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?
The model standards are clear, easy to read, and understand. The AMC is commended for adopting a 'plain English' approach in developing the new standards.
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.
No
Should there be any additions to, or deletions from, the model standards?
RANZCR notes the following feedback in relation to this section: 1.1.9 - Page 13: – RANZCR believes the statement "reasonable adjustments… in line with legislative requirements" is vague. The same principles applied to First Nations trainees in this document should also be extended to trainees with disabilities. Both groups are minorities who have historically faced exclusion and disempowerment, and many may be the first from their group employed at a given training site or department.

- Many people with disabilities lack the resources to access legal support, and the requirement's wording assumes training sites and accreditation teams are knowledgeable about the law, which is unclear in this area and may differ across jurisdictions.
- Ignorance and unconscious bias from staff can exacerbate challenges during training. Including a reference to disability awareness and inclusion training for staff would be beneficial.
- The term "reasonable" allows for an employer narrative where necessary accommodations for trainees with disabilities in one jurisdiction might be considered reasonable, but not be provided or an unreasonable accommodation provided in another.
- Accommodating and assisting trainees with disabilities should be based on individual needs rather than the size of the training site or legal stipulations, and the requirement should reflect this.

2.1.3 - Pages 15-16:

- Colleges should have the right to ensure that trainees are being appointed in line with college selection into speciality training policy and processes, ensuring that the process is free from discrimination and bias.

2.1.4 – Page 16:

- Patient safety and cultural safety should be added to the provided list of mandatory orientation topics.

3.2.1 – Page 25:

The following should be added: "while ensuring that supervision is commensurate to the level of training and competence."

p29 - Appendix B (14):

- RANZCR recommends "surgical" should be replaced with "practical" or "procedural"

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?

RANZCR believes that the accreditation by other regulatory bodies is important for training sites. However, different regulatory bodies assess safety and quality standards at private training sites in New Zealand. One provider has fewer standards or a lower threshold which can mean that a site is unsuitable for trainees to spend more than a day at any one time. It may not be necessary to list the requirements of another accrediting body, but it may require closer examination by the assessment team to ensure that a site is safe to train for longer periods. RANZCR might ask a site to obtain a higher accreditation status or issue limits as to the time that a trainee spends at a training site. The AMC holds the colleges responsible for accreditation of sites, then no matter what other bodies may offer, the colleges must retain the final say on accreditation.

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?

Criterion 2.2.1 provides for effective clinical supervision of trainees. RANZCR offers the following:

- College-specific requirements may be necessary because the perception of effective supervision can be distorted by service delivery pressures. It is also helpful to clearly define minimum supervision requirements, allowing flexibility for specific contexts and individual trainee experience. RANZCR values the inclusion of supervision ratios.
- The assessment of whether supervisors are supported in meeting their education and training responsibilities and whether they meet these responsibilities should be treated as two separate criteria. The first is the responsibility of management, while the second is the responsibility of the supervisors.

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?

RANZCR believes that Criterion 3.1.1 should include College-specific requirements regarding the maximum duration of training in a setting with a restricted case mix.

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?

RANZCR includes completion of College specific requirements in its standards, e.g. participation in Network education activities. It does this because small settings may not be able to deliver all parts of the curriculum, meaning that they need to collaborate with other settings to deliver structured learning activities. For this reason, and for the avoidance of doubt, RANZCR would favour the inclusion of specific requirements.

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?

RANZCR offers the following feedback:

- **4.2.1 Clinical and Other Equipment**: This should include computers and monitors for medical imaging, which are essential for various specialties. The terminology could be amended from "orientation" to "training" to ensure patient safety. Additionally, there should be a reference to video conference facilities, including functioning cameras and microphones, as these are necessary for accessing online tutorials and participating in MDT meetings.
- RANZCR also notes that it seems unusual for clinical equipment, which is vital for providing an appropriate caseload and case mix, to be listed as the last criterion. This is particularly important for radiology, radiation oncology, and procedural specialties.

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

Nothing further to add

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.)?

RANZCR has recently launched new training site accreditation standards and detailed process guidelines, which training sites will begin being assessed against starting in early 2025. This achievement is the culmination of nearly three years of dedicated work, involving extensive consultation with members and a wide range of stakeholders.

To ensure a smooth and staged change management process for our training sites and the key personnel involved in the accreditation process, RANZCR will require a 5–6-year timeframe to fully adopt the model standards. This extended period will allow for adequate preparation, training, and adjustment to the new requirements, ensuring that all sites can meet the standards effectively.

A further change would add confusion and the prospect that sites might disengage if forced to change to another set of standards.

RANZCR argues that its new standards are based on best practice.

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

Not applicable

Other feedback

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

RANZCR offers the following comments regarding the model standards, detailed under each domain:

Domain 1 – Trainee health and welfare

- The wording refers to trainees accessing leave and flexible working arrangements as per their employment and/or appointment conditions. However, what happens if these conditions do not include leave for courses and exams required by the training program?
- This potential gap needs to be addressed to ensure trainees can meet all training program requirements.
- In considering cultural safety, for trainees who are Māori, Aboriginal and Torres Strait Islanders, to achieve the proposed standards in all 4 Domains, the environment within the accredited training sites of all Colleges must as a standard of practice, be established as being culturally safe. This includes clinical supervisors and Directors of Training having received and achieved cultural safety training but also that all other healthcare professionals in that training site must be trained. This would ensure a training and education environment that is culturally safe for not only the trainee(s) but just as importantly for the patients and where applicable the carers of patients.
- It is crucial to note that all Specialist Medical Colleges need to apply these standards in accredited training sites, the employers of the trainees, that is the health service providers of that specialty training, must ensure that all other members of the healthcare team must firstly be culturally safe in the provision of care. To extend this further, this would necessitate that all healthcare professionals, must have also received cultural safety training either within their own training programs or as part of compliance within their employment organisation. Secondly, a review of accreditation standards of all health service providers/institutions with regards to cultural safety should also be undertaken and regularly reviewed.

Domain 2 - Supervision, management and support

Standard 2.1 – Clear governance structures support the delivery of effective education and training

- The wording suggests that the training setting needs to provide the educational governance system. However, it is the Colleges that have the educational governance system. The training setting should support their staff (DoTs, Supervisors) in fulfilling their educational governance roles.
- Colleges have mechanisms and pathways for trainees to provide input and feedback on how training is delivered. Trainees can also give feedback directly to the College through regular anonymous surveys and by contacting their regional trainee representative. They can raise specific concerns related to training through College complaints or grievance policies, which are incorporated into the monitoring process within accreditation cycles. Colleges assess whether trainees are aware of local pathways and mechanisms and can use them without fear of repercussions. This is part of the DoT/Supervisor's role to advocate for trainees.

- Colleges have an obligation to ensure that the training setting consults trainees about workplace health and safety issues and that any complaints are registered and investigated appropriately. This is already covered by Criterion 1.1.1. Therefore, RANZCR believes that this criterion is redundant.
- **2.1.3**: This could be perceived as functions provided by the training setting's human resources department. It should also include resources within each specialty department, as rostering that impacts learning tends to be specific to the department. Additionally, a lack of administrative support in the department may require trainees to complete these tasks, reducing their time for educational opportunities. A suggested change in wording would be: "Human resources functions and administrative resources effectively support the delivery of training."
- **2.1.4**: This criterion should cover a broader orientation to the training setting, including induction on policies and processes, IT access, and health and welfare support mechanisms. It should also include an orientation to the department, covering clinical and educational aspects such as the nature of work, rostering, who will oversee their training, who to contact for day-to-day clinical issues, and participation in specialty education activities.
- **2.1.5**: The training provider engages with the College to resolve issues. The 'training provider' is defined as the legal entity responsible for the administration of the training setting. Often, an unwillingness to engage with the College becomes apparent after an accreditation assessment or visit when issues related to the delivery of training at the setting have been raised. If included in the standards, this might be better positioned as the first criterion.
- The repeated emphasis on and specific references to cultural safety, including for First Nations peoples, is commendable. However, there should also be a similar emphasis on and specific references to the psychological safety of all trainees.
- The use of the term "setting" to describe a training site can be confusing. For example, in the sentence "stakeholders during (in person or virtual) setting visits" (p29 (B) 16), it might be clearer to use "site" instead.

Standard 2.2 – Trainees receive appropriate and effective supervision

- College-specific requirements may be necessary because the perception of effective supervision can be distorted by service delivery pressures. It is also helpful to clearly define what minimum supervision requirements would look like, allowing flexibility for specific contexts and consideration of individual trainee experiences.
- The assessment of whether supervisors are supported in meeting their education and training responsibilities and whether they meet these responsibilities should be treated as two separate criteria. The first is the responsibility of management, while the second is the responsibility of the supervisors.

Standard 2.3 – Trainees are supported in delivering quality patient care, including culturally safe care

- This standard would be better placed after criteria relating to clinical caseload and case mix, i.e., breadth of practice, and then narrow the focus to individual patients.
- The current order emphasises culturally safe care. Based on the wording of the standard, Criterion 2.3.3 should be the first criterion rather than the last.
- **2.3.1**: This seems to focus on the diversity of patients (i.e., diverse culture, religious beliefs, gender, age) rather than quality patient care more broadly. RANZCR recommends changing the wording of the criterion to "Trainees are supported in delivering quality patient care to patients of diverse backgrounds" for clarity.
- **2.3.2**: This criterion focuses on knowledge and skills to support culturally safe care for First Nation peoples, rather than knowledge and skills to deliver quality patient care.

RANZCR recommends a change to the wording of the criterion to: "Trainees are supported in developing specific knowledge and skills to deliver culturally safe care for Aboriginal and Torres Strait Islander peoples".

- **2.3.3**: Even in small training settings, quality assurance processes should be formalised.

Domain 3 – Educational and clinical training opportunities

Standard 3.1 – Trainees are provided with the appropriate depth, volume and variety of clinical and other learning experiences

- **3.1.3**: Consider including clinical handover and continuity of care as components of the previous standard, i.e., trainees are supported to deliver quality patient care.

Standard 3.2 – Learning opportunities are transparent, equitable and appropriate for level of training

- **3.2.2**: Completion of the entire training program is a professional development activity for the trainee. This could be more clearly referred to as "equitable access to education and training opportunities."
- **3.2.3**: Various factors impact a trainee's ability to complete assessment requirements within the training program. For example, workplace-based assessments (WBAs) depend on the willingness and availability of supervisors, and attending an examination requires approval of a leave request. Time to study for examinations is dependent on allocated time on rosters unless it is expected to be completed outside of work hours. Supervisor engagement for WBAs could be addressed in Criterion 2.2.2, while leave to complete training program requirements should be more explicitly stated in Standard 1.1.6. Additionally, protected time for study is not included in the model standards and should be considered.
- The proposed Standards in Domain 3 should also factor the need for cultural leave and recognition of ties to country and family for First Nations people.

Domain 4 – Educational resources, facilities and support

- The proposed Standards in Domain 4 should also factor the need for a space and environment where Indigenous patients can feel safe even as they seek healthcare. This is part of the resources and facilities that all healthcare services should and must provide as part of culturally safe clinical care.
- 4.1.2 Intent refers to journals, clinical guidelines. The size of the training site tends not to change the need for access to these resources.

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

General feedback
Are the model procedures easy to read and understand?
The model procedures are clear, easy to read, and understand. The AMC is commended for adopting a 'plain English' approach in developing the new procedures.

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.
Assessment against the standards: met; substantially met; not met In the AMC procedures, each criterion/requirement is given a finding of Met, Substantially Met, or Not Met. In our RANZCR Process Guidelines, each standard is assessed as Met or Not Met. Findings are not given for each criterion/requirement to provide flexibility; even if one requirement is not met, other requirements may combine to ensure the standard is still met. RANZCR's preference would be to standards to be assessed as Met or Not Met. The AMC model procedures articulate the use of recommendations and commendations. This section refers to recommendations being unlike 'conditions' but does not explain what 'conditions' are. Although 'condition' is listed in the glossary, including it here would improve readability. The use of recommendations and commendations aligns with RANZCR's intentions to comment on any outstandingly good features identified by the accreditation team/panel. This is not explicitly stated in the document to avoid confusion about the nature of recommendations, as they may not be a feature of every report. **Accreditation outcomes (new and existing sites)** The RANZCR Process Guidelines do not allow new training sites to be accredited with conditions. For existing training sites, the guidelines allow them to become fully accredited if they meet the conditions before the end of the conditional accreditation period. This serves as an incentive for training settings to address these conditions promptly, ideally within 3 months. Essentially, the site is conditionally accredited with the expectation that it will be fully accredited (without conditions) within 6-12 months, or else accreditation will need to be revoked or withdrawn. The model standards do not specify whether training sites can become fully accredited once conditions are met. Questions arise, such as whether the site remains conditionally accredited or if another accreditation assessment is required to confirm that all criteria are met, involving an accreditation team or panel. The model standards also do not address what happens if training sites fail to meet the conditions, or only meet some of them, within the defined timeframe, and how this could lead to accreditation being revoked. Similarly, there is no guidance on what happens if the training site does not comply with progress or monitoring requirements. These issues are addressed later in the document under Monitoring. RANZCR suggests that this content might be better placed in the section regarding monitoring.

When the table states that a training site will need to submit a new accreditation application, this should apply when the site believes it meets all the standards and criteria broadly, not just the conditions from the accreditation assessment. Depending on the time between the accreditation assessment and the new submission, the training setting may no longer meet other standards or criteria.

The RANZCR Process Guidelines refer to re-submission within 12 months when the training site can meet all standards and criteria.

These comments also relate to decision making flowcharts in Appendix A and B.

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

RANZCR has recently launched new training site accreditation standards and detailed process guidelines, which training sites will begin being assessed against starting in early 2025. This achievement is the culmination of nearly three years of dedicated work, involving extensive consultation with members and a wide range of stakeholders.

To ensure a smooth and staged change management process for our training sites and the key personnel involved in the accreditation process, RANZCR will require a 5–6-year timeframe to fully adopt the model standards. This extended period will allow for adequate preparation, training, and adjustment to the new requirements, ensuring that all sites can meet the standards effectively.

A further change would add confusion and the prospect that sites might disengage if forced to change to another set of standards.

RANZCR argues that its new standards are based on best practice.

Feedback regarding the risk matrix

Is the risk matrix appropriate for accreditation decision making?

RANZCR agrees that the accreditation risk matrix is a helpful tool to support accredited training sites, but the assessment of the impact on training and the 'likelihood of the training setting being unable to implement required conditions' will be subjective. The term 'reasonable' adds further subjectivity. Additionally, the matrix emphasises identifying and mitigating risk rather than promoting quality training.

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.

Concerns with Figure 1: Accreditation risk matrix as it is currently constructed include:

- The statement that a training setting is "unlikely to be unable to implement required conditions within a reasonable period" is confusing due to the double negative.
- The term 'condition' has not been defined. Should this measure whether the training setting can meet the criteria identified as substantially met or not met?

The following page states that "conditions may be provided at the individual criterion level or address multiple criteria." To be clear and transparent, a condition should specifically relate to the training site meeting each criterion found to be only substantially met or not met. In the RANZCR Process Guidelines, substantially meeting the requirements of a standard is positive. Here, the finding is coupled with 'Not

met.' Possible examples of various criteria not being met and a global risk rating would need to be considered before endorsing such an approach.

On the next page, Figure 3 – Risk Rating Outcomes is provided to guide the accreditation approach. RANZCR's concerns include:

- **Row 1**: If a low-risk rating is determined, the approach is to decide if conditions are required. However, the risk rating is based on the likelihood of the training setting being unable to implement the required conditions.
- No timelines are suggested for conditions according to risk rating, though the following page suggests a minimum of 6 months for conditional accreditation.
- Training settings determined to be high risk, i.e.., criteria not being met or conditions not implemented, will have a severe or major impact on training. If it is likely or almost certain that the training setting will be unable to implement the conditions, these sites must not be provisionally accredited. Monitoring high-risk training settings is resource intensive. New training sites should meet most criteria or be low risk before being provisionally accredited.

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

RANZCR notes concerns regarding the steps to revoke accreditation. When extreme risk is determined, accreditation will be revoked. The report will outline the standards and criteria not met or only substantially met and may include conditions that the training setting would need to meet before submitting a new application. There would be no timeframes for showing progress or monitoring, as the site is no longer accredited. Progress updates and monitoring only occur if a setting/site is conditionally accredited.

Other feedback

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

RANZCR provides the following additional comments regarding the model procedures:

Conflicts of interest

- Colleges have the capacity to adequately manage declared conflicts of interest e.g. changing the members of the accreditation team/panel without the need to always notify the site and seek their feedback. RANZCR has always been able to manage this and as a result the scenario to need to notify and seek a sites' feedback will only be necessary when there is an ongoing perceived, potential, or actual conflict.

Site visit

RANZCR notes in this section:

- There is a change in terminology used from the model standards. New terminology, 'accreditation review,' is introduced here. Accreditation assessment, accreditation review and accreditation team's evaluation (included in the form of a report) appear to be used interchangeably in the model procedures.
- There does not appear to be an option for a site visit/accreditation assessment to focus on specific standards (as opposed to all). A focused assessment may be beneficial from time to time with training sites who may be lacking in specific criteria.
- There is no option for a desktop/documentation review, which may be used to determine provisional accreditation. In the RANZCR Process Guidelines, the possibility of interviews with key stakeholders is referred to. If the AMC Model Standards are adopted, all new applications for accreditation would need to be considered by an accreditation team/accreditation panel and a form of site visit.

- There is no reference to how an assessment of an application for an increase in the number of training positions with an existing training setting/training site would be managed.
  - In this section the last statement is 'Interviewees should not be named in reports. This could be amended to 'Interviewees are not usually named in reports' The Model Procedures document is information for all stakeholders, not a directive of what the College should or should not do. This statement would be better placed in the section on reports.
- A statement could be added regarding confidentiality of feedback provided during interviews and that care must be taken to obtain information from a variety of sources so that, where possible, details provided are not sourced back to one individual interviewee.

Organisational details and contact	
Organisation name/details:	Royal Australian and News Zealand College of Radiologists (RANZCR)
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.**