

Consultation feedback form



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**.

TRIM: D24-63700

Consultation questions relating to draft model standards :
General feedback
Are the model standards easy to read and understand?
The Commission notes that the draft model standards while easy to read can be interpreted and understood in different ways and so are at risk of not achieving the desired outcome. The Commission recommends that they be written in ways that remove ambiguity and that active language is used when describing criteria.
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.
N/A
Should there be any additions to, or deletions from, the model standards?
There is an opportunity to align these standards and procedures with the relevant parts of the <u>National Safety and Quality Health Service Standards</u> as all health service organisations with trainees are required to meet these standards. This would reduce the burden on health service organisations by not requiring them to duplicate the documentation required to meet multiple accreditation standards. Domain 1 Trainee health and welfare Lacking in Integration with clinical governance structures and processes. <ul style="list-style-type: none">There needs to be a requirement that ensures that workforce issues and risks are identified, reported, recorded and managed within the health service organisations' clinical governance requirements. This would include work health and safety arrangements to ensure patient and trainee safety. Trainee Support <ul style="list-style-type: none">Health service organisations need to consider and treat trainees as part of the workforce of the hospital/health service organisation. This is important as the trainees are often the

least experienced and empowered members of staff. Ensuring trainees are considered in this way would mean they have access to staff support services.

- Recognise that it is likely that trainees will in a 12-month period, work across multiple sites within an organisation and across multiple organisations as part of training networks. This means that trainees will require an orientation to each site and clinical supervision that is continuous across the training network, including transfer of relevant information e.g. performance and reasonable adjustments that may need to be made to the trainees work arrangements. For example, parental leave.

Domain 2 Supervision, management and support structures

The Commission recommends the use of more active language and that consideration be given to updating the following criteria with a change of wording as noted below:

2.1.4. Provided with effective orientation that is site specific and takes account of physical and psychological safety of the trainees, and where their roles fit within the organisation structure

2.2.5 Supervisors are supported in meeting their education and training responsibilities, including in providing culturally safe supervision, contributing to a culturally and psychologically safe environment, and managing and communicating trainee performance issues and concerns

2.3.3 Health Service Organisations ensure trainees engage with local clinical governance and quality improvement processes including meetings involving clinical practice review, critical incident management and performance reviews.

Domain 3 Educational and clinical training opportunities

As above, the Commission recommends the use of more active language and that consideration be given to updating the following criteria as below:

3.1.3 Trainees participate in effective communication with patients, carers and families, between multidisciplinary teams and across health service organisations, including structured clinical handover at transitions of care

Intent: Colleges should assess whether trainees communicate effectively with patients, carers and families as partners in their own care and with multidisciplinary teams and clinicians to ensure safe, timely and coordinated care. This involves assessing effective communication during patient interactions and during high-risk events (emergent critical information and risks, during patient identification and procedure matching and during transitions of care). Trainees should participate at a level in a way that is appropriate to their level of training.

3.1.4 Trainees are given experience working in collaborative multi-disciplinary teams and/or settings.

Intent: Colleges should assess whether trainees are provided with opportunities to engage in multi-disciplinary care relevant to the training setting. Examples include working within a multi-disciplinary team, rotations to terms in other specialities, exposure to supervisors from other specialities or non-medical supervisors, attendance at multi-disciplinary meetings, working in multi-disciplinary primary care settings and engaging with care providers from other disciplines in the community. Colleges should assess whether trainees understand their own roles and responsibilities and those of other team members.

The Commission recommends the following criterion is added:

3.1.5: Trainees are involved in developing collaborative plans of care aligned with the patient's healthcare needs and expressed goals and wishes.

Intent: Colleges should assess whether trainees develop and communicate plans of care as part of the multi-disciplinary team. These plans are clinically appropriate and consider the impact of a patient's health issues on their life and wellbeing. This would involve assessing communication with patients, carers and families to find out their preferences for care and identifying and managing a patient's clinical risks. It should include effectively communicating about the plan of care with all members of the multidisciplinary team.

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?

This should include that colleges have knowledge of any recommendations or conditions that are placed on health services that impact trainees.

Additional examples could be provided of relevant accreditation schemes, including

- Relevant National Pathology Accreditation Advisory Council standards
- National Safety and Quality Medical Imaging Standards (in final draft)

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 ratios would 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?

The Commission recommends that the principles of effective clinical supervision are articulated. This allows flexibility across training networks and settings. Supervision can include graded supervision depending on the needs of the trainee, remote supervision, multidisciplinary supervision and flexibility of supervision. To do this, a health service organisation should be required to have a plan for supervision that describes how supervision is delivered.

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?

N/A.
<p>Criterion 3.1.2 provides for trainees to engage in structured and unstructured learning activities to achieve the training program outcomes.</p> <p>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.</p> <p>For health services: What should be considered in developing college-specific requirements for this criterion?</p>
<p>It is also important that trainees have access to appropriate space for education and training. This space could also be flexible, including opportunities for access education and training virtually.</p>
<p>Criterion 4.2.1 provides for clinical or other equipment needed for trainees to achieve the training program outcomes.</p> <p>For colleges: Would it be necessary to include specific requirements to assess this criterion, such as a list of specialist equipment?</p> <p>For health services: What should be considered in developing college-specific requirements for this criterion?</p>
N/A.
<p>Are there any other college-specific requirements that are necessary in relation to other criteria and what should be considered in developing these?</p>
N/A.
Feedback regarding implementation
<p>For colleges: What is a reasonable timeframe for adoption of the model standards by your college and why?</p> <p>What would assist your college to adopt the model standards in a more timely manner (for example, shared training, shared resources etc.)?</p>
N/A.
<p>For health services: What is a reasonable timeframe for your organisation(s) to be ready for assessment against the model standards and why?</p>
N/A.
Other feedback
<p>Do you have any additional comments regarding the model standards that are not covered above?</p>
<p>Many specialist medical colleges have a competency framework that could be considered as part of standards.</p> <p>It is important that there is a clear process for procedural fairness in standards and standards assessment. Feedback for accreditation should be provided in a timely manner and communicated</p>

not only to the health service but also to the relevant jurisdictions in order that issues related to accreditation can be systematically addressed. There should be a requirement that issues that are raised outside of accreditation are communicated in a timely manner.

It may be helpful to have a question and answer section or case studies that describe challenges in accreditation.

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

General feedback

Are the model procedures easy to read and understand?

There is an opportunity to align these standards and procedures with the relevant parts of the [National Safety and Quality Health Service Standards](#) as all health service organisations with trainees are required to meet these standards. This would reduce the burden on health service organisations by not requiring them to duplicate the documentation required to meet multiple accreditation standards.

Are there any requirements in the model procedures that would raise challenges for your organisation?

N/A.

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.

N/A.

For colleges: In what timeframe could your college implement this terminology? What support may assist quick adoption?

N/A.

Feedback regarding the risk matrix

Is the risk matrix appropriate for accreditation decision making?
N/A.
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.
N/A.
The risk matrix indicates that steps to revoke accreditation should be taken when the overall risk assessment is extreme. Is this appropriate?
N/A.
Other feedback
Do you have any additional comments regarding the model procedures that are not covered above?
N/A.

Organisational details and contact	
Organisation name/details:	Australian Commission on Safety and Quality in Health Care
Contact name:	
Contact email:	

<p>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.</p> <p><i>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.</i></p> <p>Please advise if you do not agree to your feedback being published?</p>
<input type="checkbox"/> NO – I do not agree to my feedback being published.