

# 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](mailto:accreditation@amc.org.au) by close of business on **11 November 2024**.

Consultation questions relating to <b>draft model standards</b> :
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? <b>For colleges:</b> this would include any challenges in implementing the model standards. <b>For health services:</b> 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.
Queensland considers that there are enough caveats in the model standards noting both larger and smaller places. Queensland holds concerns about how standard 2.1.3 might be assessed by the colleges and recommends that 2.2.1 should include flexibility in qualifications of supervisors. This is particularly relevant in the case of internationally qualified specialists who have completed requisite conditions on their registration via the new expedited pathway for SIMG.
Should there be any additions to, or deletions from, the model standards?
Queensland suggests that there should be a requirement for colleges to have an accelerated pathway for site accreditation when required. For many, it takes 12 months or more. There needs to be more flexibility.
Feedback regarding college-specific requirements

<p>Criterion 2.1.6 enables recognition of accreditation of training settings/providers by other accreditation bodies e.g. health service quality and safety bodies.</p> <p><b>For colleges:</b> 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?</p> <p><b>For health services:</b> What should be considered in developing college-specific requirements for this criterion?</p>
<p>Criterion 2.2.1 provides for effective clinical supervision of trainees.</p> <p><b>For colleges:</b> Would it be necessary to include specific requirements to assess this criterion, for example, ratios for supervisors to trainees?</p> <p>If yes, please explain why ratios are needed, how ratios would be determined and how such ratios align with outcomes based accreditation?</p> <p>Please explain how would ratios accommodate:</p> <ul style="list-style-type: none"> <li>• flexibility for training in regional, rural and remote settings</li> <li>• situations where training settings have difficulty in recruiting supervisors despite best efforts</li> <li>• remote supervision?</li> </ul> <p><b>For health services:</b> What should be considered in developing college-specific requirements for this criterion?</p>
<p>It is highlighted that the current supervisor qualification requirements for accreditation by some colleges make it very challenging to train in the regions.</p> <p>In intent, it is suggested including that training should be flexible in how it is delivered and who delivers it. Further, it is suggested to remove the requirement for multiple college fellows to have accredited trainees if there are non-fellowed Ahpra registered specialists available.</p>
<p>Criterion 3.1.1 provides for a clinical caseload and casemix to achieve the training program outcomes.</p> <p><b>For colleges:</b> Would it be necessary to include specific requirements to assess this criterion, for example, logbook requirements, theatre time?</p> <p><b>For health services:</b> What should be considered in developing college-specific requirements for this criterion?</p>
<p>Criterion 3.1.2 provides for trainees to engage in structured and unstructured learning activities to achieve the training program outcomes.</p>

<p><b>For colleges:</b> 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><b>For health services:</b> What should be considered in developing college-specific requirements for this criterion?</p>
<p>Criterion 4.2.1 provides for clinical or other equipment needed for trainees to achieve the training program outcomes.</p> <p><b>For colleges:</b> Would it be necessary to include specific requirements to assess this criterion, such as a list of specialist equipment?</p> <p><b>For health services:</b> What should be considered in developing college-specific requirements for this criterion?</p>
<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>
<p><b>Feedback regarding implementation</b></p>
<p><b>For colleges:</b> 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>
<p>N/a</p>
<p><b>For health services:</b> What is a reasonable timeframe for your organisation(s) to be ready for assessment against the model standards and why?</p>

<b>Other feedback</b>
Do you have any additional comments regarding the model standards that are not covered above?

<b>Consultation questions relating to draft model procedures:</b>
<b>General feedback</b>
Are the model procedures easy to read and understand?
Procedure reads clearly and ensures transparency in accreditation decisions.
Are there any requirements in the model procedures that would raise challenges for your organisation?
<b>Feedback regarding agreed terminology</b>
<p><b>For colleges:</b> Are there any obstacles to your college implementing the common terminology for:</p> <ul style="list-style-type: none"> <li>assessment against the standards: met; substantially met; not met</li> <li>accreditation outcomes for new settings: provisionally accredited; not accredited – refused</li> <li>accreditation outcomes for existing settings: accredited; conditionally accredited; not accredited – revoked.</li> </ul>

N/a
<b>For colleges:</b> In what timeframe could your college implement this terminology? What support may assist quick adoption?
N/a
<b>Feedback regarding the risk matrix</b>
Is the risk matrix appropriate for accreditation decision making?
Risk-based approach enable issues to be remedied via conditional accreditation
<p>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.</p> <p>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.</p>
The risk matrix indicates that steps to revoke accreditation should be taken when the overall risk assessment is extreme. Is this appropriate?
<b>Other feedback</b>
Do you have any additional comments regarding the model procedures that are not covered above?

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Organisational details and contact	
Organisation name/details:	Queensland Health
Contact name:	Senior Director, Medical Advisory and Prevocational Accreditation Unit
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 <b>do not</b> agree to your feedback being published?</p>
<div><input type="checkbox"/> <b>NO – I do not agree to my feedback being published.</b></div>