# 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? |
| The model standards are easy to read and understand, especially with the inclusion of sections that explain their intent. These explanations are particularly helpful for colleges and training sites, as they clarify the purpose behind each standard and guide their implementation.<br>Additionally, having some common evidence requirements across colleges will support consistency and comparability, making the standards more effective and easier to follow across various training programs and settings. |
| 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. |
| The primary challenge will be identifying the right set of evidence to ensure the model standards do not become a tick-box exercise.<br>Applying these standards consistently across various settings, while maintaining the necessary flexibility and without compromising quality, will also be complex.<br>Additionally, developing effective ways to monitor these standards between inspection cycles will present an ongoing challenge.<br>It will be crucial for Colleges and hospitals to gather appropriate, useful data and present it in a way that provides an accurate and comprehensive picture. |
| Should there be any additions to, or deletions from, the model standards? |
| We recommend that the standards include specific requirements for rostered time dedicated to teaching and supervision activities.<br>The criteria should clearly define the minimum time supervisors must spend with trainees to ensure consistent, high-quality learning and guidance. Additionally, it is essential that teaching time is |

rostered within working hours, allowing trainees to balance clinical duties and their learning needs effectively.

No items should be deleted from the standards, as they cover the necessary areas for maintaining a high standard of training and supervision.

**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?

Ensuring training providers meet best-practice standards in human resources and organizational development is essential for quality and safety. Accreditation by relevant regulatory bodies, such as the Medical Board of Australia, the Australian Health Practitioner Regulation Agency (AHPRA), and the Australian Commission on Safety and Quality in Health Care (ACSQHC), should be required. This would affirm that training settings adhere to established standards, ensuring safe, high-quality training environments aligned with industry best practices.

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?

It is essential to provide trainees with support, supervision, and guidance suited to their training stage. Clear supervisor-to-trainee ratios help ensure high-quality learning outcomes and align with outcomes-based accreditation goals.

Flexibility for remote supervision is needed in settings where supervisor recruitment is challenging, such as rural areas or those with a limited/specialised patient base.

The priority will be to ensure trainees feel safe and adequately supervised.

Currently, RANZCO requires each training post to have at least three Clinical Tutors, including a Training Supervisor, with an additional Clinical Tutor for each extra post, allowing trainees to benefit from a broader knowledge base and subspecialty expertise.

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?

To effectively assess this criterion across different specialty Colleges, the evidence must include clear details on clinical caseload and case-mix (which is demonstrated by trainee logbooks), theatre time for surgical specialties such as ophthalmology to ensure that trainees are well-prepared for surgical practice, and clinic time.

For Surgical specialties like Ophthalmology, training sites will need to provide data on the surgical case mix and indicate how many required procedures are performed by trainees to support comprehensive skill development. Evidence must include clear details on clinical caseload and case-mix (which is demonstrated by trainee logbooks), clinic and theatre time to ensure that trainees are well-prepared for surgical practice. These elements are crucial to ensure trainees receive adequate and diverse clinical exposure within each curriculum area to ensure that trainees are well-equipped to practice as generalists in their specialty.

Case-mix may need to be assessed across a broader training network/pathway rather than at a single post or setting, ensuring trainees encounter a wide range of clinical scenarios necessary to achieve the curriculum outcomes.

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?

Including specific requirements for both structured and unstructured learning activities aligned with the curriculum would provide training sites with a clear list of assessment criteria across Colleges.

Clear/specific requirements for work-based learning are necessary to ensure that trainees gain practical experience in clinics and theatres, performing the procedures needed to develop skills and knowledge per the curriculum. This approach would help prevent trainees losing valuable training opportunities due to service delivery demands.

Rostered teaching time within working hours is absolutely essential as it provides trainees with the dedicated learning time needed to succeed. Without structured teaching hours, trainees struggle to balance demanding clinical duties with the rigorous preparation required for specialty exams. Ensuring teaching time within regular hours not only supports effective learning and skill development but also upholds training quality, safeguards trainee and trainer well-being, and ultimately improves patient care by producing better-prepared clinicians.

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?

Including specific requirements, such as a list of specialist equipment, is crucial to establish clear equipment standards for each College to assess. In specialties like Ophthalmology, access to specialist equipment and trained allied staff is non-negotiable for effective service delivery and comprehensive trainee education.

- Sites should also demonstrate:
    - Maintenance and upgrade plans for equipment.
    - Procurement protocols for acquiring new equipment necessary for practice.

- Physical space requirements to support population growth and future-proof training and service delivery.
- Processes to identify advancements in practice and obtain new equipment to enhance patient care.
- Succession planning for critical training and support roles (e.g., qualified nursing and administrative staff) is necessary to maintain training quality.

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

Yes, a college-specific requirement should include the hospital/training setting's plan for sustainable growth. Hospitals need to ensure they have budgets in place for expanding physical space and adopting new technologies to manage population growth in their regions. This planning is essential to enable trainees to practice with future-ready tools and spaces, supporting both current service needs and evolving standards in medical practice and patient care. Training outcomes should serve as a key performance indicator (KPI) reported beyond accreditation requirements, promoting continuous quality improvement.

**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.)?

RANZCO will require at least 12 months to identify, determine, and consult a list of required evidence for each standard/criterion.

We would recommend allowing another 12 months for training posts/sites to familiarize themselves with the updated standards and required evidence and recommend implementing them in the 2027 accreditation cycle.

RANZCO strongly recommends shared resources for Domain 1, Standards 2.1, 2.3, Domain 3 (except criterion 3.1.1), Domain 4 (except standard 4.2).

**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?

There is an increased demand for theatre time and allied health staff to support essential service delivery, which presents challenges for sustaining these services long-term. Accreditation inspections currently face these issues, and new standards must address them by providing guidance and support to help hospitals meet these needs while effectively delivering the curriculum. Balancing service requirements with training demands is crucial for sustainable healthcare delivery and quality education for trainees.

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

**General feedback**

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| Are the model procedures easy to read and understand? |
| The model procedures are easy to read, thorough, and closely align with current processes while supporting improvements in accreditation of sites' delivery postgraduate medical education.<br>This familiarity will make them straightforward to implement once the relevant policies are updated. Their clear structure and detail ensure that all stakeholders can easily understand the steps involved, facilitating a smooth transition to the new procedures. |
| Are there any requirements in the model procedures that would raise challenges for your organisation? |
| Implementing these changes will require additional training for staff, accreditation teams, and committee members, and it will likely increase the inspection, monitoring and administrative workload for both committee members and staff across the College and training sites.<br>However, we recognize the importance of these updates and believe they will ultimately lead to an improved training environment for trainees. |
| **Feedback regarding agreed terminology** |
| **For colleges:** Are there any obstacles to your college implementing the common terminology for:<br>• assessment against the standards: met; substantially met; not met<br>• accreditation outcomes for new settings: provisionally accredited; not accredited – refused<br>• accreditation outcomes for existing settings: accredited; conditionally accredited; not accredited – revoked. |
| The common terminology closely aligns with our current practices. Only minor adjustments would be needed, making it easy to adopt enhancing consistency across our documentation and communication. |
| **For colleges:** In what timeframe could your college implement this terminology? What support may assist quick adoption? |
| Implementing the common terminology could be straightforward if a phased approach is used and only minor adjustments to this section of the policy are approved by the College in the first instance.<br>However, it will be challenging and can take a considerable amount of time if all the changes to accreditation, as per the NHPO-recommended changes, need to be implemented at once. |
| **Feedback regarding the risk matrix** |
| Is the risk matrix appropriate for accreditation decision making? |
| Yes, in principle. We understand the model standards have been developed with flexible wording for Colleges to adapt to their needs, however all risk matrices contain subjective terms (like "reasonable period" and "impact on training"), which can be difficult to interpret consistently across different settings and individuals, which considerably decreases its usefulness. These terms may vary in meaning depending on specific context, making it challenging to apply the matrix uniformly across the committee and training sites. It would be helpful to define the matrices as objectively as possible to support consistent decision making between Colleges. |
| 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. |
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| When an assessment is marked as "not met," conditions should be imposed unless there is a clearly explainable reason the training sites cannot meet the criteria and while being able to provide an appropriate training environment. In such cases, it would be expected that the College would reconsider or adjust the criteria as part of the regular review of the standards.<br>At RANZCO, we do not use 'substantially met'. However, where a criterion is not fully met, we believe a condition has to be imposed proportionately to ensure full alignment with the standards irrespective of how close/far the training post is from the standards. |
| The risk matrix indicates that steps to revoke accreditation should be taken when the overall risk assessment is extreme. Is this appropriate? |
| Yes, this is appropriate and important. Colleges need to have a clear and transparent process to be able to withdraw accreditation if there is a severe impact on training which a site is unable to resolve in a reasonable timeframe. |
| **Other feedback** |
| 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:** | RANZCO |
| **Contact name:** | |
| **Contact email:** | [redacted] |

**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.**