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
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.
There are no concerns for the Tasmanian Department of Health. The model standards are reasonable and enable flexibility to suit individual circumstances.
Should there be any additions to, or deletions from, the model standards?
No
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?

Where there are external accreditation bodies relevant to the health service and/or professional body it is reasonable to have an expectation that those accreditation standards are met by the training setting/provider.

In the spirit of the communications protocol, it may be worth considering whether the colleges should require sites to inform them if they are in danger of, or have, failed to meet these accreditation standards.

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?

It will be difficult to accommodate the variety of settings if Colleges are required to define specific detail as that will remove capacity for flexibility to accommodate individual circumstances. To remove this risk it would be appropriate to have more generic statements that still provide a guide that can be followed that ensure there is a reasonable ratio between the supervisors and trainees. The caliber of trainee will also impact what a reasonable ratio may be. For example, a supervisor of 10 first year trainees will have a vastly different workload to a supervisor who has a cohort of senior trainees.

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?

It would be reasonable to expect an evidence based record of clinical caseload and casemix to determine if the expected standard has been met, however there could be flexibility on how that occurs or is presented.

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?

Structured and unstructured learning activities support individual training needs as well as provides flexibility for training providers. It would however be reasonable for colleges to set minimum expectations. Protected teaching/study time is something that has gained industrial interest in more recent years due to increased workload/work pressures. This is associated with increased patient load as well as areas being unable to fill vacancies that places increased workload pressure on both trainees and supervisors. Whilst there has to be a focus on safe patient care, it cannot be at the expense of training, therefore protected training/teaching time is one way to address this, but it would need to treated as a minimum standard and allow flexibility over what period of time it applies.

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?

The standard requires that equipment to achieve the necessary outcomes is available, accessible and fit for purpose. This is appropriate as it enables flexibility that will cater for the various training sites. Whilst it may be desirable for the latest technology or equipment to be available for training, it would not be reasonable to expect that at every site. It may however be reasonable to set some minimum standards to ensure contemporary equipment is available for training. In certain circumstances this could provide rotations to other worksites/providers to meet the minimum expectations, if they could not be met at the primary training site.

Are there any other college-specific requirements that are necessary in relation to other criteria and what should be considered in developing these?

Nothing further to add.

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.)?

N/A
For health services: What is a reasonable timeframe for your organisation(s) to be ready for assessment against the model standards and why?
Whilst there is no concern regarding implementation with the Tasmanian public sector, the lead timeframe should be a minimum of 12 months to allow transition of any necessary changes. There could also be flexibility to allow implementation that is reasonable, based on individual training sites and colleges as the changes required will vary, particularly where their current standards are imbedded in IT infrastructure. If we reflect on the process to implement the two-year prevocational framework as well as the e-portfolio, it has been necessary to allow flexibility regarding implementation timelines, i.e. one size does not fit all.
Other feedback
Do you have any additional comments regarding the model standards that are not covered above?
The work undertaken thus far has been excellent and will enable consistent and best practice processes, that are applied equitably within Australia and New Zealand by both the Colleges and Training providers.

Consultation questions relating to **draft model procedures**:
General feedback
Are the model procedures easy to read and understand?
Yes
Are there any requirements in the model procedures that would raise challenges for your organisation?
There are no concerns for the Tasmanian Department of Health. The model procedures are easy to read and understand.
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?
The risk matrix is consistent with how risk is managed in many organisations and is appropriate to utilise within the accreditation decision making framework
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.
No comment
The risk matrix indicates that steps to revoke accreditation should be taken when the overall risk assessment is extreme. Is this appropriate?
Utilising the risk matrix will aid open and transparent processes and consistent application. This will remove opportunity for discretion to be applied, however that is beneficial as when discretion is applied, variation occurs, and then trust in process starts to erode

Other feedback
Do you have any additional comments regarding the model procedures that are not covered above?
Procedure 9 (page 16) The procedure refers to notifying the Health Department and then refers to jurisdiction. Both references should be to the jurisdiction.

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.

Organisational details and contact	
Organisation name/details:	Department of Health Tasmania
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.**