**RACP**
Specialists. Together
EDUCATE ADVOCATE INNOVATE

# New Accreditation Program E-Module

## Training Accreditation Services

# Acknowledgement of Country



We acknowledge the traditional owners and custodians of the lands from which we meet.

We extend our respect to all Aboriginal, Torres Strait Islander, and Māori people – including those present today – and value the importance of their ongoing connection to land, sea, sky, and community.

We pay our deepest respect to Elders past present and emerging. And together we re-state our shared commitment to advancing Aboriginal, Torres Strait Islander, and Māori health and education as core business of the College.

# Purpose of the E-module

The purpose of this E-Module is to provide the audience with an overview of the new accreditation program in an accessible and comprehensive platform. The E-Module is self-paced, allowing you to learn in your own time and schedule.
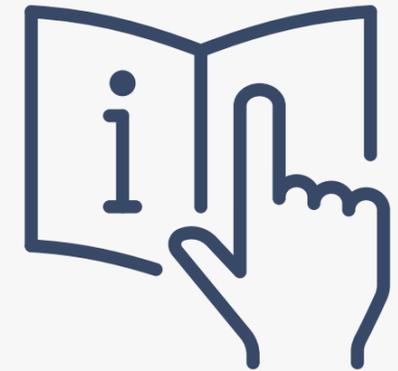
## Who is it for?

This is for stakeholders from Settings applying for first-time Basic Training accreditation, currently accredited Settings wanting to learn more about the process, as well as any Trainees interested in the accreditation program.

# E-Module Outcomes

Following this session, participants will be able to:

• understand the new Accreditation Program

• complete the Self-Assessment Forms

• prepare for upcoming accreditation reviews

• understand the College's monitoring procedures

# Topics Covered in this E-Module

**01**

The Accreditation Program

**02**

Completing Self-Assessment Forms

**03**

The External Assessment Process

**04**

Monitoring Processes

**05**

Summary & Resources

**01**

# The Accreditation Program

This section covers:

- Overview of the accreditation renewal program & the accreditation cycle
- Key changes in accreditation program
- Overview of the Accreditation Standards and Framework

# Accreditation Renewal

**Training Provider Standards**

**Basic Training Program Requirements**
(Adult Internal Medicine and Paediatrics & Child Health)

*The College is not accrediting rotations at this time.*



Training Setting

Training Program

Training Rotation

External Assessment — External Validation — Reporting — Monitoring — Self-Assessment

QUALITY IMPROVEMENT

ACCOUNTABILITY

- The RACP accreditation program was renewed to align with the Australian Medical Council/Medical Council of New Zealand requirements.

- The Accreditation Cycle is a cyclic, multi-staged evaluation process *(see above)*.

- Each Setting now receives separate accreditation decisions for the Training Provider and Basic Training Programs. The Training Provider Standards outline accreditation requirements at a Setting (or Hospital) level & the Basic Training Programs for Adult Internal Medicine (AIM) & for Paediatrics & Child Health (PCH) have their own Accreditation Requirements.

# The Accreditation Cycle

We assess a training provider's compliance with the Standards and Requirements by conducting visits or document assessments. Visits are undertaken by an Accreditation Review Panel and document reviews are undertaken by an assigned Accreditation Lead which is also a subcommittee member.

During this phase, Training Providers reflect on their compliance with the Standards and requirements, prepare a written response to describe this compliance, rate their performance, and provide supporting documentation to support the response.

This is the decision-making stage of accreditation. The setting and training program accreditation decision is validated by the Accreditation Subcommittee. This decision is based on the findings of the External Assessment Report.

We monitor Training Providers to ensure ongoing compliance to the Standards and progression with conditions throughout the accreditation cycle.

The accreditation decision is provided to the training provider and is made available on Accredited settings.

**External Assessment**

**External Validation**

**Self-Assessment**

**QUALITY IMPROVEMENT**

**ACCOUNTABILITY**

**Monitoring**

**Reporting**

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# What are the key accreditation changes?
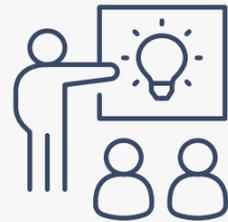
Only the training program received a decision under the 2010 standards. Accreditation decisions are now provided for both Setting <u>and</u> Program/s.
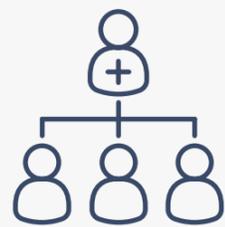
The new program streamlined the involvement of Setting Executive/s <u>and</u> Training Program leadership teams in accreditation, with the Training Provider demonstrating commitment and engagement in training and accreditation — collaborating to complete Self-Assessment documents.

The accreditation cycle is now four (4) years in line with AMC requirements.

The 2010 Standards had 5 standards — there are now nine (9) Accreditation Standards under Four Themes.

*\* All Basic Training Programs will remain under the 2010 accreditation standards until due for reaccreditation under the new Standards and Requirements.*

# Difference in Standards

## Old 2010 Standards

| Standards for the accreditation of training setting | |
| --- | --- |
| **RACP Standard** | **Criteria** |
| **1. Supervision** | 1.1 There is a designated supervisor for each trainee. |
| | 1.2 Trainees have access to supervision with regular meetings. |
| | 1.3 Supervisors are RACP approved and meet any other speciality specific requirement regarding qualifications for supervisors. |
| | 1.4 Supervisors are supported by setting or network to be given the time and resources to meet RACP Supervision requirements and criteria on supervision. |
| **2. Facilities and Infrastructure** | 2.1 There are appropriate facilities and services for the type of work being undertaken. |
| | 2.2 Trainee has a designated workspace including a desk, telephone and IT facilities. |
| | 2.3 There are facilities and equipment to support educational activities, such as study areas and tutorial rooms. |
| **3. Profile of Work** | 3.1 The setting shall provide a suitable workload and appropriate range of work. |
| | 3.2 Trainees participate in quality and safety activities. |
| | 3.3 There is capacity for project work (including research) and ongoing training. |
| **4. Teaching and Learning** | 4.1 There is an established training program or educational activities such as multidisciplinary meetings, academic meetings, rounds and journal clubs. |
| | 4.2 There are opportunities to attend external education activities as required. |
| | 4.3 There is access to sources of information, both physical and online, including a medical library or e-library facility appropriately equipped for physician training. |
| **5. Trainee Safety and Support Services** | 5.1 There are workplace policies covering the safety and well-being of trainees. |
| | 5.2 There is a formal induction/orientation process for trainees. |

**Only covered 5 areas: Supervision, Facilities & Infrastructure, Profile of Work, Teaching & Learning and Trainee Safety & Support Services for Trainees.**

## New Standards

**1** Environment and Culture — Standard 1: Quality and Safety — Standard 2: Learning Environment

**2** Training Oversight — Standard 3: Governance — Standard 4: Training Management

**3** Training Support — Standard 5: Educator Leadership, Support and Wellbeing — Standard 6: Trainee Support and Wellbeing

**4** Curriculum implementation — Standard 7: Curriculum Delivery — Standard 8: Supervision — Standard 9: Feedback and Assessment

**Now has 4 Themes with 9 Standards covering wider and more detailed scope of accreditation focus areas.**

# New Accreditation Standards
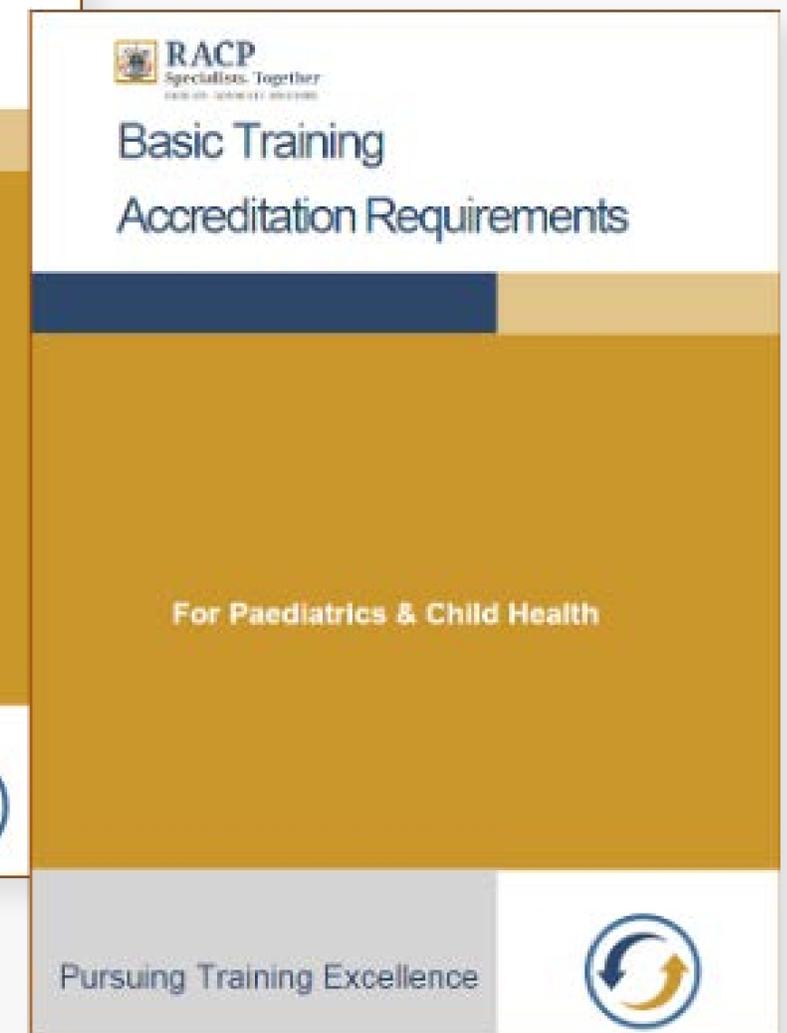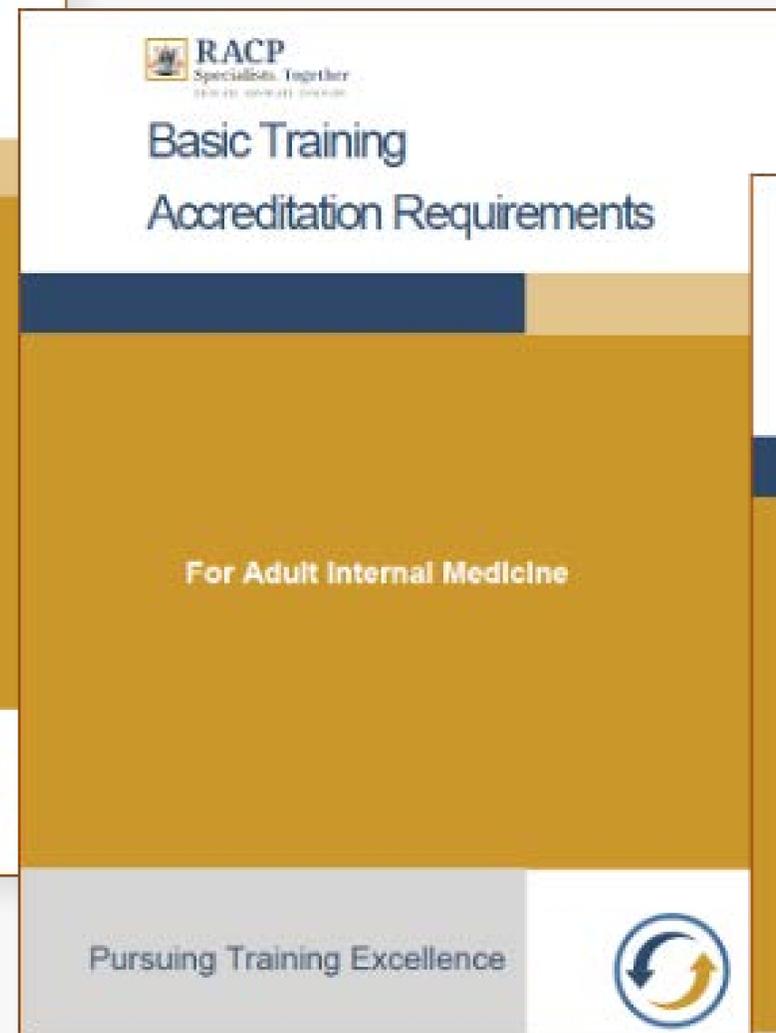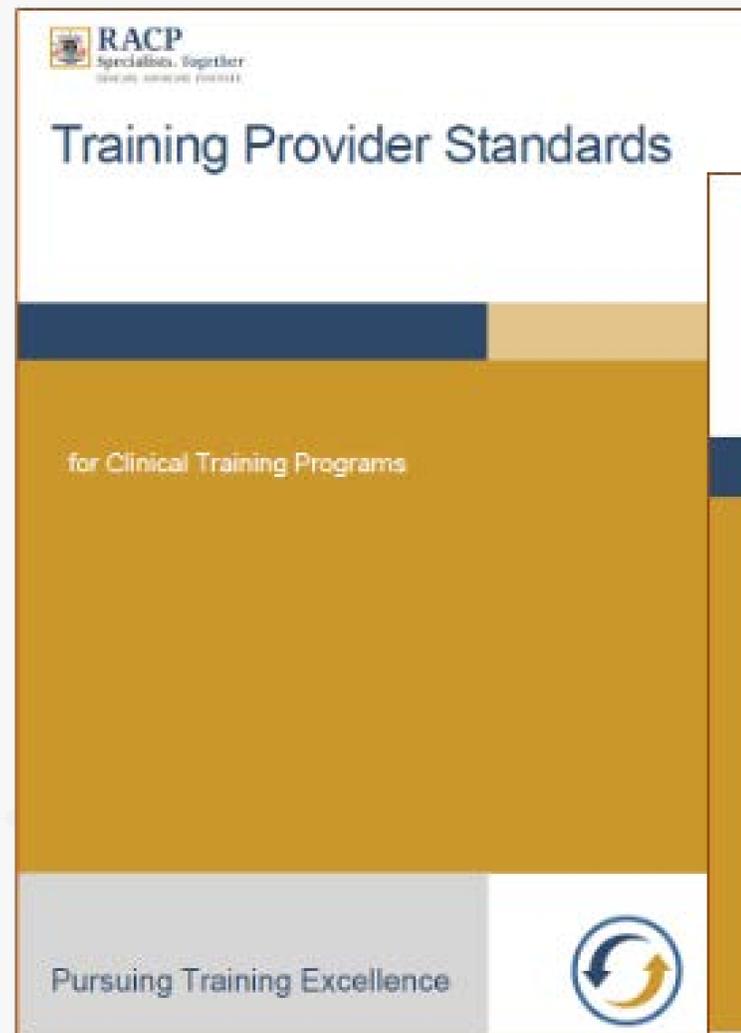
# Framework of New Standards

| Theme |
|:---:|
| **Standard** |
| **Criteria** |
| **Requirements** |
| **Notes** |
| **Evidence** |
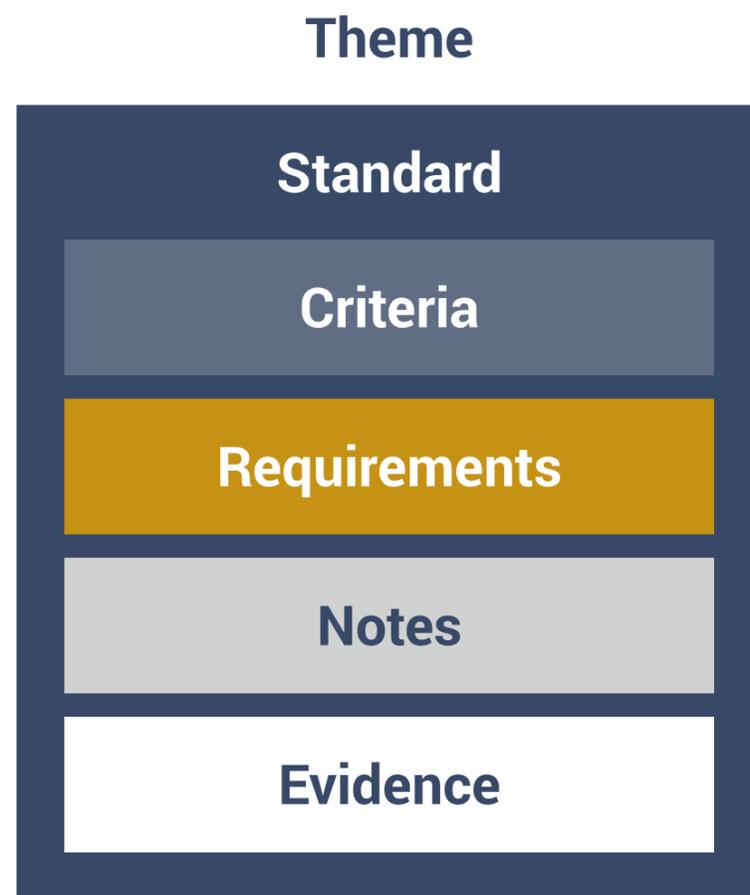
- **Theme:** an area of workplace training which comprises a group of Standards to be met.

- **Standards:** describe and outline the College's expectations from Settings.

- Under each Standard, are **Criterions** (in blue) and **Requirements** (in gold) which describe what the Setting needs to do, or must have, to meet the Standard. They are outcome focused, on if your Setting is meeting a certain outcome. This provides flexibility for rural and remote settings where things are done differently to achieve the same outcome.

- **Notes:** Found under each Criterion & Requirement, they explain in further detail how each can be met and provides more context.

- **Evidence:** When completing Self Assessment documents, you will be required to provide some evidence of compliance.

# Visual Example of Framework

**Theme** →

Theme: Training oversight

Training oversight theme calls on training providers to deliver an effective system of governance and leadership that manages and improves physician training.

**Standard**

**STANDARD 4: TRAINING MANAGEMENT**
The Training Provider manages staff, resources and structures to deliver best practice training.

**Criteria**

| CRITERION/REQUIREMENT |
|---|

**CRITERION 4.5**
Trainee recruitment, selection and appointment is fair, rigorous, documented and transparent.

**Requirements**

**REQUIREMENT 4.5.1**
The Training Provider ensures applicants selected for a Basic Training Program meet the selection criteria.

Recruitment satisfies the RACP's Selection into Training Policy (PDF) and recruitment practices. Where a training network exists, recruitment is undertaken by the network. The settings participating in a training network do not recruit trainees separately.

Trainee appointment to employers and rotations is based on a published process that is transparent, rigorous and fair. Trainees receive timely, accurate and comprehensive information about their rotations.

**Notes**

**Evidence**

| STATEMENT | RATING | SUPPORTING DOCUMENTATION |
|---|---|---|
| All prospective trainees must have an employment contract with Hospital, covering the upcoming training year prior to applying to the Basic Training program.<br><br>The application process is centralised through the Health Department. The recruitment aligns with the RACP Selection into Training Policy. | Met | *Optional*<br>☒ Trainee recruitment, selection, and appointment process |

**02**

# Completing the Self-Assessment Forms

# The Self-Assessment Forms

👁 Format

## Part A

Setting and Basic Training
Program Overview
and Appendix 1: Multi-campus



**+**

## Part A Appendix

Optional: only applicable for
Multi-Campus Accreditation



## Part B

Standards and
Supporting Evidence

# Overview: The Part A Form



**RACP**
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Accreditation Self-Assessment Form

Setting and Basic Training Programs

**Part A**

This form is for the accreditation of a Setting and its Adult Internal Medicine and Paediatrics & Child Health Basic Training Programs

February 2022
Version 1.3

Pursuing Excellence Together
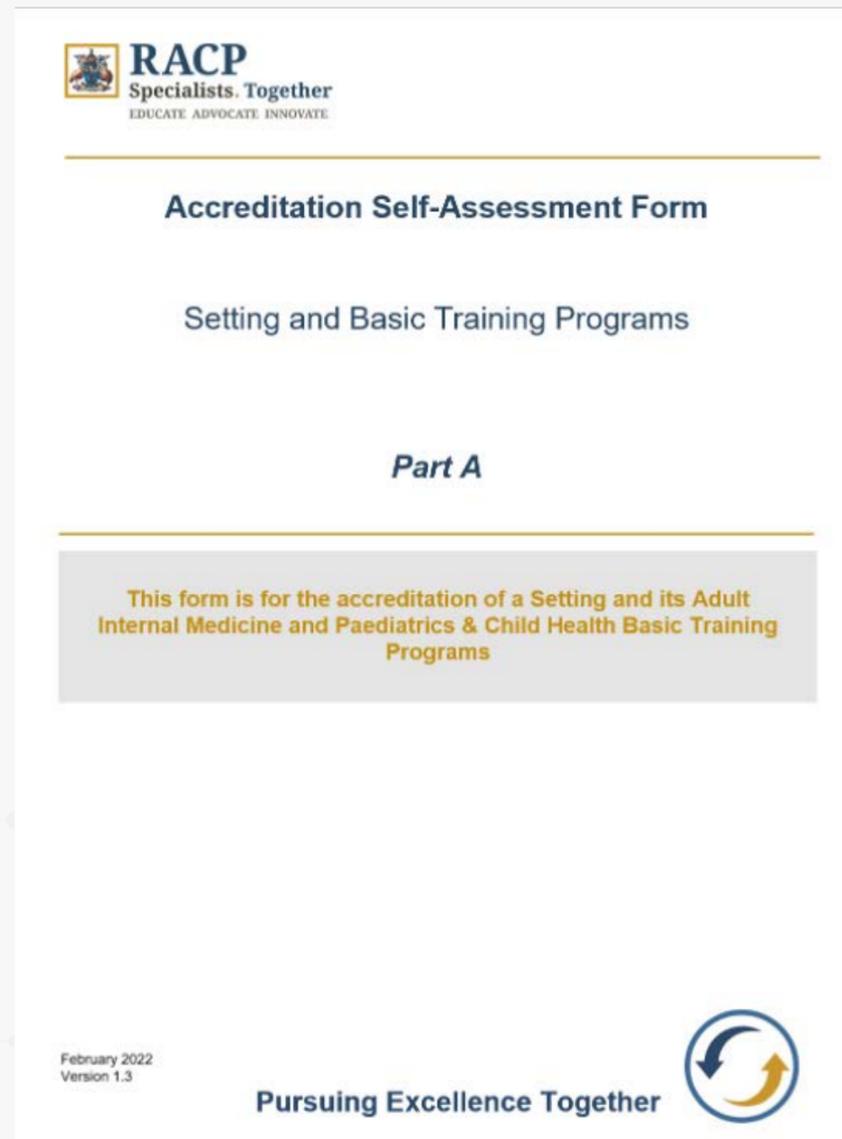
***Part A** is for data collecting purposes, collating information on your Setting and the Basic Training Program/s.*

- There are 3 types of the Part A Forms available depending on the Basic Training Program you deliver – *Joint (both AIM & PCH programs), BT AIM only or BT PCH only.*

- If applying as a Multi-Campus Setting, the Part A Appendix document will also need to be completed.

- The Part A Form is divided into Training Setting and Training Program Sections.

- The Form is used for New Accreditation Applications, Routine Accreditation Cycles and Requests for Level Classification Upgrades (see box in Program Section).

# Part A: How to Complete

## Section 1: Setting Overview

| Section Headings | Details |
|---|---|
| Accreditation Application | Provide the context of the application – is it an initial or routine accreditation and if available, insert date of last review. |
| | *Upgrade requests are indicated in the program section.* |
| Setting Details | Insert correct Setting name and address details including any University Affiliations. |
| Campus | This is where you would indicate if you are or are not seeking Multi-Campus Setting accreditation. The Training Accreditation Services team can help you determine if you meet this criteria. |
| Senior Leadership Team | Provide contact details for any setting executives and senior medical staff like Chief Executive Officers, Director of Medical Services etc. Please include setting email addresses and avoid personal email addresses. |
| Head of Department | Provide contact details for all Heads of Departments for the relevant departments the Basic Trainees rotate too – for larger settings, this can be provided in a separately attached document if preferred. |

# Part A: How to Complete

## Section 1: Setting Overview *continued*

| Section Headings | Details |
|---|---|
| Facilities & Services | Tick boxes for any facilities & services provided at the Setting. |
| Beds | Insert numbers for hospital beds and designated medical beds (beds set aside for specialist care like ICU or mental health wards). |
| Trainees | Insert the number of Basic Trainees, Advanced Trainees and RACP Faculty & Chapter Trainees where applicable. *The 4 chapters are Community Child Health, Palliative Medicine, Addiction Medicine and Sexual Health Medicine and the 3 faculties are Public Health Medicine, Rehabilitation Medicine and Occupational & Environmental Medicine.* |
| Hospital Admissions | The Setting Executive teams at your hospital should be able to provide this information. |
| Departments | This is similar to the Heads of Department section above and captures more information on the speciality departments available to the Trainees at the Setting. For larger Settings, you may also provide this information in a separate document if necessary. |

# Part A: How to Complete

## Section 2/3: Training Program Overview

| Section Headings | Details |
|---|---|
| Accreditation Application | This provides the context of the application and this is where you would insert any Requests of Level Classification Upgrades. |
| Director of Physician/ Paediatric Education | Insert the contact details for the Director of Physician Education or Director of Paediatric Education (depending on which form you are using) into this section. |
| Key Contact Persons | This applies to Secondment Settings and is the contact details for the person/s who look after the delivery of the training program at that Secondment Setting. |
| Training Program Partners | Insert details of any Setting/s you partner with to deliver the program, this is similar to network arrangements. |
| Ambulatory Clinics | Ambulatory care is the medical and surgical care provided to patients who visit, but are not admitted to the hospital – e.g. emergency departments and outpatient clinics.<br><br>Insert details of the ambulatory care available at your Setting, including types of supervision provided to Trainees during their clinics. The average number provided can be weekly *or* fortnightly. |

# Section 1: Setting Overview *continued*

| Section Headings | Details |
| --- | --- |
| Educators | Insert information outlining the supervisors details and completion of the SPDP workshops – refer to our website for more information on Supervisor requirements. |
| Rotations | We are not currently accrediting rotations for Basic Training however this is anticipated to come in the future – this is for data collecting purposes & provides the Accreditation Subcommittee with a holistic view of trainee rotations. |
| Signatures | Ensure all signature boxes are signed accordingly including Setting Executive's, DPE's and Key Contact Person/s at Secondment Settings if applicable. |

# Part A – Main Points

Ensure you are using the correct version of the Self-Assessment Forms *(BT PCH Only/BT AIM Only or Joint BT PCH & BT AIM Programs)*

Covers the current information about your Setting & Program

Complete all sections to the best of your ability before submitting to avoid any delays

If applying as a Multi-Campus Setting, the Part A Appendix document needs to be completed.

Complete all relevant SPDP columns – the Supervisor team at the College can assist you with any data or information.

Ensure all signatories have signed the document before submitting.

# Overview: The Part B Form
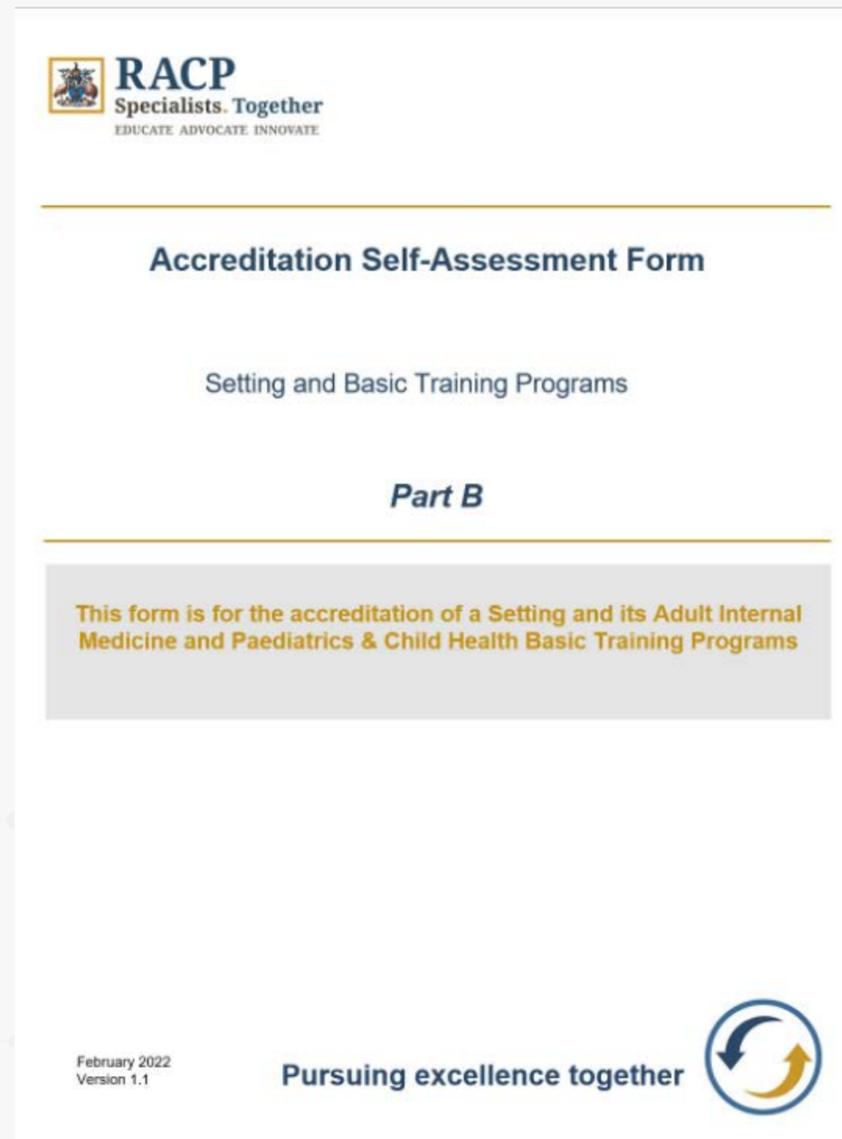


**Part B** *is your Self-Assessment against the new accreditation Standards and requirements.*

- There are 3 types of the Part A Forms available depending on the Basic Training Program you deliver – *Joint (both AIM & PCH programs), BT AIM only or BT PCH only.*

- The Part B Form breaks down the Themes, Standards, Criterions and Requirements into sub-sections within the document for reflection and Self-Assessment against each one.

- The Part B Form now outlines any mandatory or optional supporting documents that need to be provided.

# Part B: How to Complete

## Some Main Points

- Under the new accreditation program, both the Training Setting and Training Program/s receive separate accreditation decisions. This ensures that accreditation and the delivery of the training program is supported on a Setting Executive level and not solely the DPE's role and responsibility.

- The Setting Executive/s and Training Program Leadership will now need to work collaboratively in completing the Self Assessment Forms.

- The Setting Executive team will need to provide ratings, statements and supporting documents for each **BLUE** Training Provider Criterions.

- The Training Program Leadership (DPE's) will need to provide ratings, statements and supporting documents for each **GOLD** Training Program Requirements.

# Part B: How to Complete

## The Rating Scale

- The RACP uses a 3-point rating scale to assist in the assessment of compliance across all the Accreditation Standards and Requirements.

- You will provide a rating against each one as a Self-Assessment and the Accreditation Panel will then insert their rating and assessment.

| Rating scale | Description |
|---|---|
| Not met | • There is little or no evidence available.<br>• There are ineffective or no strategies, systems and processes in place resulting in the criterion not being met or at risk of not being met on multiple occasions.<br>• The resources and commitment are non-existent or insufficient to meet the criterion.<br>• There is little or no evaluation performed to improve meeting the criterion. |
| Partially met | • There is a reasonable amount of documented evidence that may or may not be substantiated by verbal evidence (or vice versa).<br>• Strategies, systems, and processes are not consistently applied or adhered to, resulting in variable outcomes.<br>• The resources and commitment to implement and sustain the strategies, systems and processes may fluctuate.<br>• Evaluation may not be carried out regularly and/or the results may not be used to drive improvement. |
| Met | • There is a good amount of substantiated evidence to support the criterion is being achieved.<br>• Strategies, systems, and processes have proven to be effective in meeting the criterion.<br>• There are sufficient resources and commitment to ensure the strategies, systems and processes put in place are sustainable.<br>• Valuation is carried out regularly resulting in improved outcomes. |

# Part B: How to Complete

## Writing Statement Responses

The statement responses for each criterion and requirement should be outcome focused. When writing your statement, you would:

- Review the notes underneath each Criterion and Requirement in the Standards.

- Assess whether the description of the standard is the outcome that you currently have in your Setting/Program?

- If yes, mark the rating as 'met' and explain what processes are currently in place that produce this outcome.

- If not, mark the rating as either 'partially met' or 'not met' and describe what steps are currently in place or you plan to take to meet this standard.

# Part B: How to Complete

## Supporting Documentation

To guide the completion of the form, please refer to the notes in the Training Provider Standards and Basic Training Accreditation Requirements for Adult Internal Medicine and Paediatrics & Child Health.

Supporting documentation is required where this icon 📄 is displayed.
The following supporting documentation **must** be provided:

• Trainee roster (including weekly timetable for each position)

• Education timetable

• Orientation guide and/or manual

• Handover process

• Director of Physician/Paediatric Education position description.

Tick the supporting documentation that you are providing in the supporting documentation column.

*Where no supporting documentation is specified, provision of documentation is optional.*

Please note that additional supporting documentation may be requested by the Accreditation Review Panel.

# Part B – Visual Features



THEME 1: ENVIRONMENT AND CULTURE

**STANDARD 1: SAFETY AND QUALITY**
The environment and culture encourage safety promoting behaviours and support the delivery of high-quality patient and population-centred care.

ⓘ There are extensive notes to help you understand and complete each of this section. Please refer to the relevant sections of Training Provider Standards and Basic Training Accreditation Requirements for Adult Internal Medicine and Paediatrics & Child Health.

📄 Supporting documentation is mandatory where this icon is displayed. Tick the supporting documentation that you are providing in the supporting documentation column. **Where the icon is not displayed, provision of supporting documentation is optional.**

Outline of Standard

| CRITERION/REQUIREMENT | STATEMENT | RATING | SUPPORTING DOCUMENTATION |
|---|---|---|---|
| **CRITERION 1.4** Trainee and educator work arrangements enable the delivery of high-quality care and optimises learning and wellbeing. | | (Please select one.) | *Optional* ☐ Workload monitoring process |
| **CRITERION 1.5** Handover occurs when there is a transition in care. | | (Please select one.) | *Mandatory* 📄 ☐ Handover process |
| **REQUIREMENT 1.5.1** Consultant supported handover occurs at least daily. | ADULT INTERNAL MEDICINE | (Please select one.) | *Mandatory* 📄 ☐ Handover process |
| | PAEDIATRICS & CHILD HEALTH | (Please select one.) | *Mandatory* 📄 ☐ Handover process |

Supporting Documents Icon

Statement of compliance

Rating

26

# Part B – Response Example

Outline of Criterion

Rating

Supporting Documents Icon

**CRITERION 1.3**
A trainee receives an orientation to each new Setting and rotation.

All new employees undertake a compulsory general hospital orientation program.

Each department orientates medical staff at the commencement of their rotation in the department. This includes the provision of both verbal and written information.

Orientation materials are also available via the Medical Education Unit page of the Information Hub (intranet) and via the departmental workspaces (intranet).

Met

*Mandatory*
☒ Orientation guide
☒ Orientation manual

Statement of compliance

# Part B – Main Points

Read through Standards, Requirements and Notes section under each when completing the documents.

Provide a comprehensive statement and rating under each Criterion and Requirement. Any missing information will prolong the review process.

For Secondment Settings, some Standards may be the responsibility of the Parent Hospital/Network, and this can be mentioned in the statement. It is an expectation of the DPE at the Parent Hospital to liaise with the Secondment Setting to complete the forms.

Please ensure all signatures are provided accordingly and return the Part B document to us in Word Format for insertion of the Accreditation Panel's assessment.

**03**

# The External Assessment Process

# Overview: External Assessment Process

**Principal Training**
- ☑ Level 2
- ☑ Level 3

**Recieve Comprehensive Physical Visit**

**Unless otherwise impacted by COVID then conducted virtually**

**Virtual / Hybrid Visit**

**Setting due under new schedule + new standards**

**Comprhensive Review Completed**

**Adjunct Training Program**
- ☑ Secondment
- ☑ Level 1
- ☑ Level 1 as part of network

**Review conducted as Document Review only (no site visit)**

**If further enquiery is needed, we may request a teleconference or physical site visit**

**Teleconference / Visit**

# Overview: Site Visit Logistics

- Site visit date is confirmed and Setting is notified.

- The draft site visit timetable template is sent to Setting for input/completion.

- The Accreditation Panel is confirmed with Setting for any conflicts of interest & dietary requirements provided for catering.

- The Training Accreditation Services team finalise the timetable, provide videoconferencing links, issue calendar invites and conduct technology tests with Setting.

- For comprehensive visits, this being the initial review under the new program or following the end of an accreditation cycle, this will often take around 4–5 hours and for focus reviews, this being a focus on specific criterions or standards, they usually take around 2–4 hours.

- We request that there be a contact person from your Setting available on the day to assist with any technology issues or anything else.

# Outline of Visit Timetable

*The example shown is for a Comprehensive Accreditation Site Visit of a Setting offering the Basic Training Adult Internal Medicine program.*

- The Visit begins with a technology test between College staff and the Setting contact person/s to ensure any virtual attendees on the day have access.

- The Accreditation Panel will have a brief Preliminary meeting.

- The Panel will welcome in the Setting Executive attendees and begin with an Acknowledgement of Country.

- The Panel conduct Training Setting specific interviews with Setting Executives, including the DPE's and then conduct a short hospital tour.



**Tuesday 20 December 2022**
**Example Hospital (NSW) - Comprehensive Review**

| Duration/Time[1]<br>9:00am – 1:40pm | Activity | Location |
|---|---|---|
| 9:00am – 9:10am<br>10 minutes | **Technology Test** - *brief technology test with the Setting prior to Panel proceeding with their preliminary meeting.* | Meeting Room A |
| 9:10am – 9:20am<br>10 minutes | **Preliminary Meeting: Accreditation Review Panel Only** | Meeting Room A |
| | **TRAINING SETTING** | |
| Acknowledgement of Country by Accreditors | We acknowledge the Traditional Owners and Custodians of the land from which this meeting is being held from, being the land of the Dharawal people. We extend our respect to all Aboriginal and Torres Strait Islander peoples - including those present today - and value the importance of their ongoing connection to land, sea, sky, and community. We pay our deepest respect to Elders; past, present and emerging. And together we re-state our shared commitment to advancing Aboriginal and Torres Strait Islander health and education as core business of the College. | |
| 9:20am – 9:50am<br>30 minutes | **Meet with the Setting Executive**<br>• Chief Executive Officer<br>• Director of Medical Services<br>• Director of Physician Education<br>• Network Director of Physician (if available) | Meeting Room A |
| 9:50am – 10:20am<br>30 minutes | **Tour of hospital and inspection of facilities** | Meeting Room A |
| 10:20am – 10:40am<br>10 minutes | **Morning Tea** | Meeting Room A |

# Outline of Visit Timetable

- The Panel then conducts Training Program specific interviews with the DPE, supervisors and Basic Trainees separately.

- For Settings with less than 5 trainees at the Setting, we may also invite trainees there within the last 12 months to attend.

- For Multi-Campus Settings, the site visit is conducted at the main campus with supervisors and trainees located at the other campuses invited to attend interviews at the main campus on the day.

| TRAINING PROGRAM [2] | | |
|---|---|---|
| 10:40am – 11:20am<br>40 minutes | **Meet with Training Program Leadership**<br>Director/s of Physician Education (DPE) | Meeting Room A |
| 11:20am – 11:50am<br>30 minutes | **Meet with Clinical Supervisors** *(Excluding DPE)* | Meeting Room A |
| 11:50am – 12:50pm<br>60 minutes | **Meet with Basic Trainees** *(Excluding DPE)*<br>*(Note: All trainees where possible are required to attend. If trainees are not able to attend in person, please arrange alternative connection. An additional trainee interview may be organised if the Panel are not able to make a fair and accurate assessment due to the lack of numbers in attendance during the site visit.)* | Meeting Room A |
| 12:50pm – 1:20pm<br>30 minutes | **Lunch Break** | Meeting Room A |

# Outline of Visit Timetable

- The Panel will then move into the Summation period of the day with a Debrief by the Panel only regarding the Setting and Training Program Accreditation.

- The Panel will then meet again with the Setting Executives and DPE's for a Debrief, providing an overview of their observations and summary of the next steps in an accreditation decision being made.

- The Accreditation Panel will provide their recommendations to the Accreditation Subcommittee for review at the next scheduled meeting. The Accreditation Subcommittee make an accreditation decision at the meeting and a notification letter is issued to you following this meeting.

| SUMMATION | | |
|---|---|---|
| 1:20pm – 1:30pm 10 minutes | Debrief - Accreditation Review Panel Only • Setting Accreditation • Training Program Accreditation | Meeting Room A |
| 1:30pm – 1:40pm 10 minutes | Setting Accreditation Debrief with Chief Executive Officer, Director of Medical Services (or equivalent) and Director of Physician Education | Meeting Room A |
| VISIT CONCLUDES | | |

# Next steps: After Site Visit

1.  The Accreditation Panel will complete the Accreditor sections of the Part B Self Assessment Document and complete an Accreditation Findings Form with their accreditation recommendations.

2.  The completed Part B Document is sent to the Setting for factual verification.

3.  The Accreditation Panels findings are reviewed by the Accreditation Subcommittee at their next scheduled meeting for decision.
    *The Subcommittee meetings occur 4 times per year so timeframe dependent on when site visit/meeting date lands.*

4.  The Setting is issued formal notification of accreditation decision (by email) within 4−6 weeks after the meeting date.

5.  The Setting has 28 working days from receiving the notification letter to lodge a reconsideration, if required. If no reconsideration is received, the RACP will eventually be published on the accreditation decision on the website.

**04**

# Monitoring a Training Provider

# What does Monitoring include?

*Monitoring ensures a Training Provider continues to comply with the Accreditation standards and progresses with any conditions and recommendations made during their accreditation review and throughout the cycle.*

Monitoring includes:

1. Managing Conditions and Recommendations that arise through an accreditation review

2. Undertaking Focus reviews on any conditions and recommendations placed on a Training Provider or Training Program as part of the accreditation review

3. Managing a Change of circumstance that affects the delivery of training at any point during the four-year accreditation cycle

4. Managing a Potential breach of Standards at any point during the four-year accreditation cycle

# Overview of a Condition

- The criterion and/or requirement has a rating of "**partially met**" or "**not met**" if a condition is applied.

- A Training Provider and Training Program's accreditation is dependent on it successfully addressing any conditions. A condition is to be addressed within a specific timeframe for accreditation to be maintained.

- The deadline for resolving a condition is determined by the consequence/impact and verified by an accreditation committee. It can range depending on the risk of the impacts of noncompliance. The timeframe determined for addressing the condition commences when the accreditation decision is reported to the Training Provider.

**Condition**

Is applied when there is an issue which affects compliance with the standards. It may be a risk to patient, trainee or staff safety.

# Overview of a Recommendation

- The criterion and/or requirement has a rating of "**partially met**" or "**met**" if a recommendation is applied.

- A recommendation may be applied to a criterion and/or requirement when there is a minor issue which affects compliance with the standards but is not required to be resolved to achieve an accreditation determination of accredited.

- A recommendation is an opportunity to make an improvement which will enhance training.

- The criterion and/or requirement has a rating of "**partially met**" or "**met**" if a recommendation is applied.

- A recommendation may be applied to a criterion and/or requirement when there is a minor issue which affects compliance with the standards but is not required to be resolved to achieve an accreditation determination of accredited.

**Recommendation**
An opportunity to make an improvement which will enhance training.

# How are they measured?

Conditions and recommendations are classified by the **impact** and **consequence** of the issue on the quality of training, patient safety and trainee and/or educator wellbeing. The RACP classifies issues as minor, moderate and major consequence. The action taken by th RACP is determined by these classifications.

| Consequence/Impact | Review Timeframe |
|---|---|
| Minor (Recommendation) | Next comprehensive review |
| Moderate | Review within 12 months |
| Major | Review within 3 months |

- **Minor consequence** – An issue identified which has low impact on the quality of training, Training Program, and training system in place at a Setting or Training Network.

- **Moderate consequence** – An issue identified which has a substantial impact on the working conditions of trainees and/or educators and possibly on the training provided. This issue may impact patient safety and/or trainee and educator safety or wellbeing.

- **Major consequence** – An issue identified which has a serious impact on training, patient safety and/or trainee and educator safety or wellbeing. The issue can result in an immediate focus review or modification of a Training Program, Setting, and Training Network accreditation status. The recommended review timeframe for a major consequence is within 3 months.

# Focus Review Stages

The Moderate and/or Major Impacts will likely result in Focus Reviews.

This review process is broken into three stages:

## Stage 1: Focus Progress Report

A document submitted by a Training Provider or Training Program that outlines their compliance with the standards and progress on conditions.

## Stage 2: Focus Virtual Visit

A focus virtual visit is a virtual meeting to assess the progress of the condition.

## Stage 3: Focus Physical Visit

If following the virtual visit, the Accreditation Subcommittee is still not satisfied with the progression, it may decide to arrange a physical focus review at the Setting to further ratify the accuracy of the evidence provided.

# Other Focus Review Steps

- **Action Plan:** As part of this review process, an Action Plan may also be requested. This is a checklist of tasks a Setting may wish to complete to resolve a condition.

- **Escalation:** This is undertaken when other reasonable possibilities to resolve a condition have been exhausted. When a condition is 'not met' due to insufficient progress made by the Training Provider, this may lead to additional steps taken by the Subcommittee to manage the condition. This can include:

  - Modify the accreditation status

  - Commence managing a potential breach process

  - Commence and involve a higher regulatory authority such as APHRA.

# Focus Review Overall Process
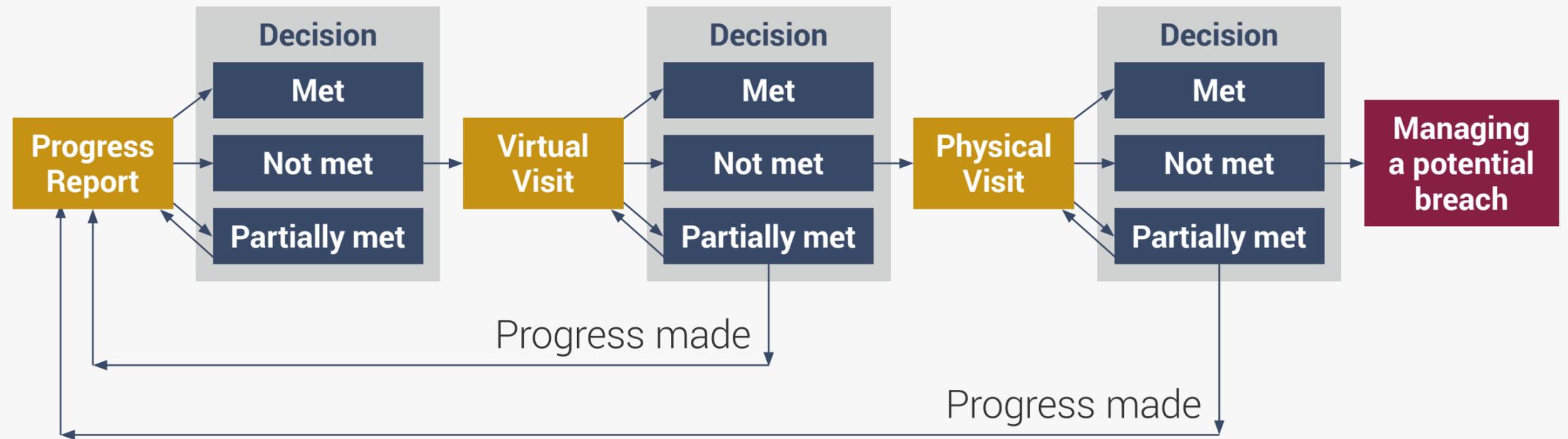


| Consequence/Impact | Review Timeframe |
|---|---|
| Minor (Recommendation) | Next comprehensive review |
| Moderate | Review within 12 months |
| Major | Review within 3 months |

**For Virtual and focus visits**

If substantial progress is made, but the condition is not resolved, it will be managed through a progress report.

# Change of Circumstance

**What constitutes a Change?**

A change can result from forward planning or can be outside the control of a Training Provider. A change is anything which will or may affect the way a Training Provider meets the Standards.

- Training Providers are required to document and notify the RACP of any changes to their Training Program, Setting, and Training Network which may affect training and/or their accreditation status.

- The Training Provider submits the change to the RACP through a **Change of Circumstance Form**.

- Where changes are planned, and it is foreseeable that training will be impacted as a result, the Training Provider has the responsibility to notify the RACP to endorse impact mitigations for these changes prior to implementing the modification.

- Where changes are necessary because of external, unplanned influences, the Training Provider should notify the RACP in a timely manner so that any potential impact and/or consequences for ongoing accreditation can be assessed appropriately by an accreditation committee.

- An example of a list of changes can be found on the change of circumstance form.

# Examples of Change of Circumstance

A change may include but is not limited to:

- changes to a Setting's services, resources, and infrastructure

- changes of a Training Provider's governance and management

- increases in trainee numbers and decreases in educator numbers

- reductions in training administrative support, infrastructure, resources, or opportunities

- revisions of a Training Program

- absence of senior staff with significant roles in physician training for an extended period without a replacement

- rostering changes which alter access to supervision and/or exposure to training opportunities

- any incident or circumstance which could impact the Training Provider's integrity or capacity to deliver service and/or Training Programs.

# Managing a Change of Circumstance

| Change/ Potential Breach Identified | → | Response from Training Provider | → | Consequence Measured | → | Committee decision | → | Outcome |
|---|---|---|---|---|---|---|---|---|

The Training Provider assesses the impact of a change and submits a notification to the RACP.

The notification includes:

- scope of the change
- description of the change
- positive and negative implication(s) of the change
- date the change was or is to be implemented
- supporting documentation to substantiate the change
- authorisation by the Training Provider of the change.
- the RACP acknowledges receipt of the notification.
- The scope outlines whether the change will impact the entire Setting or Training Network, or specific Training Programs or Rotations

# Potential Breach

**What constitutes a Potential Breach?**

A potential breach is anything which may affect the way a Training Provider meets the Standards. It is a **concern** related to a Training Provider's compliance with the Standards and provides insight to how a Training Provider is delivering its training and an opportunity to improve it.

- Training Providers who do not notify the RACP of a change of circumstance in a timely manner may also risk breaching the Standards.

- A notification of the potential breach is made in writing via email to accreditation@racp.edu.au.

- **Notifiers should first raise the issue with the Training Provider and provide sufficient time for them to act. However, in circumstances where the notifier feels there is significant risk to themselves or others, the RACP will accept a notification where limited or no steps have been taken to raise the concern with a Training Provider.**

- Reasonable steps will be taken to ensure notifiers are not adversely affected when a concern is raised. Personal information which identifies an individual will be managed in accordance with RACP Privacy Policy for Personal Information. The RACP will pass details of the concern to the Training Provider for their response on the standards being potentially breached. Should a notifier wish to remain anonymous this should be stated in the notification. In these circumstances the RACP will record the concern and at its discretion, consider any action based on the information provided. Notifications, survey results and other information collected by the RACP are provided to an Accreditation Committee to determine a course of action.

- The RACP facilitates the assessment by managing the process and collating relevant information.

# Examples of Potential Breach

A potential breach may include but is not limited to:

- bullying and harassment,

- discrimination,

- changes to supervision that may affect training,

- rostering changes that may affect training opportunities

- any incident or circumstance which could impact the Training Provider's integrity or capacity to deliver service and/or Training Programs.

- concerning responses from surveys

- media articles.

# Managing a Potential Breach

| Change/ Potential Breach Identified | Response from Training Provider | Consequence Measured | Committee decision | Outcome |
|---|---|---|---|---|

- The notifier writes to the RACP identifying a concern which potentially breaches the Training Provider Standards. The notification:
  - summarises the concern, the Standard(s) breached (if known) and the impact on patient, trainee, and educator safety, and/or the provision of training.
  - provides, where possible, supporting documentation.
  - outlines when the Training Provider was made aware of the concern and the action taken to resolve the matter locally. If the Training Provider has not been informed, the notifier provides reasons for this decision.
  - identifies the notifier's name and contact details.
  - states whether the notifier's personal details are confidential.
  - Anonymous notifications will be accepted. In such cases, it will not be possible for the RACP to provide feedback to the notifier on the concern.

- The RACP sends information to the Training Provider for comment and may request to interview relevant parties in relation to the change or potential breach.

- The RACP may request a trainee survey to verify the impact of the change or potential breach.

- The RACP assesses the notification and the response from the Training Provider and determines the level of consequence. The committee reviews the change or potential breach and can choose to alter the accreditation decision or add a condition or recommendation after assessing the level of consequence. The focus review process is then followed.

**05**

# Summary & Resources

# Summary & Expectations

- All Basic Training Programs are to remain on the 2010 accreditation standards until they are due for reaccreditation.

- The new accreditation program aims to promote high quality workplace training which develops competent physicians that deliver safe and effective healthcare to patients, now and in the future.

- To move towards the new Standards, the Accreditation Schedule has been set for a period of 4 years, aligning with the cycle period. For secondment settings, we have aligned your accreditation schedule with your parent setting. If you are part of a network (formal or informal), we have aligned your accreditation schedule close to the time of your training program partners. This will provide a holistic view of your network.

- Familiarise yourself with the Training Provider Standards and Basic Training Accreditation Requirements, including the Notes. Understanding this will assist you in writing your compliance statements. The RACP acknowledges that Settings undertaking accreditation against the new Standards may not meet all the criteria or Requirements.

- Submit Self-Assessment Forms by the due date and liaise with Training Accreditation Services for any assistance and/or preparation of any upcoming site visits.

- Formally notify the Training Accreditation Services of any Change in Circumstances or Potential Breaches.

# Some Helpful Resources

- Training Provider Accreditation Program

- Accreditation of a Training Provider

- Glossary

- Training Provider Accreditation Policy

- Training Provider Standards

- Basic Training Accreditation Requirements for Adult Internal Medicine and Paediatrics & Child Health

- Capacity to Train

- Monitoring for a Training Provider

- Change of Circumstance – refer to Stage 5: Monitoring

- Potential Breach – refer to Stage 5: Monitoring

# Contact information

**Training Accreditation Services**,
Aotearoa New Zealand
**Email:** accreditation@racp.org.nz
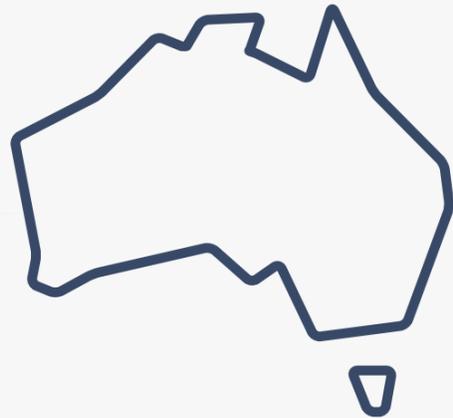
**Training Accreditation Services**,
Australia
**Email:** accreditation@racp.edu.au