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.
Every year more than 22 million Australian choose to see a general practitioner (GP) for their essential health care – making GPs the most accessed health professional in the country. The RACGP is the voice of GPs across our nation, representing more than 50,000 members in our growing cities and throughout rural and remote Australia. For more than 60 years, the RACGP has supported the backbone of Australia's health system by setting the standards for education and practice and advocating for better health and wellbeing for all Australians. With the return of college-led training in 2023, the RACGP now trains more than 90% of Australia's GPs including those training in Aboriginal and Torres Strait Islander communities, remote, rural, regional, metro and outer metropolitan areas. Our core commitment is to support GPs from across the entirety of general practice to address the primary healthcare needs of all Australians, because there is no substitute for the high-quality care provided by a GP who knows you and your history. The RACGP is concerned about the applicability of the model standards within the general practice accreditation setting, which differs significantly from the hospital-based accreditation context most

colleges operate in. Generally, it appears that the standards have been developed with a hospital setting in mind. It is the RACGP's position that the model standards and procedures, along with the impact statement have not sufficiently contemplated the general practice setting. While representatives on the working group have had some input, there appears to be insufficient consideration of the model standards' applicability to general practice training settings.

As a specialist medical education provider under AMC oversight, the RACGP consistently adheres to AMC standards and is also regulated through the National General Practice Accreditation Scheme. It's unclear what additional benefit another layer of oversight from the AMC, which already accredits the RACGP and other specialist colleges, would provide. The new model standards attempt to regulate both the College and training settings within a single document, adding unnecessary complexity.

5 weeks for consultation on a significant initiative is inadequate, given this consultation will impact 2900 current general practice training sites. The AMC must explore alternatives for general practice training site accreditation, considering its unique position. The College supports transparency in accreditation processes and their criticality to the health workforce. This commitment is demonstrated through the volume of accreditation the College undertakes, the resources dedicated to accrediting training sites, and our ongoing efforts to implement the NHPO recommendations to support transparency in accreditation processes. The RACGP acknowledges the extension granted by the AMC; however, it notes that the AMC was only able to provide a four-day extension for the consultation response. This extension is insufficient, given the significant impact of the model standards and procedures, as well as the already short consultation period.

The AMC must undertake further consultations to understand the unique nature of general practice and its accreditation settings to ensure there are no unintended consequences as a result of the proposed model standards and procedures on the delivery of general practice training and the broader healthcare workforce.

The RACGP does not support introduction of the model standards which add complexity and duplication to the system. The RACGP has a carefully developed a suite of standards, policies and guides that effectively support the accreditation of training sites including the Standards for General Practices and the Standards for General Practice Training. The introduction of external, generalised standards that apply for general practice is unnecessary and irrelevant for the general practice sector, particularly given that the framework has been developed primarily focused on the hospital-based training. The impact on the thousands of training practices accredited by the RACGP requires further consultation and consideration, especially given the brief public consultation period. General practices are already subject to 2 accreditation processes to become an accredited training site, a 3rd set of standards is an unnecessary, bureaucratic hurdle.

The RACGP has continually met the accreditation criteria and procedures relating to accreditation of training sites as set out in the *Standards for Assessment and Accreditation of the Specialist Medical Programs by the Australian Medical Council (2023)*. The function of these standards are appropriate, allowing the RACGP to develop transparent and consistently applied accreditation standards that are directly applicable to the context of general practice training. The RACGP has adhered to all requirements, and the addition of model standards is unnecessary. It risks introducing further complexity, which contradicts the purported objective of the model standards. This is demonstrated through the RACGP's successful accreditation of over 2900 general practice training sites to date.

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

Criterion 2.1.6
The National General Practice Accreditation Scheme is relevant to general practice as this is the regulatory framework under which the Standards for general practices are assessed. This has no direct bearing on training accreditation except that it is a pre-requisite for training site locations to be accredited to the Standards as a pre-requite to being eligible to become a training practice. Therefore, accreditation under this scheme does not assume training site accreditation. It is of concern that this is included as an example given there are differences in the definition of comprehensive general practice for the purposes of training and practice accreditation.

Criterion 2.2.4
This criterion must be clearer in its intent and application for general practice. For example, the reference to Director of Training in the criterion itself is not widely applicable to the accreditation of general practice sites as this role is more likely to be a designated supervisor. It could be beneficial to remove the example from the criterion and include this in the intent.

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?

No. The specific requirements must be determined by the relevant College as the experts in their specialty. It would not be necessary to include specific requirements in the model standards to enable this criterion to be assessed.

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?

No. The Model Standards must not include specific requirements to assess this criterion as this is highly variable between training settings. The RACGP supports the use of ratios where it supports effective supervision. It is noted that this should be seen as an ideal rather than a requirement so that the outcome is focused on the needs of the learner and maintaining patient safety. The RACGP has defined it our training practice standards a requirement to adhere to a ratio of 1 supervisor to 3 registrars to maintain effective supervision. This is well managed within existing RACGP training accreditation standards and it would not be necessary to include this explicitly in the Model Standards.

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?
No it is not necessary to include specific requirements to assess this criterion. As noted in the Model Standards, the context of the training settings and the training program overall are critical. Therefore the Model Standards must not prescribe specific requirements to assess this criterion as this will be variable. It would be appropriate for each college to determine the specific requirements and make this available to training sites.
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?
Inclusion of specific learning activities, such as a research project, must be determined by the curriculum of the respective College. Therefore, this must not be a feature of the Model Standards. For the purposes of general practice, how learning activities are delivered and the criteria by which this is assessed must continue to be driven by the curriculum of the RACGP as a program level requirement. In general practice, requiring a research project in the training facility would be a significant impost without guarantee of quality. In the RACGP's case, there are initiatives built into the training program such as the academic post program, that provide for learning activities such as research projects. Such program level criterion must be directed by the environment and the needs of the learner. Further inclusion of criteria such as protected study or teaching time, like completion of a research project, is a program level requirement rather than a training site requirement. While it is likely that there are many program-level requirements that are required by a training site as part of the delivery of the training program, it's not necessary for the Model Standards to include such detail. It is critical that the Model Standards do not dictate requirements that must to be managed by each college to ensure alignment with curriculums and learning outcomes.
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?

No. It is not necessary to include specific requirements to assess criterion 4.2.1. The example given risks the standards being quickly out of date and being inflexible to changes in practices. Additionally, the RACGP maintains a list of equipment required for a practice to be accredited as a general practice. This list applies to all accredited general practices, including training practices, making it unnecessary for the model standards to include such granular details.

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

There are specific requirements that differ between medical specialties and contexts. For example in general practice, there are certain supervision requirements that have been implemented to ensure patient and trainee safety in the community general practice setting. Such supervision arrangements may not be required in hospitals. Any Model Standards that could be interpreted or used to erode this existing flexibility would pose an unacceptable risk to patient and trainee safety in the general practice training setting.

Conversely, training delivered in hospital settings may require other measures not required in community general practice settings. It is critical that the Model Standards reflect such nuances such that there is no unnecessary impost on general practice training sites. General practice is a unique training environment, distinctly different from hospital-based training environments and specialties who only operate in hospital settings. Including general practice in these model standards is not appropriate as it risks jeopardising the well-established process by which the RACGP accredits training sites. Any unanticipated impacts of the Model Standards would have widescale impacts to the primary care sector given that general practice is a core function. It is critical that in the implementation of any Model Standards that there is sufficient flexibility and recognition of the RACGP as the experts of general practice. There already efficient and effective model of training site accreditation facilitated by the RACGP for general practice training.

Further, it is crucial the Model Standards and Procedures incorporate approaches that account for the nature of rural practice, both in hospital and community settings. Any requirements included in the Model Standards must be flexible enough for training sites to demonstrate compliance in various ways as determined appropriate by the respective college. The RACGP maintains the position that as the experts in general practice, any specific requirements must be determined by the RACGP and not included in the Model Standards. This ensures that implementation is based on outcomes and needs of the training site and learner and ensuring flexibility in achieving objectives, where required.

The RACGP maintains that any requirements specific to general practice must be determined by us. The RACGP has a demonstrated framework through the practice and training site accreditation standards and does not believe that general practice subject to the requirements of the Model Standards. This approach enables the RACGP to retain appropriate oversight of accreditation of training sites while simultaneously having the ability to adapt the accreditation requirements to account for the broad range of community and setting-specific requirements. We believe our current frameworks consider a mix of both practice accreditation and training accreditation is an effective one. The Model Standards must not impose anything that would increase the burden on training sites or create duplication for the RACGP.

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.)?

Given the volume of training site accreditation managed by the RACGP, any adoption will take time and must be aligned with the cyclical nature of training site accreditation which occurs over a period of up to 3 years. Implementing any changes requires updates to systems and documentation, as well as familiarising practices with the new language. Due to the limited consultation period, the RACGP will continue to assess the timelines for adoption in line with our own review of critical frameworks, such as the Standards for general practice training (4th edition) due for implementation in 2025.
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?
The RACGP supports the importance attached to cultural safety throughout the standards.

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?
The roles and responsibilities are strongly oriented towards colleges with smaller numbers of training sites. While the table suggests that colleges can amend the table presented in the procedure based on their terms of reference, it must be clearly stated that this table is merely an example. Additionally, the defined term for 'accreditation team' assumes larger numbers than typically used for an accreditation visit. This is relevant for hospital due to their size but is not applicable nor appropriate for a community-based setting. For example, having a secretariat for every accreditation visit goes beyond what is reasonably required for the accreditation process of community based general practices and jeopardises the RACGP's approach to ensure accreditation is as streamlined as possible. With the return of college-led training in 2023, the RACGP has previously evaluated the various structured that support

accreditation and training for the future general practice workforce and have refined these over the last 2 years. To date the existing processes have been working effectively to accredit thousands of training practices. The Model procedures must balance consistency with resource constraints, particularly in general practice.

The AGPT program, includes over 2900 accredited training practices across Australia. Some suggestions in the Model Procedures regarding site visits are impractical and exceed current requirements. For example, scheduling time for confidential team discussions and reflections on-site would impose unacceptable costs on general practices as businesses. The RACGP does not support any requirements in the model standards and procedures that go beyond what is currently required of general practices throughout the accreditation process.

The Model Procedures do not adequately reflect the specific nature of general practice training site accreditation. The involvement of health departments is distinctly different for general practice training site accreditation. It would be impractical for the state and territory governed health departments to be notified every time a registrar is withdrawn from a training site, further it would be generally irrelevant to them to be continuously informed of the accreditation status of training sites given this is not already a standard requirement. Moreover, notifying them about accreditation revocations or changes impacting service provision has not been previously reported on an individual basis throughout the accreditation cycle and is more typically reported by the RACGP through other mechanisms including through reporting to the Department of Health and Aged Care to meet contractual obligations.

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.

Yes. The terminology suggested by the Model Procedures is different to what is used by the RACGP currently or is familiar to general practice and GPs as part of the accreditation of training sites. Given the volume of training site accreditation managed by the RACGP, any changes will take time and must be aligned with the cyclical nature of training site accreditation which occurs over a period of up to 3 years.

For colleges: In what timeframe could your college implement this terminology? What support may assist quick adoption?

Implementing any changes requires updates to systems and documentation, as well as familiarising practices with the new language. Due to the limited consultation period, the RACGP will continue to assess the potential implementation of this terminology in line with our own review of critical frameworks, such as the Standards for general practice training (4th edition) due for implementation in 2025. The RACGP cannot commit to a timeframe at this point in the consultation.

Feedback regarding the risk matrix

Is the risk matrix appropriate for accreditation decision making?

The risk matrix does not provide clear and relevant definitions for severe, major, moderate, minor, and insignificant impacts on training. Developing these definitions must consider the context in which accreditation is conducted. Any such definitions must be developed in collaboration with the relevant colleges to ensure that they are fit for purpose and fit within the existing accreditation processes.

Additionally, the risk matrix appears to only consider the impact on training and likelihood of an issue being resolved. The matrix does not appear to consider patient or trainee safety, which must be a factor in any accreditation decision.

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.

Colleges must have the autonomy to decide when imposing a condition is appropriate. The RACGP's training standards accreditation team have extensive expertise in managing accreditation where a practice may not fully meet all criteria. For instance, a clear monitoring plan can effectively identify areas requiring improvement or addressing risks. Implementing such a plan may not always necessitate applying conditions. Using a monitoring plan as the initial approach ensures that accreditation remains a collaborative process, rather than being perceived as punitive if conditions are mandated by the Model Standards.

In cases of unresolved high-risk issues, revoking training accreditation status must be an option instead of continuing with conditional accreditation. At the conclusion of any conditional accreditation period, unresolved issues must allow for an option to: revoke accreditation; reassess the risk if the initial assessment was incorrect; or, extend the accreditation period. Not all situations will meet the threshold for extreme risk but may still require closer monitoring than conditional accreditation allows. This is particularly pertinent in the community general practice where additional provisions are required to ensure the safety of registrars and patients.

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

See previous response.

Other feedback

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

Accrediting training sites for general practice training is a crucial activity. It's essential to further consider the context of general practice training in relation to the Model Standards and Procedures to prevent any unintended consequences arising. Procedures and standards must remain flexible, ensuring that the expertise of the relevant college remains central to the accreditation process. Importantly, the Procedures must not place any additional burden on training sites or registrars. Clear quality and outcome measures must be established to monitor the implementation of the standards and procedures to ensure they achieve the intended outcomes.

Organisational details and contact	
Organisation name/details:	Royal Australian College of General Practitioners
Contact name:	Chief Executive Officer
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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.**