

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?
The model standards are clear and comprehensive, with criteria that are straightforward to read. The intent section, along with additional notes and supporting evidence, provides helpful clarification.
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.
Should there be any additions to, or deletions from, the model standards?
There are several additions could enhance the standards: <ul style="list-style-type: none">• Establish an escalation pathway for college concerns that includes the facility executive, rather than limiting contact to local department representatives.• Ensure oversight of supervisor training completion if required by the college.• Require that accreditors undergo regular auditing and monitoring in addition to education on accreditation standards to demonstrate currency, proficiency, and standard approach.

- Make it mandatory to notify and invite facility executives for accreditation visits, especially for facilities across multiple sites.
- Ensure education and training receive adequate administrative support.

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?

For these two distinguished licensing bodies, this approach would be suitable, as they must be nationally mandated by the regulator. However, this becomes more complex for facilities under conditions set by organisations that benchmark a wide range and depth of standards nationally, such as the NSQHS and the ACQ and S Commission quality standards, especially if all standards are not met at the highest level.

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?

Although the settings may vary significantly, trainees in their early years share a similar level of knowledge, skills, and experience. Clinicians with an understanding of the educational process at the accrediting body level should oversee trainees to ensure the safety of both patients and trainees. This approach safeguards training quality, preventing undue influence from workforce demands. While some flexibility is necessary, facilities should not rely on inexperienced trainees to recognise their need for increased supervision, especially in acute settings.

Facilities should provide evidence of proactive monitoring of trainees' progress and supervision needs, along with their response to any increased support requirements.

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?

<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>In a workforce-limited environment, protected time for teaching or research is extremely valuable. While a certain amount is essential, training settings must remain flexible, balancing diverse learning experiences without extending the duration of specialist training. There may be a role for Colleges to coordinate the delivery of these requirements, given the limited opportunities available.</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>Settings will differ significantly in the availability of advanced equipment and specialised expertise within the public sector to train procedures such as robotic surgery and laser transesophageal echocardiography. How will Colleges ensure all trainees have access to these learning opportunities?</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>
<ul style="list-style-type: none"> • There needs to be an escalation pathway for college concerns that must include the executive of the facility, contact should not just be with the local department contact • Oversight of supervisor training completion if required by the college • Accreditation visits – should be mandatory to notify and invite the executive of the facility (or both facilities if it crosses dual sites) • Education and training should have sufficient administrative support provided
<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 timelier manner (for example, shared training, shared resources etc.)?</p>

For health services: What is a reasonable timeframe for your organisation(s) to be ready for assessment against the model standards and why?
Although the Standards are expected to gain broad acceptance without controversy, Colleges would need significant time to implement all necessary changes, including extensive updates to IT platforms. The National Prevocational Framework, launched only this year, is not yet fully operational. Revising it again would pose practical challenges, although it is already largely compliant with the proposed standards.
Other feedback
Do you have any additional comments regarding the model standards that are not covered above?
If a training provider undergoes this accreditation process and ultimately the accreditation for a position is withdrawn: what is the role of the College in supporting a registered/subscribed trainee whose training has been interrupted?

Consultation questions relating to draft model procedures:
General feedback
Are the model procedures easy to read and understand?
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.
<p>For colleges: In what timeframe could your college implement this terminology? What support may assist quick adoption?</p>
<p>Feedback regarding the risk matrix</p>
<p>Is the risk matrix appropriate for accreditation decision making?</p>
<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?

Organisational details and contact	
Organisation name/details:	Western Sydney Local Health District
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.