as part of the joint project between the AMC and specialist medical colleges on specialist medical training accreditation and approved by the Health Workforce Taskforce. The procedure requires:

- certain documentation and background information to be considered in the development of the model standards (see section 2); and
- an assessment to be undertaken and published of the impact of the model standards on certain matters (see section 3).

## 2. Considerations in developing the model standards

The model standards were developed after consideration of the following matters set out in the *Procedure for developing model accreditation standards for specialist medical college accreditation of training settings*.

### 2.1 Relevant recommendations made in the NHPO report

The model standards have been developed taking into account NHPO recommendations 1, 2 and 3.

Recommendation 1 states:

*The AMC should work with colleges to establish a procedure for the development of specialist medical training site accreditation standards.*

A procedure for the development of the model standards has been developed: *Procedure for developing model accreditation standards for specialist medical college accreditation of training settings*.

Recommendation 2 states:

*The AMC should work with colleges to ensure specialist medical training site accreditation standards are outcome-centric and evidence-informed with measurable and achievable attributes.*

The AMC developed the model standards through a collaborative process with colleges. A working group of subject matter experts from each college, along with other relevant stakeholders, was convened to provide subject matter advice on the content of the model standards.

The model standards are outcome-centric, with each standard structured as an outcome that must be achieved at the training setting, and each criterion under a standard being a measurable component of that outcome.

The model standards are evidence informed, to the extent that relevant sources were examined to inform the content of the standards. This included an examination of comparable accreditation standards in the

United Kingdom and Canada and relevant standards in Australia, as well as utilising subject matter expertise in accreditation, medical education and law.

NHPO recommendation 3 states:

*The AMC should work with colleges to map specialist medical training site accreditation standards against other key existing standards and relevant legislative requirements in the health system to align and streamline assessments.*

The development of the model standards also took this recommendation into account: see 2.2.

## **2.2 Current college accreditation standards (including any in development) and available evidence on best practice, relevant standards from other national and international health regulators, including the National Safety and Quality Health Service Standards, and other relevant legislation**

All existing college accreditation standards, including those currently in development, were considered in the development of the model standards. College accreditation standards were mapped against each other to identify areas of commonality and difference. There was a high degree of commonality in the content of college standards, but expression of that content varied considerably. This mapping exercise and its conclusions are documented in *Horizon Scan, Specialist Medical Training Accreditation, College documentation review (March 2024)*.

Mapping exercises were also undertaken in relation to other health service-related standards (both in Australia and the United Kingdom, including the National Safety and Quality Health Service Standards) and relevant Australian legislation (for example, work health and safety legislation, private health facility legislation). The outcome of these mapping exercises is separately documented in *Horizon Scan, Specialist Medical Training Accreditation, other health service-related standards and legislation (March 2024)*.

Approaches to accreditation taken by other external bodies were also examined. This is documented in *Horizon Scan, Specialist Medical Training Accreditation, Examples of other accreditation organisations and their methodologies (March 2024)*.

## **2.3 The objectives and guiding principles of the National Law**

The relevant objectives of the Health Practitioner Regulation National Law are outlined below and have been considered in the development of the model standards as follows.

<b>Objectives of the National Law</b>	<b>Response</b>
<i>To provide for the protection of the public by ensuring that only health practitioners who are suitably trained and qualified to practise in a competent and ethical manner are registered.</i>	The model standards require training settings to meet certain standards so that trainees can meet the training program outcomes required by college curricula. The colleges and their training programs have been accredited by the AMC under the National Law.
<i>To facilitate workforce mobility across Australia by reducing the administrative burden for health practitioners wishing to move between participating jurisdictions or to practise in more than one participating jurisdiction.</i>	The model standards apply nationally, in line with the national training programs of the colleges. Section 3.7 outlines how the model standards facilitate training in a wide range of settings, including rural, regional and remote settings.
<i>To facilitate the provision of high-quality education and training of health practitioners.</i>	The model standards require training providers and training settings to meet standards relevant to training programs approved under the National Law. There are several standards and criteria that relate to the quality of training. For example, trainees are to be “provided with the appropriate depth, volume and variety of clinical and other learning experiences” and trainees are to be “given

<b>Objectives of the National Law</b>	<b>Response</b>
	experience working in multi-disciplinary teams and/or settings". The standards are directed to ensuring that trainees are able to meet training program outcomes.
<i>To build the capacity of the Australian health workforce to provide culturally safe health services to Aboriginal and Torres Strait Islander Peoples.</i>	<p>The model standards require "trainees [to be] supported in developing specific knowledge and skills to deliver ... culturally safe care to Aboriginal and/or Torres Strait Islander and Māori peoples". Supervisors must also be "supported in...providing culturally safe supervision and contributing to a culturally safe environment".</p> <p>The model standards support the training of Aboriginal and/or Torres Strait Islander and Māori trainees by requiring "risks to the cultural safety of Aboriginal and/or Torres Strait Islander and Māori trainees [to be] identified, managed and recorded".</p>
<i>To facilitate access to services provided by health practitioners in accordance with the public interest and to enable the continuous development of a flexible, responsive and sustainable Australian health workforce and to enable innovation in the education of, and service delivery by, health practitioners.</i>	<p>The model standards require trainees to be "supported to complete their training program assessments in a timely manner". The model standards also facilitate the training of a diverse workforce, by requiring flexible arrangements for trainees who are parents, carers or have cultural responsibilities, and by ensuring cultural safety for trainees from diverse backgrounds.</p> <p>The model standards facilitate innovation and responsiveness by being outcomes based rather than being tied to defined inputs. Innovative training, as well as innovative healthcare delivery methods, can therefore be accommodated.</p>

The guiding principles of the National Law are outlined below and have been considered in the development of the model standards as follows.

<b>Guiding principles of National Law</b>	<b>Response</b>
<i>Protection of the public is paramount.</i>	The model standards ensure the paramountcy of public protection through facilitating high standards of training, and through the criterion that requires "there is effective clinical supervision of trainees to...protect patient safety".
<i>Public confidence in the safety of services provided by registered health practitioners and students is paramount.</i>	The development process for the model standards includes a public consultation process which allows interested stakeholders to have input. The model standards, once approved, will be publicly available to allow for transparency, which supports public confidence in high standards of specialist medical training.
<i>The scheme is to operate in a transparent, accountable, efficient, effective and fair way.</i>	The model standards provide a framework for the accountability of training providers and their training settings through accreditation. They also enhance the accountability of colleges in respect of their assessments. They enhance efficiency by promoting consistency across colleges, which reduces administrative burden for training

Guiding principles of National Law	Response
	providers. They are informed by evidence and best practice to ensure their effectiveness. They are able to be implemented in a procedurally fair manner.
<i>The scheme is to ensure the development of a culturally safe and respectful health workforce that is responsive to Aboriginal and Torres Strait Islander Peoples and their health and contributes to the elimination of racism in the provision of health services.</i>	The model standards require that “trainees are supported in developing specific knowledge and skills to deliver ... culturally safe care to Aboriginal and/or Torres Strait Islander and Māori peoples”. Supervisors must also be “supported in...providing culturally safe supervision and contributing to a culturally safe environment”.  The model standards support the training of Aboriginal and/or Torres Strait Islander and Māori trainees by requiring “risks to the cultural safety of Aboriginal and/or Torres Strait Islander and Māori trainees [to be] identified, managed and recorded.”
<i>Restrictions on the practice of a health profession are to be imposed under the scheme only if it is necessary to ensure health services are provided safely and are of an appropriate quality.</i>	The model standards do not restrict the practice of medicine. They facilitate the development of a skilled medical workforce by setting out what is required to support medical practitioners develop skills and knowledge for specialist practice.

#### **2.4 The standards and procedures for the assessment and accreditation of specialist medical programs by the Australian Medical Council**

The relevant accreditation standards and procedures of the AMC in relation to specialist medical programs have been considered in developing the model standards, to ensure the standards align to the AMC’s accreditation requirements for specialist medical colleges. There has been close interaction between the development of the model standards and the AMC’s current review of its *Standards for assessment and accreditation of specialist medical programs*.

#### **2.5. The Australian Health Practitioner Regulation Agency (Ahpra) procedures for the development of accreditation standards**

The development of the model standards follows the Ahpra *Procedures for the development of accreditation standards (2023)*, by providing for wide ranging consultation; considering evidence and best practice and undertaking an impact assessment (see below).

The model standards must also be fit for use with respect to Aotearoa New Zealand health services and so the Medical Council of New Zealand and Aotearoa New Zealand stakeholders have been involved in their development and the consultation will similarly include a wide range of Aotearoa New Zealand stakeholders.

#### **2.6 Work being undertaken by Ahpra’s Accreditation Committee on outcome-based accreditation standards**

At the time of development of the model standards, a targeted consultation on a discussion paper on outcome-based approaches to accreditation had been undertaken. This paper was considered in developing the model standards, which are articulated in an outcomes-focused way and describe the intent of the standard along with the types of evidence that could be used. The model standards are explicitly high level to apply flexibly to different healthcare settings.

## 3. Impact assessment

The *Procedure for developing model standards for specialist medical college accreditation of training settings* requires an assessment of the impact of the model standards in relation to the following matters.

### 3.1 How the standards may affect the service delivery obligations of accredited organisations

The model standards are outcomes based, which allows training providers flexibility to meet the standards in a wide range of settings, including regional, rural, and remote settings and public hospital/private practice settings. The model standards are restricted to matters relevant to training outcomes, to prevent the revocation of accreditation based on irrelevant matters. The model standards will be supported by model procedures, which incorporate guidance on risk-based decision making by colleges, supporting revocation of accreditation only when the risk is extreme and other avenues to minimise risks have been exhausted.

### 3.2 The ability to apply the standards in a procedurally fair manner

Restriction of the model standards to matters relevant to training supports procedurally fair decision making by colleges and limits the scope for assessor bias. The model standards require assessments to be undertaken based on evidence, which can then form the basis for providing reasons for decisions in accreditation reports. The model standards are supported by model procedures, which incorporate guidance on procedurally fair decision-making and conflicts of interests.

### 3.3 How the standards support training opportunities for Aboriginal and/or Torres Strait Islander trainees and Māori trainees and promote cultural safety for those trainees

The model standards include criteria regarding the identification, management and recording of risks to the cultural safety of Aboriginal and/or Torres Strait Islander trainees and Māori trainees. There are also criteria regarding flexible working and leave which specifically support trainees who have cultural responsibilities.

### 3.4 How the standards support cultural safety for trainees of other diverse backgrounds

The model standards require training settings to demonstrate that “there is a positive learning environment that fosters respect, diversity, inclusion and cultural safety for trainees of diverse backgrounds”.

### 3.5 How the standards affect outcomes for patients and consumers

The model standards facilitate the provision of high-quality training for specialist medical trainees who will provide services for patients and consumers. The model standards require appropriate supervision of trainees so that patient safety is protected.

### 3.6 How the standards affect trainees and supervisors

Model standard 1 requires training to “take place in a learning environment where trainee health and welfare is supported”. This standard is supported by several criteria relating to health and welfare resources for trainees, flexible working, leave, cultural safety, diversity, fatigue and volume of work, and the ability of trainees to raise concerns, grievances and complaints.

The model standards assist supervisors by requiring that “supervisors are supported in meeting their education and training responsibilities”. Directors of Training (or equivalents) must be “provided with the time and resources necessary for the role”.

### 3.7 How the standards support training opportunities in diverse settings, including regional, rural and remote settings and public hospital/private practice settings

The model standards are outcomes based, providing flexibility for all types of settings on how the standards are met. Each criterion in the model standards explains how different types of settings may meet that criterion in different ways that are appropriate to their context. Specific examples are given on how small sites (e.g. rural and remote sites and GP practices) can flexibly meet accreditation criteria on supervision, support for trainees, governance structures and other matters that may vary according to the context. The

standards also recognise that training may be networked, and that training settings may not need to provide all training opportunities; trainees may rotate across multiple settings to achieve the program requirements.

### 3.8 Whether the standards represent the best regulatory option, in that the benefits of any restrictions in the standards outweigh any regulatory burdens or restrictions on competition and consumer choice

The system for accreditation of programs of study leading to registration as a medical practitioner in Australia is set out in the National Law. AMC accreditation standards for specialist medical programs, which apply to specialist medical colleges are approved by the Medical Board of Australia and the Medical Council of New Zealand. This impact assessment considers the development of the model standards in that context; it does not consider methods of training specialist medical practitioners other than through specialist medical colleges, or how accreditation of specialist medical colleges limits competition in the specialist medical training sector, or whether accreditation of specialist medical training settings could be undertaken by bodies other than colleges.

This assessment is limited to: (a) whether the **requirement to use model standards** is the best regulatory option, and (b) whether **the content of the model standards** represents the best regulatory option.

#### 3.8.1 The requirement to use model standards

There are various alternatives on the scale of regulatory intervention that could be alternatives to the imposition of model standards. These are considered in the four options below.

<p><i>Option 1. There are no standards against which colleges assess an organisation's suitability to provide specialist medical training.</i></p>	<p>This option would involve colleges assessing an organisation's suitability to provide specialist medical training on the basis of ad hoc requirements, unpublished requirements, or no requirements.</p> <p>This option would have the benefits of freeing up the considerable resources that are expended by colleges in conducting accreditation in accordance with standards. Those organisations that are accredited would no longer bear the costs of demonstrating compliance with accreditation standards.</p> <p>However, the risks inherent in having no published standards for assessing a training provider's suitability to provide training are considered to outweigh the benefits. The risks include:</p> <ul style="list-style-type: none"> <li>• Risks to patient safety if there are no supervision requirements for trainees</li> <li>• Risks that training settings will not provide the learning experiences necessary for specialist medical trainees to achieve a safe level of competency</li> <li>• Risks of culturally unsafe training for Aboriginal and/or Torres Strait Islander trainees, and Māori trainees and trainees of diverse backgrounds</li> <li>• Lack of public confidence in the safety of specialist medical trainees</li> <li>• Lack of procedural fairness and transparency in accreditation decision-making</li> <li>• Lack of certainty for accredited organisations about their obligations in providing training.</li> </ul> <p>In summary, it appears that this option does not meet any of the objectives or guiding principles of the National Law.</p>
<p><i>Option 2. Colleges utilise the assessment of another body to determine whether</i></p>	<p>This option would have the same cost benefits for colleges and training providers as Option 1.</p> <p>The AMC has undertaken extensive work on the extent to which the assessment standards and processes of other accrediting organisations, or the requirements of existing legislation, are targeted at the same risks as college accreditation</p>

<p><i>an organisation is suitable to provide specialist medical training</i></p>	<p>standards. If this were the case, risks to public safety, public confidence and training standards would be appropriately minimised without the need for college accreditation standards. This work and its conclusions are outlined in the document: <i>Horizon Scan, Specialist Medical Training Accreditation, other health service-related standards and legislation (March 2024)</i>. The legislation and other accreditation regimes considered in that document are:</p> <ul style="list-style-type: none"> <li>• Accreditation under National Safety and Quality Health Service (NSQHS) Standards</li> <li>• National standards for prevocational (PGY1 and PGY2) training programs and terms</li> <li>• Other health profession facility accreditation standards</li> <li>• Work health and safety legislation</li> <li>• Private health facility licensing legislation.</li> </ul> <p>Conclusions from that document are:</p> <ul style="list-style-type: none"> <li>• In some cases, the subject matter of the assessments under other accreditation regimes may be the same as that assessed under the model standards, but the assessments are targeted at different levels of the organisation’s structure and functions</li> <li>• In some cases, the subject matter of assessments under other accreditation regimes and the model standards may appear to be the same, but is actually different</li> <li>• In general, the model standards are measuring different matters to other accreditation regimes.</li> </ul> <p>Accordingly, it is considered that an assessment process that relies on the application of other legislation and/or other accreditation regimes (either separately or in combination) would not eliminate the risks of: danger to patient safety; workplace settings not providing required learning experiences; lack of public confidence in the safety of specialist medical trainees; and culturally unsafe training of Aboriginal and/or Torres Strait Islander trainees, Māori trainees and trainees of diverse backgrounds.</p>
<p><i>Option 3. Colleges each develop their own standards upon which to assess an organisation’s suitability to provide medical specialty training (the status quo)</i></p>	<p>The NHPO has highlighted issues related to the status quo where colleges each develop their own standards and her report has made 23 recommendations for improvement. Option 3 involves each college individually addressing the NHPO recommendations, rather than the development of model standards to be adopted by all colleges.</p> <p>For some colleges, implementing the NHPO recommendations separately may be less costly than adopting model standards, particularly for those colleges that have recently invested significant resources in reviewing their standards and have developed associated infrastructure and training. However, for those colleges that have limited resources and whose current accreditation standards are due to be reviewed, it may be more cost effective to adopt model standards.</p> <p>It is envisaged that the consistency that model accreditation standards would bring to the assessment of training settings will bring cost efficiencies to those settings. It should allow settings to streamline their responses to accreditation across their facilities. This is especially the case for large tertiary hospitals, which may be accredited against 20 different sets of standards in relation to the specialty services they provide.</p> <p>In addition, Health Ministers have issued Policy Direction 2023-01 which requires the AMC to achieve greater consistency of accreditation processes, policies and</p>

	<p>procedures. Many of the differences in processes, policies and procedures relate to differences in each college's accreditation standards.</p> <p>It may be possible for colleges to work together to achieve consistency in their accreditation standards, without adopting model standards. However, it is questionable whether the desired level of consistency could be achieved through such a process.</p> <p>Model standards may also have benefits in respect of the long-term feasibility of the current model of college accreditation. Cost pressures on colleges are increasing, and accreditation is becoming more complex. A consistent model accreditation framework may provide the basis for colleges to share processes and resources in the future, thereby contributing to sustainability in the long term.</p>
<p><i>Option 4 Colleges utilise model standards to assess an organisation's suitability to provide medical specialty training (the model standards).</i></p>	<p>Option 4 has costs associated with developing the model standards. This involves human resources costs to the AMC in developing and consulting on the standards, and to colleges and jurisdictions in collaborating on the development of the standards. The costs to colleges of implementing the model standards will differ according to each college's circumstances. However, implementation of the model standards has the potential to provide cost savings to colleges in the future. As noted above, the consistency of assessment that model standards would bring to accredited organisations is likely to result in compliance savings for them in the longer term.</p>
<p><i>Conclusion</i></p>	<p>It is considered that the risks inherent in Option 1 and 2 are not acceptable to the community and are inconsistent with the National Law. These options are not feasible.</p> <p>Option 4 is considered more likely than Option 3 to provide a basis for cost savings by jurisdictions and colleges in the long term and to contribute to sustainability of accreditation and specialist medical training in the long term. Option 4 is more aligned with Health Ministers' expectations as expressed in Policy Direction 2023-01. Option 4 is therefore considered the best regulatory option.</p>

### 3.8.2 The content of the model standards

Assessment of whether the content of the model standards represents the best regulatory option involves determining whether:

- Any current standards or criteria should be removed or amended;
- any standards or criteria should be added.

In developing the model standards, the following principles were followed in determining the content of the model standards:

- existing college accreditation standards that are common across most colleges should be considered for inclusion in the model standards
- only matters relevant to high quality education and training should be included in the model standards and these should be specifically phrased to apply to training program outcomes, rather than wider organisational matters.
- matters assessed under the standards of other accreditation agencies (although limited in scope) are not included in the model standards (although whether accreditation has been obtained under those standards may be relevant).

The above principles have led to standards that reduce regulatory burden by restricting requirements to matters of relevance, targeting accreditation to training program outcomes and reducing duplication



between regulators. Guidance is also provided in the model standards on evidence that should support assessments, including guidance on minimising regulatory burdens related to the provision of unnecessary evidence.

It is considered that the application of these principles ensures that all standards and criteria serve a valid regulatory purpose and are sufficiently comprehensive to eliminate regulatory risks associated with specialist medical training.