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.
For surgical training, our trainees do not rotate through other specialties, or necessarily have anything to do with supervisors from other specialties – Standard 3.1.4
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?
The training setting (hospital) should have access and supply of other services as per regulations for the governing body for that service eg 24hr access to radiology for a tertiary hospital
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?
We already have a ratio of a maximum of 5 trainees per SoT (NZ PRS) For rural etc settings – would depend if the whole training program was rural or just specific rotations For wholly rural training, then there would need to be a SoT for that program; for a single rotation then an in house SMO could be the "supervisor" and report back to the regional SoT We have sound that more people want to be SoT than spots available (lucky?!)
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?
Again we assess trainees logbooks every 3mths, inc private case mix We also require trainees to travel round the country during training for variety of experience as some units "specialise" is certain areas.
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?

Trainees must complete a certain number of research projects during training and to an acceptable level to ear research points. They also have protected teaching time multiple times/week. This includes national teaching for trainees x1 week vis zoom.

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?

This equipment should be what is required for a functioning plastic surgery unit eg microscope

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.)?

I think it is difficult for blanket rules. RACS represents national and binational training programs in multiple areas of surgery. What is appropriate for AUS/NZ vascular surgery, will not be the same as what is appropriate for NZOA.

For health services: What is a reasonable timeframe for your organisation(s) to be ready for assessment against the model standards and why?

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?
yes
Are there any requirements in the model procedures that would raise challenges for your organisation?
no

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.

no
For colleges: In what timeframe could your college implement this terminology? What support may assist quick adoption?
1yr Happy to implement immediately for NZ PRS
Feedback regarding the risk matrix
Is the risk matrix appropriate for accreditation decision making?
Yes - helpful
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.
There should be an explanation as to why the criteria was not met. Conditions should be at the discretion of the accreditation team and not necessarily required
The risk matrix indicates that steps to revoke accreditation should be taken when the overall risk assessment is extreme. Is this appropriate?
Yes – but could be modified eg losing a certain number of trainees rather than completely revoked
Other feedback
Do you have any additional comments regarding the model procedures that are not covered above?

Organisational details and contact	
Organisation name/details:	NZBPRS
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.**