

Consultation draft

Model Procedures

for specialist medical college accreditation of training settings

September 2024



Australian
Medical Council Limited

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Introduction

Specialist medical colleges must have a clear process and criteria to assess, accredit and monitor facilities, posts and programs as training settings. The process and criteria must be linked to the outcomes of their specialist medical program¹.

This procedure document:

- outline the steps the <name of medical college> follows to accredit training settings.
- provide training settings with clear guidance on how the accreditation assessment works.
- should be read in conjunction with the <name of medical college> Accreditation Standards ([College to add hyperlink to standards doc on website](#)).

Context of Accreditation

Accreditation of training settings takes place in the context of a joint endeavour between colleges, training providers, their training settings, and governing health departments, in which all parties have the shared goal of achieving high quality specialist medical training that is responsive to the needs of the communities of Australia and Aotearoa New Zealand.

The context in which accreditation takes place is complex. It involves different legislative environments across Australia and in Aotearoa New Zealand, a variety of training settings, and parties that have multiple obligations. When engaging in accreditation, colleges, training providers and their settings, and health departments should acknowledge this complexity and respect each party's wider obligations. These include the maintenance of high standards in specialist medical practice, as well as service delivery obligations to a diverse range of communities.

Accreditation can foster communication and be the foundation for engagement, continuous quality improvement and innovation. The parties should approach accreditation in good faith, acknowledging that, in addition to its assessment role, accreditation provides an opportunity to discuss and resolve problems in a constructive manner and share information about issues for which both colleges and training providers have responsibilities. This will enhance outcomes for trainees, patients and consumers and support the long-term sustainability of the specialist medical workforce.

¹ Standard 8.2, *Standards for Assessment and Accreditation of Specialist Medical Programs by the Australian Medical Council 2023*

Glossary

Accredited	Official college approval that a specialist medical training setting has met/substantially met the required accreditation standards.
Accreditation standard	Defines the outcome that must be achieved at the training setting. A standard consists of a series of criteria which are the measurable components of the standard.
College	An organisation accredited by the Australian Medical Council to provide specialist medical education and training. Where a college arranges another body to carry out all, or some, of its accreditation functions, the term 'college' includes that other body in so far as it carries out those functions.
Commendation	A training setting's area of strength relevant to the delivery of the training program.
Condition	A qualification attached to the granting of accreditation at a training setting which requires action within a defined timeframe.
Fellow	A medical practitioner who has successfully completed a recognised medical specialty training program and been awarded fellowship of the college.
Jurisdictional health department	An Australian State or Territory government department, or ministry, reporting to a minister for health, or the New Zealand Ministry of Health, as well as government in general.
Procedural fairness	<p>A legal principle to act fairly without bias (real or apprehended) in administrative decision-making. It includes the right to a fair hearing, including the opportunity to respond to allegations.</p> <p>Steps associated with ensuring procedural fairness include:</p> <ul style="list-style-type: none"> • providing the affected person with reasonable notice that an adverse decision may be made, including details of any issues being discussed and the information available to the decision-maker. • an opportunity for the affected person to directly address the issue/s being decided on. • ensuring that conflicts of interest are declared and managed appropriately.
Recommendation	A non-mandatory action to improve trainee experience and/or outcomes at the training setting.
Supervisor	An appropriately qualified and trained medical practitioner, senior to the trainee appointed, approved or accredited by a college, who guides the trainee's education and/or on the job training on behalf of the college. The supervisor's training and education role will be defined by the college, and may encompass educational, support and organisational functions. Colleges frequently define a number of supervisory roles.
Trainee	A doctor in training completing a specialist medical program.

Training program	The curriculum, the content/syllabus, and assessment and training that leads to independent practice in a recognised medical specialty or field of specialty practice, or in Aotearoa New Zealand, in a vocational scope of practice. It leads to a formal award certifying completion of the program.
Training provider	The entity legally responsible for the administration of the training setting. This may be a government provider (government department), statutory corporation (local health district, statutory hospital, statutory health service), a for-profit corporation, a not-for-profit corporation (charity), a partnership (a general practice partnership), or any other entity legally responsible for the training setting.
Training setting	The place or position accredited, or applying for accreditation by the college. This includes sites, posts, practices and networks (which are composed of multiple settings).

1. Accreditation process overview

Figure 1 shows an overview of the steps in the accreditation process (*College may use this diagram, amend it or add their own diagram*).

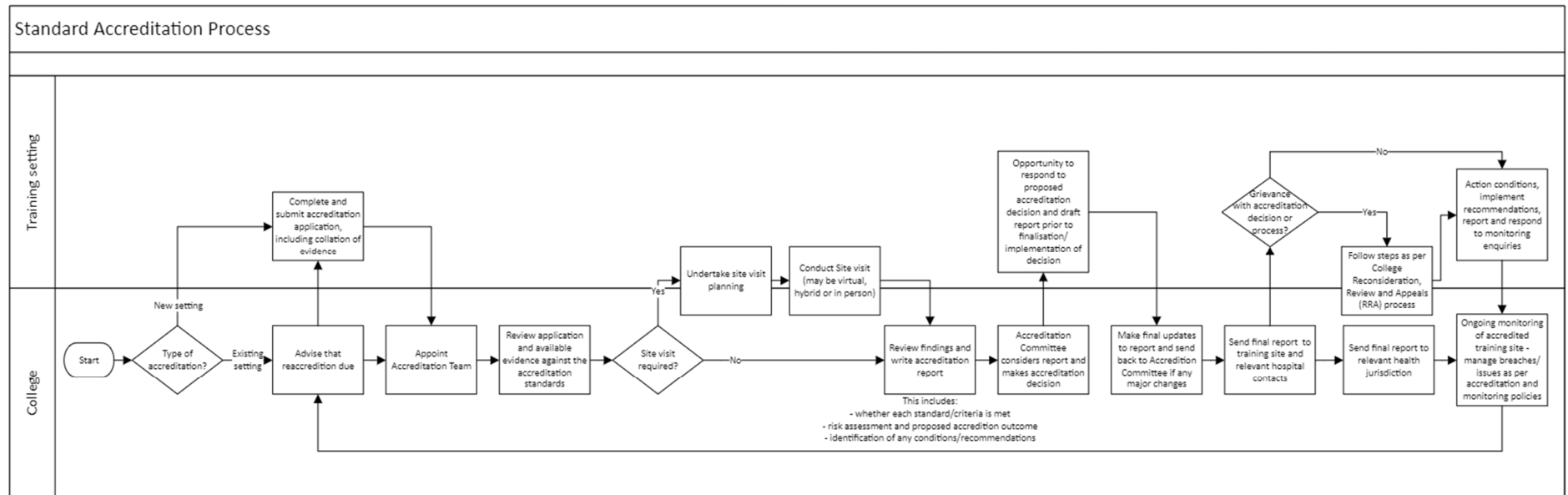


Figure 1: Steps in the accreditation process

2. Roles and responsibilities

The following groups are involved in the accreditation process:

Role <i>College to update terminology/add other groups as relevant</i>	Accreditation responsibilities <i>College to amend/update below based on own terms of reference</i>	Composition	Process for appointment
College			
Board <i>(only include if Board has a role)</i>	<ul style="list-style-type: none"> Makes final decision where Accreditation Committee recommends to refuse or revoke a training setting's accreditation. 	<i>College to add their composition i.e. who sits on the Board – can point to intranet page which identifies the Board members</i>	<i>College to add their appointment process (may link to existing document on internet if published)</i>
Accreditation Committee <i>(College to amend name of committee as required)</i>	<ul style="list-style-type: none"> Reviews and considers proposed accreditation recommendations and training setting accreditation reports (as submitted by Accreditation teams) and makes accreditation decisions Escalate any cases to the Board for review and final decision where a training setting's accreditation is proposed to be refused/revoked Monitor accredited and conditionally accredited training settings to ensure they continue to meet the accreditation standards and any conditions that have been imposed Provide advice and support to new training settings Provide advice and support to training settings that may have had accreditation revoked, and/or are seeking to be reaccredited Review and improve the effectiveness of accreditation policies, systems and procedures Provide advice (as required) to the Board on accreditation matters. 	<i>College to add the Committee composition i.e. who sits on the Committee – may link to website/document which identifies the information, if published</i> <i>As per NHPO recommendation, include requirements related to consumer representation and legal or regulatory expertise</i>	<i>College to add their appointment process (may link to existing document on website, if published)</i>
Accreditation Team	<ul style="list-style-type: none"> Reviews evidence (including undertaking site visits where required) to determine whether a training setting meets the Accreditation 	<ul style="list-style-type: none"> Chair Up to XX experienced clinicians 	<i>College to add their appointment process e.g. if done via Expression of Interest</i>

Role <i>College to update terminology/add other groups as relevant</i>	Accreditation responsibilities <i>College to amend/update below based on own terms of reference</i>	Composition	Process for appointment
	Standards <ul style="list-style-type: none"> Provides an overall recommendation to the Accreditation Committee on whether a training setting should be accredited Writes the accreditation report detailing the recommended decision, performance against each standard, areas for commendation and quality improvement recommendations, and any conditions on accreditation. 	from the medical college <ul style="list-style-type: none"> Jurisdictional Health Department representative (<i>optional</i>) Community representative (<i>optional</i>) 	
Accreditation Team Chair	<ul style="list-style-type: none"> Chair team meetings Lead the questioning of interviewees Lead the writing of reports Lead the development of overall recommendations and recommended accreditation decision. 	<ul style="list-style-type: none"> Appointed by the college 	<i>College to add their appointment process e.g. if done via Expression of Interest</i>
College Accreditation Secretariat	<ul style="list-style-type: none"> Collates documentation for the Accreditation Team Makes arrangements to support the accreditation assessment (e.g. logistics of site visits) Advises the Accreditation Team on the application and interpretation of the Accreditation Standards and processes Ensures reports have appropriately addressed the Accreditation Standards and are within the scope of the college's accreditation function Ensures the report of the Accreditation Team's evaluation is submitted to the Accreditation Committee for consideration Records minutes and outcomes of meetings Maintain an up-to-date record of training settings, including accreditation conditions and status. 	<ul style="list-style-type: none"> Identified member(s) of college staff 	Allocated as per internal staff processes

Role <i>College to update terminology/add other groups as relevant</i>	Accreditation responsibilities <i>College to amend/update below based on own terms of reference</i>	Composition	Process for appointment
Training setting			
Accreditation Lead Contact	<ul style="list-style-type: none"> • Collate all relevant evidence to demonstrate the setting is meeting the standards • Submit applications for accreditation/reaccreditation of the setting • Work with college Accreditation Secretariat to support the accreditation assessment (e.g. logistics of site visits) • Meet with the Accreditation Team as part of site visits • Provide additional information/evidence as required • Review the draft accreditation report and provide feedback • Implement actions to meet any conditions on accreditation • Provide monitoring submissions as defined by the college. 	Identified staff member at the training setting, normally the <i>(College to update e.g. Director of Training, Director of Education, Head of Department, lead supervisor or practice manager)</i>	Determined by training setting
Supervisors, educators and other staff	<ul style="list-style-type: none"> • Provide information to support the accreditation assessment, including: <ul style="list-style-type: none"> ○ Responding to relevant surveys ○ Meeting with accreditation teams as part of site visits. 	N/A	College will work with Accreditation Lead Contact to identify supervisors and other staff to be involved in the accreditation assessment.
Trainees	<ul style="list-style-type: none"> • Provide information to support the accreditation assessment, such as: <ul style="list-style-type: none"> ○ Responding to trainee surveys ○ Meeting with accreditation teams as part of site visits. 	N/A	College will contact trainees to complete accreditation survey and/or refer to data from previous trainee surveys. Data will be provided directly to the College Accreditation Team. Accreditation Lead Contact identifies trainees to be involved in interviews.

3. Managing conflicts of interest

To support procedural fairness, conflicts of interest must be declared and managed appropriately.

Potential assessment team members must advise the College [Accreditation Committee](#) of any personal or professional interest that may, or may be perceived, to impact their ability to be an impartial assessor. The College may require the team member to step aside from a particular accreditation process.

The college will disclose all declared interests to the training setting and seek their comments on the accreditation team membership. The [Accreditation Committee](#) will consider any declared interests as well as the training setting's comments when finalising the appointment of the team.

If an accreditation team member becomes aware that they may have an actual or perceived conflict of interest during an assessment, the Accreditation Team Chair will determine an appropriate course of action. This may include replacing the team member, changing the responsibilities of the team member, e.g. requiring them to abstain during relevant discussions, or altering the site visit program. Any such conflicts, and the course of action taken, will be reported to the [Accreditation Committee](#).

Members of the [Accreditation Committee](#) will declare any conflicts of interest at the beginning of meetings and may be asked to leave a meeting while that item is discussed or excuse themselves from decisions. Further information is contained in the College's conflict of interest policy ([College to add link to policy](#)).

4. Application requirements

Training settings applying for accreditation must complete either:

- The application form [College to add hyperlink](#)) for accreditation of a new training setting.
- The application form ([College to add hyperlink](#) – [group with above and update wording if only use one form for new and existing settings](#)) for reaccreditation of a training setting.

The application form includes the training setting's self-assessment against the accreditation standards and outlines what supporting evidence should be provided ([College to delete if not in your application form, however it is recommended that this be added](#)) to demonstrate how the setting is meeting the Accreditation Standards.

The application form should be completed by the setting's Accreditation Lead Contact and submitted to: [College to add generic email used for receiving forms](#).

Settings applying for accreditation for the first time are recommended to start the application process at least six months before they would like training to begin.

The college will contact accredited training settings approximately six months before their existing accreditation expires to remind them to start the reaccreditation process.

5. Initial documentation review

The Accreditation Team will review the application form and evidence provided by the training setting, along with any data about the training setting held by the college. This may include trainee and supervisor survey data, prior monitoring submissions, [ePortfolio data](#), complaints received and other relevant correspondence.

The Accreditation Team may request that the training setting clarifies details or provides additional information.

(Refer also to the *Model standards for specialist medical college accreditation of training settings*, section: *Evidence supporting assessments and decisions*)

6. Site visit

The College will confirm if a site visit is required as part of the accreditation assessment. The Accreditation Team may be asked for advice.

Site visits are used to verify information from the application form, hold interviews as well as make observations and clarify any matters raised during the review.

Site visits may be physical, virtual or hybrid.

- *Physical visits* involve the Accreditation Team attending in person to conduct an accreditation review.
- *Virtual visits* involve the Accreditation Team using video and conferencing technology to conduct a review.
- *Hybrid visits* involve an Accreditation Team using both a physical and virtual visit to conduct the accreditation review.

The site visit is arranged in consultation with the training setting's Accreditation Lead Contact. Training settings will be required to:

- ensure interviewees are available and aware of their interview time
- organise interview rooms and/or video conferencing facilities
- inform the college of any issues with interviews or logistics as soon as possible
- provide site maps, internet access and catering for the Accreditation Team where they are attending in person.

A site visit will usually occur over a period of XX days/hours (*College to add based on standard timeline for a visit*).

An accreditation visit schedule must be developed by the training setting, in consultation with the chair of the Accreditation Team and secretariat.

An indicative schedule (for guidance purposes only) is available at [Appendix A](#). Each schedule will vary depending on the availability of interviewees and issues identified by the Accreditation Team prior to the visit.

The schedule should provide time for:

- discussions with supervisors, educators, trainees, hospital executives/practice manager/site managing body (delete as appropriate) and other staff involved in training so they can present their views and for the Accreditation Team to verify statements
- the Accreditation Team to view relevant facilities
- confidential team discussions, review and reflection.

Supervisor and other relevant staff interviews will form the bulk of the visit for a setting seeking to become accredited. The Accreditation Team will explore the reasons for seeking accreditation and confirm the college's expectations for the training program.

Trainees will also be interviewed where a setting is being reaccredited. The Accreditation team will focus on reviewing how the training program has been running and any improvements or issues faced since the last accreditation assessment.

It is important that interviewees are encouraged to give free and frank answers to questions from the Accreditation Team. Groups with different interests should be interviewed separately i.e. supervisors and trainees.

The Accreditation Team will limit its interactions with staff and stakeholders to only what is relevant for the accreditation assessment, ensuring that a professional perspective is maintained, and that unbiased, defensible and fair outcomes are delivered. Interviewees should not be named in reports.

Additional meetings may be requested to address issues that may arise during the visit.

7. Assessment against the criteria

The Accreditation Team will use information gathered from the application form, surveys, documentation review, data analysis and site visit to assess and evaluate the training setting against each criterion in the standards.

Each criterion will be assessed and given one of the following findings:

Finding against criterion	Definition
Met	There is evidence that the criterion has been fully met.
Substantially met	Some but not all aspects of the criterion have been met. For example, there is alignment of policy/intent but evidence of delivery is not yet available, or there is some misalignment of policy/intent that needs to be addressed.
Not met	The criterion has not been met i.e. there is a gap or significant misalignment of outcome or policy with the criterion.

The Accreditation Team will record the rationale for its decision and any other comments in the draft report.

The accreditation report also allows for the inclusion of recommendations. Recommendations are intended to support continuous improvement. Unlike conditions, training settings are not required to act on a recommendation, however acting on the recommendation demonstrates a commitment to quality improvement.

The Accreditation Team may also make commendations in the report where it has found the training setting is significantly exceeding the minimum requirements for accreditation. The college may share the commendations with other training settings to promote best practice.

8. Decision-making processes

Decision making is driven by the following principles:

- Accreditation is focused on the training setting's ability to deliver the training program and to provide a safe learning environment for trainees.
- Accreditation findings and decisions relate to the accreditation standards and do not extend to areas outside of this scope.
- Accreditation decisions will be risk based and proportionate.
- A consistent approach is used for assessing risk and determining the accreditation outcome and any subsequent actions, using the risk assessment framework for accreditation (see *Accreditation Risk Matrix and Risk Rating Outcomes* below).
- Where an urgent response to an issue is required to protect a trainee's health and safety, the college will communicate the matter appropriately to the accredited training setting to allow for both parties to meet their workplace health and safety obligations. If this includes removal of the trainee from the training setting (for example, providing immediate leave, moving the trainee to another setting), the parties will cooperate and coordinate actions to allow this to occur.

Accreditation Risk Matrix and Risk Rating Outcomes

Where a training setting has a finding of 'met' for all criteria within the standards, accreditation will be granted.

Where a training setting has a finding of 'substantially met' or 'not met' for any criteria within the standards, a risk assessment will be conducted (using the *Accreditation Risk Matrix at Figure 2*). The outcome of this assessment will determine the college's response and accreditation decision.

The *Accreditation Risk Matrix* (Figure 2) is used to determine the level of risk based on reviewing the totality of the criteria that are substantially met and not met against the following dimensions:

- the **impact** on training at the training setting
- the **likelihood** that improvements will not be implemented in a reasonable period.

		Likelihood of the training setting and accredited organisation being UNABLE to implement required conditions within a reasonable period				
		Rare	Unlikely	Possible	Likely	Almost certain
Impact on training	Severe	Medium	Medium	High	Extreme	Extreme
	Major	Low	Medium	High	High	Extreme
	Moderate	Low	Low	Medium	High	High
	Minor	Low	Low	Low	Medium	Medium
	Insignificant	Low	Low	Low	Low	Low

Figure 2: Accreditation Risk Matrix

The college will use the risk rating in the *Accreditation Risk Matrix* to help guide the accreditation approach, outcome and monitoring requirements (see *Risk Rating Outcomes at Figure 3 below*).

Conditions may be provided at the individual criterion level or address multiple criteria. The college will determine what monitoring activities and contact is required based on the risk assessment outcomes (refer to section 15 for more information on monitoring).

Risk rating	Approach	Outcome	
		New settings	Existing settings
Low risk	<ul style="list-style-type: none"> Determine if conditions are required. Where are required: <ul style="list-style-type: none"> Impose conditions against the criteria. Outline what the conditions are, the timeframes for showing progress and how they will be monitored. Will likely require some 'light touch' monitoring and there might be more flexibility on timelines for the condition to be met. There will likely be limited need for ongoing review or intervention. 	Provisionally Accredited	Accredited OR Conditionally accredited
Medium risk	<ul style="list-style-type: none"> Impose conditions against the criteria. Outline what the conditions are, the timeframes for showing progress and how they will be monitored. May require a more formal monitoring approach with specific timelines for completion. This might include more than one review point to check in on progress towards meeting the conditions. 	Provisionally Accredited	Conditionally accredited
High risk	<ul style="list-style-type: none"> Impose conditions against the criteria. Outline what the conditions are, the timeframes for showing progress and how they will be monitored. Due to the high-risk nature of the criteria that have not been met, the timeframes for demonstrating progress may need to be shorter and more rigorous than for medium risk. 	Provisionally Accredited	Conditionally accredited
Extreme risk	<p>New setting: Do not grant accreditation (accreditation is refused).</p> <p>Existing setting: Move to revoke accreditation.</p> <ul style="list-style-type: none"> Outline what conditions must be met in the future to be considered for accreditation/reaccreditation, including timeframes for showing progress and how they will be monitored. Note: For existing settings, there may be follow up work undertaken with the setting to help lower the risk rating which in turn moves the setting back to a conditionally accredited pathway. 	Not accredited (refused)	Not accredited (revoked)

Figure 3 - Risk Rating Outcomes

Accreditation outcomes

The period for which accreditation will be granted is outlined below.

Decision	Alignment to risk framework	Duration of accreditation awarded and any other impacts
New training settings		
Provisionally accredited	<p>A new training setting that:</p> <ul style="list-style-type: none"> meets all of the accreditation criteria OR does not meet all of the accreditation criteria but has the potential to meet them once trainees are in place. The overall risk assessment is rated as low, medium or high with conditions required. 	<p>Provisionally accredited for 12-months, subject to satisfactory routine monitoring submissions.</p> <p>The setting can appoint trainees but will be subject to an assessment within 12-months that will include confirming if any conditions have been met. At this point, training settings will be considered an 'existing training setting' for accreditation purposes.</p> <p>If no trainees are appointed within 12-months, provisional accreditation status will lapse. The setting will be required to submit a new application before trainees can be appointed.</p>
Not accredited (refused)	<p>A new training setting that does not meet all of the accreditation criteria. The overall risk assessment is rated as extreme with conditions required.</p>	<p>Accreditation not granted.</p> <p>Any conditions that must be met in the future will be outlined. Once conditions have been met the setting will be required to submit a new accreditation application.</p>
Existing training settings		
Accredited	<p>An existing training setting that:</p> <ul style="list-style-type: none"> meets all of the accreditation criteria OR does not meet all of the accreditation criteria but the overall risk assessment is rated as low and it has been determined conditions are not required. 	<p>Accredited for XX years (<i>e.g. five years - update based on college</i>), subject to satisfactory routine monitoring submissions.</p>
Conditionally accredited	<p>An existing training setting that:</p> <ul style="list-style-type: none"> does not meet all of the accreditation criteria and the overall risk assessment is rated as low, medium or high with conditions required. 	<p>Accredited for 6 months to XX years (<i>e.g. five years - update based on college</i>) depending on the severity of the risk and:</p> <ul style="list-style-type: none"> conditions being addressed within the defined timeframe satisfactory routine monitoring submissions meeting any other specific monitoring requirements.
Not accredited (revoked)	<p>An existing training setting that:</p> <ul style="list-style-type: none"> does not meet all of the accreditation criteria and the overall risk assessment is rated as extreme with conditions required. 	<p>Accreditation not granted.</p> <p>Conditions and timeframes for reconsidering reaccreditation will be outlined.</p> <p>The date the accreditation will be revoked will be set. From this date:</p> <ul style="list-style-type: none"> trainees at the setting will not be able to count training towards their training program

Decision	Alignment to risk framework	Duration of accreditation awarded and any other impacts
		<ul style="list-style-type: none"> no new trainees can be appointed. A new application for accreditation must be submitted once conditions have been met.

Figure 4 – Accreditation Outcomes

A flow chart of the decision-making process for new and existing training settings is available in **Appendix B**.

9. Draft and final report

The accreditation report template is available in **Appendix C**.

The Accreditation Team will present the draft report with the proposed decision, conditions, recommendations and commendations to the **Accreditation Committee** for their review. The **Accreditation Committee** can endorse or modify the report and any proposals.

To ensure procedural fairness, the college will notify the Lead Contact at the training setting/training provider of the proposed decision, providing a copy of the draft report as well as any reasons for its proposed decision.

The training setting/training provider has 10 business days to review the draft report and to provide a response. This can include highlighting any factual inaccuracies that require fixing for the final report, as well as any additional evidence that it wishes to be considered.

The training setting/training provider and/or the college may wish to discuss the draft report to further explore the issues and propose possible solutions.

If, after the above discussion, the college is considering any of the actions below, it must act in accordance with the [Communication Protocol for accreditation of specialist medical training sites/posts in Australian public hospitals and health facilities](#) and inform the nominated contact point of the accredited organisation and health department that:

- accreditation is to be revoked
- withdrawal of trainees from the accredited setting/post
- any other action which is likely to significantly impact the training setting/training provider's ability to provide services to patients and the public.

Any responses from the training setting/training provider and jurisdiction will be considered by the **Accreditation Committee** and Accreditation Team (where required) before making a final decision.

The Accreditation Committee will then finalise the report and accreditation decision.

The final report will include acknowledgement of any responses to the draft report, including how feedback has been considered in the making of the final decision.

10. Communicating the final decision

The college will provide the final report to the following stakeholders:

Stakeholder and order of notification	Timeline for provision of the final report
1. Training setting's Accreditation Lead Contact and General Manager/Chief Executive (or equivalent) of the training provider	To be provided once final decision made by Accreditation Committee . Includes information on the Reconsideration, Review and Appeals (RRA) processes (see section 11).
2. Relevant jurisdictional health department (e.g. NSW Health) – for colleges with public hospital based trainees only, otherwise delete	To be provided once the training setting and provider have had enough time to prepare advice to the health department if required. Noting for potential decisions to revoke accreditation, the jurisdictions will already have been informed earlier as per process in section 9.

11. Reconsideration, review and appeals processes

If a training setting has a grievance with the decision outcome, they should follow the college's Reconsideration, Review and Appeals (RRA) policy ([College to add hyperlink to policy – but note 30 day review timeframe – college RRA policy should allow for this](#)). Accreditation decisions that are subject to review under the RRA policy include:

- refusal to grant accreditation to a new training setting
- revocation of accreditation for an existing setting
- imposing or amending a condition on a training setting's accreditation, or refusing to amend or remove a condition imposed on a training setting's accreditation

Aligned to the Health Practitioner Regulation National Law, training settings have 30-days to request a review of the decision.

If a setting has a grievance with an administrative aspect of the accreditation process, for example, a conflict of interest, lack of procedural fairness, it should follow the college's Complaints policy ([College to add hyperlink to policy](#)).

Note: *this aspect of the model procedure may be updated once work on Recommendations 18 and 21 of the NHPO report have further progressed.*

12. Trainees impacted by accreditation being revoked

The college will work with the relevant training setting/training provider to develop a plan for impacted trainees and any other relevant matters as soon as the setting/provider receives the draft report outlining there is a possibility of accreditation being revoked. The plan will consider how any actions resulting from the accreditation being revoked will impact on the service delivery obligations of the training provider.

***Note:** this aspect of the model procedure may be updated once work on Recommendation 13 of the NHPO report has further progressed.*

13. Training setting withdrawal from the accreditation process

A training setting can withdraw from the accreditation process at any stage, up until a final accreditation decision has been made by the **Accreditation Committee**. All requests to do so must be made to the college in writing.

14. Confidentiality

The accreditation process is confidential to the participants. To undertake its accreditation role, the college requires detailed information from training settings. This typically includes sensitive or commercial-in-confidence information such as plans, budgets, appraisals of strengths and weaknesses and other confidential information. The college requires members of Accreditation Teams, members of the **Accreditation Committee**, Board members and staff to keep confidential all material provided to the college by training settings for the purpose of accreditation of their programs.

Information collected through the accreditation process is to be used only for the purpose for which it is obtained.

The draft and final accreditation decisions will be kept confidential (with the exception of steps identified in sections 8 and 12) until the final decision has been shared with the stakeholders identified in section 10.

15. Monitoring

Once accreditation has been granted, all training settings will be monitored.

Monitoring:

- ensures a training setting is continuing to comply with the standards
- ensures the training setting is progressing towards meeting any conditions (the type and frequency of monitoring requirements will depend on the assessment of risk associated with non-compliance with the standards – see Section 8)
- helps detect any potential new issues between accreditation assessments
- provides proactive guidance to training settings experiencing challenges
- identifies and acknowledges high-performing settings.

College could look at adding summary statement of what monitoring they do, then provide more detail in table below. The college undertakes the following monitoring activities:

Type of monitoring	Activity <i>Colleges to review the table and amend/delete/add further detail based on their processes (e.g. names of the surveys)</i>	Frequency
Routine monitoring (all settings)	Reviews results of annual trainee survey data	• College to update e.g. annual
	Reviews results of trainee rotation survey data	• College to update
	Reviews results of trainee exit survey data (as they enter fellowship)	• College to update
	Reviews results of supervisor survey data/feedback reports	• College to update
	Reviews relevant data/information available in the college's internal IT systems (e.g. procedural numbers, work-based assessment completions and quality of supervisor's feedback within the WBA, complaints)	• College to update
	Reviews the changes at the training setting that could impact effective and safe delivery of training programs, including: <ul style="list-style-type: none"> • changes to a training setting's services, support, resources, infrastructure or opportunities • changes to a training setting's governance and management • increases in trainee numbers and/or decreases in supervisor numbers • revisions to the training program • the absence of staff or roles which impact training and have been left vacant for an 	<ul style="list-style-type: none"> • Responsibility of training setting to proactively provide this information to the college when it occurs, it will then be reviewed.

Type of monitoring	Activity <i>Colleges to review the table and amend/delete/add further detail based on their processes (e.g. names of the surveys)</i>	Frequency
	extended period <ul style="list-style-type: none"> • roster changes which alter access to supervision and/or training opportunities • anything that could impact the training setting's integrity or capacity to deliver the training program. 	
	Reviews results of annual setting census return/monitoring report	<ul style="list-style-type: none"> • Annual
Additional specific monitoring	Requests additional monitoring reports from training setting and reviews how it is progressing with meeting conditions.	<ul style="list-style-type: none"> • As set out in the accreditation report.
	Reviews training setting data held by the college relevant to monitoring progress against conditions.	<ul style="list-style-type: none"> • As required, set out in the accreditation report where possible.
	Meets with the training setting to assess progress against conditions.	<ul style="list-style-type: none"> • As required.
	Requests information and/or meets with the training setting based on a specific issue/concern that has been raised (e.g. direct feedback from training supervisors or other clinicians, lodged complaint(s), correspondence or media articles.	<ul style="list-style-type: none"> • As required.
	Reviews relevant training setting data.	<ul style="list-style-type: none"> • As required.
	Conducts virtual, on site or hybrid site visit(s).	<ul style="list-style-type: none"> • As set out in the conditions of the accreditation report • Where the college is not satisfied imposed conditions are being addressed within a reasonable period of time • Where monitoring, data or concerns raised indicate the training setting may no longer be meeting the accreditation standards.
	Conducts a full, unscheduled accreditation review.	<ul style="list-style-type: none"> • Where the college is not satisfied imposed conditions are being addressed within a reasonable period of time • Where monitoring, data or concerns raised indicate the training setting may no longer be meeting the accreditation standards.

Monitoring outcomes

The **Accreditation Committee** will review information gained from monitoring activities and decide if the risk rating of a criterion should be reviewed. The Committee may also ask for more information or activities to help inform decisions.

After the review, the **Accreditation Committee** may change the training setting's accreditation status.

Where a review finds that all criteria are now 'met', the training setting will move from 'conditionally accredited' to 'accredited'.

Where a review finds that one or more criterion that were previously met are now 'substantially met' or 'not met', or the college is not satisfied that conditions are being addressed within the timeframe specified in the report, a risk assessment will be completed (section 8). The risk assessment result will inform next steps, which may include imposing further conditions, changing the timeline or scope of the existing condition(s) or moving to revoke accreditation.

An updated accreditation report will be provided to the training setting if there is a change to its accreditation status. Reporting and appeals will follow the process in sections 9 to 11.

16. Raising a concern about an accredited training setting

Any individual who is concerned that an accredited training setting is not meeting the accreditation standards can:

- Raise a concern using the college's complaint management process (**College to add link to documentation on how to do this**)
- *Others TBC – **Note:** this aspect of the model procedure may be updated once work on Recommendations 13, 18 and 21 of the NHPO report have further progressed.*

The college will review these concerns during monitoring (see section 15).

17. Data and reporting

The college publishes a list of accredited training settings on its website (**College to add hyperlink**).

The college submits collated training setting accreditation data to the Australian Medical Council annually.

18. Review of accreditation procedure

This accreditation procedure will be regularly reviewed and updated based on feedback from participants and assessors, and on benchmarking with other accreditation processes and activities.

19. Staff training

All **Accreditation Committee** and Accreditation Team members will receive training from the college to ensure accreditation processes and policies are understood and delivered appropriately. **College to describe here what training they offer (e.g what accreditors need to attend).**

Training setting staff and trainees can access the following resources about the accreditation process:

- **College to add any relevant resources such as FAQs, e-learning modules developed – if none available, delete this paragraph.**

20. Further information

If you have any questions or need more information about accreditation, please contact:

(Name and Role for Manager of Accreditation or similar, be general where possible so don't need to update this document if that person leaves)

Name of Medical College

Generic Email

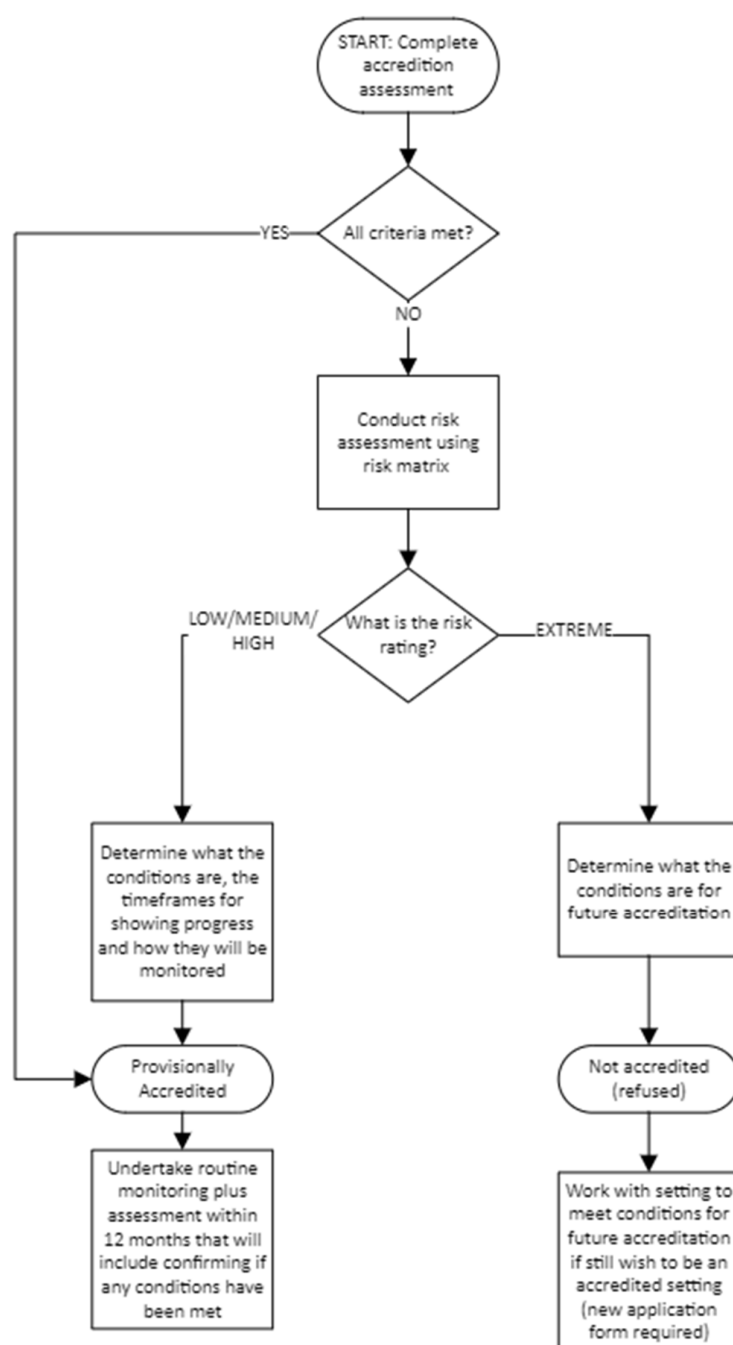
Phone number

Appendix A – Indicative site visit schedule

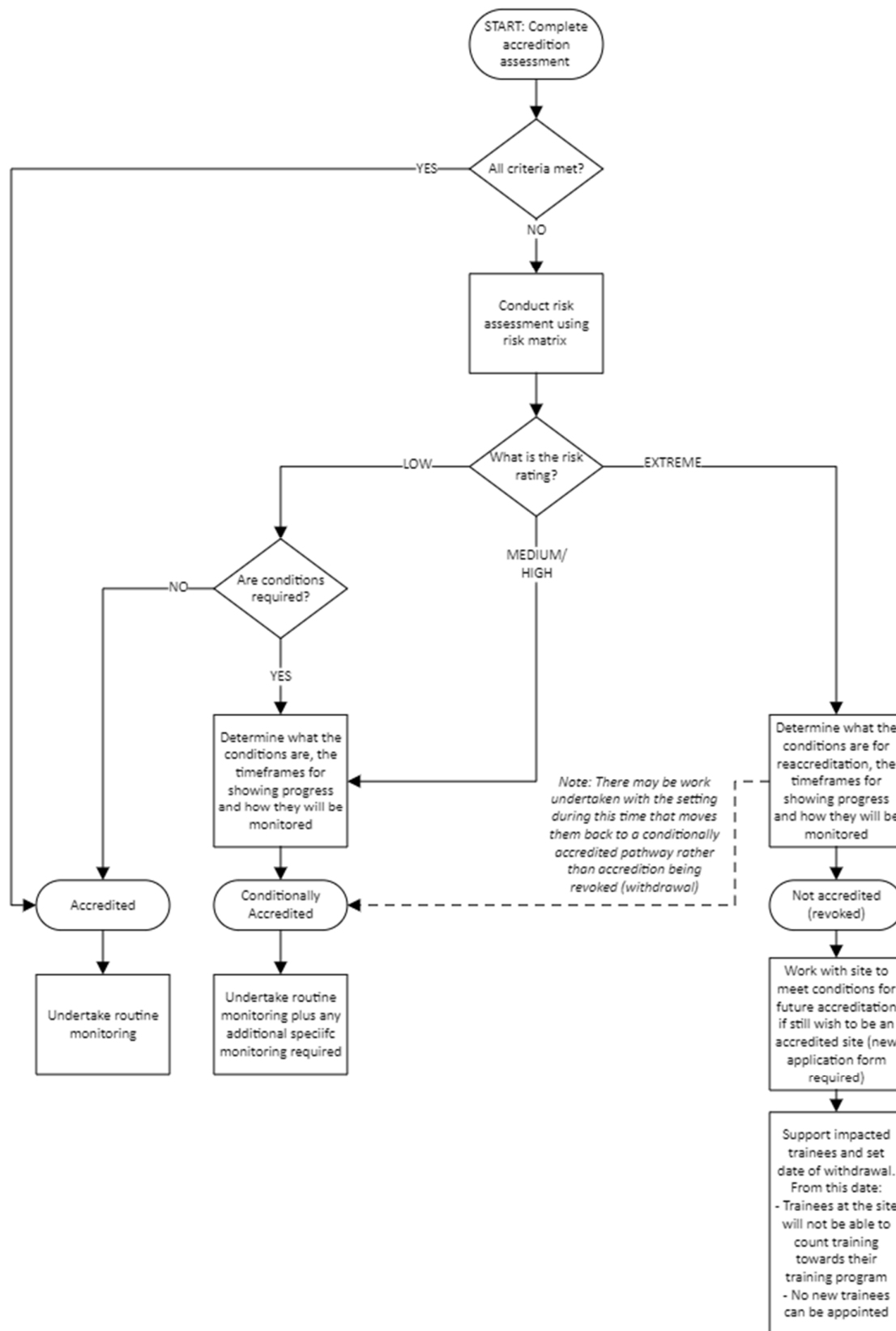
College to add

Appendix B – Accreditation decision-making flowchart

New settings



Existing settings



Appendix C – College accreditation report template

College to add – should be updated to reflect model template and guidance

