

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 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.
Colleges have no direct control over training sites, in terms of their physical facilities, workloads for trainees, leave arrangements, flexible work hours and the ability of trainees to raise complaints and grievance without fear of negative repercussions. Clinical services are often underfunded and understaffed, impacting on the standards mentioned. Colleges can influence clinical services by pointing out that training posts will be discredited if they fail to meet college standards, but this does not guarantee improvements in funding etc, which are determined by government policy.
Should there be any additions to, or deletions from, the model standards?
Trainees should have an opportunity to give feedback to colleges about the impact of bureaucratic training requirements, including workplace-based assessments, on their training. Focus on WBAs can detract from immersion in broader training experiences, and the burden of college assessments can also have a negative impact on training experiences and work-life balance.
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>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?</p> <p>For health services: What should be considered in developing college-specific requirements for this criterion?</p>
<p>No more bureaucracy, please.</p>
<p>Criterion 2.2.1 provides for effective clinical supervision of trainees.</p> <p>For colleges: 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"> • flexibility for training in regional, rural and remote settings • situations where training settings have difficulty in recruiting supervisors despite best efforts • remote supervision? <p>For health services: What should be considered in developing college-specific requirements for this criterion?</p>
<p>A better criterion is to mandate the number of hours of supervision required by trainees.</p>
<p>Criterion 3.1.1 provides for a clinical caseload and casemix to achieve the training program outcomes.</p> <p>For colleges: Would it be necessary to include specific requirements to assess this criterion, for example, logbook requirements, theatre time?</p> <p>For health services: What should be considered in developing college-specific requirements for this criterion?</p>
<p>Logbooks do not guarantee the quality of a clinical interaction and are of dubious value. Supervised learning continues after fellowship and there is time to acquire a range of clinical experiences.</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>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.</p> <p>For health services: What should be considered in developing college-specific requirements for this criterion?</p>
<p>The RANZCP has both – a “scholarly project” and a requirement for trainees to have protected training time. The SP has both supporters and detractors, inspiring some and deterring others from future research. Learning to critically appraise research publications is more important than doing research as a trainee.</p>
<p>Criterion 4.2.1 provides for clinical or other equipment needed for trainees to achieve the training program outcomes.</p> <p>For colleges: Would it be necessary to include specific requirements to assess this criterion, such as a list of specialist equipment?</p> <p>For health services: What should be considered in developing college-specific requirements for this criterion?</p>
<p>The RANZCP requires certain basic emergency equipment to be available in training posts. Unable to comment otherwise.</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>In psychiatry, access to private interview rooms and computers is required.</p>
<p>Feedback regarding implementation</p>
<p>For colleges: 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>I believe that the RANZCP already complies with these standards, except where inadequate facilities and other under resourcing by health services makes the standard difficult to meet.</p>
<p>For health services: What is a reasonable timeframe for your organisation(s) to be ready for assessment against the model standards and why?</p>

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?
I didn't receive the proposed procedures.
Are there any requirements in the model procedures that would raise challenges for your organisation?
Feedback regarding agreed terminology
<p>For colleges: Are there any obstacles to your college implementing the common terminology for:</p> <ul style="list-style-type: none"> 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?
<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>
<p>The risk matrix indicates that steps to revoke accreditation should be taken when the overall risk assessment is extreme. Is this appropriate?</p>
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:	SA Psychiatry Branch Training Committee
Contact name:	
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 do not agree to your feedback being published?</p>
<input type="checkbox"/> NO – I do not agree to my feedback being published.