# 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**: |
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| **General feedback** |
| Are the model standards easy to read and understand? |
| Yes, the model standards are well-structured and address essential aspects of the training environment. We appreciate the inclusion of trainee health, welfare, supervision, and support, all crucial to creating a sustainable and positive work environment. |
| Are there any criteria in the model standards that would raise challenges for your organisation?<br>**For colleges:** this would include any challenges in implementing the model standards.<br>**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. |
| Yes, several areas may present challenges but are critical to address from a doctors' health perspective:<br>1. **Access to Independent Doctors' Health Services**: Trainees are often reluctant to utilise employer-provided Employee Assistance Programs (EAPs) or other mental health services linked to their workplace or college due to concerns over privacy, confidentiality, and potential career implications. Therefore, it is vital that the standards mandate access to independent doctors' health services. These services provide confidential support specifically tailored to doctors, addressing their unique needs and promoting genuine engagement. Access to independent, third-party services fosters a supportive environment, free from perceived conflicts of interest, which is crucial for doctors who may otherwise avoid seeking help.<br>2. **Support for Trainees' Access to GPs and External Mental Health Services**: Trainees often face barriers when maintaining connections with their GPs or mental health providers, especially during rotations or when working in remote areas. We recommend that the standards include provisions ensuring trainees have the flexibility and support to access external health services when needed. Access to independent GPs and psychologists, whom trainees trust and have established relationships with, is vital for continuity of care and can significantly enhance mental health outcomes. |

3. **Workload and Fatigue Management**: The demands of the medical profession place trainees at a high risk for burnout, which compromises both their health and patient safety. We recommend clear protocols on rostering, breaks, and overtime limits, with particular attention to unrostered overtime. For settings where these changes are challenging, additional guidance and resource-sharing on fatigue management and workload best practices should be made available. In smaller or rural settings, resource support would be beneficial to ensure these standards can be realistically met without excessive strain on existing staff.
4. **Return-to-Training Support**: For trainees returning from medical, parental, or extended leave, reintegration support is essential for both their professional success and well-being. Smaller or resource-limited training sites may struggle to implement structured return-to-training programs. Providing adaptable guidelines, including mentorship and phased-in responsibilities, would allow settings to support returning trainees effectively, helping them feel valued and supported.
5. **Flexible Supervision Standards in Rural and Remote Settings**: For rural and remote settings where supervisor availability is limited, flexibility around supervision requirements, including remote supervision, is critical. Establishing regular, structured communication between trainees and supervisors, possibly through telemedicine, could support trainees in these settings, helping them access the mentorship they need despite location constraints.

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

We propose the following additions:

- **Doctors' Health Training (Including Mental Health First Aid for Supervisors and Mentors)**: Given the unique mental health challenges doctors face, including high levels of stress, perfectionism, and reluctance to seek help, supervisors and mentors would benefit from specific training to identify early signs of these issues. Training on doctors' health should cover the importance of creating a safe and non-judgmental environment for discussing mental health, and understanding how to respond appropriately to these needs in a medical setting. Such training fosters a culture that values mental health and proactively supports doctors in high-stress roles.
- **Promotion of Peer Support Networks**: Peer support networks within training settings can offer a critical layer of support, allowing trainees to share experiences and strategies for managing stress. Formalising these networks would create a supportive environment that helps reduce isolation, especially in challenging training periods.
- **Flexible and Culturally Sensitive Arrangements for Trainees with Specific Needs**: Trainees from diverse backgrounds may have cultural or familial obligations requiring flexible arrangements. A framework within the standards to support flexible rostering and leave would promote an inclusive and accommodating training environment, ensuring all trainees feel respected and supported.
- **Guidelines for Reporting Trainee Wellbeing Concerns.** The implementation of transparent and clear guidelines for reporting well-being concerns is essential, especially for situations where trainees may feel hesitant to raise issues due to power dynamics or fear of repercussions. These guidelines should provide confidential reporting options, along with assurances of protection from retaliation, to ensure that trainees feel safe and supported in voicing their health and safety concerns. Clear reporting pathways would empower trainees to address well-being issues early, contributing to a healthier and more supportive training environment.

**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?

For health services, any accreditation requirements should consider the diverse needs of each setting, particularly those that may already meet high standards through existing accreditation bodies. Allowing flexible recognition of various standards would prevent duplication of effort while ensuring quality is maintained.

All accreditation processes should include standards that assess organisations' compliance with requirements related to the health and well-being of trainees

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?

Effective clinical supervision is crucial not only for trainee development but also for safeguarding doctors' health and well-being. Supervisors play a vital role in fostering a safe, supportive environment where trainees feel able to discuss both clinical and personal challenges, including those related to mental health and stress. Supervisors should receive training in doctors' health to identify early signs of burnout, fatigue, and other health concerns specific to the medical profession, enabling them to intervene early and provide tailored support.

Beyond simply encouraging trainees to seek help, supervision should actively facilitate access to independent doctors' health services and external GPs. This could include ensuring trainees have flexible time to attend health appointments, providing information on local doctors' health programs, or offering direct pathways to independent support resources. For trainees in remote or high-stress settings, where local resources may be limited, supervisors can help coordinate telehealth appointments or provide connections to peer support networks.

Including these health supports as part of supervision helps create a training culture that values both well-being and professional development. This approach supports healthier doctors and leads to better patient care.

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?

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| **For health services:** What should be considered in developing college-specific requirements for this criterion? |
| From a doctors' health perspective, it's important to set clear and realistic guidelines for clinical caseload and variety to ensure trainees get the experience they need without overwhelming them. Health services should consider balancing clinical exposure with safe working hours and opportunities for rest. This might include adjusting caseloads for high-stress environments or when trainees are in remote areas with fewer resources. Having specific guidelines helps protect trainees' well-being while ensuring they still achieve all necessary training outcomes. |
| Criterion 3.1.2 provides for trainees to engage in structured and unstructured learning activities to achieve the training program outcomes.<br><br>**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.<br><br>**For health services:** What should be considered in developing college-specific requirements for this criterion? |
| Ensuring a healthy balance between structured (like scheduled teaching sessions) and unstructured (on-the-job learning) activities is vital from a doctors' health perspective. Specific requirements, such as dedicated teaching time, provide trainees with uninterrupted learning opportunities, helping to reduce stress and maximise the value of their training. |
| Criterion 4.2.1 provides for clinical or other equipment needed for trainees to achieve the training program outcomes.<br><br>**For colleges:** Would it be necessary to include specific requirements to assess this criterion, such as a list of specialist equipment?<br><br>**For health services:** What should be considered in developing college-specific requirements for this criterion? |
| It's essential that trainees have reliable access to the necessary clinical equipment to perform their duties confidently and safely. Lack of access to required tools not only limits their learning but can also increase stress and pressure, impacting their well-being and ability to deliver safe patient care. |
| Are there any other college-specific requirements that are necessary in relation to other criteria and what should be considered in developing these? |
| From a doctors' health perspective, it would be beneficial to establish specific requirements that address workload management, access to independent health support, and supervisor training in doctors' health (including mental health) awareness. Requirements around workload management, for instance, could set limits on shift lengths and encourage safe rostering practices, which would help prevent burnout.<br><br>Additionally, guidelines ensuring trainees have access to independent doctors' health services—rather than employer-linked resources—would support their privacy and encourage them to seek help when |

needed. Training for supervisors to recognise early signs of stress and mental health issues among trainees would also be valuable, helping supervisors provide the right support at the right time.

## 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?

N/A

## Other feedback

Do you have any additional comments regarding the model standards that are not covered above?

Yes, we believe that the model standards could be strengthened by explicitly emphasising the importance of access to independent doctors' health services and peer support networks, both of which are crucial for trainee well-being.

**Independent Doctors' Health Services**: Access to independent doctors' health services is essential, as trainees often hesitate to use employer-provided or college-linked mental health resources due to concerns about privacy and potential career impacts. Clear, facilitated access to external health services—such as independent GPs, psychologists, and doctors' health programs—would encourage trainees to seek support when needed. These independent services provide a safe, confidential environment for trainees to address their health needs without fear of repercussion, promoting healthier, more sustainable training experiences. Additionally, protected time for attending health appointments should be standard, especially during demanding rotations, to allow trainees to prioritise their well-being.

**Peer Support Networks**: Formalising peer support groups within training settings offers trainees a trusted, accessible environment where they can share experiences, manage stress, and support one another. This collective support is invaluable, particularly in high-stress environments, as it reduces isolation, fosters camaraderie, and builds resilience. The model standards should encourage training settings to establish these networks as a core component of trainee support.

**Regular Well-being Check-ins and Confidential Feedback Channels**: Incorporating regular well-being check-ins with supervisors or independent support staff would help identify and address potential health issues early. Furthermore, establishing confidential feedback channels would allow trainees to safely

express concerns about their workload, environment, or personal health needs, without fear of judgment or impact on their training progress.

By embedding these independent health and peer support structures into the model standards, training settings can build a supportive culture that values well-being alongside professional growth, benefiting both trainees and the quality of patient care they provide.

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

### General feedback

Are the model procedures easy to read and understand?

Overall, the model procedures could place a stronger emphasis on trainee health and well-being as a top priority. For instance, the section on "Raising a concern about an accredited training setting" should include a rapid escalation process for any issue that may impact trainee safety or well-being. This would ensure that urgent concerns are addressed quickly, helping to create a safer and more supportive training environment.

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?

From a doctors' health perspective, the proposed risk matrix should more explicitly account for trainee health and well-being as critical factors in assessing and managing risks. Including trainee health in the matrix would ensure that issues impacting well-being, such as excessive workload, lack of access to independent health services, or unsafe working conditions, are recognised and addressed promptly.

For instance, any risks identified as having a potential negative impact on trainee well-being should automatically trigger a higher level of scrutiny and response. If the overall risk is considered low but involves aspects that could compromise trainee health, the matrix should require measures to mitigate those specific health risks. This approach would help prevent minor or "low-risk" issues from escalating into significant concerns for doctors' health and support a proactive, preventive approach to trainee well-being in the accreditation process.

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.

From a doctors' health perspective, it would be more appropriate to impose a condition for any criterion assessed as "substantially met" or "not met," even if the overall risk assessment is low. Doctors' health and well-being can be affected by seemingly minor issues that, if left unaddressed, may accumulate and impact their safety, morale, and quality of training. By requiring conditions to be set for all partially or unmet criteria, training programs are prompted to address and monitor these areas to prevent them from evolving into more significant risks.

This approach would support a culture of proactive health and safety management, ensuring that any gaps in meeting standards are consistently followed up, no matter the initial risk level. Such conditions could include measures to monitor workload, access to independent health resources, or trainee feedback, which are essential for fostering a supportive training environment.

The risk matrix indicates that steps to revoke accreditation should be taken when the overall risk assessment is extreme. Is this appropriate?

Yes, it is appropriate that the risk matrix calls for steps to revoke accreditation when the overall risk assessment is extreme. From a doctors' health perspective, an extreme risk level suggests serious issues that could compromise trainee well-being, safety, and the quality of training. In such cases, swift and decisive action is essential to protect trainees and ensure that they are not subjected to harmful or unsafe environments.

Revoking accreditation in extreme risk situations reinforces the commitment to maintaining high standards and prioritising trainee health and safety. This measure also sends a clear message that organisations must meet essential health, safety, and training standards to continue operating as accredited training settings.

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| Other feedback |
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| Do you have any additional comments regarding the model procedures that are not covered above? |
| No – but ongoing emphasis on trainee health and wellbeing as a core focus is vital. |

| Organisational details and contact | |
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| **Organisation name/details:** | Doctors' Health NSW |
| **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.**