
Clinical Professional Leadership Unit response to Australian Medical Council Ltd (AMC)

Feedback on AMC Model standards for specialist medical college accreditation of training settings

OFFICIAL

Thank you for the opportunity to provide feedback as part of the public consultation on the **AMC Model standards for specialist medical college accreditation of training settings- September 2024**.

Safer Care Victoria (SCV) is Victoria's lead agency for improving the quality and safety of healthcare. We support health services to monitor performance, guide best practice, and help them identify and respond to areas where they can improve. SCV was established in January 2017 as an administrative office of the Victorian Department of Health.

The Clinical and Professional Leadership Unit provides clinical and professional leadership to SCV, the Victorian healthcare sector and the Victorian government. The unit is comprised of the clinical leads: Chief Nurse and Midwifery Officer, Chief Mental Health Nurse, Chief Medical Officer, Chief Allied Health Officer, Chief Paramedic Officer, Chief Addiction Medicine Adviser and Senior Clinical advisors.

We consult across the unit, SCV and the Department of Health where required for each consultation to ensure we are capturing the relevant expert advice.

Please see below our publication details, authorised delegate and submission details with feedback provided.

Our details

Publishing

Can you publish our submission

- Yes, with details: Safer Care Victoria

Authorised delegate

Name: [REDACTED]

Position: Executive Director Clinical and Professional Leadership Unit and Chief Mental Health Nurse

Organisation: Safer Care Victoria.

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Submission details

SCV supports the concept of model standards to achieve greater consistency and uniformity of College accreditation of hospital/health service training sites for Specialist Training. Given the input of the Colleges and their engagement in the process of developing these documents they are generally sound.

SCV wishes to raise the following issues for consideration:

General document formatting

There were two documents provided by the AMC for consideration, in addition to the explanatory consultation document - Attachment 1 Model standards, and Attachment 2 Model Procedures.

Both documents have the same colour title page and when downloaded to Adobe have the same first three words in the tab title: *AMC User Guide*. This similarity in formatting is confusing and there is the potential for the reader to fail to clearly distinguish these as two separate documents.

SCV recommend making the two documents distinctive, so readers are not confused.

Model Standards

The overall structure outlining a domain, standard, criterion and College-specific requirements is sound.

However, there are only four domains that address the accreditation standards (see below).

SCV suggests that the domains be more aligned to the College competency framework as most Colleges, if not all have adopted a framework based on CanMeds and have considerable congruity (e.g. RACMA, RACS, RACP, ANZCA etc).

Domain 1, Standard 1.1 Learning in an environment that supports trainee health and welfare

The 10 outlined subsections cover this domain appropriately

Domain 2, Supervision, management and support structures

Standard 2.2

SCV would recommend that the document, particularly the supporting text recognises that supervision models may be changing and allow for more flexible supervision. For example, for some specialties virtual models of off-site supervision may be relevant, particularly for more senior trainees, and that Colleges should not be too rigid in limiting training positions according to the number of Fellows on-site where this is appropriate.

Standard 2.2.5

Health services should not expect local supervisors of training to undertake these tasks in addition to their normal workload and there should be more recognition that “support for supervisors” would include reallocating duties and scope of practice to allow time to undertake supervision duties and/or reimbursement where time is not allocated *in lieu*.

Indeed, a health service that expects supervision and training to be provided on top of other duties may be demonstrating poor leadership and contributing to a suboptimal culture.

Domain 3 Education and Clinical Training Opportunities

No additional feedback at this time

Domain 4 Education resources, facilities and equipment

No additional feedback at this time

Current omissions or aspects that could be strengthened within the standards

Clinical Governance:

SCV also would like to highlight that learning in an organisation that practices good Clinical Governance appears to be assumed rather than being explicit. We recommend that Clinical Governance is spelled out within the existing domains or is a separate domain.

For example, accreditation should cover whether and how trainees engage in aspects of clinical governance, safety and quality, particularly being afforded opportunities to participate in clinical incident management, reflection, reporting and quality improvement, clinical audit and peer review.

Multidisciplinary learning

Working in multidisciplinary teams is an important aspect of normal clinical practice and relates to the competency of collaboration/teamwork. Perhaps multidisciplinary teamwork and opportunities to learn in a multidisciplinary environment can be articulated within the domains.

Career Progression and transition

As a trainee's career progresses there should be evidence of greater independence or delegation to the trainee, whilst still maintaining the relevant level of supervision. There should be clear evidence that the learning environment allows for greater responsibility and opportunity to provide care as the trainee's career progresses.

Model Procedures

Procedures 10: The Procedures document appropriately includes communication of the accreditation decision to the appropriate Health Department in addition to notifying the relevant General Manager/Executive Director of the Hospital/Health Service.

Ensuring communication/liason between the Colleges and the Health Department with regards issues around accreditation of particular services is important to ensure that accreditation decisions are not siloed, and the implications of decisions are addressed by the system.

Professor David A Watters

A/Prof Andrew Wilson