



Monitoring a Training Provider

FINAL V1.0

Effective 1 January 2023

Purpose and Scope

The purpose of this process is to outline how a Training Provider is monitored between comprehensive reviews.

The process covers Training Programs, Settings, and Training Networks¹.

Applicability

This process applies to Training Providers, RACP staff, and RACP bodies and delegates managing Training Provider accreditation and determining accreditation decisions.

The process does not apply to concerns in relation to RACP services and decisions², and the behaviour of RACP employees. Concerns of a personal nature and/or seeking to bring about change to a personal situation are managed through the [RACP Complaints Management Policy](#). Please also refer to the [National Boards and AHPRA guidelines](#) in relation to the rules of mandatory notification.

Principles

The RACP will:

- be guided by procedural fairness
- provide advice on this process

¹ Network accreditation will be implemented in late 2023.

² Refer to [reconsiderations, reviews and appeals process](#) for further details.

Accreditation Overview

The RACP's Accreditation Program accredits Training Networks, Settings and Training Programs in accordance with the RACP's accreditation policy, processes and standards.

The RACP Accreditation Program uses site visits, virtual visits and/or document reviews to complete an accreditation review. The length of the accreditation cycle³ is four years. The Accreditation cycle has five stages, including a monitoring stage.



Monitoring Process Summary

Monitoring ensures a Training Provider complies with the standards and progresses any conditions and recommendations on their accreditation throughout the cycle.

Monitoring includes:

1. [Managing Conditions and Recommendations](#) that arise through an accreditation decision
2. Undertaking [Focus reviews](#) on any conditions placed on a Training Provider or Training Program as part of an 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

³ This process describes Monitoring, to understand the process for other cycle components read Accreditation of a Training Provider.

Managing Conditions and Recommendations Overview

The RACP's Accreditation Program accredits Training Networks⁴, Settings and Training Programs in accordance with the RACP's accreditation policy, processes and standards. It identifies the level of congruence between the training provided and the Standards, which define our expectations of workplace training. The outcome of the process is to give a Training Provider and Training Program an accreditation decision and monitor compliance with the Standards between reviews. The accreditation program:

- supports the delivery of quality training and patient care
- streamlines and coordinates accreditation
- provides flexibility for the accreditation of a range of training providers
- encourages enhancement and innovations in training.

During the accreditation decision making process, an accreditation committee can determine aspects of training that require improvement. A condition or recommendation is part of an accreditation decision and can be added when:

- accrediting a Training Provider at their comprehensive review
- during the monitoring stage of the accreditation cycle as part of:
 - managing a Change of Circumstances
 - managing a Potential Breach of Training Provider Standards
 - a Focus Review.

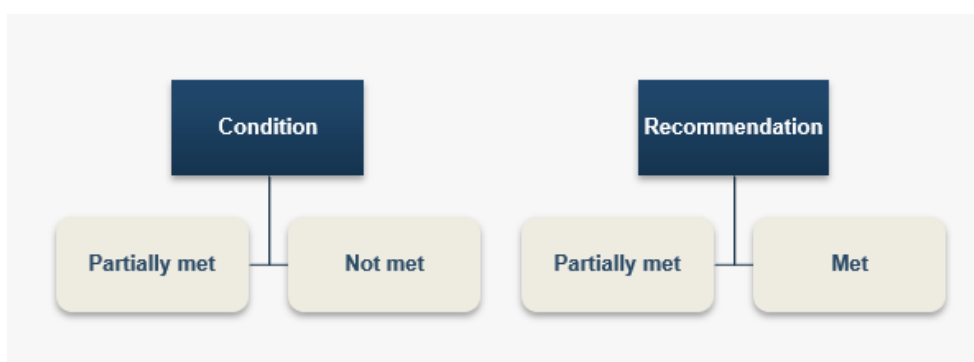
Structure of a Condition or Recommendation

A condition includes:

- criterion or requirement impacted
- overall action required
- a timeframe for a condition to be resolved by⁵
- opportunity or issue identified

A recommendation outlines the:

- criterion or requirement impacted
- overall action required.



⁴ Network accreditation will be implemented late 2023.

⁵ Refer to the [consequence rating](#) for details on timeframe to resolve a condition or recommendation.

Overview: Condition

A condition is applied to a criterion and/or requirement when there is:

- a significant issue which affects compliance with the standards
- a risk to patient, trainee or staff safety.

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 non-compliance. The timeframe determined for addressing the condition commences when the accreditation decision is reported to the Training Provider.

Overview: Recommendation

A recommendation may be applied to a criterion and/or requirement when there is:

- an opportunity to make an improvement which will enhance training
- a minor issue which affects compliance with the standards but is not required to be resolved to achieve an accreditation determination of accredited.

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



Condition

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



Recommendation

an opportunity to make an improvement which will enhance training

How is a Condition or Recommendation measured?

Conditions and recommendations are classified by the impact and consequence of the issue⁶ 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 the RACP is determined by these classifications.

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.

Accreditors and the relevant committee will be notified of any issues of minor consequence at each committee meeting, and it may be considered at the time of the next accreditation review. The recommended review timeframe for a minor consequence is at the next comprehensive review (i.e., 4 years). It is typical for a recommendation to be a minor impact on training or safety.

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.

The issue can result in a condition or recommendation being placed on a Training Program, Setting, or Training Network. The recommended review timeframe for a moderate consequence is within 12 months.

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.

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

⁶ An Issue can also be a change in circumstance or potential breach of standards. Refer to Change of circumstance and Potential breach for further details.

Focus review

A focus review can be used to:

- assess conditions placed against certain [Standards](#)
- manage a change of circumstance or a potential breach of standards.

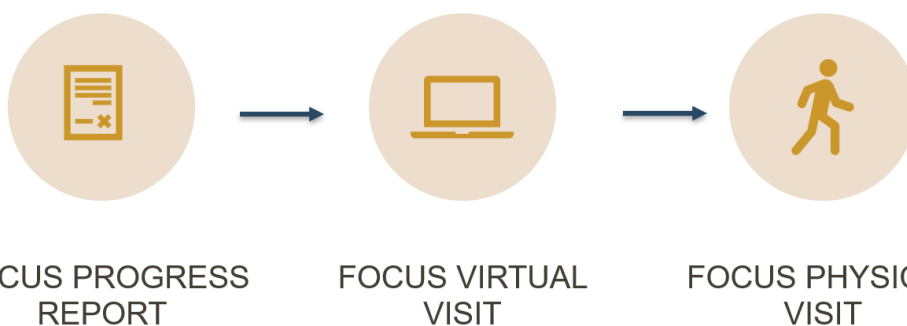
The focus review process is broken into three stages as outlined below. Most issues will be reviewed via a Focus Progress report. However, if an issue is not resolved via a Focus Progress report or is deemed major consequence the accreditation committee may escalate to a Focus Virtual visit and subsequently a Focus Physical visit. If a condition is not met or partially met at the virtual or physical visit stage but sufficient progress against the issue is identified, the condition can continue to be monitored through a progress report.

Stage 1: Focus Progress report: is a document submitted by a Training Provider outlining their compliance with the standards and progress on conditions.

An **Action plan** is a checklist of tasks a Setting may wish to complete to resolve a condition. The plan acts as an aid to the progress report and helps to keep a Setting on track, identify and prepare for barriers. An Action plan is not mandatory to complete.

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 after the virtual visit, the accreditation committee is still not satisfied with the progression, it can choose to set up a physical focus review at the Setting to further ratify the accuracy of the evidence provided.



Escalation - Escalation 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 committee to manage the condition. This can include:

- modify the accreditation status
- commence [Managing a Potential Breach process](#)
- involve a higher regulatory authority such as APHRA

Scheduling a Focus review (Report, virtual or physical visit)

The timing of a focus review does not change the timing of a comprehensive review. A comprehensive review continues to remain on the 4-year accreditation cycle.

When scheduling, consideration is given to:

- the consequence or impact of the condition
- the RACP's capacity to complete a review
- the purpose
- the amount of time the Training Provider will have to prepare.

How is a Condition and Recommendation assessed?

As part of a review, a Training Provider submits a progress report. The accreditation committee assesses the findings and decides if the condition and recommendation is resolved. When assessing a condition or recommendation, the decision options are:

Rating scale	Description
Not Met	<ul style="list-style-type: none">• There is little or no evidence available.• 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.• The resources and commitment are non-existent or insufficient to meet the criterion or requirement.• There is little or no evaluation performed to improve meeting the criterion or requirement. See escalation below.
Partially Met	<ul style="list-style-type: none">• There is a reasonable amount of documented evidence that may or may not be substantiated by verbal evidence (or vice versa).• Strategies, systems, and processes are not consistently applied or adhered to, resulting in variable outcomes.• The resources and commitment to implement and sustain the strategies, systems and processes may fluctuate.• Evaluation may not be carried out regularly and/or the results may not be used to drive improvement.
Met	<ul style="list-style-type: none">• There is a good amount of substantiated evidence to support the criterion is being achieved.• Strategies, systems, and processes have proven to be effective in meeting the criterion.• There are sufficient resources and commitment to ensure the strategies, systems and processes put in place are sustainable.• Evaluation is carried out regularly resulting in improved outcomes.

Process Description for Focus review process overall:

1. Training Provider assessment

- 1.1 A Training Provider completes a progress report.
- 1.2 The RACP acknowledges receipt of the report.

2. External review by an Accreditation Lead

- 2.1 The RACP reviews the progress report for completeness. If incomplete, it is returned to the Training Provider.
- 2.2 The RACP reviews the materials and sends to an Accreditation Lead (lead) for review and recommendation to the accreditation committee.

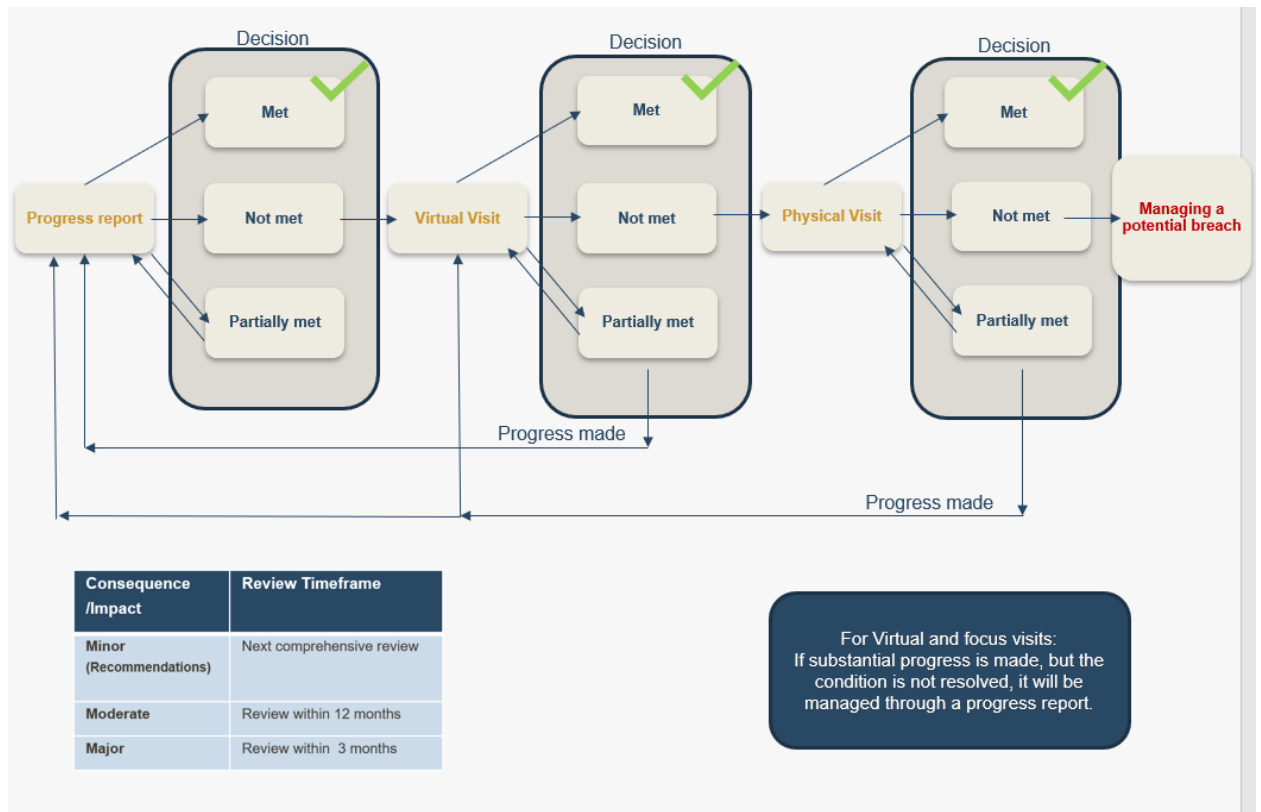
3. Accreditation committee Validation

- 3.1 Where the progress report meets the approval of the lead, the committee reviews and provides an accreditation decision which can be that the condition is met and therefore the condition resolved.
 - 3.1.1 Where the report does not meet the approval of the lead, the Committee reviews and can decide to do one or more of the following:
 - Request another progress report
 - initiate a virtual visit
 - 3.1.2 If a further Progress report is requested, Step 1.1 commences again.
- 3.2 If a Virtual visit is initiated, a virtual meeting with relevant stakeholders at the Setting is organised to assess the progress of the condition.
 - 3.2.1 After the virtual visit, if the information provided is deemed satisfactory the committee reviews and provides an accreditation decision which can be that the condition is met and therefore the condition resolved.
 - 3.2.2 If the condition is not met but sufficient progress has been made by the Setting, the committee may choose to monitor the condition through a further progress report and Step 1.1 commences again.
- 3.3 If after the virtual visit, the accreditation committee is still not satisfied with the progression, it can choose to set up a physical focus review at the Setting to further ratify the accuracy of the evidence provided.
 - 3.3.1 After the Physical visit, if the information provided is deemed satisfactory the committee reviews and provides an accreditation decision which can be that the condition is met and therefore the condition resolved.
 - 3.3.2 If the condition is not met but sufficient progress has been made by the Setting, the committee may choose to monitor the condition through a further progress report and Step 1.1 commences again.

3.3.3 Where the physical visit does not resolve the condition and other reasonable possibilities to resolve a condition have been exhausted, the Committee reviews the information gathered and can decide to do one or more of the following:

- request another progress report
- initiate a virtual visit
- initiate a Managing a Potential Breach process

3.4 The RACP records the decision made by the committee at each point in time and the information is sent to the Training Provider.



4. Reporting accreditation decision

- 4.1 The Training Provider receives the accreditation decision and reviews it
- 4.2 The Training Provider has 28 days to lodge a request to reconsider the decision using the [RACP Reconsideration, Review and Appeals](#) Process
- 4.3 When no request for reconsideration is received, the RACP will publish the accreditation decision on the RACP website

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 (refer to [Appendix 1](#) for the details on the consequence). 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.

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.

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 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 the accreditation@racp.edu.au inbox. Notifiers should first raise the issue with the Training Provider⁷ first and provide sufficient time for them to act. 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 provided⁸. 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.

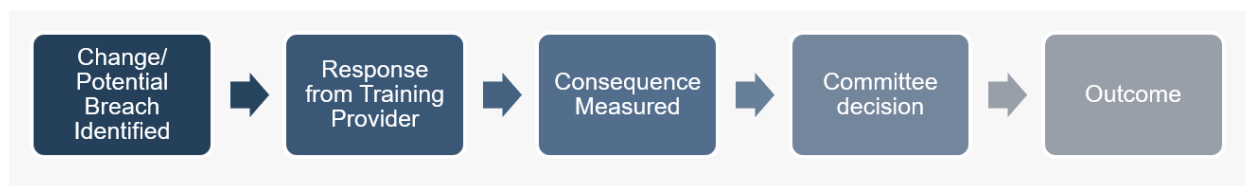
A potential breach may include but is not limited to:

- 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.

⁷ This can include educators, and Training Provider medical administration, Executive and other personnel.

⁸ Evidence provided by the notifier will be taken into consideration by the Accreditation committee in deciding an outcome.

Process description of Managing a Change of Circumstance and Potential breach



1. For change of circumstance:

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

- scope of the change⁹
- 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.

For Potential breaches:

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 details¹⁰.
 - states whether the notifier's personal details are confidential.
2. 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.
 3. The RACP may request a trainee survey to verify the impact of the change or potential breach.

⁹The scope outlines whether the change will impact the entire Setting or Training Network, or specific Training Programs or Rotations

¹⁰ 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.

Determination of the impact/consequence

4. The RACP assesses the notification and the response from the Training Provider and determines the level of consequence (refer to [How is a condition measured](#) for the details on assessing the consequence).
5. 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.

For potential breach only:

If through the managing a focus review process, the issue is not resolved or progress has not been made, the committee may choose to add additional conditions on the Training Provider and/or Training Program. Trainee, Educator, and patient safety needs will be taken into consideration during decision making.

Appendix 1: Examples of Changes

The table below provides examples of changes which **may** occur within training for which the RACP should be notified. This table is regularly updated and is available on the RACP website.

The list of changes is not exhaustive and will be built upon over time as further examples of change are experienced by Training Providers.

Examples of Change
Change to the Settings within a Training Network
Closure of a Setting
A Setting or Training Network merging with one of more Settings or Training Networks
A Setting or Training Network splitting
Change to the services and level of care offered by a Setting
Training changes between Settings in a Training Network
Change to training governance and management in a Setting or Training Network
Abolition of medical education unit
Changes to structure of medical education unit
Reduction to physician authority, funding and support staff
Reduction of training facilities and resources
Rotation of a trainee to an accredited Setting or Training Network to which the Setting or Training Network has not previously rotated trainees
Absence of medical staff with significant roles in training with no replacement for more than a month ¹¹ (executive staff member, Director of Medical Services, training program director, Director Physician/Paediatric Education)
Conditional accreditation by another body
Change to the DPE
Change to the Setting Executive (e.g. General Manager)
Amalgamation of two or more similar departments resulting in a new model of care, patient flow and or team structure change
Change that results in the program not adhering to classification requirements
Trainee numbers in a Basic Training Program increases by 5
Trainee numbers in a Basic Training Program increases by 3
Trainee numbers in a Basic Training Program increases by 1-2
Change to duties due to staffing and or model of care change
Changes in education supervisor cohort which impacts on trainee support and longitudinal progression
Change in education supervisor where level of supervision and support is maintained
Changes to the ability to deliver the clinical exam

¹¹ Duration of absence of key personnel will be addressed on a case-by-case basis.

Significantly changing or reducing the educational opportunities provided by a Training Program (formal education program, research, projects, exam preparations, mentorship)