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.
The standards about clinical exposure and casemix is good that it refers to networked training settings, however this is not usually how our college conducts accreditation assessments. Therefore in the procedures document, there should be reference to this in section 7 "assessment against criteria" – making note that not all criteria might be met within the site and that the team may need to look at the training network. Consideration to be given to an assessment item "not met at this site, but provided within network"
Should there be any additions to, or deletions from, the model standards?
Nil
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?

I think these should be kept separately.

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?

The level of supervision (direct / onsite / off site / remote virtual) for various clinical activities is usually set out by hospital in house credentialing processes. Colleges may create an over idealistic version of such a matrix to emphasize learning, but in my service this would not bother me, but may create issues in smaller services.

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?

Clinical caseload and casemix is important, but cannot always be achieved in procedural specialties. The use of simulation for procedural learning should be considered in this domain where procedural numbers are difficult to achieve.

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?
Generally colleges to mandate rostered teaching and admin time (our college already does) but other colleges don't. This can't be too much though as is very expensive for health services. There needs to be the expectation that research and other activities occur in trainees own time.
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?
I don't think it is helpful to list specific clinical equipment. However some training equipment should be listed (eg simulation training equipment)
Are there any other college-specific requirements that are necessary in relation to other criteria and what should be considered in developing these?
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.)?
For health services: What is a reasonable timeframe for your organisation(s) to be ready for assessment against the model standards and why?

These standards are very similar to current standards, so not a long time.

Other feedback

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

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

General feedback

Are the model procedures easy to read and understand?

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

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.

For colleges: In what timeframe could your college implement this terminology? What support may assist quick adoption?
Feedback regarding the risk matrix
Is the risk matrix appropriate for accreditation decision making?
I think it leads to a very rigid approach, and there is a very large subjective nature of the "impact on training" component. This is risky, particularly in networked training. For example, even a minor impact on training (related to access to training room, education programs, casemix) which will never be fixed due to the nature of the site, will mean that it will never achieve anything but conditional accreditation.
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.
Yes there should be some discretion here. – I would suggest discretion be extended to medium also.
The risk matrix indicates that steps to revoke accreditation should be taken when the overall risk assessment is extreme. Is this appropriate?
Depends a bit what constitutes "Major" or "Severe" impact on training..
Other feedback
Do you have any additional comments regarding the model procedures that are not covered above?

Organisational details and contact	
Organisation name/details:	Mater Mothers Hospital
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.**