Application of the risk framework and development of conditions

Guidance for specialist medical colleges to support implementation of the *Model Procedures for specialist medical college accreditation of training settings*

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Contents

Purpose of this guidance document

This document has been developed to support specialist medical colleges (in particular, accreditors) with implementation of the risk framework outlined in the *Model Procedures for specialist medical college accreditation of training settings* (model procedures).

Adopting a risk-based framework is a key recommendation in the 2023 National Health Practitioner Ombudsman (NHPO) report: *Processes for Progress Part One: A roadmap for greater transparency and accountability in specialist medical training site accreditation*:

Recommendation 16: The AMC should work with colleges and other relevant stakeholders to develop guiding principles and a risk-based framework to ensure a fair and proportionate response to non-compliance with the specialist medical training site accreditation standards.

The NHPO outlines the benefits of such a framework as:

- helping effectively set expectations and to ensure procedural fairness

- ensuring individuals within a college do not make different decisions based on varying perceptions of the college's role and responsibilities in relation to non-compliance

- supporting health services to continue to deliver care, whilst also ensuring that identified risks are adequately managed.

The risk framework that has been developed is a core element of the model procedures that all colleges are expected to adopt. It was consulted on widely and incorporates best practice from risk frameworks used by other accreditation bodies.

Feedback from the consultation noted that the risk framework codifies what is currently already done informally by most accreditation teams. However, feedback also indicated that further guidance on how to use the risk framework would be helpful.

In relation to the setting of accreditation conditions, data analysis conducted during 2024 has shown that some colleges apply conditions to nearly all training settings and others apply them very rarely. The way conditions are written also varies. With colleges moving to adopt the new *Model standards for specialist medical college accreditation of training settings* (model standards) and the risk framework, there is the opportunity to further standardise the application and content of conditions. This document provides guidance to support this approach.

Overview of the risk framework

What is included in a risk framework

Adopting a risk-based approach to an accreditation framework is increasingly common. It involves the use of a risk matrix and a supporting suite of escalation tools to address the relative severity of the risk that arises when the accreditation standards are not met. The degree of risk informs any decisions on conditions to be applied and refusing/revoking of accreditation, and determines the frequency and nature of monitoring activities.

Based on the risk management literature, a best practice risk matrix incorporates:

- a 'likelihood' axis and an 'impact' (sometimes known as 'consequence') axis
- a 5 by 5 scale for likelihood and impact:
    - **Likelihood** is normally classified as 'rare', 'unlikely', 'possible', 'likely', 'almost certain'
    - **Impact** is normally classified as 'insignificant', 'minor', 'moderate', 'major' and 'severe'/'catastrophic'
- 4 risk ratings resulting from the risk assessment (normally classified as 'low', 'medium', 'high' and 'extreme').

This approach has been adopted in the accreditation risk framework in the model procedures.

Two of the key decision-making principles for accreditation outlined in the model procedures are:

- accreditation decisions will be risk based and proportionate
- a consistent approach is used for assessing risk and determining the accreditation outcome and any subsequent actions, using the risk assessment framework for accreditation.

The risk assessment framework in the model procedures

Where a training setting has a finding of 'Met' for all criteria within the standards, accreditation will be granted. A risk assessment is therefore not required.

Where a training setting has a finding of 'Substantially met' or 'Not met' for any criteria within the standards, a risk assessment will be conducted (using the *Accreditation Risk Matrix* at *Figure 1*). The outcome of this assessment will guide the college's response and accreditation decision.

The *Accreditation Risk Matrix* is used to determine the level of risk based on reviewing the <u>totality</u> of the criteria that are substantially met and not met against the following dimensions:

- the **impact** on training at the training setting, noting that this has consequences for patient safety. This includes considering the impact on current and future trainees.
- the **likelihood** that actions will be implemented to meet the criterion/a within a reasonable period.

		Rare	Unlikely	Possible	Likely	Almost certain
Impact on training	**Insignificant**	Low	Low	Low	Low	Low
	Minor	Medium	Medium	Low	Low	Low
	Moderate	High	High	Medium	Low	Low
	Major	Extreme	High	High	Medium	Low
	Severe	Extreme	Extreme	High	Medium	Medium

Figure 1 – Accreditation Risk Matrix

The college will use the risk rating in the *Accreditation Risk Matrix* to help guide the accreditation approach, outcome and monitoring requirements (see *Risk Rating Outcomes* at *Figure 2* below*)*.

Conditions may be set at the individual criterion level or address multiple criteria. The college will determine what monitoring activities and contact is required based on the risk assessment outcomes.

Risk rating	Approach	Outcome	
		New settings	Existing settings

Low risk	• Determine if conditions are required. Where they are required:
	   ○ impose conditions against the criteria
	   ○ outline what the conditions are, the timeframes for showing progress and how they will be monitored, including any reports that need to be provided.
	• Will likely require some 'light touch' monitoring and there might be more flexibility on timelines for the condition to be met (e.g. within 6-12 months).
	• There will likely be limited need for ongoing review or intervention.
		Provisionally Accredited	Accredited OR Conditionally accredited

Medium risk	• Impose conditions against the criteria. • Outline what the conditions are, the timeframes for showing progress and how they will be monitored, including any reports that need to be provided. • May require a more formal monitoring approach with specific timelines for completion (e.g. within 6 months). This might include more than one review point to check in on progress towards meeting the conditions.	Provisionally Accredited	Conditionally accredited

Risk rating	Approach	Outcome	
		New settings	Existing settings
High risk	**New setting**: Do not grant accreditation (accreditation is refused). **Existing setting**: • Impose conditions against the criteria. • Outline what the conditions are, the timeframes for showing progress and how they will be monitored, including any reports that need to be provided. • Due to the high-risk nature of the criteria that have not been met, the timeframes for demonstrating progress may need to be shorter and more rigorous than for medium risk (e.g. within 3 months).	Not accredited (refused)	Conditionally accredited
Extreme risk	**New setting**: Do not grant accreditation (accreditation is refused). **Existing setting**: Move to revoke accreditation. • Outline what requirements must be met in the future to be considered for accreditation/reaccreditation, including timeframes for showing progress. • Note: For existing settings, colleges may take an active management approach with the training setting to help it take immediate steps to lower the risk which in turn moves the setting back to a conditionally accredited pathway rather than revocation. The situation should be carefully deliberated between the college, training setting and training provider, noting that each case will be different.	Not accredited (refused)	Not accredited (revoked)

Figure 2 – Risk Rating Outcomes

Note there is further information about this process in the model procedures, in particular processes around managing revocation of accreditation.

Guidance on using the risk framework

General considerations for using the risk matrix

A risk matrix is designed to support a decision maker's judgement, not to replace it. Accreditation teams should use the risk matrix to give structure to their decision making, noting that there will be real-world complexities that require the framework to be applied flexibly. "Real-world complexities" may include considerations such as:

- The complexities of trainees' individual situations (for example, how would the proposed accreditation decision affect the individual trainees currently at the setting and how should this be balanced with the impact on their training?)

- The complexities in the provision of services (for example, would the health of the public be severely affected by a proposed accreditation decision?)

- The complexities of the college's ability to continue to provide training (for example, how would the proposed accreditation decision affect the ability of the college or the training network to continue to provide a high standard of training?).

Accordingly, the risk matrix is a guide, not a rule book, and situational awareness (that is, awareness of the overall context in which decisions are being made) is a relevant factor.

The accreditation team is generally chosen for its expertise and experience. The risk matrix provides a guide for the use of experience, knowledge and insight into the realities of training and also of service provision. The risk matrix allows for the use of judgement and common sense in a structured way.

This does not mean that professional judgement, situational awareness, common sense and flexibility can "override" the risk matrix. The risk matrix is a structure to ensure that these factors are applied in a measured way. When used appropriately, it also creates a structure in which accreditation team members can discuss and challenge notions of risk and decision making, and provides a framework through which any disagreements amongst the accreditation team can be resolved.

How to use the risk framework

As noted above, the accreditation team must first review all of the individual criteria and determine whether they are 'met', 'substantially met', or 'not met'.

If all criteria have been met, then a risk assessment does not need to be undertaken.

If one or more criteria are found to be 'substantially met' or 'not met', then the accreditation team should undertake the risk assessment.

The risk assessment is run on the **totality of the risk,** not applied against each individual criterion i.e. the accreditation team needs to look at all of the criterion that have been recorded as 'substantially met' or 'not met' and determine what the overall impact on training is and the likelihood of the setting being able to implement actions to meet the criterion/criteria within a reasonable period. Accreditation teams should NOT be creating an individual risk assessment score against each individual criterion and then determining the overall rating based on the highest rated score.

Interpreting the impact axis

The y axis in the matrix is **'Impact on training'.**

This goes to the nature and type of the criteria that are not being met, including the extent and seriousness and the impact on training at the training setting. This includes impacts on:

- the ability of trainees to achieve the training program outcomes

- the ability of trainees to complete the training program within reasonable timeframes

- the ability of supervisors to be able to deliver effective education and training.

"Trainees" and "supervisors" means the trainees and supervisors currently at the setting and the trainees and supervisors that will be at the setting during the forthcoming accreditation cycle.

The ability of trainees to achieve the training program outcomes, or complete the training program within reasonable timeframes, and the ability of supervisors to meet their education and training responsibilities may be impacted by any of the matters covered in the accreditation standards, being:

- trainee health and welfare;

- supervision, management and support structures;

- educational and clinical training opportunities; and/or

- educational resources, facilities and equipment.

Because all these matters are important, none are called out separately. For example, the y axis does not separately call out "effect on the trainee", or "wellbeing of the trainee" or "patient safety" or "cultural safety" as any one of these may have an impact on training, as could other factors such as equipment, supervision, casemix at the setting etc.

Interpreting the likelihood axis

The x axis in the matrix is **'Likelihood of the training setting/training provider being ABLE to implement actions to meet the criterion/criteria within a reasonable period'**.

This goes to matters relating to the conditions, history and behaviour of the training setting/training provider, whether they understand the issues and what is required to meet the criteria, and whether they have demonstrated that they have the capability, commitment and resources to take the actions needed.

The timeline of 'reasonable period' will depend on:

- the nature of the range of criteria that have not been met e.g. some areas will require a more rapid response than others because they pose an imminent or immediate risk

- the steps the training setting reasonably needs to implement change (e.g. if the action required to meet the standards is to ensure trainees have oversight and supervision appropriate for their stage of training, the training setting would need time to recruit staff or make remote supervision arrangements and this time might differ between rural and metro settings).

For these reasons, a 'reasonable period' cannot be further defined within this guidance document, and is at the discretion of the accreditation team to determine.

Matters the accreditation team may wish to consider when determining the likelihood rating (from "rare" to "almost certain") include:

- how the setting has responded to any previous conditions regarding the same subject matter. For example, if the same issue has been raised in previous accreditations but the setting has made little or no progress in addressing the issue, then confidence in the ability of the training setting to take action may be lower, thus potentially moving the risk rating more towards 'unlikely' or 'rare'. However, this would depend on the circumstances of each case.

- the feedback from the setting during the accreditation assessment process (noting that the model procedures encourage discussion between the accreditation team and the training setting to try and resolve issues prior to a final accreditation decision being made). For example, this feedback may: evidence steps the setting is willing to put in place immediately or in the near future; demonstrate a commitment to address the issues; indicate that resources are available to address the issue. This kind of positive engagement may raise the accreditation team's confidence in the ability of the training setting to take action, thus potentially moving the risk rating more towards "likely" or "almost certain".

Using this risk-based approach, revocation of accreditation is only likely to be a potential outcome in training settings that have continually shown a lack of progress in addressing conditions to meet the standards (e.g. over a number of years), rather than in settings where a key issue is identified for the first time/is a newly accredited setting and the setting has indicated that it will address the issue in a timely manner.

It is noted that accreditation teams may sometimes uncover an issue that poses an immediate risk at the training setting, such as an imminent risk of harm to a trainee. Accreditation teams should work with the setting to eliminate or minimise this risk to an acceptable level and this can occur immediately while the accreditation process continues. For example, the employer, college and trainee could agree that the trainee leave the setting (e.g. go on leave for a period, or move to another setting) while the setting and the accreditation team continue to work through the accreditation process and determine the steps that can be taken to address the matter. This can then be weighed up as part of the accreditation decision.

Note: To avoid using a double negative when undertaking the rating, i.e. 'Likelihood of the training setting/training provider being UNABLE to implement actions to meet the criterion/criteria within a reasonable period', the phrasing has been reversed to 'ABLE to implement'. This has led to red extreme risks now appearing in the lower left quadrant of the matrix rather than the top right.

Linking the risk rating to accreditation outcomes

In response to the level of risk identified, the accreditation team will determine:

- the accreditation outcome/decision

- whether conditions are required

- monitoring requirements.

Revocation of accreditation should not be an outcome where the risk can be sufficiently mitigated through the imposition of conditions.

It is expected that when the risk rating is higher:

- any timeframes for demonstrating progress towards addressing accreditation conditions may need to be shorter

- the conditions themselves may need to be more rigorous

- the monitoring requirements will be greater.

Due to the range of impacts on training and what constitutes a 'reasonable period' will differ depending on circumstances, further definitions of the risk scales and overall risk ratings are not provided (e.g. what is meant by 'rare' versus 'unlikely', what is meant by 'extreme'). Other comparable risk frameworks, such as those of the Australian Aged Care Quality and Safety Commission, Australian Skills Quality Authority and the Australian Health Practitioner Regulation Agency, also do not define these terms further.

Documenting the risk assessment

The assessment of risk is a nuanced process involving discussion, challenge, possible disagreement and resolution. It is not possible to document this complex process entirely and doing so may also hamper a culture of openness and debate. Recording that a risk assessment was undertaken and how it helped inform the accreditation team's assessment (e.g. in the record of the accreditation team's meetings) would be a useful tool for any subsequent review proceedings.

Also, undertaking a risk assessment will assist the accreditation team to contextualise the reasons for its decision (in the accreditation report) in terms of risk. For example, instead of stating that a condition was imposed because there is no process for trainees to raise a grievance, this could be crafted as "There is no grievance procedure for trainees and this poses a risk to the training environment that supports trainee health and welfare, and where trainees feel safe to raise concerns about their training." (Criterion 1.1.1).

Using the risk framework as part of monitoring

As per the model procedures, during monitoring:

If one or more criterion that were previously met are now 'substantially met' or 'not met' or a condition has not been met within the required timeframe or is unlikely to be met within the required timeframe (e.g. no work has started on it), a risk assessment will be completed. The risk assessment result will inform next steps, which may include imposing further conditions, extending the timeline of existing condition(s) and conditional accreditation, changing the scope of the existing condition(s) or moving to revoke accreditation. The monitoring requirements for these will also be outlined.

Guidance on developing conditions

Guiding principles for the use of conditions

The model procedures define a **condition** as:

A qualification attached to the granting of accreditation at a training setting which requires action within a defined timeframe.

A condition is mandatory and is different to a **recommendation** which is defined in the model procedures as:

A non-mandatory action to improve trainee experience and/or outcomes at the training setting.

Four guiding principles for the use of conditions have been developed by the Health Professions Accreditation Collaborative Forum and further developed in the Australian Dental Council's '*Writing accreditation conditions – Guiding principles for assessors*'. Building on this and other reviews of the risk literature, guidance for colleges is provided below.

Guiding principles for the use of conditions[1]	Guidance for accreditation team members
Guiding principle 1 – The purpose of a condition is to address a shortfall against an approved Accreditation Standard.	The college will impose a condition or conditions on a training setting if it determines that one or more criterion within the model standards is 'substantially met' or 'not met'. Conditions may be applied at the individual criterion level or address multiple criteria. Conditions should not be added for process areas that sit outside the standards (such as applying a condition on all settings that ongoing monitoring requirements must be met). This is covered by the college's accreditation procedures.
Guiding principle 2 – The timeframe by which a condition must be met is to be fair and reasonable.	Conditions should always have timelines attached to them. The *Health Practitioner Regulation National Law Act* 2009 (the National Law) allows an accreditation authority to impose conditions on an accredited program if the condition will ensure the program meets an approved Accreditation Standard within a '*reasonable time*'. The National Law does not specify what is considered a reasonable time. However, Australian law generally states that 'a reasonable time' depends on a number of factors including the context, the facts of the specific situation, and what a reasonable person would consider fair and appropriate under those circumstances. A reasonable time is therefore considered to be enough time to allow the training setting to implement the condition properly. If the condition relates to an urgent matter, then the amount of time that is reasonable may be less than in a non-urgent situation.

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[1] Health Professions Accreditation Collaborative Forum, Understanding the use of conditions in Accreditation in the National Registration and Accreditation Scheme (2021)

Guiding principles for the use of conditions[1]	Guidance for accreditation team members
Guiding principle 3 – The condition should relate to the desired outcome.	The model standards are outcomes focused. A training setting can demonstrate that it meets a criterion in a variety of ways. Similarly, conditions should not be overly prescriptive and should allow the training setting flexibility as to how the desired outcome can be met.
Guiding principle 4 – A condition must be clear.	When imposing a condition on an accredited program, it must be clear to the training setting what action is required to demonstrate to the college that it will meet the relevant criterion in full. This should not involve implementing unknowns, that is, actions where the resources required, or actions to be taken, are yet to be determined. Key elements of writing effective conditions include: • **Clarity:** Conditions should be easily understood by the training setting to avoid confusion and ensure compliance. • **Measurability:** Conditions should specify the outcome that needs to be achieved to meet the criterion, whilst still allowing flexibility for the setting to determine the best way of achieving the outcome. • **Conciseness:** Conditions should be brief and to the point, avoiding unnecessary complexity. • **Enforceability:** Conditions should be worded in a way that allows for clear assessment of whether the standards have been met or not met. • **Avoid ambiguity:** Conditions should avoid phrases like "generally in accordance with" or "as necessary" which can lead to varied interpretations and hinder enforcement.

The following is an example of a condition structure:

- VERB + OUTCOME + TIMEFRAME + CRITERION/CRITERIA REFERENCE
    - Conditions all commence with a VERB – this verb indicates what the training setting needs to DO.
    - OUTCOME: what the training setting needs to achieve
    - TIMEFRAME: the date by which to achieve the outcome
    - CRITERION/CRITERIA REFERENCE e.g. 1.1.1 or 2.1.3

Ensuring fair conditions

Accreditation processes must be open, accountable and evidence based. Throughout the accreditation assessment, the team should meet regularly to discuss its findings, consolidate the evidence gathered and keep the training setting informed as challenges are identified. This ensures that the final debrief and accreditation report do not contain 'surprises', and the conditions are fair and responsive to the evidence gathered during the assessment.