Consultation feedback form

Australian Medical Council Limited

Draft model standards and procedures for specialist medical college accreditation of training settings

Thank you for providing feedback on the draft model standards and procedures for specialist medical college accreditation of training settings.

In this consultation, the AMC has included particular questions for colleges and health services as the primary users of the standards and procedures. However, the AMC welcomes feedback from all stakeholders, and stakeholders are invited to answer any of the questions as they see relevant.

To return your feedback, please email this form in MS Word format to accreditation@amc.org.au by close of business on 11 November 2024.

Consultation questions relating to **draft model standards**:
General feedback
Are the model standards easy to read and understand?
Yes, the model standards are easy to read and understand.
Are there any criteria in the model standards that would raise challenges for your organisation? **For colleges:** this would include any challenges in implementing the model standards. **For health services:** this would include any challenges in being assessed against the model standards, for example, in smaller settings, rural and regional settings, general practice and non-government settings.
Most ACSEP training takes place in small, private practice settings. While most of the model standards are flexible enough to be applied to these settings, there are some that may be difficult to implement for single Fellow practices. For example, "2.2.5 Supervisors are supported in meeting their education and training responsibilities, including in providing culturally safe supervision and contributing to a culturally safe environment" would be difficult to apply to a practice owned and operated by a single Fellow as it is unclear who would be responsible for supporting the Supervisor in this situation (e.g., the College? Practice Manager?). It is also important to acknowledge that many of these criteria are easier to implement for larger, well-resourced training sites than they are for smaller community-based sites. For example, it is more challenging for a community-based private practice with a single Fellow to design and implement systems and processes to identify, investigate, manage and record risks (criterion 1.1.2) than for large settings with many administrative support staff. While the intent does allow for flexibility in the implementation of these criterion based on the size of the setting, it is important to acknowledge the disparity in resourcing across settings.

While ACSEP supports embedding culturally safety in standards for accredited training settings, implementing some of these standards effectively (e.g., Criterion 2.3.2) may also be more challenging for small, community-based settings (e.g. "engage with Aboriginal and/or Torres Strait Islander and Māori clinicians, communities and medical education experts to identify clinical experiences that support trainees to develop the skills and reflective practice that support culturally safe care"). Feedback from small, community-based accredited sites has indicated that many require additional support and resources to improve their capacity and capability to undertake this level of engagement.

Should there be any additions to, or deletions from, the model standards?

Domain "4.1 Trainees have access to appropriate educational resources and facilities" mentions appropriate facilities, but the related criteria do not directly address this. It is unclear whether this domain refers to the facilities at the site generally, or only the educational facilities. As ACSEP training generally occurs in community-based private practice settings, the sites are usually not accredited by another body for quality and safety. Therefore, it is important that the standards allow the College to take the general state of the site's facilities (e.g., consulting rooms, treatment rooms, cleanliness etc.) into account when making decisions regarding accreditation for training.

Feedback regarding college-specific requirements

Criterion 2.1.6 enables recognition of accreditation of training settings/providers by other accreditation bodies e.g. health service quality and safety bodies.

For colleges: Would it be necessary to include specific requirements to assess this criterion, for example, requiring the training setting/provider to be accredited by an industry body/regulator such as NATA or a radiation safety authority?

For health services: What should be considered in developing college-specific requirements for this criterion?

N/A - ACSEP does not require accredited training practices to be accredited by other accreditation bodies.

Criterion 2.2.1 provides for effective clinical supervision of trainees.

For colleges: Would it be necessary to include specific requirements to assess this criterion, for example, ratios for supervisors to trainees?

If yes, please explain why ratios are needed, how ratios would be determined and how such ratios align with outcomes based accreditation?

Please explain how would ratios accommodate:

- flexibility for training in regional, rural and remote settings
- situations where training settings have difficulty in recruiting supervisors despite best efforts
- remote supervision?

For health services: What should be considered in developing college-specific requirements for this criterion?

ACSEP does not mandate supervision ratios, however it does mandate a minimum number of hours of on-site supervision based on the trainee's level of training. For example, if a training site is only able to provide limited on-site supervision from a FACSEP it may only be accredited for more senior trainees. Draft guidelines for the approval of remote supervision are currently being developed by the Training Committee, which may present additional considerations for the accreditation process.

ACSEP does not mandate supervisor to trainee ratios, this is assessed on a case-by-case basis.

Criterion 3.1.1 provides for a clinical caseload and casemix to achieve the training program outcomes.

For colleges: Would it be necessary to include specific requirements to assess this criterion, for example, logbook requirements, theatre time?

For health services: What should be considered in developing college-specific requirements for this criterion?

ACSEP does not currently set specific requirements regarding caseload and casemix as this may vary based on stage of training and an individual trainee's level of competency and requirements.

Criterion 3.1.2 provides for trainees to engage in structured and unstructured learning activities to achieve the training program outcomes.

For colleges: Would it be necessary to include specific requirements to assess this criterion, for example, a requirement for trainees to complete a research project, or a requirement that trainees have protected teaching/study time? Please explain your reasoning.

For health services: What should be considered in developing college-specific requirements for this criterion?

ACSEP runs an online tutorial program every Friday for approximately two hours, occasionally these tutorials are delivered face-to-face. All accredited training sites are expected to provide quarantined time to allow trainees to attend these sessions.

Criterion 4.2.1 provides for clinical or other equipment needed for trainees to achieve the training program outcomes.

For colleges: Would it be necessary to include specific requirements to assess this criterion, such as a list of specialist equipment?

For health services: What should be considered in developing college-specific requirements for this criterion?

It is not a requirement that every accredited site provides access to all types of specialist equipment, provided trainees are able to access equipment at other sites during their training program.

Are there any other college-specific requirements that are necessary in relation to other criteria and what should be considered in developing these?
N/A
Feedback regarding implementation
For colleges: What is a reasonable timeframe for adoption of the model standards by your college and why? What would assist your college to adopt the model standards in a more timely manner (for example, shared training, shared resources etc.)?
ACSEP would request at least 12 months' lead time to communicate the changes to sites and update its policies, systems and processes to prepare for the changes. Once the new standards come into effect, subsequent accreditations and reaccreditations after that date could be assessed against the new standards as they fall due. A shared training resource that could be accessed by accreditation team members in their own time would assist ACSEP to implement these changes in a consistent manner. Resources relating to the assessment and implementation of standards relating to cultural safety would also be helpful for sites and accreditation teams.
For health services: What is a reasonable timeframe for your organisation(s) to be ready for assessment against the model standards and why?
N/A
Other feedback
Do you have any additional comments regarding the model standards that are not covered above?
As outlined above, meeting some of these standards will require additional time and resources from sites and smaller, community-based sites will be disproportionately impacted. A potential unintended consequence of creating more requirements and stricter standards regarding accreditation could be that sites choose not to train registrars, this is particularly of concern for Sport and Exercise Medicine as specialty that receives no funding for training outside of seven STP/IRTP posts. As MM2-7 sites tend to be smaller, there are concerns that stricter requirements may discourage these sites from applying for accreditation which could impact future workforce distribution.

Consultation questions relating to **draft model procedures**:

General feedback

Are the model procedures easy to read and understand?
Yes, the model procedures are easy to read and understand.
Are there any requirements in the model procedures that would raise challenges for your organisation?
As a smaller medical college primarily accrediting private, community-based practice, there are some aspects of the model procedures which would not apply to most ACSEP settings (e.g., references to governing health departments (p.3), processes relating to the communication protocol with jurisdictions (p.16) etc.) There would need to be some additional flexibility to amend these procedures to avoid confusion for private settings. ACSEP has challenges in recruiting Fellows to undertake the number of accreditations and reaccreditations that sites require. The statement that accreditation will lapse for sites that do not appoint a trainee within 12 months (p.15) makes it appear that the College would need to undertake the accreditation process again, should the site wish to appoint a trainee in future. ACSEP would prefer to assess these situations on a case-by-case basis due to the limited numbers of accreditors.
Feedback regarding agreed terminology
For colleges: Are there any obstacles to your college implementing the common terminology for: • assessment against the standards: met; substantially met; not met • accreditation outcomes for new settings: provisionally accredited; not accredited – refused • accreditation outcomes for existing settings: accredited; conditionally accredited; not accredited – revoked.
ACSEP does not foresee major obstacles in implementing agreed terminology. However, record management processes and systems will need to be updated to accommodate these changes, which will take time and staffing resources.
For colleges: In what timeframe could your college implement this terminology? What support may assist quick adoption?
Due to the scope of changes to accreditation being proposed, ACSEP requests at least 12 months to communicate changes to key stakeholders, and update its policies, systems and processes to prepare for the changes. The College may be able to implement some aspects (such as this terminology) sooner, but a change management process will need to be planned and agreed to by college committees.
Feedback regarding the risk matrix
Is the risk matrix appropriate for accreditation decision making?

The risk matrix is appropriate for guiding discussions regarding accreditation decisions, however there is a lack of guidance on what constitutes each category (i.e. what is the difference between a severe impact on training compared to a major impact?). This lack of clarity may lead to a reliance on a subjective interpretation of each category, which may differ between accreditors, leading to inconsistency in decision-making.
The risk matrix allows colleges to decide whether or not to impose a condition where the criteria are substantially met or not met but the overall risk assessment is low. Is this appropriate or should there be a requirement for a condition to be imposed for any criterion assessed as 'substantially met' or 'not met'? Please explain your views.
The decision to impose conditions where the criteria are substantially met or not met but the overall risk assessment is low should be optional to allow greater flexibility in the application of the standards. For example, a site may not provide access to a full range of clinical equipment (such as ultrasound etc.) and therefore criteria 4.2 may be considered "Substantially Met", however this doesn't mean that the College would necessarily require the site to obtain more equipment. A trainee may still choose to train at that site if they have obtained sufficient experience using that equipment at another training site. Placing conditions on sites also has resourcing implications as staff need to record, monitor and follow-up on conditions. ACSEP would prefer to impose conditions judiciously when improvement is required to bring a training post up to the expected standard.
The risk matrix indicates that steps to revoke accreditation should be taken when the overall risk assessment is extreme. Is this appropriate?
Yes, it would most likely be appropriate. However, as outlined above, the lack of guidance around interpretation of each category in the risk matrix does leave this open to individual interpretation.
Other feedback
Do you have any additional comments regarding the model procedures that are not covered above?
While ACSEP welcomes efforts to improve accreditation processes, implementing these accreditation standards and procedures will have significant resourcing implications for the College and training sites, without any additional funding to support this work.

Organisational details and contact	
Organisation name/details:	Australasian College of Sport and Exercise Physicians (ACSEP)
Contact name:	[redacted]
Contact email:	

The AMC may publish submissions on its website in the interests of transparency and to support informed discussion among the community and stakeholders. Published submissions will include the names of the individuals and/or the organisations that made them, unless confidentiality is expressly requested, or you advise us that you do not want your submission published. We would not include the contact details for individuals.

We will not place on our website, or make available to the public, submissions that contain offensive or defamatory comments or which are outside the scope of the subject of the consultation.

Please advise if you **do not** agree to your feedback being published?

☐ **NO – I do not agree to my feedback being published.**